GREATER WESTERN
AREA HEALTH SERVICE
NSW HEALTH

Annual Report 2006-2007

Map of Greater Western Area Health Service

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Greater Western Area Health Service
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Our Cover
Broken Hill hospital was officially opened in March 2000 and currently serves a catchment area of 22,029 people.

Letter to the Minister

Reba Meagher
Minister for Health
Parliament of NSW
Macquarie Street
SYDNEY NSW 2000

Dear Minister

I have the pleasure in submitting the Greater Western Area Health Service 2006/07 Annual Report.

The Report complies with the requirements for annual reporting under the Accounts and Audit Determination for public health organisations and the 2006/07 Directions for health Service Annual Reporting.

Yours sincerely

Dr Claire Blizard
Chief Executive

Highlights and achievements

- NSW Health Award for Best overall Performance in delivering care to the people of rural NSW based on a consistent outstanding performance against the full range of performance indicators.
- Manager of the Primary Health Care and Mental Health Unit at Bourke Pat Canty-Bates received the Excellence in Health Service Delivery - Aboriginal Person Award at NSW Health Aboriginal Health Awards. The Marrang Model, introduced by the Child and Family Health Service was awarded the Excellence in Health Service Delivery - Group or Team, recognising the improved access and health outcomes for Aboriginal families in the Orange district through holistic and culturally appropriate services.
- The Men's Educational Rural Van (MERV) was named the National Winner for Innovation in Nursing at the HESTA Australian Nursing Awards.
- Planning, construction, commissioning and openings highlighted the year, with several new facilities under construction at Dunedoo, Tottenham, Tullamore, Nyngan and Cudal. The construction of the $94M Bathurst facility continued and tenders to build the new $194 million Orange and Bloomfield hospitals were received.
- In February, the $2 million dollar Menindee Health Service was officially opened by NSW Minister for Rural Affairs Tony Kelly and in November Tullamore Multipurpose Service (MPS) was by NSW Minister for Health John Hatzistergos.
- In November, the Health Minister John Hatzistergos officially opened the second 2006 Greater Western Area Health Service Health Council Forum in Dubbo. More than 110 health council members representing 31 Health Councils and the GWAHS Area Health Advisory Council, staff, senior managers and executives from across Greater Western Area Health Service attended the forum, held at Dubbo Zoo.
- Forty-seven (47) new registered nurses commencing their careers in GWAHS in February 2007. There has been an increase in the retention rate in New Graduate Nurses who choose to stay on in GWAHS. In 2003 only 47 per cent of graduates who commenced the program.

Chief Executive year in review

Dr Claire Blizard

It is with pleasure that I present the 2006/2007 Greater Western Area Health Service (GWAHS) Annual Report.

While much has been said about GWAHS being the largest in NSW, it is the people and our partners who have made the service the success that it is today. We have more than 7000 employees who provide health services to the regional, rural and remote areas of the State and this annual report is a testament to their commitment.

In 2006/07, GWAHS was awarded the NSW Health Award for Best Overall Performance in delivering care to the people of rural NSW based on a consistent outstanding performance against the full range of performance indicators. The award recognises the incredible effort and achievements made by our staff in reducing waiting times for patients and creating important links between hospital and community care.

We continued to work with our health service partners at a local, State and National level as well as our non-government and private partners.

GWAHS continued to forge its interagency partnerships, particularly in the areas of remote and Aboriginal Health including a committed approach to the Murdi Paaki Project that is a Commonwealth and GWAHS project aimed at identifying the service gaps in the 16 communities that make up the Murdi Paaki region.

During 2006/07, we also made significant advancements in the identification of training requirements for staff, including the introduction of many traineeships, management and leadership frameworks,

GWAHS faces significant challenges in the future - with 108 facilities funding for capital works and maintenance will always be a challenge as will how we deliver services, particularly in smaller communities. We acknowledge that our greatest challenges will be to improve indigenous health and provide health care services for an ageing population that is expected to double in the over 65 age group in the next 25 years. To do this we will need to maintain our lines of communication with local communities through our Greater Western Area Health Advisory Council and local health councils and multipurpose committees.

GWAHS achieved budget for the 2006/07 year and has improved performance in management of payment of creditors over the past three years to achieve the target in 2006/07.

SECTION 1: Profile, structure, purpose and goals

1.1 Health Service Profile

People of the Greater West

GWAHS serves a total population of approximately 287,481 people, 4.4 per cent of the NSW population. The population is dispersed across a huge geographic area – 445,196.9, an area representing over 55 per cent of the landmass of NSW, extending from Bathurst in the east to Broken Hill in the west. The Area shares its borders with South Australia, Victoria and Queensland [1].

The main industries across the Area are agriculture (16.7per cent), retail (14.3per cent) and health and community services (9.9per cent)[2].

There are 28 Local Government Areas (LGAs). Nine of these LGAs are classified as 'remote' or 'very remote'[2].

Population Characteristics

The population of GWAHS has the following characteristics[1]:

- 22per cent aged less than 15 years
- 30per cent aged between 15-39 years
- 32.8per cent are between 40-64 years
- 15.2per cent are aged 65 years and over
- There is a relative absence of young adults as the 20-39 year age group leaves the area for further education and employment opportunities.
- 87.8per cent of residents of GWAHS were born in Australia compared with 70.9per cent for the whole of Australia.
- 92.9per cent speak English at home in GWAHS compared with 78.5per cent Australia wide.

23,786 Aboriginal and Torres Strait Islander people live in the Area, representing 8.3per cent of the total population. This is significantly higher than the NSW average of 2.1per cent and is the highest percentage of Aboriginal people in NSW. The LGAs with the highest proportions of Aboriginal people are the western areas of Brewarrina (59.5per cent), Central Darling (36.3per cent), and Bourke (27.6per cent). The highest numbers of Aboriginal people are located in Dubbo, Walgett, Orange, Brewarrina, Bathurst Regional and Wellington LGAs[1].

The Aboriginal population is relatively young, with fewer people in the older age groups. This reflects the lower life expectancy of Aboriginal people.

The fertility of women within GWAHS expressed as births per 1,000- population is higher than the state average. The birth rates amongst Aboriginal women in GWAHS are the highest in the state.

Population Changes

The total population of GWAHS is projected to increase 2.2per cent by 2021[3]. Whilst the overall population is increasing slightly within the Area Health Service boundaries, population shifts across Local Government Areas are projected to occur.

The proportion of people aged 65 years and over will also almost double in the next 25 years. While the Area currently has 15.2 per cent of its population 65 years and over[4] this is predicted to increase to 17.8 per cent by 2011, 23.2 per cent in 2021 and 28.1 per cent by 2031[3].

Socio-Economic Status

The Index of Relative Socio-economic Advantage/Disadvantage is one of the ABS Socio-Economic Indicators For Areas (SEIFA). The Index of Relative Socioeconomic Advantage/Disadvantage has a mean value of 1,000 for all of Australia and is derived from attributes such as income, educational attainment, occupation and employment levels. An index higher than 1,000 indicates advantage over the mean value for Australia, while an index less than 1,000 indicates a level of disadvantage compared to Australia. While some LGAs within GWAHS have an index above 1,000, most LGAs are disadvantaged to some degree. Communities with a high proportion of Aboriginal people and those that are remote are the most disadvantaged.

Compared to NSW, the population of GWAHS has a lower income level[3]:

- 44.1 per cent of the 15 years and older population fall into the lower income bracket, less than $300 per week, compared to the NSW figure of 38.8 per cent.
- 35.2 per cent fall into the medium income bracket, compared to the NSW figure of 34 per cent. 12.7 per cent fall into the high-income bracket, compared to the NSW figure of 19 per cent.
- The unemployment rate for GWAHS was 7.8 per cent, compared to the NSW figure of 7.2 per cent.
- Most of the LGAs in GWAHS have a lower socio economic status. Socio-economic status declines with distance from major cities and increasing remoteness.

[1] ABS Census 2006
[2] ABS Census 2001
[3] ABS Census 2001

SECTION 1: Profile, structure, purpose and goals

The Population's Health

People living in rural and remote areas generally have poorer health than people living in metropolitan areas. Life expectancy at birth in GWAHS from 2000-2004 was 76.0 years for men (NSW 78.2) and 81.7 years for women (NSW 83.3). Life expectancy at age 65 years for men and women in GWAHS from 2000-2004 was 81.6 years and 85.7 years respectively (NSW 82.9 and 86.4 respectively). This is lower than any other health area in NSW[4].

Men and women living in the Area have the highest age-adjusted death rates in NSW. The main reasons for premature death are neoplasms (tumours) (35 per cent), diseases of the circulatory system (28 per cent), injury and poisoning (11.3 per cent) and diseases of the respiratory system (8.7 per cent)[5].

The following health indicators across five national health priority areas from 2000 to 2004 provide evidence of a poorer health status[7]:

- The death rate from coronary heart disease for GWAHS residents is the highest in the State.
- Hospital separation rates for injury and poisoning are the highest in the state.
- Hospital separation rates for diabetes are significantly higher than the state average.
- New cases of prostate cancer rates were higher than the state average.
- Asthma death rates and hospital separation rates were higher than the state average for both males and females.
- Chronic obstructive pulmonary disease death rates were the highest in the state for both males and females, while hospital admissions were significantly higher than the state average.

Aboriginal people have poorer health than the rest of the population. This is demonstrated by9:

- Higher infant mortality
- Lower life expectancy
- Higher rates of chronic disease risk factors including smoking and high risk drinking.
- Higher prevalence and earlier onset of chronic illnesses, in particular respiratory illness, diabetes and renal disease
- Higher rates of hospitalisations and deaths from injuries and assaults

1.2 Structure

The Greater Western Area Health Service has 108 Public Health Facilities, including 33 Public Hospitals, 16 MPSs and 59 Community Health Centres.

The organisational management of GWAHS is divided into six directorates:

- Finance and Corporate Services
- Nursing and Midwifery
- Workforce Development
- Clinical Operations
- Population health Planning and Performance
- Clinical Governance

Geographically, the area is divided into six clusters for management purposes, these include:

Castlereagh:

Baradine, Coonabarabran, Coonamble, Collarenebri, Gilgandra, Goodooga, Gulargambone, Lightning Ridge, & Walgett,

Central Cluster:

Coolah, Dubbo, Dunedoo, Gulgong, Lourdes, Mudgee, Rylstone & Wellington.

Eastern Cluster:

Bathurst, Blayney, Bloomfield Orange & Oberon,

Mitchell Cluster:

Bourke, Brewarrina, Cobar, Narromine, Nyngan, Tottenham, Trangie, Tullamore, Wanaaring & Warren.

Southern Cluster:

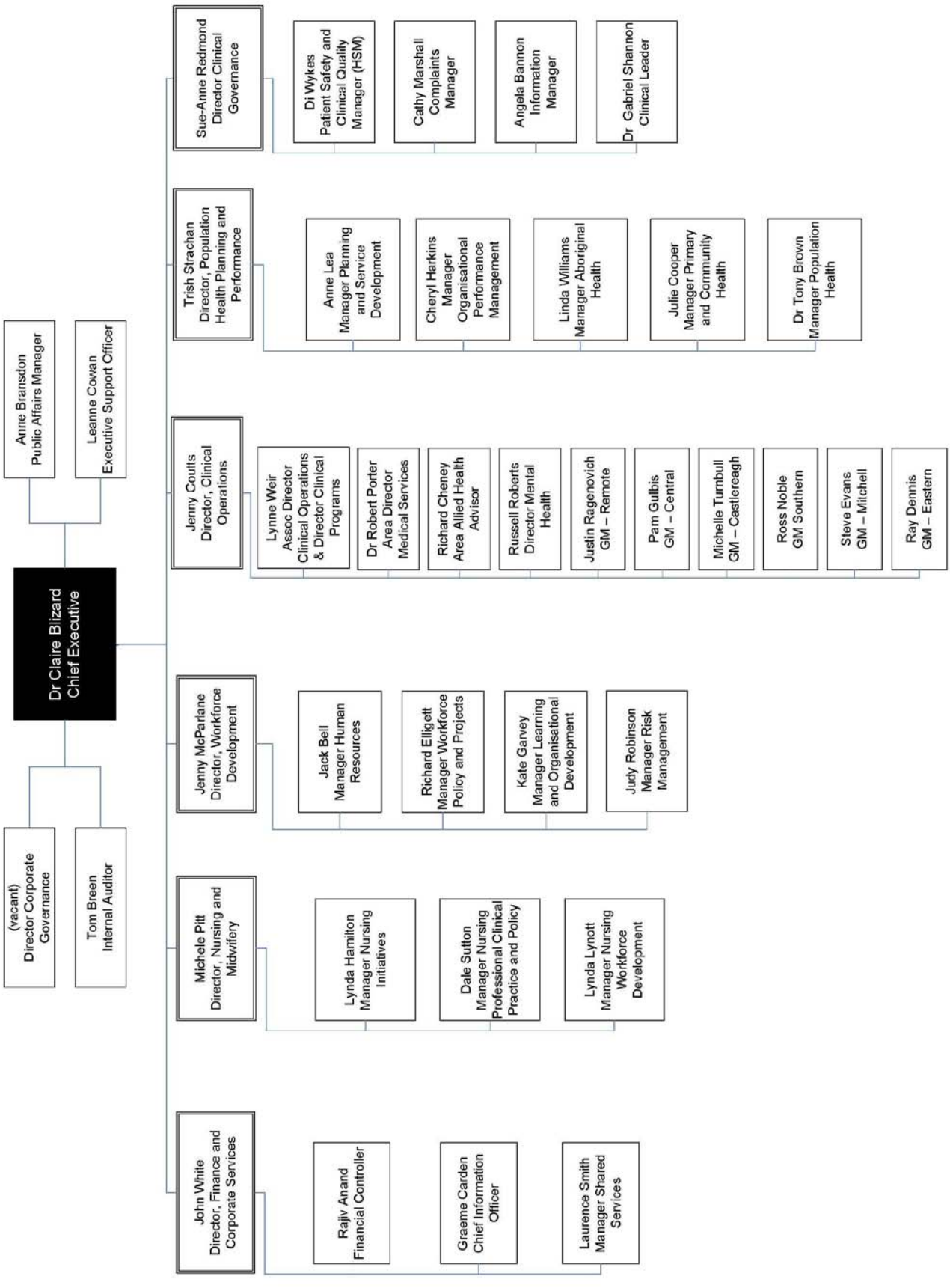
Forbes, Condobolin, Lake Cargelligo, Parkes, Trundle, Peak Hill, Cowra, Canowindra, Eugowra, Molong, & Cudal.

Remote Cluster:

Broken Hill. In partnership with the Maari Ma Health Aboriginal Corporation - Balranald, Dareton, Ivanhoe, Menindee, Tibooburra, White Cliffs, Wilcannia, and Wentworth

[4] Chief Health Officer Report 2006
[5] NSW Health HOIST database

SECTION 1: Profile, structure, purpose and goals



SECTION 1: Profile, structure, purpose and goals

Purpose, goals and strategic direction

Vision
Healthy people - now and in the future

Purpose
To protect and improve the health and well being of the Greater Western communities through leadership and partnership.

Values
Respect, Empowerment, Justice, Integrity, Excellence, Teamwork, Safety.

Goals
- To keep people healthy
- To provide the health care people need
- To deliver high quality services
- To manage health services well

To meet these goals, the Greater Western Area Health Service has set down its priorities and objectives according to seven strategic directions.

The seven strategic directions include:
- Make prevention everybody's business
- Create better experiences for people using health services
- Strengthen primary health care and continuing care in the community
- Build regional and other partnerships for health
- Make smart choices about the costs and benefits of health services
- Build a sustainable health workforce
- Be ready for new risks and opportunities

The goals, strategic directions, objectives and measures of success are described in *A New Direction for Greater Western: Health Service Strategic Plan – Towards 2010*. Contained in this document is the Greater Western Area Health Service 'Health on a Page'. It provides a summary of the strategic directions and priorities of the area.

Photos
Top: Wilcannia Health Service
Centre: MHDA Service Planning Day at Burrendong
Above: New MH Unit at Dubbo

SECTION 1: Profile, structure, purpose and goals

GWAHS Corporate Strategic Plan 2006-2010

VISION: Healthy people- Now and in the Future

PURPOSE: To protect and improve the health and well being of the Greater Western communities through leadership and partnership

VALUES: Respect, Empowerment, Justice, Integrity, Excellence, Teamwork, Safety

Make prevention everyone's business

1. Healthier people
2. Reduced gap in health and well being between Aboriginal and non-Aboriginal people
3. Disease prevention and health promotion across all service areas

Create better experiences for people using health services

4. High quality health services
5. Improved access to the care people need
6. Person-centred care and continuous service review

Strengthen primary health and continuing care in the community

7. Effectively networked clinical services
8. Planning and delivering services to meet the specific needs of the population

Build regional and other partnerships for health

9. Engaging our partners in impr the health of our communities
10. Engaged communities

Make smart choices about costs and benefits of health services

11. Prioritise resource allocation to best meet health need
12. Effectively managing resources and assets for maximum health benefit

Be ready for new risks and opportunities

18. Managing the organisation's performance
19. Organisational risk management

Build a sustainable health workforce

13. Matching the workforce mix and skills with the health needs of our population
14. Building management and leadership capacity
15. Developing a culture consistent with the organisation's values, reflecting a commitment to mutual respect, lifelong learning and a "can do" attitude
16. Demonstrating, acknowledging and rewarding innovation, research and achievement in healthcare
17. Attracting and retaining high quality staff

SECTION 1: Profile, structure, purpose and goals

CORPORATE GOVERNANCE REPORT

STATEMENT
This statement reflects the corporate governance arrangements in place within the **Greater Western Area Health Service** for the reporting period 1 July 2006 to 30 June 2007.

As Chief Executive I am responsible for the corporate governance controls of the *Greater Western Area Health Service*. This Statement sets out the main corporate governance practices in operation throughout the financial year, and the extent to which they have been met.

To the best of my knowledge and belief the Health Service has complied with the principles and the framework within the Department of Health's Corporate Governance and Accountability Compendium [December 2005], except where there may be a qualification in the attachment to this Statement.

Signature:

.....
Trish Strachan
A/Chief Executive
Greater Western Area Health Service

This statement is a fair and true account of the corporate governance controls in place during the reporting period.

Signature:

.....
Tom Breen
Manager of Internal Audit for the
Greater Western Area Health Service

Summary Corporate Governance Statement:

The Statement of Corporate Governance has been developed to assist Chief Executives in implementing and monitoring their governance rules.

NSW Health's Corporate Governance focus is a direct result of the system-wide reforms of the past few years, and recognises the need to ensure consistent management practices and accountability across the Health System.

The Chief Executive carries out the functions and responsibilities and obligations in accordance with the Health Services Act 1997.
The Chief Executive is committed to better practices as outlines in the Guide on Corporate Governance Compendium issued by NSW Health.
The Chief Executive has practices in place to ensure the primary governing responsibilities of Greater western Area Health Services are fulfilled in respect to:

- Setting strategic direction
- Ensuring compliance with statutory requirements
- Monitoring the performance of the health service
- Monitoring the quality of health services
- Industrial relations and workforce development
- Monitoring clinical, consumer and community participation
- Ensuring ethical practice

1. Ethical Conduct

The Health Service has adopted the NSW Health Code of Conduct (2005) to guide all staff and contractors in ethical conduct. The Code of Conduct is distributed to all new staff and is included on the agenda of all staff induction programs. Systems and processes are in place to ensure the Code is brought to the attention of all existing staff. Ethics education is part of the Health Services learning and development strategy.

The Chief Executive, as a principal officer, has reported all cases of corrupt conduct (where there is a reasonable belief that corrupt conduct has occurred) to the Independent Commission Against Corruption, and at the same time has sent a copy of any such report to Department of Health.

2. General Governance and Oversight

Effective governance and oversight is achieved across the Health Service through processes for setting, guiding and monitoring the future direction of activities and service outcomes through effective strategic and service planning by:

- Delivering an appropriate range of health services within available resources.
- Improving performance through commitment to effectiveness, efficiency, and to innovation
- Established appropriate risk management, internal control and accountability mechanisms

- Ensuring due regard of and responsiveness to stakeholders interests and expectations
- Sound business planning in relation to infrastructure and capability
- Systems that enhance safety and quality of patient services

The Chief Executive is aware of all functions, responsibilities and obligations under the Health Service Act 1997. The Chief Executive has mechanisms in place to gain reasonable assurance that relevant statutory legislation is adhered to, including statutory reporting requirements:

- Authorities which are delegated by the Chief Executive are formally documented
- The authority and responsibility of the Chief Executive, the Health Executive Service, and other senior management are documented in written position descriptions and a current organisation chart is published
- Written performance agreements are in place for 2006/07 for:
- The Area Health Service
- The Chief Executive
- All Health Executive Service Members

3. Financial Management

The Chief Executive has in place processes to ensure that the Health Service complies with the NSW Health Accounts and Audit Determination and NSW Health 2006/07 budget allocation advice. The Finance and Performance Committee has been operational all year and is chaired by the Chief Executive.

4. Health Service Delivery

The Health Service has in place mechanisms to undertake a range of specific statutory functions, which include:

- Achieving and maintaining adequate standards of patient care.
- Investigating and assessing health needs.
- Planning for future development of health services.
- Establishing and maintaining an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services.
- Administering funding for recognised establishments and health services.

5. Clinical Governance

The Chief Executive has established mechanisms to achieve successful governance of the range of clinical responsibilities. The Clinical Governance Unit functions as part of the Area Structure (with the Director being a member of the Area Health Service Executive having direct Reporting responsibilities to the Chief Executive).

6. Risk Management

The Chief Executive has established a sound system of risk identification, management and oversight, and the risks to the Health Service are regularly monitored through a risk management plan. The plan is designed to assess, monitor and manage risks and to identify material changes to the Health Services risk profile. The Audit and Risk Management Committee has been operational throughout the year.

7. Health Service Councils And Committees

The Health Service has maintained and supported the following Councils and Committees during the year.

8. Area Health Advisory Council

The Chair is Dr Stephen Flecknoe-Brown. The Council met 12 times during the year. The Charter of the Council is consistent with the template approved by the Minister for Health.

9. Audit and Risk Management Committee.

The Chair is Mr George Bennett FCS. The Committee met at least quarterly during the year. The purpose, responsibilities for the Audit and Risk Management Committee for the Health Service are consistent with those specified in the DoH Corporate Governance and Accountability Compendium (Chapter 12).

10. Finance and Performance Committee.

The Chair is Dr Claire Blizard. The Committee met at least monthly during the year. The purpose, responsibilities and activities of the Finance and Performance Committee are consistent with those specified in the DoH Corporate Governance and Accountability Compendium (Chapter 12).

11. Health Care Quality Committee.

The Chair is Dr Claire Blizard. The Council met at least six times during the year. The purpose, responsibilities and activities of the Health Care Quality Committee are consistent with those specified in the DoH Corporate Governance and Accountability Compendium (Chapter 12).

12 Medical and Dental Appointment Advisory Committee [MDAAC].

The Chair is Ms Genise Slack-Smith. The Council met 16 times during the year. The role of the Committee is consistent with the role specified in the Do H Corporate Governance and Accountability Compendium (Chapter 12).

13. Clinical Governance Statement 2006/07

The NSW Government continued to invest in frontline clinical care through the NSW Patient and Clinical Quality Program in 2006-2007. Specific enhancement funds were made available for clinical governance initiatives within GWAHS to support clinical staff in their efforts to provide safe and effective health care.

SECTION 1: Profile, structure, purpose and goals

Clinical Governance has been embedded in GWAHS with a Clinical Governance Unit (CGU) directly reporting to the Chief Executive. The primary focus of the CGU is the risk management of patient safety and clinical quality. The CGU is responsible for the rollout of the NSW Patient Safety and Clinical Quality Program within GWAHS. The program is underpinned by guiding principles that are:

- Openness about failures
- Emphasis on learning
- Obligation to act
- Accountability
- Just culture
- Appropriate prioritisation of action
- Teamwork

The CGU oversights the Incident Information Management System (IIMS) to ensure incidents are effectively managed and action is taken to prevent recurrence. The Director of Clinical Governance acts as the Senior Complaints Officer ensuring appropriate action is being taken to resolve serious complaints. The CGU supports clinical operations to ensure local and statewide policies relevant to patient safety are implemented across the Area Health Service.

Strategic Direction 1:

Make prevention everybody's business

Performance Indicator:

Chronic disease risk factors – Alcohol, Smoking, Obesity.

Desired outcome:

Reduced prevalence of chronic diseases in adults.

Context:

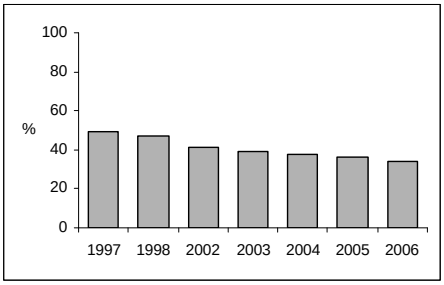
The NSW Health Survey includes a set of standardised questions to measure health behaviours.

Alcohol

Context:

Alcohol has both acute (rapid and short but severe) and chronic (long lasting and recurrent) effects on health. Too much alcohol consumption is harmful, affecting the health and wellbeing of others through alcohol-related violence and road trauma, increased crime and social problems.

Alcohol – risk drinking behaviour (%)



Interpretation:

There has been a decrease of 6 per cent adults within GWAHS reporting risk-drinking behaviour during 2006 compared to 2002. This trend is in line with that for NSW where the decrease has been 1.9 per cent over the same period.

Future initiatives:

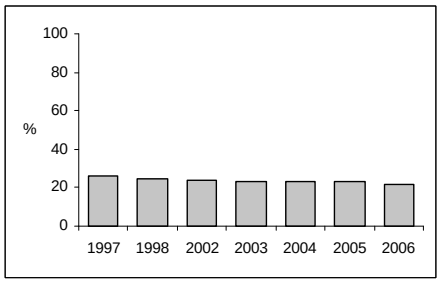
- Good Sports Program
- Talking Tactics Program- a drug and alcohol program targeting youth and parents through schools

Smoking

Context:

Smoking is responsible for many diseases including cancers, respiratory and cardio-vascular diseases, making it the leading cause of death and illness in NSW. The burden of Illness resulting from smoking is greater for Aboriginal adults than the general population.

Smoking – daily or occasionally (%)



Interpretation:

The prevalence of smoking across GWAHS has decreased from 24 per cent in 2002 to 22 per cent in 2006. This trend is in line with that for NSW where the decrease has been 3.8 per cent.

Future initiatives:

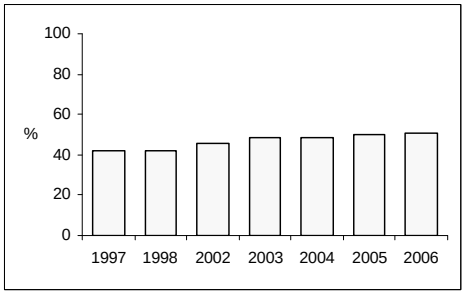
- Further roll out of the Smoking Cessation Competency Based Training with a particular focus on smoking in pregnancy
- Bila Muuji Social Emotional Wellbeing Program

Overweight and obese

Context:

Being overweight or obese increases the risk of a wide range of health problems, including cardio-vascular disease, high blood pressure, type 2 diabetes, breast cancer, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning.

Overweight or obese (%)



Interpretation:

In line with NSW trends the incidence of adult obesity and overweight continues to be a challenge with the reported incidence increasing from 53 per cent in 2002 to 58 per cent in 2006. This is a higher rate than that for NSW although the rate for NSW has also increased over the same period from 45.9 per cent to 50.4 per cent.

Future initiatives:

- Continue the Good Sports program, which is part of the NSW Government's Live Life Well campaign.
- Continue the Iki Warrior physical activity program aimed at increasing exercise and combating childhood obesity.
- Extend Wellington Public School Eat Right Play Right program

- Eat Well Walgett – program to improve nutrition in the Walgett indigenous community targeting primary school children, mothers and babies, men and elders.
- Encore Gentle Exercise program targeting women post breast cancer surgery
- Continue implementation of Healthy School Canteen program
- Continue 'Eat a Rainbow Program' aimed at increasing vegetable consumption in school children
- Continue the Munch and Move program
- Live Outside the Box nutritional health of local children.

Performance Indicator:

Potentially avoidable deaths

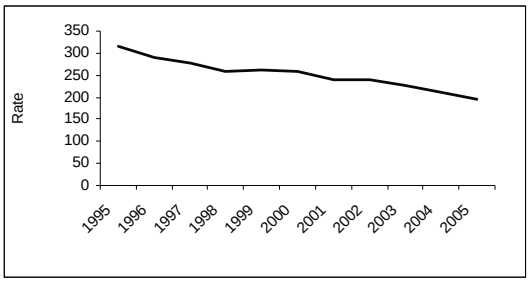
Desired outcome:

Increased life expectancy.

Context:

Potentially avoidable deaths are attributed to conditions that are preventable through health promotion, health screening, early intervention and/or medical treatment. Potentially avoidable deaths (before age 75 years) provide a measure that is more sensitive to the direct impacts of health system interventions than all premature deaths.

Potentially avoidable deaths – persons aged 75 and under (age adjusted rate per 100,000 population)



Interpretation:

Consistent with the general trend over the past 10 years there has been a further reduction in 2005 in people aged less than 75 years dying from preventable illnesses. Although the rate is higher than that for NSW, GWAHS has experienced a greater reduction in the rate over the past five years than NSW.

Future initiatives:

- Provision of scholarships for training in chronic disease self management targeting Aboriginal communities
- Enhancement of the utilisation of action plans for asthma, COPD and heart failure. Baseline utilization data has been collected during 2006-07.
- Development of standards of practice/clinical guidelines for the management of asthma, COPD and heart failure will assist with the consistent management of these conditions across the Area.

Performance Indicator:

Adult immunisation

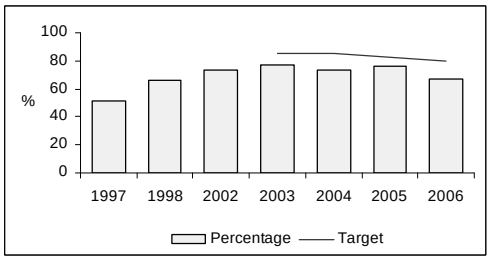
Desired outcome:

Reduced illness and death from vaccine-preventable diseases in adults.

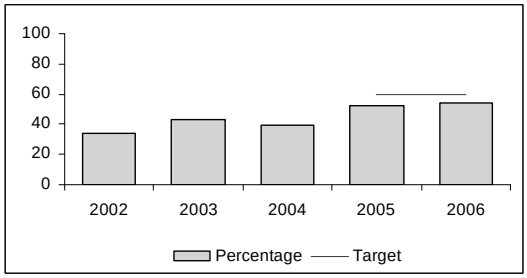
Context

Vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council (NHMRC) and provided free for people aged 65 years and over, Aboriginal people aged 50 and over and those aged 15–49 years with chronic ill health.

People aged 65 years and over vaccinated against influenza – in the past 12 months (%)



People aged 65 years and over vaccinated against pneumococcal disease – in the past 12 months (%)



Interpretation:

There has been a decrease in 2006 in the percentage of people aged 65 years and over who reported they were immunised for influenza. This is not consistent with the NSW trend where the percentage has remained stable.

The reported proportion of people aged 65 years and over immunised for pneumococcal disease has increased by 2 per cent in GWAHS in 2006 compared to 2005. Although GWAHS did not meet the target there has been a 20 per cent increase in immunisation for pneumococcal disease in 2006 compared to 2002 rates.

Future initiatives:

- Continue to work with general practitioners to improve immunisation rates
- Develop and coordinate a promotion strategy through the Greater Western Immunisation Advisory Group

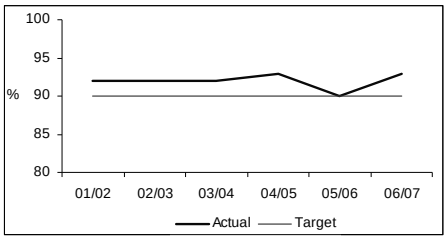
SECTION 2: Performance summary

Performance Indicator:
Children fully immunised at one year.

Desired outcome:
Reduced illness and death from vaccine preventable diseases in children.

Context:
Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW, it is an ongoing challenge to ensure optimal coverage of childhood immunisation.

Children fully immunised at 1 year (%)



Interpretation:
GWAHS has achieved the target and the rate of immunisation of children has remained relatively stable over the past five years ranging from 90 per cent – 93 per cent. The trend is in line with that for NSW although GWAHS has achieved a higher rate in 2006.

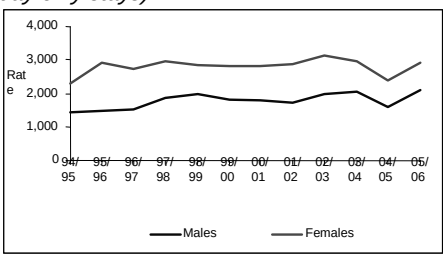
Future initiatives:
Continue to work with general practitioners, local government, child and family health services to maintain and improve immunisation rates

Performance Indicator:
Fall injury hospitalisations – people aged 65 years and over

Desired outcome:
Reduced injuries and hospitalisations from fall-related injury in people aged 65 years and over.

Context:
Falls is one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW. It is also one of the most expensive. Older people are more susceptible to falls, for reasons including reduced strength and balance, chronic illness and medication use. Nearly one in three people aged 65 years and older living in the community reports falling at least once in a year. Effective strategies to prevent fall-related injuries include increased physical activity to improve strength and balance and providing comprehensive assessment and management of fall risk factors to people at high risk of falls.

Fall injuries – for people aged 65+ (aged standardised hospital separation rate per 100,000 pop.) (Excludes day only stays).



Interpretation:
The overall rate for GWAHS has decreased by 252 persons per 100,000 population from 2002/03 to 2005/06. The reverse trend is being experienced across NSW where there has been an increase of 249 people per 100,000 population during the same period.

Future initiatives:
- Falls prevention best practice telehealth program
- Stepping On - falls prevention for community dwelling older people. Evaluation of the Broken Hill model of falls prevention practice management with a view to implement in other acute sites
- Develop education resources to provide health workers and community members
- Develop community exercise leaders program to increase physical activity opportunities in the communities across GWAHS
- Development E-Learning tools to provide ongoing professional development in falls education for staff
- Develop Falls Web page on the GWAHS website to provide staff and communities with falls education and resource information
- The Standard of Practice for falls prevention and management in acute/sub acute services in GWAHS

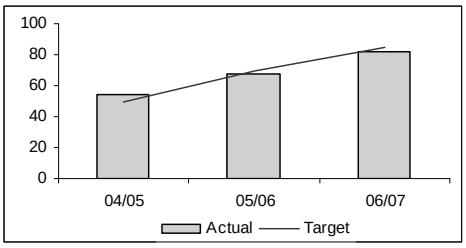
Performance Indicator:
Otitis media screening - Aboriginal children (0 – 6 years) screened

Desired outcome:

Minimal rates of conductive hearing loss, and other educational and social consequence associated with otitis media, in young Aboriginal children.

Context:
The incidence and consequence of Otitis Media and associated hearing loss in Aboriginal communities has been identified and recognised. The World Health Organisation has noted that prevalence of Otitis media greater than 4 per cent in a population indicates a massive public health problem. Otitis Media affects up to ten times this proportion of children in many Indigenous communities in Australia.

Otitis media screening children 0-6 years (%)



Interpretation:

Although the target of 85 per cent was not achieved the rate of screening has increased from 54 per cent in 2004/05 to 82 per cent in 2006/07. This increase is in line with the trend for NSW.

Future initiatives:

- Rollout of Central, Mitchell and Castlereagh piloted model for OM screening to improve shared ownership and coordination
- Establish reporting processes for key stakeholders to improve coordination of screening and client management

Additional Future initiatives

Education packages for staff – health promotion/community capacity:

Learning and Development is working with University of Sydney Department of Rural Health (UDRH) to create access to a range of self-paced education packages. To date courses offered include: Introduction to Primary health Care and Community Development and Population Health. A module on Health Promotion is in the development phase. It is intended that Learning and Development will support URDH to map these modules to units from the Health Training Package in 2008.

Bila Muuji social emotional wellbeing:

This program run by Bila Muuji Group at Bourke, Brewarrina, Walgett, Collarenebri, Lightning Ridge, and Goodooga provides clinical and professional support, training and supervision to AMS staff, with particular emphasis on lone workers.

A rural model of antenatal care

An integrated model of antenatal care has been piloted that has included several towns in order to improve access for women and their families. This has included providing antenatal clinics in smaller sites close to where people live and provided in partnership with other antenatal care providers both internal and external to health, such as Aboriginal Medical Services, local general practitioners, and the Royal Flying Doctor Service. Two Clinical Midwifery Consultants are providing clinical supervision and case coordination support for local midwives.

Strategic Direction 2

Create better experiences for people using health services

Performance Indicator:

Emergency Department Triage times - cases treated within benchmark times

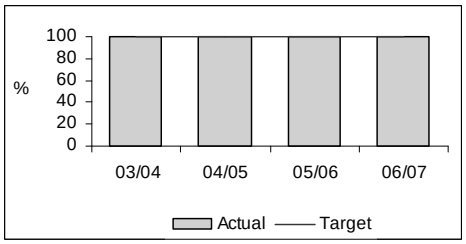
Desired outcome:

Treatment of Emergency Department patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

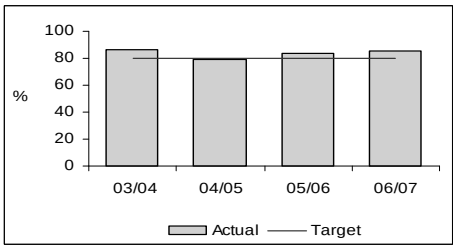
Context:

Timely treatment is critical to emergency care. Triage aims to ensure that patients are treated in a timeframe appropriate to their clinical urgency, so that patients presenting to the Emergency Department are seen on the basis of their need for medical and nursing care and classified into one of five triage categories. Good management of Emergency Department resources and workloads, as well as utilisation review, delivers timely provision of emergency care.

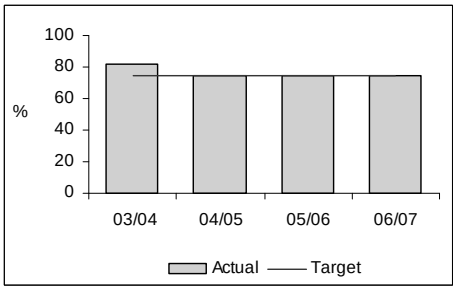
Triage 1(within 2 minutes)



Triage 2 (within 10 minutes)

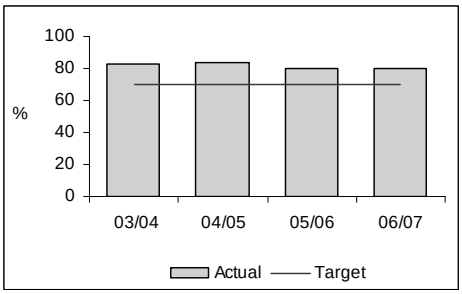


Triage 3 (within 30 minutes)

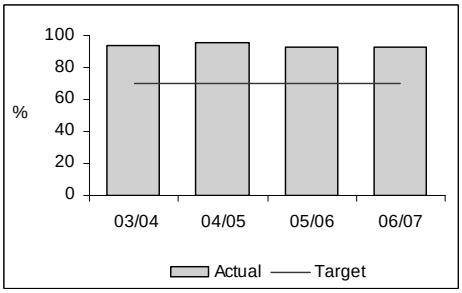


SECTION 2: Performance summary

Triage 4 (within 60 minutes)



Triage 5 (within 120 minutes)



Interpretation:

Triage benchmarks have been met for all triage categories at the major health services within GWAHS (Bathurst, Broken Hill, Dubbo and Orange). GWAHS performed better than NSW where the Triage 3 benchmark was not met.

Future initiatives:

- Enhance the skills of nurses to enable early initiation of care
- After hours General Practitioner Clinics
- Fast Track services at Base hospitals
- Increasing the number of ED nurse practitioners

Performance Indicator:

*Emergency admission performance – patients transferred to an inpatient bed within eight hou**rs***

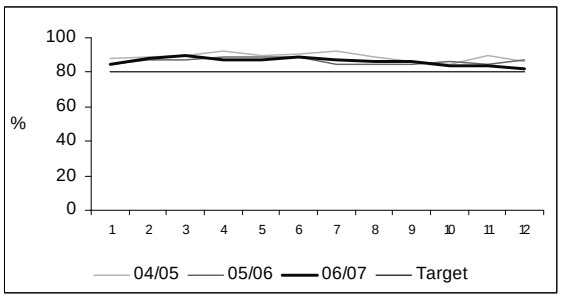
Desired outcome:

Timely admission from the Emergency Department for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

Context:

Patient satisfaction is improved with reduced waiting time for admission from the emergency department to a hospital ward, ICU bed or operating theatre. Also, emergency department services are freed up for other patients.

Emergency admission performance – emergency department patients admitted to an inpatient bed within 8 hours of commencement of active treatment (%)



Interpretation:

All GWAHS major facilities (Bathurst, Broken Hill, Dubbo and Orange) met or exceeded the target. GWAHS performed better than the NSW average for this measure.

Future initiatives:

- Implement the 3.2.1 model of care
- Establish additional 24-hour chest pain evaluation areas
- Establish 23 hour cardiology beds
- Investigate the feasibility of a 'hub and spoke' emergency care model between Eastern and Southern Clusters

Performance Indicator:

Booked surgical patients

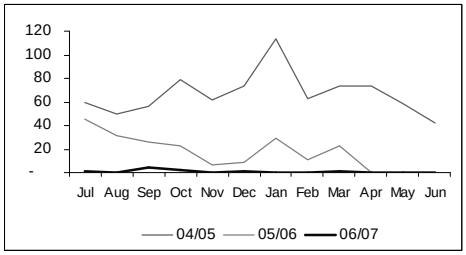
Desired outcome:

Timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

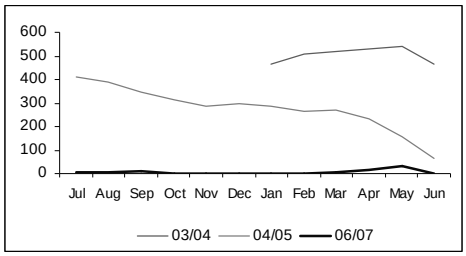
Context:

Long wait and overdue patients are those who have not received timely care and whose waits may have adverse effects on the outcomes of their care. The numbers and proportions of long wait and overdue patients represent measures of hospital performance in the provision of elective care. Better management of hospital services helps patients avoid the experience of excessive waits for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

Booked surgical patients waiting – urgency category 1> 30 days (overdue) (number)



Booked surgical patients waiting – urgency category 2> (long waits) (number)



Interpretation:

The number of overdue Category 1 patients has been maintained at very low levels over the past two years. The decreasing trend is in line with that for NSW.

The number of long wait patients has decreased significantly from 05/06 and this low number has been maintained. The decreasing trend is in line with that for NSW.

Future initiatives:

- Predictable surgery planning
- Travelling scope service
- Further rollout of Waiting Times Policy compliance audits

Performance Indicator:

Planned surgery – cancellations on the day of surgery

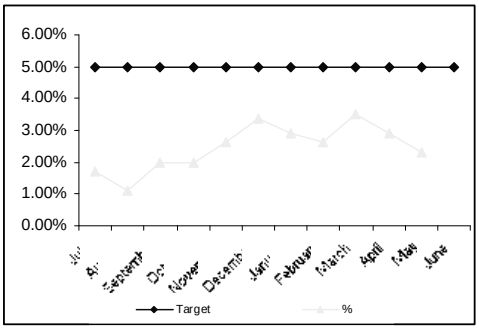
Desired outcome:

Minimised numbers of cancellations of patients from the surgical waiting list on the day of planned surgery, resulting in improved clinical outcomes, greater certainty of care and convenience for patients.

Context:

The effective management of elective surgical lists minimises cancellations on the day of surgery and ensures patient flow and predictable access. However, some cancellations are appropriate, due to acute changes in patients' medical condition.

Planned surgery – cancellations on the date of surgery (%)



Interpretation:

GWAHS has achieved better than the target for this measure with results between 1.1 and 3.5 per cent.

Future initiatives:

- Continue to monitor cancellations and address causes
- Enhance preadmission services

Performance Indicator:

Unplanned/unexpected readmissions within 28 days of separation – all admissions

Desired outcome:

Minimal unplanned/unexpected readmissions, resulting in improved clinical outcomes, quality of life, convenience and patient satisfaction.

Context:

Unplanned and unexpected re-admissions to a hospital may reflect less than optimal patient management. Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, or if post-discharge planning was inadequate. However, other factors occurring after discharge may contribute to readmission, for example poor post-discharge care. Whilst improvements can be made to reduce readmission rates, unplanned readmissions cannot be fully eliminated. Improved quality and safety of treatment reduces unplanned events.
Unplanned / unexpected readmissions within 28 days of separation – all admissions (%)

Interpretation

Future initiatives

- Expand the transitional aged care program
- Expand Community Acute Post Acute Care services across GWAHS
- Implement strategies in the Chronic Care Action Plan
- Audit patients with frequent attendance/admission history and develop management strategies

Performance Indicator:

Sentinel events

Desired outcome:

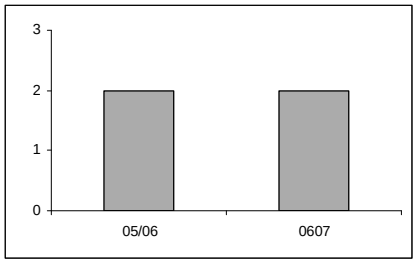
Reduction of sentinel events, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context:

Sentinel events are incidents agreed as key indicators of system problems by all States and Territories and defined by the Australian Council for Safety and Quality in Healthcare as events in which death or serious harm to a patient has occurred.

SECTION 2: Performance summary

Sentinel events GWAHS – all categories (number)



Interpretation:

The occurrence of sentinel events has remained stable over the past two years.

Future initiatives

- Implement medication safety systems assessment
- Early recognition of the deteriorating patient at Dubbo Base Hospital pilot project
- Implement safe transfusion strategies

Performance Indicator:

Incorrect Procedures

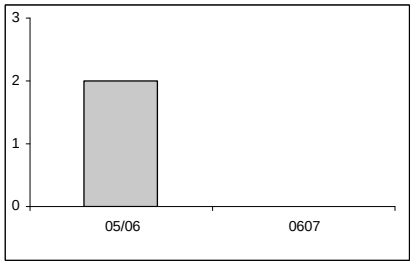
Desired outcome:

Elimination of incorrect procedures, resulting in improved clinical outcomes, quality of life and patient satisfaction.

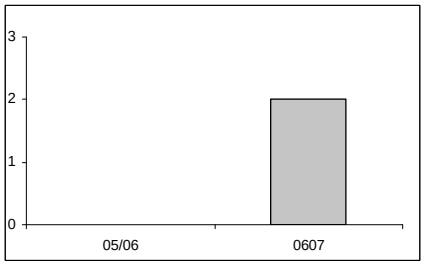
Context:

Incorrect procedures, though low in frequency, provide insight into system failures that allow them to happen. Health studies have indicated that, with the implementation of correct patient/site/procedure policies, these incidents can be eliminated.

Incorrect procedures - Operating Theatres (number)



Incorrect procedures - Radiology, Radiation Oncology and Nuclear Medicine (number)



Interpretation:

While NSW has seen a significant increase in incidents in 2006/07 compared to the previous year, the number of incidents across GWAHS has remained stable for a two-year period.

Future initiatives:

- Implement toolkits developed by the State working party to reduce incorrect procedures incidents.

Performance Indicator:

Healthcare Associated Bloodstream Infections

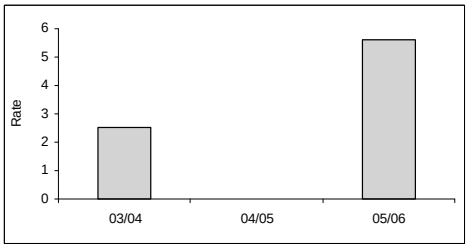
Desired outcome:

Sustained, continual reduction in the incidence of central line bloodstream infections resulting in increased patient safety and improved clinical outcomes in ICU patients.

Context:

The implementation of the Clinical Excellence Commission Hand Hygiene Program "Clean Hands Save Lives", the recommendations made by the NSW Multi Resistant Organism Expert Group and the use of a best practice clinical guideline for inserting central lines, have positioned the NSW Health System to reduce the number of health care associated infections in ICU patients.

Healthcare Associated Bloodstream Infections – Rate of ICU central line associated bloodstream infections per 1,000 line days



Interpretation:

There has been a heightened awareness of the significance of these incidents and improved reporting which has impacted on the reported results and improved the Area's capacity to better manage these incidents.

Future initiatives:

- Clinical Governance project to address the recommendations of the NSW Multi Resistant Organism Expert Group for reducing infections in hospitals
- Establishment of clinical teams in the Intensive Care Units at the base hospitals to monitor data on the insertion and clinical management of central venous lines used for critically ill patients.

Performance Indicator:

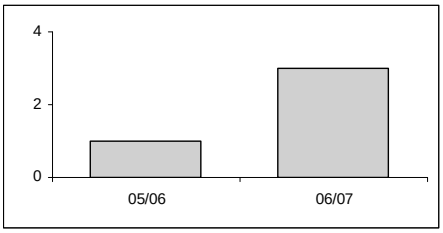
Deaths as a result of a fall in hospital

SECTION 2: Performance summary

Desired outcome:
Reduce deaths as a direct result of fall in hospital, thereby maintaining quality of life and improving patient satisfaction.

Context:
Falls are a leading cause of injury in hospital. The implementation of the NSW Falls Prevention Program will improve the identification and management of risk factors for fall injury in hospital thereby reducing fall rates. Factors associated with the risk of a fall in the hospital setting may differ from those in the community.

Deaths as a result of falls in hospitals (number)



Interpretation:
The number of reported deaths related to falls in hospitals across GWAHS has increased in 2006/07 compared to 2005/06. This result is thought to be reflective of increased awareness of the reporting process and compliance with reporting. The GWAHS incidence is significantly lower than that for NSW which is 26 deaths per 1,000 bed days.

Future initiatives:
- Develop standards of practice for falls management in acute/subacute, community and residential aged care settings.
- Falls prevention best practice telehealth training program.
- Implement a standardised falls risk assessment and management program across inpatient and residential aged care settings.

Further Future Initiatives:

Models of Care – Bathurst Health Service Redevelopment:
Bathurst Health Service has commenced redevelopment with an expected completion date of December 2007. A significant issue for Bathurst Health Service is that services are presently provided across different sites. The redevelopment will allow for all services to be provided at the new Bathurst Health Service.

Models of care being progressed include:
- The Surgical Patient Journey
- Domiciliary Midwifery
- Ambulatory Paediatric Care
- Acute Mental Health
- CAPACS and Ambulatory Care
- Rehabilitation Services

Expansion of the Remote Medical Consultation Service: (RMCS)
Planning has commenced on the expansion of the RMCS across the Central, Mitchell and Castlereagh clusters. It is expected that this service will commence operation during 2007/08.

Critical Advisory Line:
The Area will undertake planning on a model for a remote service to provide support for clinicians at smaller sites in the management of more complex Triage 1 and 2 patients presenting to the Emergency Department.

Patient Experience Strategy:
GWAHS has commenced development of a Patient and Carer Experience strategy involving patient surveys, patient and carer interviews and compliment and complaints review. This strategy will provide a means for engaging stakeholders in understanding and improving patient and carer experience of health services.

Murdi Paaki:
The Murdi Paaki Project is a Commonwealth Health and GWAHS initiative to develop a cross agency regional response, working collaboratively with all relevant service partners and agencies, which address the health related issues identified in the 16 (Murdi Paaki) Aboriginal Community working party action plans.

Community acquired MRSA:
Emergency Departments within GWAHS will collect and analyse data on skin infections at the base hospitals Emergency Departments. The analysis of all positive Community Acquired Non Multi-Resistant Methicillin-Resistant Staphylococcus Aureus (Ca-MRSA) will assist to form a management strategy screening, medication treatment and education for practitioners. This study is partly supported by a Tyco Healthcare scholarship of $10,000 to fund a wound management project.

Electronic Medical Record: (eMR)
The eMR is an online record which tracks and details a patient's care during the time spent in hospital. GWAHS will be implementing Phase One of the project over the next two years.

Aged and Chronic Care Program:
In 2007/08 the focus for the Clinical Redesign Program will be the integration of an aged and chronic care project. The aims of this project will include early intervention, coordinated patient care and a reduction in avoidable hospital admissions.

Stroke Services:
During the 2006/07 financial year $1 million was allocated across NSW for the stroke services in rural NSW. GWAHS was awarded $300,000 to support the development of an integrated stroke service across Bathurst and Orange Health Services. This service model will see the appointment of a Medical Stroke Director/Director of Rehabilitation Services, additional

allied health staff positions and a Stroke Care Coordinator.

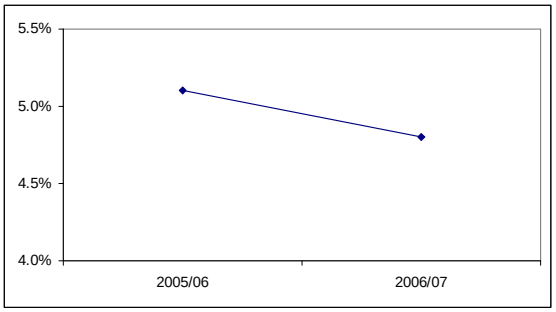
Strategic Direction 3:
Strengthen primary health and continuing care in the community

Performance Indicator:
Avoidable hospital admissions (selected conditions)

Desired outcome:
Numbers of avoidable hospital admissions minimised, resulting in improved health, increased independence, convenience and patient satisfaction, and reduction of unnecessary demand on hospital services.

Context:
There are some conditions for which hospitalisation is avoidable through early or more appropriate forms of management; for example, by general practitioners, in community health settings, at home, or in outpatient clinics. Conditions of this type included in the indicator are: cellulitis; deep vein thrombosis; community-acquired pneumonia; urinary tract infections; certain chronic respiratory disorders such as emphysema and chronic obstructive pulmonary disorder; bronchitis and asthma; certain blood disorders such as anaemia and; Musculo-tendinous disorders such as acute back pain.

Avoidable Hospital Admissions (selected conditions)



Interpretation:
There has been a reduction of 0.3% (328) avoidable admissions from the previous 05-06 result.

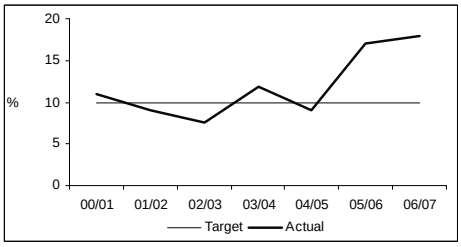
Future initiatives:
Implement Area Standards of Practice for the management of Heart Failure and Chronic Obstructive Pulmonary Disease
Progress implementation of the HealthOne model of care
Integrate case management group
Enhance Community and Post Acute Care (CAPAC) services as part of the Clinical Re-design program for Aged and Chronic Care.
Increase training for staff in the Flinders Model of chronic disease self management.

Performance Indicator:
Mental Health Acute Adult Readmission

Desired outcome:
Rates of mental health readmission minimised, resulting in improved clinical outcomes, quality of life and patient satisfaction, as well as reduced unplanned demand on services.

Context:
Mental Health problems are increasing in complexity and co-morbidity with a growing level of acuity in child and adolescent presentation. Despite improvement in access to mental health services, demand continues to rise for a wide range of care and support services for people with mental illness. A readmission to acute mental health admitted care within a month of a previous admission may indicate a problem with patient management or care processes. Prior discharge may have been premature or services in the community may not have adequately supported continuity of care for the client.

Mental Health acute adult readmission – within 28 days to same mental health facility (%)



Interpretation:
The rate of readmission has increased by 1 per cent in 2006/07 compared to 2005/06. The result includes all readmissions to the same hospital, some of which may have been planned. The NSW Admitted Patient Data does not distinguish planned and unplanned admissions.

Future initiatives:
- Rollout across GWAHS of the What Now. Refer to page 47.

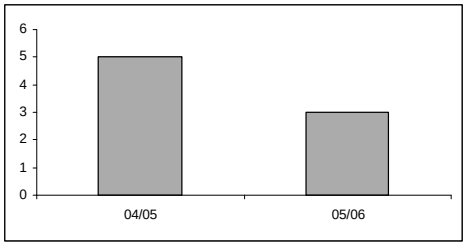
Performance Indicator:
Suspected suicides of patients in hospital, on leave, or within seven days of contact with a mental health service

Desired outcome:
Minimal number of suicides of patients following contact with a mental health service.

Context:
Suicide is an infrequent and complex event, which is influenced by a wide variety of factors. The existence of a mental illness can increase the risk of such an event. A range of appropriate mental health services across the spectrum of treatment settings, as outlined in the Government's commitment, NSW: A New Direction for

Mental Health, are being implemented between now and 2011 to increase the level of support to clients, their families and carers, to help reduce the risk of suicide for people who have been in contact with mental health services.

Suspected suicides of patients in hospital, on leave or within 7 days of contact with a mental health service (number)



Interpretation:

The number of suspected suicides has decreased on 2005/06 compared to 2004/05. The trend for NSW has also seen a decrease in 2005/06 from the previous year.

Future initiatives:

- Aboriginal Mental Health First Aid Program
- Mental health Drought Awareness Programs
- Mental Health Emergency Care Rural Access program

Performance Indicator:

Mental Health: a) Ambulatory contacts, b) Acute overnight inpatient separations

Desired outcome:

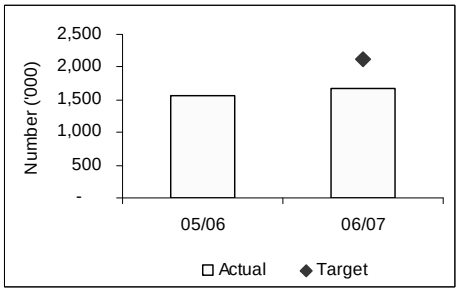
Improved mental health and well-being. An increase in the number of new presentations to mental health services that is reflective of a greater proportion of the population in need of these services gaining access to them.

Context:

Despite improvements in access to mental health services, demand continues to rise for a wide range of care and support services for people with mental illness. Under New Directions, a range of community-based services will be implemented between now and 2011, they span the spectrum of care types from acute care to supported accommodation. There is an ongoing commitment to increase inpatient bed numbers. Numbers of ambulatory contacts, inpatient separations and numbers of individuals would be expected to rise.

Ambulatory Contacts:

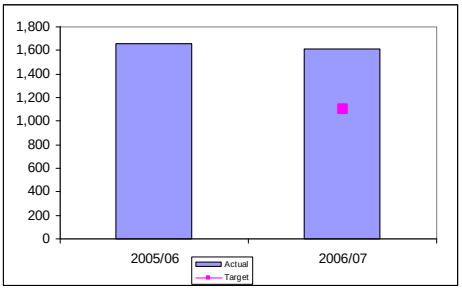
Mental Health Ambulatory Contacts



Interpretation:

Although the number of ambulatory contacts has increased by approximately 4,700 the target has not been achieved. The same trend is seen with NSW results.

Mental Health Acute Overnight Separations



Interpretation

The target for acute overnight separations was exceeded by more than 500 patients

Future initiatives:

- Mental Health community rehabilitation program
- "What Now" consumer post discharge booklet

Drought Initiatives:

Following the cessation of funding to support the two Mental Health Drought Liaison Officers in 2003, Mental Health and Drug & Alcohol Services recognised that severe on-going drought conditions continued to have an impact on mental health and well-being of people in our rural communities. A small working party was formed and utilising what we had learnt from the previous drought initiative in 2003 we developed what is now the Greater Western Area Health Service Mental Health Drought Response Strategy (MHDRS).
The MHDRS focussed on the four key areas/goals: Developing Partnerships, Mental Health and Drug & Alcohol Service Promotion, Building Community Capacity and Resilience and Providing Drought Education and Information to mental health teams and other service providers.

- Six Additional Mental Health Workers, with GWAHS allocated two positions, funded until June 2008.
- 15 Additional Mental Health Workshops for Farmers and Service network meetings for health workers and other agencies

- 50 Mental Health First Aid Courses
- The development of a Mental Health Resource Package for Frontline Health and Agricultural Support workers.
- The roll out of the funding and coordination of the activities to meet the key performance indicators was delegated to the Centre for Rural & Remote Mental Health in partnership with the four rural area health services.

Mental Health First Aid / Mental Health First Aid Training:

The 12 hour Mental Health First Aid (MHFA) course has been recognised as useful tool in building community capacity through mental health education and service promotion. In 2003 GWAHS MH&DA initially funded six people to become instructors and provide the training in our rural and remote communities. In 2007 the number of MHFA Instructors funded though GWAHS MH&DA has grown to 24 with four being trained in the Aboriginal MHFA course.

Family Gatherings / Farmers Forums:

Farm Family Gatherings (FFG) have been developed through the Department of Primary Industries (DPI) as a forum for encouraging farmers and their families to get off the farm for a few hours or a day, get together with other farming families for a BBQ, or social activities and make available information about services and support accessible to families effected by drought. Mental Health and Drug & Alcohol Services have been working with the DPI Drought Support Workers to attend and provide information on maintaining good mental health and well being as well as advising of the mental health and support services available.

MHCopes Pilot Site Orange:

A trial of the Mental Health Consumer Perceptions and Experiences of Services (MH-CoPES) was launched in Mental Health Services across Orange in June 2007. It is part of a state wide initiative that involves consumer participation in service evaluation and improvement across NSW. The trial was established to test and further develop a process for obtaining feedback from consumers and looked at:

- Options besides the questionnaire needed for consumers to provide feedback;
- The best methods for consumers to receive and return the questionnaire;
- What support is most useful for consumers in completing the questionnaire;
- The best way to report consumers' feedback so it can be used to improve services; and
- Making sure questionnaires provide information that is representative of consumers' perceptions and experiences of services.

Information from the trial will help refine how MH-CoPES is implemented across the State. Consumer's who had experience using Mental Health Services themselves, were trained, employed and involved in all aspects of the trial.

Roll out of MHCopes:

Mental Health Consumer Perception and Experience of Services, (MH-CoPES) is a consumer developed questionnaire which asks adult consumers of NSW Mental Health Services for their experience of the public Mental Health services. The project is funded by NSW Health, Mental Health Drug and Alcohol Office and developed in partnership with the NSW Consumer Advisory Group – Mental Health Inc (NSW CAG).

What Now?

"What Now? Working Towards Recovery" is an inpatient information workbook developed by the Mental Health Promotion and Prevention Unit of Eastern and Southern Cluster in partnership with clinicians and consumers.

It targets an identified need for improvement of discharge planning, including the provision of information to consumers. It is used with consumers both during their inpatient stay and afterwards, providing information about what to expect, rights and responsibilities, medication and discharge planning, and is being used in therapeutic groups as a tool to support communication between clinicians and consumers..

Alcohol Handbook for Primary Health Care Workers:

In conjunction with Maari Ma and the Sydney University Department of Rural health, Mental Health and Drug & Alcohol Services have continued to distribute the alcohol handbook to frontline workers across GWAHS.

In the remote cluster, MHDA have continued work with Maari Ma to deliver frontline worker training on brief interventions for alcohol and behaviour change. Dr Rod MacQueen, an AOD Medial Specialist from Orange, delivered much of the training. This year, more than 80 workers accessed the training.

Mental Health & Maari Ma: (Partnership with Maari Ma Health Aboriginal Corporation)

In the remote cluster, Mental Health and Drug & Alcohol Services continue to work with Maari Ma to deliver prevention, early detection, early intervention and early treatment programs for mental health and alcohol. Screening for mental health and alcohol problems is integrated into the Adult Health Check and Chronic Disease Care Plan processes.

Western Institute of TAFE:

Mental Health and Drug & Alcohol Services is expanding its highly successful partnership with the Western Institute of TAFE in the delivery of a Graduate Diploma of Social and Community practice.

This tailor-made education program provides Mental Health and Drug & Alcohol Services with externally assessed, accredited training in basic mental health and drug and alcohol community practice. TAFE delivers this program through a series of residential schools in Orange, Dubbo and Broken Hill.

SECTION 2: Performance summary

Koori Yarning:

In the remote cluster, Maari Ma Health Aboriginal Corporation will implement Koori Yarning, a carer support program. Aboriginal Mental Health Workers will work with families, the local primary health care teams and the local MHDA teams to identify Aboriginal people who care for people with a mental illness.

Maari Ma will work with carers to arrange appropriate respite so that they can take time out to maintain and manage their own health and wellbeing.

Good Sports:

The Good Sports project is an initiative of the Australian Drug Foundation (ADF). The project aims to reduce hazardous and harmful alcohol consumption in community sporting clubs. Project outcomes include greater participation in sport, recognised a protective factor in alcohol and drug prevention literature.

Stage 1 of the project has commenced, with a partnership formed between GWAHS, RTA, ADF and Central West Rugby Union (CWRU). Baseline data collection relating to alcohol consumption and risks in CWRU clubs is being undertaken, with a staged implementation of the project planned for 2007 / 2008. Further funding is being sought and a regional stakeholder group formed to implement the project across the GWHAS region from 2007 – 2010.

CSU – Mental Health:

Mental Health and Drug & Alcohol Services have developed a strong and enduring partnership with Djirruwang Program, Charles Sturt University. This award winning program integrates university training and workplace experience culminating in fully qualified Aboriginal Mental Health Workers with a Degree in Health Sciences (Mental Health Major)

Performance Indicator:

Antenatal visits – confinements where first visit was before 20 weeks gestation

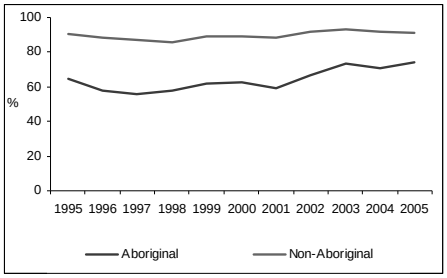
Desired outcome:

Improved health of mothers and babies

Context:

Antenatal visits are valuable in monitoring the health of mothers and babies throughout pregnancy. Early commencement of antenatal care allows problems to be better detected and managed, and engages mothers with health and related services.

First antenatal visit – before 20 weeks gestation (%)



Interpretation:

There has been an increasing trend in the percentage of Aboriginal mothers receiving antenatal care prior to 20 weeks gestation over the past ten years. The arte has increased by 7.4 per cent from 2002. The rate achieved in 2005 is in line with that for NSW.

The percentage of non-Aboriginal mothers receiving antenatal care prior to 20 weeks gestation has remained relatively stable over the past 10 years with minimal shift since 2002. The rate in 2006 was three per cent higher than that for NSW.

Future initiatives

- Aboriginal and Maternal Infant Health program enhancement – Families NSW with a focus on implementation of a rural model of care for antenatal services for Aboriginal women and their families.
- Continue the Teen Positive Parenting Program designed for teenage/adolescent parents. It has been evaluated Statewide and is recommended as one of a suite of parenting programs to provide parenting groups for teenagers/adolescents.
- Implementation of the Obstetrix information system to support coordination of care for at risk families
- Increase home visiting services through funding enhancements
- Maintain the Rural Model Of Antenatal Care designed to improve access for women and their families to antenatal clinics in smaller sites close to where people live. It is provided in partnership with other antenatal care providers both internal and external to health, such as Aboriginal Medical Services, local general practitioners, and the Royal Flying Doctor Service.

Performance Indicator:

Low birth weight babies – weighing less than 2,500g

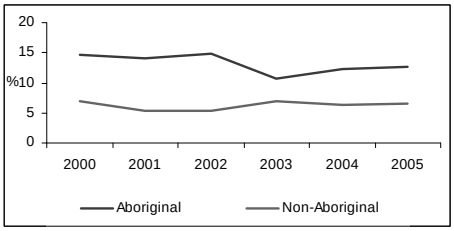
Desired outcome:

Reduce rates of low weight births and subsequent health problems.

Context:

Low birth weight is associated with a variety of subsequent health problems. A baby's birth weight is also a measure of the health of the mother and the care that was received during pregnancy.

Low birth weight babies – births with birth weight less than 2,500g (%)



Interpretation:

The rate of low birth weight babies of Aboriginal mothers has fluctuated from 10.7 to 14.9 per cent during the period from 2002 to 2005 whereas the rate for non-Aboriginal mothers during the same period has been between 5.4 and 7 per cent.

The rates for NSW for both Aboriginal and non-Aboriginal mothers has remained stable of the same period with results of approximately 12.5 per cent for Aboriginal mothers and 6.3 per cent for Non-Aboriginal mothers.

Future initiatives:

- Aboriginal and Maternal Infant Health program enhancement – Families NSW with a focus on implementation of a rural model of care for antenatal services for Aboriginal women and their families
- Complete implementation of the Aboriginal and maternal Infant Health electronic information system
- Further roll out of the Smoking Cessation Competency Based Training with a particular focus on smoking in pregnancy
- Enhance antenatal outreach services targeting adolescent and Aboriginal mothers
- Bila Muuji Strong Women program

Performance Indicator:

Postnatal home visits - Families receiving a Families NSW visit within two weeks of the birth

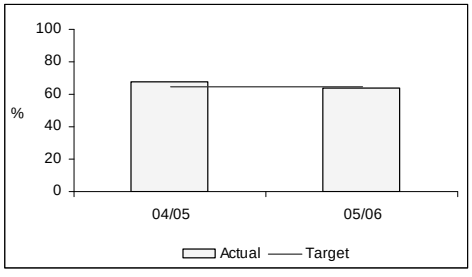
Desired outcome:

To solve problems in raising children early, before they become entrenched, resulting in the best possible start in life.

Context:

The Families NSW program aims to give children the best possible start in life. The purpose is to enhance access to postnatal child and family services by providing all families with the opportunity to receive their first postnatal health service within their home environment, thus providing staff with the opportunity to engage more effectively with families who may not have otherwise accessed services. Families NSW provide an opportunity to identify needs with families in their own homes, and facilitate early access to local support services, including the broader range of child and family health services.

Families NSW postnatal universal home visit (UHHV) (%)



Interpretation:

The rate of postnatal home visits has remained relatively stable during 2004/05 and 2005/06. The rate achieved by GWAHS is 20 per cent higher than that for NSW during 2005/06.

Future Initiatives:

- GWAHS will rollout Family Partnership Training across the Area to all staff working with families. The course gives health workers the skills to provide psychosocial support for clients, within the context of their professional role. It was developed initially to enable people working with children and parents to improve their understanding of the helping processes and provide the opportunity to practise the skills of engaging parents and developing supportive and effective relationships with them.

Multidisciplinary Diabetes Team:

The Multidisciplinary Diabetes team has been in operation since 2001 at the Orange Community Health Centre. The multidisciplinary diabetes clinic provides coordinated comprehensive medical care in a 'one stop shop'.

Diabetes Project – Parkes:

In 2007, an endocrinologist from Orange started regular visits to Parkes as a part of the integrated diabetes service model which is expected to provide evidence based care to improve the outcomes for people with diabetes. This project is a partnership between the Central West Division of General Practice and the Parkes Health Service.

HealthOne:

HealthOne unifies a number of services including: community health, general practice services, childcare and related activities, allied health, aged care and community services. Service partners in the planning, design, construction and implementation of HealthOne include: GWAHS, local government divisions of general practice, NSW Ambulance, community health and health related services. Current sites being developed within GWAHS are at Molong and Rylstone with planning for development of services at Gulgong and Blayney to commence in 2007/08.

Blayney Community Needs Plan:

The Blayney Health Plan was developed in July 2006 following consultation with the community, nursing staff, medical practitioners and the Health Advisory Council to set directions for Blayney in order to bring about healthy improvements for the community.

Cardiac and Respiratory Rehabilitation:

The Orange Healthy Lifestyle Program focuses on consumers with cardiac, respiratory and other chronic conditions. The focus is to enable clients to manage their chronic condition by providing information and exercise options, self-management skills, access to multidisciplinary support and client advocacy. The

program has a service agreement with the Orange Aboriginal Medical Service (OAMS) with the aim to improve the referral pathway for Aboriginal clients. Pre-program assessments are conducted at the OAMS and the OAMS will refer clients identified with risk factors for Cardiovascular Disease through the Well Person Health Check.

Condobolin Health Service - Aboriginal Women's Active Act:

The Aboriginal Women's Active Act (AWAA) aims to:

- improve the health, social, emotional and cultural well being of local Aboriginal Women through education
- educate of healthy lifestyle choices to prevent and manage chronic illness.

The AWAA is a 12-week healthy lifestyle program incorporating education, physical activity and clinical assessments.

Clinical Service Redesign Program:

The GWAHS Clinical Services Redesign Program (CSRP) embarked on two projects in 2006/07. The first project looked at the journey of a person with an acute cardiac syndrome. The second project is the Capability project that is due for completion towards the end of 2007. The project aims to develop a comprehensive program of learning, development and project support modules to allow clinicians and staff to utilise clinical redesign methodology as a means of reviewing services and addressing service issues.

Clinical Networks:

GWAHS is in the process of establishing area wide clinical networks. The clinical networks will be responsible for the strategic coordination of specified clinical networks across hospital and community settings.

Clinical networks link groups of health professionals and organisations from primary, secondary and tertiary care and enable them to work together in a coordinated manner, to ensure equitable provision of high quality, clinically effective care across the continuum.

The focal point of the networks is the 'patient journey' through primary care and secondary/tertiary care. One of the aims of the networks is to integrate and coordinate clinical services within and across health facilities and services to ensure that patients are in the 'right place, for the right treatment at the right time' when intervention is required.

Clinical Networks to be implemented in 2007 are:

- Critical Care
- Maternal, Child and Family Health
- Cancer and Palliative Care
- Aged Care and Rehabilitation
- Medicine and Continuing Care

Community Acute Post Acute Care Services (CAPACS):

The Orange Health Service CAPAC service aims to improve the patient journey from hospital admission to home. Services are provided to acutely ill clients within the home environment and / or the Ambulatory Care unit. The program has been integrated within the District Nursing Service to use existing staff skills and enhance the clinical streaming of patients from hospital to home using a multidisciplinary approach. The Discharge Lounge has also been very efficient in promoting effective discharge and has become an established process of the patient journey.

Discharge Planning:

Clinical Redesign projects at Bathurst and Orange Hospitals focused on discharge planning in the following areas improving referrals to CAPAC and Allied Health focusing on specifically improving Total Hip Joint and Knee Joint replacement as well as general referrals to the CAPAC service, documentation of Estimated Date of Discharge and completion of Multi-risk assessment tool including discharge plan. Orange campus examined improving discharge referrals of High Risk Clients from Maternity to Child and Family Health Nurses Services Projects at both sites showed significant improvement in all areas.

Maari Ma Aboriginal Health Corporation Far West Chronic Disease Strategy:

Maari Ma has implemented the *Far West Chronic Disease Strategy* in partnership with the region's health service providers: the GWAHS, the Royal Flying Doctor Service and the Sydney University Department of Rural Health. The strategy engages stakeholders involved in the prevention, early intervention and management of chronic diseases at a system, service and individual level across the continuum of care and whole of life course. It identifies evidence-based approaches to prevent or reduce lifestyle risk factors, and support better care for people with chronic disease and their families. It aims to address barriers to quality chronic disease care and identify more systematic and sustainable approaches to the prevention and management of chronic disease.

Happy Feet: Condobolin Health Service

A designated foot clinic has improved access to podiatry services at Condobolin. There has been an overwhelming positive response to the Condobolin Foot Clinic. Not only is there quantitative data to support this but qualitative data in the form of many health staff reporting positive verbal responses from members of the community.

Outcomes of a class for clients with chronic low back pain (LBP) or following lumbar spine surgery - Orange Base Hospital Physiotherapy Department:

This study assessed the effectiveness of therapy for clients with chronic LBP and clients post-surgery. An exercise and education program based on four one-hour sessions was developed with the aim of clients returning to their normal activity. The outcome measure was the Roland-Morris Low Back Pain and Disability Questionnaire (RMQ). This was completed

prior to the first class, following completion of the classes and four weeks post-program.

Patients improved by 6.5 (average) points on the RMQ at four weeks post-program demonstrating that this back exercise class is an effective way to deliver evidence-based treatment in a time and cost-effective manner.

DADHC:

There a number of children with a disability who access therapy services from both Broken Hill Health Service and the Department of Aging Disability and Home Care (DADHC). Broken Hill Health Service is currently working with DADHC to develop processes that improves communication between the services. The aim is to address issues of continuity of care and duplication of services.

The Western E-Link Pilot Project:

The Western E-Link Pilot Project is a joint initiative of the GWHAS and the Dubbo Plains Division of General Practice. The project implemented an electronic messaging system (e-link) that securely delivers reports directly into a practitioner's clinical software.

The pilot achieved successful secure messaging related to client care involving the Dubbo Community Health based Diabetes Education Program, the Dubbo Base Hospital Chronic Care Unit, Medical Administration (for death notifications) and Oncology, the Dubbo Specialist Medical Centre (12 Staff Specialists) and General Practitioners (17 GPs) from Dubbo and regional practices

Enhancement of the complaints website for consumers:

The GWAHS internet site has been enhanced to assist consumers who have concerns about their healthcare. The site provides complaint contact details for each health service and also provides a complaints form for consumers who have concerns about their healthcare to lodge a complaint by email.

Complaint Management Training:

GWAHS welcomes feedback from patients and their families and is committed to addressing concerns and improving services. A Complaint Handling education program has been developed and offered to frontline staff at 22 locations across GWAHS.

Education on Incident Notification Training:

During 2006, Incident Notification Training was developed and face-to-face training provided to more than 1000 staff. To complement this training, a guide and training resource package were designed and distributed to all facilities across the Area.

Death Reviews:

During 2006 a process was established to ensure all deaths that occur within GWAHS are reviewed. An initial screen is undertaken to identify any areas of concern requiring further investigation. In the event such concerns are highlighted a subsequent review is undertaken and recommendations to improve the care are made

Root Cause Analysis:

A Root Cause Analysis is undertaken for all serious adverse events related to care provided by GWAHS. An adverse event is any event or circumstance leading to avoidable patient harm which results in admission to hospital, prolonged hospital stay, significant disability at discharge or death.

The Health Care Quality Committee reviews all Root Cause Analyses. The Committee determines the appropriateness of implementing local recommendations more broadly across the Area.

Twenty-three serious adverse events requiring a Root Cause Analysis occurred in 2006-07. All but four were completed within 70 calendar days.

Over 30 staff also received two-day training to complete Root Cause Analysis. This training provides skills for staff managing and investigating all adverse events.

Support for Clinical Practice Improvement:

Clinical Practice Improvement Project Sponsorships are offered by the Clinical Governance Unit to provide support to GWAHS teams and services wishing to conduct clinical practice improvement projects related to the patient safety and clinical quality of health care. The projects focus on areas of priority to GWAHS. In 2006-07 five sponsorships were granted to complete the six month program offered by the Northern Centre for Health Care Improvement.

A short course was offered by the Clinical Governance Unit as part of the GWAHS Learning and Development Program. The program was held in Broken Hill, Cowra and Orange.

Hand Hygiene Project – Clean Hands Saves Lives:

The hand hygiene campaign in NSW aims to minimise the risk to patient safety of low compliance with hand hygiene through a state-wide strategy of improvement. The campaign focused on staff and patients to raise awareness and facilitate good hand hygiene. Key elements of the campaign strategy were:

- Alcohol hand-rubs - Placed in easy-to-access locations, e.g. at the bedside, on lockers or carried by staff.
- Promotional posters - (based on the Geneva6 study's 'Talking Walls') that changed every month.
- User-friendly materials designed to encourage patients to become involved in their own healthcare. These included posters and leaflets

that raised awareness of hand hygiene and encouraged patients to feel comfortable in asking staff if they had washed their hands. The campaign slogan: *'It's OK to ask'*, was placed on posters, staff badges and aprons to reinforce this message.

As a result of the campaign all facilities now use alcohol hand rub at point of patient contact. Compliance with hand hygiene showed significant improvement. Further staff and public awareness of the necessity of good hand hygiene was also improved.

Safe transfusion

Blood Watch – the NSW Transfusion Medicine Improvement Program:

Blood is a precious and scarce resource. The Blood Watch campaign aims to improve the safety and quality of fresh blood product transfusion in all NSW Public Hospitals. The GWAHS project officer has worked closely with the clinical lead haematologist on audit, data collection and education. The GWAHS Blood Component Transfusion Committee has been established to review transfusion appropriateness, quality reporting of adverse events and compliance with best practice.

National Inpatients medication handling into every facility:

The National Inpatient Medication Chart (NIMC) is a significant quality improvement strategy that addresses safety and quality issues associated with the prescription, supply and administration of medications in hospitals. It aims to reduce the potential for error and improve the safe use of medicines by standardising the communication processes and workflows.

A two-stage rollout was implemented across GWAHS. The first stage involved education and implementation in nine GWAHS facilities that have an onsite pharmacist: Dubbo Base, Orange Base, Broken Hill Base, Bathurst Base, Bloomfield, Cowra, Forbes, Mudgee and Parkes Hospitals in September, 2006. The second stage in November included the remaining facilities within GWAHS with acute inpatients. The chart was in use in all GWAHS inpatient facilities in early 2007.

Cluster reporting to Health Care Quality Committee (HCQC) and governance for health services more robust:

The successful implementation of the NSW Patient Safety and Clinical Quality Program relies on adoption of the principles of the Program at all levels of the health service. To ensure the Program has been embedded at facility level the General Manager and the Patient Safety and Clinical Quality Officer report against progress at the Health Care Quality Committee chaired by the Chief Executive.

Procedural sites surveyed for compliance with policy directive: (relates to wrong site, procedure, patient incidents)

As a result of a survey of health services performing surgical procedures the need was identified to provide guidance to clinical staff regarding the use of abbreviations and in particular the need to avoid dangerous abbreviations. A Standard of Practice was endorsed based on best practice outlining those abbreviations not for use in the clinical setting.

Communication for Clinical Care:

Communication breakdowns were identified as a significant factor in both the Health Care Complaints Commission and the final report of the Special Commission of Enquiry into Campbelltown and Camden Hospitals 2004 (the Walker enquiry). The Communication for Clinical Care project was a joint initiative with the Clinical Excellence Commission.

A key component of the project was the use of 'trigger videos' at Dubbo Base Hospital, Coonabarabran Health Service and Parkes Health Service.

Pathways Home Projects:

Pathways Home is a program that the Commonwealth Government funds under the 2003-08 Australian Health Care Agreements to assist people to return home after a period of acute care in hospital.

Projects carried out in GWAHS include:

- Exercise classes at the Lake Cargelligo Health Service gymnasium
- Renovations to Condobolin Health Service to allow Tai Chi and other groups to use the physiotherapy space. Equipment was also purchased.
- Creation of a Go Active centre at Forbes. This allows day-care centre participants access to individual education, physiotherapy and exercise.
- Renovations at Cowra Hospital to allow group sessions to take place for exercise for cardiac and pulmonary clients.
- Equipment purchases for the Fit for Home and Fit for Life programs at Peak Hill.
- Renovations for a new physiotherapy and health lifestyles centre at Parkes to benefit people with heart disease, respiratory problems, diabetes, arthritis or those with chronic conditions.
- The development of the Robey Independent Living Centre at Oberon.

Men's Shed:

There are a number of towns in the Southern Cluster that have adopted the Men's Shed concept which was initially set up at Grenfell. This provides an opportunity for the men of the community to gather and enjoy each other's company and/or to participate in activities. It also provides an opportunity for men's health issues to be pursued with local community health staff facilitating sessions. Sheds are being established at Molong, Eugowra, Cowra, Canowindra and Parkes.

Grace Trial - Global Registry Of Acute Coronary Events:

This purpose of the Grace Study is to collect data on patients internationally who have experienced an acute cardiac even such as chest pain, unstable angina pectoris and acute myocardial infarction.

Bathurst has been involved in this project since 1999 with 102 patients being enrolled in the trial in 2006. To date there have been 739 patients enrolled with a total of 7,493 worldwide.

Key cardiac medications have been identified as best practice with Bathurst performing well against world benchmark. The involvement in this trial has shown an increased compliance with medication prescribing and administration.

Fastrack Orange Health Service:

Fast Track areas provide for emergency care and access to timely care for those with minor injury or illness presenting to the Emergency Department. Fastrack commenced in July 2007 and was supported by the recruitment of a Project officer from February 2007.

Interventional Cardiology:

The Orange Base Hospital Catheter Laboratory (Cath Lab) has been in operation since September 2005. Since then, over 1100 Coronary Angiograms have been performed by Dr David Amos and Dr Ruth Arnold and a small team of nursing staff. The start of these procedures has meant that patients can be treated within their area instead of travelling to Sydney. This service is growing and the patient numbers are increasing.

Review of Management of Total Hip and Knee Replacement:

Orange and Bathurst Health Services are the two major referral sites for Orthopaedic Surgery within both the Eastern Cluster and GWAHS. During the 2006/07 financial year a total of 249 patients at Bathurst and Orange underwent joint replacement surgery.

During this period a review resulted in significant changes to the care of patients undergoing joint replacement procedures resulting in earlier discharge and better care in the community along with significant savings that has allowed additional procedures to be carried out.

Pill Cam:

Design enhancements have led to the introduction of the Pill Cam, the swallowable diagnostic device that takes photos as it passes through a patient's oesophagus.

The Pill Cam features a sensor at either end and is capable of transmitting images of the oesophagus at a rate of fourteen pictures per second to a receiver worn by the patient. The added capabilities dramatically increase the system performance and will enable medical professionals to diagnose throat disease and related ailments in the oesophageal passage.

The Eastern Cluster is fortunate enough to have recently employed a gastroenterologist who is capable of using this technology and reading the reports. The technology has been trialled at Bathurst Base Hospital with view to extend this service to Orange Base Hospital.

There are major patient benefits as a less rigorous gastrointestinal preparation is required, there is no anaesthetic needed and the patient is treated in an outpatient department.

GWAHS Nutrition and Food safety Program:

GWAHS Nutrition and Food Safety Program is a two-manual program, which was developed by the Area Food Service Unit. These manuals were developed to improve the standards across all facilities to meet Health Guidelines and the Food Standards Code of Australia. The Nutritional Manual provides instruction on writing a compliant menu and also a diet compliance list. The Food Safety Manual sets out the standards of practice for compliance to the regulations.

Health Planning with Bathurst Aboriginal Community:

Bathurst Health Council initiated consultation with the Aboriginal community with a view to incorporating culturally sensitive design features and initiatives in the health service redevelopment. The Aboriginal community was given a clear voice early in the planning process regarding their needs and how the design of the new health service facility could achieve this outcome.

The Aboriginal community was consulted by the Health Council, with the Health Council subsequently acting as an advocate to the project development team for the concerns raised at public meetings. These expressions of need were advocated for by the Health Council in liaison with the Aboriginal community and GWAHS.

As a result of this consultation collaboration has occurred between the Aboriginal community, GWAHS, and the Health Council on a number of initiatives. Without the cleansing ceremony it was realised that many in the Aboriginal community would not have felt comfortable using the health service.

The smoking and cleansing ceremony will be the first visible outcome from this collaboration. The request for an extended family meeting room was conveyed to the project management team and such a facility has been provided for in the health service redevelopment plans. The Aboriginal community is also involved in the ongoing Art Program with further community meetings occurring.

An integrated approach to treating Diabetes Type II and Depression: The "MADE-IT" Program

People with diabetes are at greater risk of developing depression than those without diabetes. Having both disorders impacts individuals' ability to self manage their illness and leads to a significantly greater risk of complications. The MADE-IT Program, offered through Bathurst Community Health Centre, was developed in partnership between health professionals and consumers, and addresses both issues in an integrated manner using evidence-based practice. The program is delivered in small groups, weekly for eight weeks. Results on outcome measures show significant improvement in depression symptoms, psychological distress, problem areas in diabetes, and improved diabetes knowledge. Physical measures also show improvement.

Multidisciplinary Management of Breast Cancer Surgery Patients:

This project looked at the journey of breast cancer surgery patients at Bathurst Base Hospital and examines how formal Clinical Practice Improvement has affected them. Results suggest that referral procedures have improved and that the inpatient team is now providing more consistent care.

Physiotherapy at the Front Line: ED Physiotherapy:

Following a six-month trial in 2005, Dubbo Base Hospital received funding to place a physiotherapist in the emergency department. This is the first such position in rural NSW. Ongoing surveys have shown that it has promoted a multi-disciplinary approach to patient care within the department and has enhanced the emergency department's understanding of the role of physiotherapy.

Pink Lady Volunteer Service at Rylstone MPS:

The aim of this initiative was to create a happy and interactive experience of living in the Aged Care facility through the creation and implementation of the Pink Lady Service. The Pink Lady Service is an incentive of the Rylstone Multi Purpose Service (MPS) Health Advisory Council who saw the need for a service to the Aged Care residents, both for the small items they needed, visitation where they had no visitors and to give them someone new each week to talk to.

Pregnancy, Birthing and Parenting Education for Teenagers:

Towards the end of 2006, Parkes Health Service note that there were 18 teenagers (15-19yrs) booked to birth at Parkes Hospital in a three-four month period. A one-day Pregnancy, Birthing and Parenting Education (PBPE) session was developed and provided for these young women and their support. This included the involvement of the Child and Family Health Nurse, community involvement with Centrecare Men and Family Relationship group and both local pharmacies.

What Now? Consumer Participation Working Toward Recovery:

The What Now booklet was developed by the Mental Health Promotion and Prevention Unit at Bloomfield Hospital in consultation with clinicians and consumers to assist communication between consumers and clinicians. It includes information about what to expect, rights and responsibilities, medication and discharge planning. Consumers can record information about their stay, questions they want to ask and details of follow-up appointments with community services.

Koori Yarning:

In the Remote Cluster, Maari Ma Health Aboriginal Corporation will implement Koori Yarning, a carer support program. Aboriginal Mental Health Workers will work with families, the local primary health care teams and the local MHDA teams to identify Aboriginal people who care for people with a mental illness and arrange appropriate respite so that they can take time out to maintain and manage their own health and wellbeing.

Introduction of EmergoTrain:

EmergoTrain is a disaster response tool designed to test the surge capacity of health facilities in a disaster situation. Exercises have been held in Orange/Bathurst and Broken Hill and one is planned for Dubbo. These exercises have led to the rewriting of some hospital disaster plans to improve the integration with each other and with Intensive Care Units and external services such as the Royal Flying Doctor Service.

After Hours GP Clinic:

Broken Hill and Dubbo have been identified by the Government as an appropriate site for a co-located After Hours General Practice Clinic. The Broken Hill and Dubbo emergency departments has had a steady increase in low level (triage category 4 and 5) presentations for some years now and the introduction of an after hours GP service, managed by the Barrier and Dubbo Plains Divisions of General Practice, will provide the community with an alternative service provider whilst alleviating the number of people accessing the Emergency Department after hours.

MH-Copes Pilot Site Orange:

A trial of the Mental Health Consumer Perceptions and Experiences of Services (MH-CoPES) was launched in Mental Health Services across Orange in June 2007. It is part of a Statewide initiative that involves consumer participation in service evaluation and improvement across NSW.

Information from the trial will help refine how MH-CoPES is implemented across the State. Consumer's who had experience using Mental Health Services themselves, were trained, employed and involved in all aspects of the trial.

Strategic Direction 4:
Build regional and other partnerships for health

Centre for Remote Health:
The health of people living in remote NSW is the worst against virtually all health indicators for NSW. Coupled with the lowest and most widely-dispersed population, and a population-based allocation of health resources, it is essential that health services are maximised and delivered efficiently.

Established in 2006, the Centre comprises five prominent health partner organisations in the far west of NSW – GWAHS, University Department Rural Health, Maari Ma Health Aboriginal Corporation, Royal Flying Doctor Service and the Barrier Division of General Practice.

As a direct result of the Centre, a significant initiative for the enhancement of oral health services in the Remote Cluster came to fruition in 2007. GWAHS, RFDS and Maari Ma pooled funds to recruit a second dentist to the Remote Cluster which will provide new levels of service for more people in remote communities across the far west.

Cross Border Health Services Forum – Making Friends with the Mexicans:
The Cross Border Health Services Forum brings together senior representatives of the key NSW and Victorian government and non-government health service providers to discuss primary and community health, acute and non-acute inpatient, mental health and allied health services delivered to residents in this isolated part of both states.

The forum fosters information sharing, pooling resources, joint service planning and grant seeking to the benefit of the residents of the small and isolated communities along the Murray and Murrumbidgee Rivers in this often forgotten corner of NSW and Victoria.

Two Ways Together in practice: The Lower Western Sector Agreement in Far Western NSW:
In 1995, an innovative model of Aboriginal involvement in health care began in far western NSW. The Agreement was a strategic response to key components of the National Aboriginal Health Strategy including participation of Aboriginal people in the management of health resources and philosophy of Aboriginal community control of health services.

After more than 10 years in operation, the Agreement has been reviewed and found to have improved access by Aboriginal people to health services and improved participation by Aboriginal people in the management and delivery of services.

An analysis of health information and service delivery shows that there were certainly indicators to say that the Agreement had made a positive impact on health by focussing on primary health and implementing a chronic disease strategy. Other areas of positive outcome had been management and accountability objectives being met, Aboriginal employment and training provided, access to services has improved, and health service reform is progressing.

A new Agreement is currently being drawn up to continue this valuable partnership for the next five years.

Domestic Violence Senior Officers Group:
The Dubbo Senior Officers Group was established in November 2006 to oversee the development and progression of a Domestic and Family Violence Prevention Action Plan as outlined in the Whole of Government 2020 Plan for Dubbo, Strategy One – *A safe and harmonious community that provided opportunities for families, young people and children.*

The Senior Officers Group is built on strong partnerships with Department of Community Services, Police, Department of Corrective Services, Dubbo City Council, Indigenous Coordination Centre, Attorney Generals Department, Juvenile Justice and the Department of Housing.

Building Healthy Communities:
Planning is underway in Lake Cargelligo and Peak Hill to determine what programs are needed to improve the health status of local residents. The planning process includes health staff, other government and non-government agencies and local community representatives to determine the health needs of the community and propose strategies to improve the health of residents.

Partnerships and provision of parenting programs - Forbes Families First:
High levels of referrals of children with behavioural difficulties highlighted the inability of clinicians to refer families to an appropriate parenting program. The need to enable parents and carers to become appropriately responsive to the behavioural and emotional needs of pre-school and primary school aged children was identified.

Eastern Cluster Health Council Initiatives:
The Health Councils at Bathurst and Orange are well attended and encourage the links between the Health Service and the community. Significant Health Council Initiatives during the 2006/07 year include:

- Participation in the redevelopment process and User Groups for the Redevelopment of Bathurst, Orange and Bloomfield (REBOB) groups.
- Selection of artworks for newly developed Bathurst Base Hospital to ensure that the building shows a warm and friendly environment.

- Community consultation with Councils and Aboriginal elders to ensure access to new sites are promoted and that adequate space is developed to allow for visits from the extended family.
- Forging relationships with the community groups such as the Central West Heart Fund and assisting with fundraising for this group.
- Review of the patient discharge planning processes at Orange Base Hospital.
- Involvement in a number of key committees and meeting forums with the Hospital Executive and key clinical staff eg Patient Safety and Clinical Quality Committee

Perinatal Mortality and Morbidity Audit:

A peer review of perinatal deaths and severe morbidities can be difficult to achieve in rural and regional areas. It is challenging to ask pertinent questions while continuing to work with colleagues who have been involved in adverse events.

Volunteer rural obstetricians and paediatricians visited 21 regional centres to conduct a confidential audit of perinatal deaths and unexpected transfers to Special Care Nursery/Neonatal Intensive Care Unit. Visits included retrospective record review, multidisciplinary interviews checking compliance with the Perinatal Society of Australia and New Zealand's 'Perinatal Mortality Audit Guidelines' (PZANZ), Perinatal Society of Australia & New Zealand (Nov 2004). Verbal feedback was followed by a confidential written report identifying strengths and areas of vulnerability.
This three year collaborative venture between the Division of Paediatrics and Child Health and the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) has been a successful step in understanding adverse events in neonates in regional areas while providing a supportive environment for audit and review.
The Collegial audit has provided a supportive environment to discuss distressing events, identifying that the majority of adverse events were not preventable, with only a small number that could have been averted through better team work, communication, emergency procedures and antenatal care.

Maari Ma Smoking Cessation:

GWAHS has received funding form NSW Health under the Health Promotion Demonstration Grant scheme to evaluate the Smoking Cessation program offered by Maari Ma Aboriginal Corporation. This year partnerships with Maari Ma and the University Of Sydney Department Of Rural Health have been formed. The main project will commence later in 2007.

Working with Communities - Housing for Health program:

Housing for Health is a program to assess and remediate Aboriginal houses under a formula developed by Healthy Habitat. It ranks certain aspects of a house in terms of their impact on keeping people healthy. It has been funded by NSW Health after extensive negotiations with communities. In 2006/07 a total of 67 houses have been assessed at Cowra, Ivanhoe and Pilliga.

Immunisation Advisory Group:

The Greater Western Immunisation Advisory Group includes a range of stakeholders and partners who contribute to immunisation services across the AHS. Partners include the Division of General Practice, Dubbo City Council and community health services. The group provides advice about the delivery of immunisation programs in the wider community and provide a forum to facilitate information exchange.

Pandemic Planning:

Area Health Services are required to develop a plan for a possible influenza pandemic. GWAHS has had some difficulty in appointing staff but has managed to meet all the planning deadlines for the task. In Exercise Paton, GWAHS was able to demonstrate that plans could be actualised.

Greater Southern Area Health Service and Hunter New England Health partnership:

The Learning and Development Unit has entered into partnerships with other Area Health Services and training providers to increase the scope of training and access to it. Partners include TAFE NSW, local Adult Community Colleges, Charles Sturt University and a number of private Registered Training Organisations. This has enabled formal training to be offered from over 30 facilities throughout GWAHS.

'Looking out for your mate'

This project is a collaborative approach to prevention and primary health care at the Coolah Multi-Purpose Service.

The drought and the poor outlook for families in small rural communities was the impetuous for members of the Coolah Multipurpose Services Advisory Committee (MPS Advisory Committee) to bring together various members of the Health Care team and an inspirational speaker to promote information on how to deal with the deepening despair/anxiety and depression afflicting members of the rural community.

This group along with members of the Mental Health and Community Nurses from Mudgee and Coolah Health services, Coolah Lions Club, Coolah Sporting Club and Department of Primary Industries planned an evening event to educate and entertain the community on various health issues, in particular Men's Health issues and the resources available to assist community members to cope with the physical and mental challenges present at this time in rural communities.

Written evaluations demonstrate the event was very well received by the audience of 203 persons. A large contingent of people other than Coolah locals travelled from Dubbo, Mudgee, Dunedoo, Binnaway, Merrygoen, and Tamworth to attend.

Partnerships for provision of Primary and Community Health Services - Ochre Health and Kini Ltd:

The partnership has been established for the provision of clinical services where recruitment is difficult for specialty services. The aim is to provide counselling services to the community of Cobar and Paediatric Occupational Therapy services to Walgett, Bourke and Brewarrina.

Funds have been provided through Regional Health Service funding provided by the Australian Government Department of Health and Ageing. This partnership has enabled ongoing service delivery to Cobar, Walgett, Bourke and Brewarrina, with positive community and health service feedback.

Alcohol Handbook for Primary Health Care Workers:

In conjunction with Maari Ma and the Sydney University Department of Rural health, Mental Health and Drug & Alcohol Services have continued to distribute the alcohol handbook to frontline workers across GWAHS. In the remote cluster, MHDA have continued work with Maari Ma to deliver frontline worker training on brief interventions for alcohol and behaviour change. Dr Rod MacQueen, an AOD Medical Specialist from Orange, delivered much of the training. This year, more than 80 workers accessed the training.

Mental Health in Remote NSW:

In the Remote Cluster, Mental Health and Drug and Alcohol Services (MHDA) continue to work with Maari Ma Health Aboriginal Corporation to deliver prevention, early detection, early intervention and early treatment programs for mental health and alcohol. Screening for mental health and alcohol problems is integrated into the Adult Health Check and Chronic Disease Care Plan processes. Clients, who are identified as being at risk, are supported to access the visiting MHDA team. A smokers' program and alcohol clinic program continues to be delivered and early detection for mental health is also incorporated into these programs. These programs complement the community treatment and rehabilitation services provided by the local GWAHS MHDA teams.

Launch of Aboriginal Breastscreen video:

A partnership was formed during 2004/2005 with Breastscreen and the Aboriginal Health Team to train AHEOs in the use of the video. Breastscreen Health Promotion Officers also trained AHEOs in the Easter and Southern Clusters around the use of the Aboriginal and Torres Strait Islander Breastscreen Kit. Planning is underway to train AHEOs in relation to accessing the Breastscreen van (2007-2008) across Mitchell, Castlereagh and Remote Clusters

Western Institute of TAFE:

The Mental Health and Drug and Alcohol Services is expanding its highly successful partnership with the Western Institute of TAFE in the delivery of a Graduate Diploma of Social and Community Practice. This tailor-made education program provides MHDA Services with externally assessed, accredited training in basic mental health and drug and alcohol community practice. TAFE delivers this program through a series of residential schools in Orange, Dubbo and Broken Hill.

CSU – Mental Health:

Mental Health and Drug & Alcohol Services have developed a strong and enduring partnership with the Djirruwang Program, Charles Sturt University. This award winning program integrates university training and workplace experience culminating in fully qualified Aboriginal Mental Health Workers with a Degree in Health Sciences (Mental Health Major).

GWAHS Breastfeeding Policy:

A Breastfeeding Implementation Workgroup was established with an aim to maintain or increase the current proportion of infants who are 'ever breastfed', 'exclusively breastfed to 6 months' and to increase the duration of breastfeeding.

This is a mandatory NSW Health Policy released in 2006 with defined areas of responsibility for both NSW Health and the individual AHS. There are 21 key strategies within the policy for implementation and address, one of these being the intersectoral collaboration which includes partners such as education providers, Local Government, Shire associations, Chamber of Commerce, Divisions of General Practice, Aboriginal Controlled Community Health Services, clients and families.

Healthy Community Planning:

Healthy Community Planning is a planning process for a local community that has a three to five year horizon. It is formulated through comprehensive community consultation and liaison, and developed through a partnership between the Health Service, Health Council and other local agencies.

Healthy Community Planning aims to build capacity to improve the health and well being of local communities and inform local Health Service business plans.

Pilot sites are being developed at Peak Hill, Blayney and Lake Cargelligo and lessons learnt from these projects will be transferred across the Greater Western Area Health Service.

Strategic Direction 5:

Make smart choices about the costs and benefits of health services

Performance Indicator:

Net cost of service – General Fund (General) variance against budget

Desired outcome:

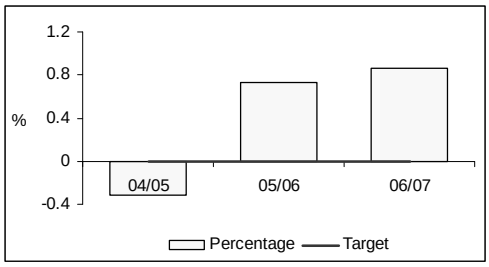
Optimal use of resources to deliver health care

Context:

Net Cost of Services is the difference between total expenses and retained revenues and is a measure commonly used across government to denote financial performance. In NSW Health, the General Fund (General) measure is refined to exclude the:

- effect of Special Purpose and Trust Fund monies which are variable in nature dependent on the level of community support
- operating result of business units (eg: linen and pathology services) which service a number of health services and which would otherwise distort the host health service's financial performance
- effect of Special Projects which are only available for the specific purpose (eg: Oral Health, Drug and Alcohol).
-

Net cost of service general fund (general) – variance against budget (%)



Interpretation:

GWAHS achieved budget for the 2006/07 financial year in line with the NSW result.

Future initiatives:

- Shadow episode funding
- Area Strategic financial Plan
- Review of interstate flows
- Minimise financial impact of locums by recruiting to positions wherever possible

Performance Indicator:

Creditors > Benchmark as at the end of the year

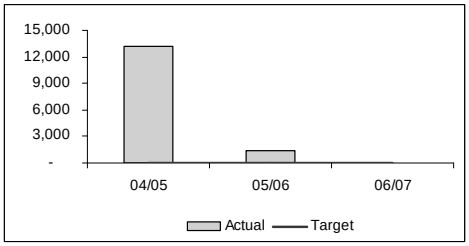
Desired outcome:

Payment of creditors within agreed terms

Context:

Creditor management affects the standing of NSW Health in the general community and is of interest to central agencies. Creditor management is an indicator of a Health Service's performance in managing its liquidity. While health services are expected to pay creditors within terms, individual payment benchmarks have been established for each health service.

Number of creditors exceeding target days as at the end of year – creditors exceeding 43 days



Interpretation:

GWAHS has improved performance in management of payment of creditors over the past three years to achieve the target in 2006/07.

Future initiatives:

- Enhanced liquidity management

Performance Indicator:

Major and minor works - Variance against Budget Paper 4 (BP4) total capital allocation

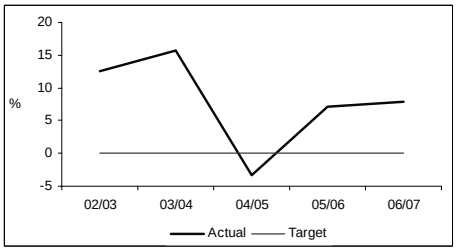
Desired outcome:

Optimal use of resources for asset management. The desired outcome is 0 per cent variance; that is, full expenditure of the NSW Health Capital Allocation for major and minor works.

Context:

Variance against total BP4 capital allocation and actual expenditure achieved in the financial year is used to measure performance in delivering capital assets.

Major and minor works – variance against BP4 capital allocation (%)



Interpretation:

The capital works cash flow was revised during the hear resulting in a variance on the original budget.

Future initiatives:

Strict monitoring of third party providers to ensure compliance with work schedules

Major Initiatives

Cluster Business Managers:

A Business Manager role has been established as part of the management structure of each Cluster. The position provides a high level operational support to the Cluster Executive and Departmental Managers and has strengthened the financial and corporate links between the Clusters and the Area's Finance & Corporate Services Directorate. The primary goals for the position in 2006/07 has been to improve the framework for budget management and reporting within the Cluster facilities, participate in the review and delivery of improved business practices and systems, and support the business needs of the Redevelopment Bathurst, Orange, Bloomfield (ReBOB) project.

Revenue Best Practice:

The application of Revenue Best Practice initiatives within the Eastern Cluster have been further enhanced in 2006/07. The Patient Liaison Officer at Bathurst and Orange provides improved revenue flows from increased numbers of patients using their Health Fund coverage (18 per cent increase in 2006/07). The Cluster has benefited from increased facility fees revenue through the provision of new and additional Specialist Clinics and Diagnostic Services.

Strategic Direction 6:

Build a sustainable health workforce

Performance Indicator:

Staff Turnover

Desired outcome:

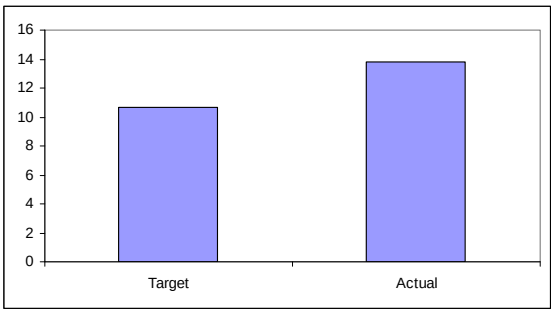
Staff stability, with minimum unnecessary staff loss, through maintenance of turnover rates within acceptable limits (reducing where necessary).

Context:

Human resources represent the largest single cost component for NSW Health Services. High staff turnover rates are associated with increased costs in terms of advertising for and training new employees, lost productivity and potentially a decrease in the quality and safety of services and the level of services provided. Factors influencing turnover include: level of shortage, remuneration and recognition, employer/employee relations and practices, workplace culture and organisational restructure. Monitoring turnover rates over time will enable the identification of areas of concern and development of strategies to reduce turnover.

Note that a falsely inflated turnover rate can be recorded due to the specific requirements of certain services, such as tertiary training hospitals, where staff routinely undertake training for specified set periods before taking up or returning to appointments elsewhere. Also, certain geographic areas can attract overseas nurses who prefer to work only on short-term contracts.

Staff turnover rate



Interpretation:

This is a new indicator and the 2006-07 results provides a baseline for improvement.

Future initiatives

e-Exit/Entry surveys:

Exit and Entry surveys will be available for access via the GWAHS Intranet. These surveys will be pivotal components of the termination/commencement processes.

The Exit survey exists as an Area-wide approach to gathering information regarding experiences of staff as employees of GWAHS and the reasons staff leave the organisation. This centralised collection of data will allow for the identification of issues vital to the recruitment and retention of staff and for improvement processes to be implemented.

The Entry survey will capture the expectations of new staff. It will enable the monitoring of how well these expectations are being met by the organisation, rather than waiting for staff to leave the organisation to identify expectations that were not met.

Aboriginal Employment Strategy:

Aboriginal people are under-represented in the GWAHS workforce. The latest census figures indicate that Aboriginal people represent 8.5 per cent of the GWAHS population whereas only 3 per cent of our staff is Aboriginal. The Health Service is preparing a strategy which is intended to address this imbalance. This will include plans to increase the number of Aboriginal school students who take up health careers as well as improving the overall recruitment and retention of Aboriginal staff.

Ensuring that Aboriginal staff are better represented in management positions is another important aim. The strategy development process has commenced with a series of community and Aboriginal staff consultations. One will be held in each of the six Clusters but other communities and individuals will be given the opportunity to contribute through surveys. The completed GWAHS Aboriginal Employment Strategy should be available by the end of 2007.

Leadership and Management Framework:

Learning and Development have proposed the establishment of a GWAHS Management and Leadership framework to address the present and future skills gaps in this area and ensure that the workforce is knowledgeable, skilled and adaptable. This framework includes:

- Mentoring program to support new Managers within the workplace
- A supported introduction program to allow a pathway to develop competencies that are based on relevant work activities
- Management Assessment Program developed to allow managers the opportunity to have management skills assessed in a safe environment using an appropriate survey tool.
- Offering of Cert IV in Frontline Management mapped to identified skills gaps
- Key workshops offered for basic/specialty management skills.
- Executive Coaching/Development program to be sourced for Executive team

GWAHS Aboriginal Health Worker Trainee Program:

In partnership with TAFE and Department of Employment and Workplace Relations (DEWR), GWAHS commenced the Aboriginal Health Worker Trainee Program in 2006.

Eighteen Aboriginal Health Worker Trainees are now employed within GWAHS (at 11 local sites) as either Aboriginal Health Education Officers or Aboriginal Hospital Liaison Officers. While employed as Aboriginal Health Workers the trainees are required to undertake a block release, Certificate IV in Aboriginal Health Work (Practice) through the Western Institute of TAFE at Dubbo.

GWAHS Aboriginal Cultural Awareness Training Program Development:

In 2006/07 GWAHS commenced discussion around the development of the GWAHS Aboriginal Cultural Awareness Training Package in accordance with the Cultural Respect Framework 2004-2009. To date, Aboriginal Health and Learning and Development have met on three occasions to consider the issues around the development of an ACAT package.

GWAHS Website:

A major effort is to be made over the next year in improving the GWAHS Internet site as a tool for attracting young people into health careers and for attracting health professionals to a career in GWAHS. Current evidence suggests that more and more people are making their initial contact with prospective employers through the Internet. Often the purpose of such contact is not only to review vacancies but to research the employer.

To be competitive, GWAHS must ensure that prospective employees receive a good impression of the Health Service when they seek information in this way. The Marketing & Rural Health Careers Consultants have a joint working party with the IT Department to develop and progress these initiatives. GWAHS has also been fortunate to link up with the University of Technology Sydney which will be undertaking a review of the Website and recommending improvements.

Staff Rewards and Recognition Scheme:

A two-tiered process has been put in place to recognise the good work and long-term commitment of staff. Staff are recognised for long service at each ten-year anniversary of their commencement. The recognition will take the form of a decorative certificate of service. “Innovation and achievement” by individual staff or teams will also be recognised through a system of bi-annual awards. Nominations will be called for on a six-monthly basis, commencing from the second half of 2007, and entries will be judged by a panel of representatives from the Executive, Health Councils and the staff associations.

GWAHS Aboriginal Health Workforce Position Description Review:

The Aboriginal Health Workforce Working Party has representation from the directorates of Workforce, Clinical Operations, Nursing and Population Health Performance and Planning.

The Working Party’s focus is to: review existing roles and responsibilities of Aboriginal Health Workers; identify underpinning skills, knowledge and formal qualifications required for individual health worker roles; develop a suite of draft position descriptions for Executive consideration; clarify career pathways for Aboriginal people both within and outside of Aboriginal Health.

The outcome will be the development of a complete framework that identifies key Aboriginal Health Worker roles and underpinning qualifications that clarifies progress opportunities along the career path continuum within Health.

Aboriginal Health Worker Forum:

The GWAHS Aboriginal Health Worker Forum was established in 2005 and is held twice a year. It is facilitated and resourced through the Aboriginal Health Program and provides the Aboriginal Health workforce, Area staff and stakeholders with an opportunity to present and share relevant information.

Attendances at the Forum continue to grow from approximately 75 participants in July 2006 to 130 in July 2007.

eHR Manual:

An Intranet-based, electronic Human Resources Manual is being developed to ensure that GWAHS staff and managers have ready access to an up-to-date and comprehensive range of policies covering all staffing matters. Another advantage of an electronic manual is that it will provide links to relevant NSW Health policy

directives and other information sources. Completion is due by the third quarter of 2007.

e-Learning Platform:

e-Learning is defined as learning facilitated and supported through the use of information and communications technology. e-Learning can cover a spectrum of activities from supported learning, to blended learning (the combination of traditional and e-learning practices), to learning that is entirely online. Research shows that blending e-learning with face-to-face contact is the most effective delivery methodology.

Learning and Development is currently engaging in statewide initiatives to investigate, implement and evaluate e-learning strategies to address the educational needs of the GWAHS workforce. A GWAHS e-Learning steering committee has been established with representation from all directorates. While a state-wide solution is being sought for a common learning management system and an independent server we are piloting a number of e-Learning packages.

Ambassador Program

Workforce Development Directorate and Nursing & Midwifery Directorate staff have been very active in attending careers days, job expos and similar. Such events provide the opportunity to promote careers in health and to present the attractions of GWAHS to students presently enrolled in health-related university and TAFE courses.

Student Placements

GWAHS facilities provide a venue for enormous numbers of tertiary student placements and school work experience placements. Due to the localised nature of many of these arrangements, the numbers of placements, the resources expended on co-ordination and supervision and the outcomes in terms of future recruitment are largely unknown.

The Student Placement Coordinator has recently commenced a mapping exercise with the intent of identifying placement activity throughout GWAHS. Ultimately, it is hoped that this exercise will also lead to the standardising of agreements with schools and tertiary institutions.

The Coordinator has also drafted Student Placement and Work Experience Policies which will be released in the near future. The intent of these policies is to ensure that placements meet certain standards and provide school and university students with the incentive to take up a health career and/or work with GWAHS.

Preceptorship in Workforce Development

The Enhancement in Isolated Practice Program (EIPP) was developed in 2003 by the University Of Sydney Department Of Rural Health at Broken Hill to provide relevant work-related education for health practitioners in rural, remote and isolated practice.

The course assists health service staff to enhance their knowledge and skills towards facilitating effective learning environments, communicating and teaching for new and experienced employees in the GWAHS.

Preceptorship has been delivered to a total of 265 participants. Two-day workshops are held five times per year across GWAHS and flexible delivery allows participants to study at their own pace using a comprehensive module booklet.

WELL project:

The first round of the Federal Workplace English Language and Literacy (WELL) project resulted in 75 hotel and environmental services (H&E) staff across 12 facilities completing the Certificate II in Health Support Services (a nationally recognised qualification).

This project has given important recognition to the skills and knowledge of these staff.

This first round of WELL funding identified a high demand for training and recognition amongst hotel and environmental services staff.

The level of demand for the opportunity to undertake the Certificate II in Health Support Services was much higher than anticipated; over 70 per cent of H&E Services staff at most facilities that participated.
The Learning and Development Unit has been successful in their application for a second round of funding. This funding has two primary thrusts:

- Extending the Certificate II in Health Support Services program to other GWAHS facilities and staff.
- Building assessor capacity by training and accrediting selected hotel and environment services staff to undertake workplace training and assessment

Registered Training Organisation / Health Training Package:

GWAHS Learning and Development regained active Registered Training Organisation Status as part of the NSW Health Registered Training Organisation (RTO) in May 2007 after successfully undergoing audit. As a result, GWAHS is involved in statewide planning to map courses offered from the health Training Package to workforce planning.

GWAHS is also working with other rural area health services to establish joint capacity to offer qualifications that map to our particular workforce shortages. Some of the recognised courses on our scope include core units from the Cert IV Training and Assessment and Medical Terminology.

The Outback Diabetes and Vascular Health Service (OD&VHS):

Diabetes is a significant cause of high rates of morbidity and mortality in the Aboriginal population and this is more pronounced in the rural and remote areas.

This service is a collaborative partnership between GWAHS, Maari Ma Aboriginal Health Corporation and the Royal Flying Doctor Service (RFDS).

The role of the OD&VHS is to identify health professionals in the remote cluster who have an interest in diabetes prevention and management and would like to further their knowledge through an accredited Diabetes Educator's Course.

Thirteen participants have successfully completed the course since 2003 and are employed to deliver diabetes education in their respective areas.

No Strings Attached:

Coonamble Health Service's No Strings Attached nursing recruitment initiative was designed to give nurses who were not in the workforce the opportunity to make an informed decision on if they would like to seek employment.

Nurses were offered a group learning experience in a supportive environment. The first two days was facilitated by the NSW College of Nursing and focused on emotional Intelligence. The third day was an orientation to the GWAHS and education and information on re-entry into the workforce.

The program was convened in school hours. Fourteen nurses from the Castlereagh Cluster participated in the course and so far seven have enrolled to complete a re-entry course called Return to Rural and Remote Nursing and 20 per cent of the participants have been employed by GWAHS.

Administration Training:

A number of initiatives have been commenced for the development of administrative staff in 2007 including the Certificate II in Business Administration.

Thirteen administrative staff at Orange and seven at Bathurst commenced a Certificate II in Business Administration. This program has involved a partnership with Central West Group Apprentices and is undertaken on-site with funding sourced through Federal Work Skills Vouchers. This program is being rolled out throughout GWAHS for eligible staff. This funding targets staff that have not completed formal education beyond year 10 and aims to reintroduce them to a learning pathway.

Flexible working hours:

In recognition of changing workforce needs and changes in society, the Area has adopted a policy of flexible working hours. This allows for our staff, wherever possible, to negotiate hours of work that fit more easily into their personal circumstances. Flexible work hours are negotiated at a workplace level.

Traineeship Project:

The Learning and Development Unit has established a Traineeship Coordinator position to promote traineeships within the area and to provide the necessary support to trainees in the workplace to ensure completion and retention of these valuable staff.

Staff Health Unit:

In June 2007 the development of an area wide staff health service was initiated. The service is in the early stages of development with current staffing of a clinical nurse specialist and administrative support person who are in the process of implementing the requirements of PD2007_006 "Occupational Assessment, Screening and Vaccination against specified Infectious diseases".

The purpose of the service is to check the health of workers, including serology screening, immunise staff as appropriate and conduct health education programs. The goal is to improve health and wellbeing of all GWAHS staff, reduce the number of injuries and health problems suffered by staff.

Performance Indicator:

Workplace Injuries

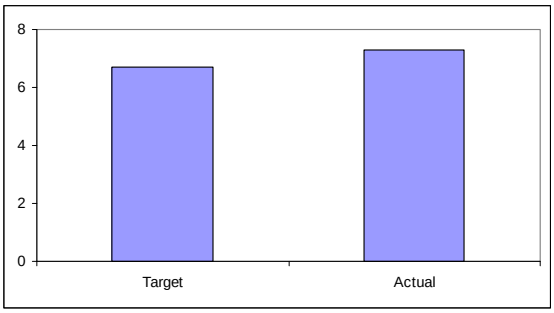
Desired outcome:

Minimal proportion of staff experiencing workplace injuries.

Context:

Workplace injuries, many of which are preventable, result in significant direct and indirect costs to the public health system, injured employees and their families, and their co-workers. Key prevention strategies include consulting with staff, ensuring workplace hazards are identified, assessed and controlled, and providing training.

Workplace injuries



Interpretation:

The Area did not achieve this target

Future initiatives:

- Executive OH&S group
- 6 new risk management consultants will provide additional support for sites to effectively reduce injuries

Cluster Occupation Health and Safety (OH&S) Advisory Groups:

Advisory groups have been established in Southern, Central and Castlereagh clusters to discuss best practice, lessons learnt, and share information and ideas. As an advisory group they have been fast tracking the development of Job Safety Analysis, thus reducing workload on individual facilities. They also allow OH&S staff to network and discuss concerns and issues.

The advisory groups also review Standard's of Practice as part of the consultative process.

A Risk Management Consultant (RMC) attends meetings to answer questions, update on changes to legislation or new Department of Health policies that relate to OH&S. Sharing of information between RMCs allows issues from all clusters to be shared via the Risk Management Unit. Shared information also helps in the development of best practice throughout GWAHS.

It is planned that advisory groups will be established in the Eastern, Mitchell and Remote clusters in 2008.

Managing Psychological Stress Claims
Following the trial of the psychological tools with GIO, these tools have now been implemented within GWAHS.

They have increased the Risk Management Consultant's confidence in managing this type of claim and ensure that all factors involved in the claim are identified. The tool helps identify yellow and red flags, and assists consultants to identify and address barriers to return to work.

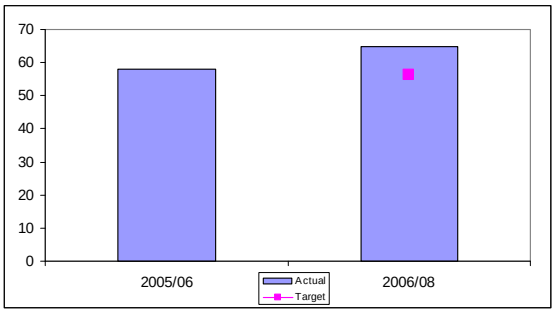
The advantage is that once all issues and barriers are identified a plan can be developed that is sustainable for the injured worker and the work place. The results have been very encouraging with duration of time loss being significantly reduced to six days per claim.

Performance Indicator:
Sick leave

Desired outcome:
Decrease in paid sick leave taken by staff.

Context:
Effective management and monitoring can reduce the amount of sick leave taken by staff. This in turn should reduce the need for, and additional cost of, staff replacement, and reduce possible negative effects on service delivery and on other staff, where replacement staff are not readily available.

Sick leave



Interpretation:
Annual sick leave hours increased by approximately 7 hours for full time equivalent from the 200506 level.

Future initiatives:

Standardised Workforce Reports for Managers:
- Due to payroll changes necessitated by the amalgamation of the former Health Areas which formed GWAHS, regular reporting to managers on staffing statistics and trends was adversely affected. More recently, as the systems have settled in, the Workforce Data Manager has begun producing great numbers of ad hoc reports to meet needs identified by individual managers and staff. Over the next six months, it is intended that a suite of standard workforce reports will be developed and made available on a routine basis. This should greatly assist with the management of staffing resources.
- GWAHS Sick leave management survey

Mature Worker Retention Project:
GWAHS and NSW Health have been involved in an inter-departmental project, sponsored by the Premiers' Department, to look at ways of retaining mature workers within the public sector workforce. GWAHS has been selected to host a pilot project which will explore the issues which prevent mature nursing staff from remaining in the workforce and make recommendations as to how these issues might be addressed. The pilot sites will be the Dubbo Base Hospital and the Warren Multi-Purpose Service.

Review of Recruitment Incentives:
Due to the ongoing problems in attracting professional staff to rural and remote sites, consideration has been given to the types of recruitment incentives which might be offered, consistent with NSW Health policies and industrial awards. A draft policy has been prepared and is under consideration by the Executive.

GWAHS has also been represented on a NSW Health working party which has been working with an external consultant to compare the types and extent of recruitment incentives which are being offered within the NSW Health system with incentives in other Australian states and in other countries with similar health systems. Once available, the outcomes should provide valuable assistance in targeting the most effective incentive packages.

Management of a Complaint or Concern about a Clinician:
Management of complaints or concerns about clinicians is an important component of improving patient safety and clinical quality within a health service.

Extensive education was provided to senior managers in 2006-07 across the Area and a two-day Investigation Training Workshop was sponsored by Clinical Governance with staff from Workforce Development, Clinical Operations and Nursing and Midwifery in attendance.

Orange Clinical School

Statistics show that rural Australia has about 30 per cent of the population but only about 10 per cent of the nation's doctors. As a strategy to address this disparity the Federal budget allocated money for the establishment of Rural Clinical Schools for nine universities with Faculties of Medicine during early 2000.

The Clinical School began in 2001 initially as the Dubbo Clinical School but since 2004 it became The School of Rural Health. The School has campuses in Dubbo, Orange and Bathurst and has a close association with the Broken Hill University Department of Rural Health as well as the majority of hospitals in the GWAHS. The School of Rural Health provides delivery of The University of Sydney Medical Program in rural settings and aims to give students both excellences in medical education as well as exposure to a rural lifestyle so as to encourage graduates to return to live and practice in a rural setting.

The School also provides an academic focus to attract clinicians, teachers and researchers who wish to become part of the University presence in a rural environment. The School's funding has been through the Commonwealth Department of Health and Ageing via its Rural Clinical School Initiatives Program and its students, all of whom come from the metropolitan clinical schools, spend a total of at least one clinical year at the School of Rural Health.

Medical research is an increasing aspect of the School of Rural Health's activities. The School encourages its students to be involved in research and facilitate the staff and teachers to be involved in research projects. An increasing number of medical publications recently written by students and teachers from the School attest to this success.

Premiers Rivertowns Project Remote Areas Attraction and Retention Pilot:

In December 2006 the Premiers Department initiated a three-year pilot scheme to both attract and retain public sector employees to the towns of Bourke, Brewarrina, Walgett and Wilcannia. GWAHS is one of the Government agencies involved in this initiative. The scheme provides for a number of incentives including enhanced remuneration and access to professional development.

To date the scheme has been successful in recruiting a number of essential health professionals to these four communities.

GWAHS Rivertowns Project:

The Marketing and Rural Health Careers Consultants have been working with staff at Walgett, Brewarrina, Bourke and Lightning Ridge Health Services to develop strategic recruitment plans to address acute shortages of health professionals. The project is intended as a pilot for other, similar sites within the Greater West. The focus has been on identifying and addressing barriers to recruitment and in promoting the attractions of the towns concerned.

Area Communication Strategy:

The Area has regular scheduled meetings with all Industrial Associations. These are held on an individual basis with Health Services Union, the Barrier Industrial Council and the NSW Nurses Association. In addition there is a quarterly joint union consultative meeting involving all industrial associations. Special union consultative committees (USCC) are established on a needs basis as with the USCC for the Bathurst / Orange redevelopment.

Collaboration with Sussex University on Job Design:

There has been collaboration with Debra Humphries from Sussex University in the UK to advise the Area on workforce planning and job redesign. Debra is a recognised world leader in the field and has been invited to share her expertise with many organisations internationally. This work will be further progressed in the coming year.

Data Management Group:

This group brings together staff in various parts of the organisation to coordinate the provision of health service data for planning and reporting. It aims to develop some standardisation in the data used and reported across all parts of the AHS and to help make this widely accessible. Groups involved include: epidemiology and research, planning, performance, mental health and drug and alcohol. It will work with IT to facilitate dissemination of data.

Strategic Direction 7:

Be ready for new risks and opportunities

Risk Register:

The Southern Cluster Patient Safety & Clinical Quality Committee has developed a Risk Register which has identified the areas where improvements need to occur to clinical care and non-clinical infrastructure. These issues are then pursued through local management strategies until they are resolved. This process ensures that the cluster is able to identify, rectify and resolve significant issues on an ongoing basis.

Disaster Management:

Eastern has undertaken an exercise at each site over the last 12 months. This included Emergo training at Bathurst and Orange and desk tops at Blayney and Oberon. All sites have reviewed or are in the process of reviewing Disaster Plans post exercises. Bathurst was recently the site for Exercise Aroona which progressed well. All sites have active Disaster Management Committees and a Cluster Pandemic Planning Group.

Ready Set Flu….Tibooburra's Flu Preparedness Program Tibooburra's Health Service:

In March 2006 the Tibooburra Health Service commenced discussing the pandemic flu at its monthly staff meetings. A flu folder was established. Following notification of Exercise Paton in October 2006 a mock exercise was held at the Tibooburra Health Service on 9/11/06. The objectives of this mock exercise were to:

- familiarise staff with the relevant pandemic flu procedures
- identify any potential gaps in our service or capacity to respond
- identify resources that would be required to meet the needs of such a situation

As a result the Health Service developed processes and resources that will enable us to be prepared and ready.

TMF Psychological Project:

The Risk Management Unit (RMU), in partnership with GIO's operational risk management (ORM) service, piloted newly developed injury management tools for psychological injury. This resulted in a decrease in continuous duration rates resulting in reductions in claims costs. RMU took an active role in the pilot program after an identified trend of increased frequency and duration was discussed with the ORM consultants.

Working together with GIO, RMU rolled out training in the use of the tools to their Risk Management Consultants. Historically, the Risk Manager had managed all psychological injury claims for the Area meaning that a consistent approach was being taken but at the cost of both development opportunities for other staff and significant time expenditure by the Risk Manager. The transfer of this role to the RMCs and the use of the tools resulted in a reduction in hours lost and thus a reduction in the cost of claims.

The project has also increased the training and skill levels of the RMCs in managing psychological injury claims.

Risk Management Framework:

An initial Risk Management Framework has been developed for GWAHS in May 2007. The Risk Management Framework refers to clinical and service (non-clinical) risks and these are reported through the appropriate governance committees. All risks, especially ones with extreme or high ratings, require tabling at the appropriate forum for treatment.

The Risk Management Framework reveals that risk is governed by the Chief Executive (CE).This governance relies on Executive management support committees and systems and processes to collate and manage risks. The CE receives risk and status reports through various subcommittees. It is the CE who ultimately determines the acceptable/appropriate level of extreme and high corporate risks and instructs the Directors to treat those risks.

GWAHS recognises that risks are an integral part of any organisation and must be managed at the appropriate level to be effective. The purpose of the Risk Management Framework and Standard of Practice is to promote a standard approach to risk management throughout GWAHS to ensure that risks are identified, assessed and treated to an acceptable level.

The Risk Management Framework is to be rolled out across GWAHS in the next year, including comprehensive education for all staff, thus ensuring all are aware of their responsibilities for managing risk.

SECTION 2: Performance summary

Activity Summary for Annual Report 2006/07 (excluding RACC)

Facility Code	Facility	Adms	Seps (Days Episode)	Seps Planned %	Seps Same Day	Seps Same Day %	Daily Average	Available Bed Days	Acute Bed Days (Days Episode)	O/Night Acute Bed Days (Days Episode)	Total Bed Days (Days Episode)	Bed Occup. %	No. of Babies	Average Length of Stay All	ED Attendances	Total NAPOOS
L201	Bathurst	9,724	9,773	46.27%	4,385	44.87%	88.4	48,484	29,427	25,049	32,277	66.6%	516	3.3	19,919	60,701
S201	Broken Hill	6,790	6,825	39.15%	3,079	45.11%	64.0	34,901	20,678	17,602	23,375	67.0%	254	3.4	20,014	92,032
L206	Cowra	3,044	3,044	27.76%	1,125	36.96%	22.7	16,140	8,053	6,929	8,294	51.4%	171	2.7	5,919	40,776
K211	Dubbo	17,983	17,974	40.56%	7,493	41.68%	135.5	59,998	49,433	41,954	49,463	82.4%	1,270	2.8	26,146	161,828
L209	Forbes	2,662	2,661	30.48%	1,157	43.48%	22.1	12,401	7,584	6,429	8,016	64.6%	126	3.0	7,230	31,305
K216	Mudgee	3,193	3,203	32.06%	1,305	24.50%	24.5	18,930	8,443	7,138	8,960	47.3%	121	2.8	10,364	91,459
L216	Orange	17,675	17,859	47.74%	7,937	44.44%	146.9	73,016	49,021	41,088	53,626	73.4%	879	3.0	25,994	123,827
L217	Parkes	2,900	2,903	17.64%	782	26.94%	25.0	17,196	8,216	7,455	9,140	53.2%	222	3.1	9,328	36,599
Major Hospital sub-total		**63,971**	**64,242**	**35.21%**	**27,263**	**42.44**	**529.1**	**281,066**	**180,855**	**153,644**	**193,151**	**68.7%**	**3,559**	**3.0**	**124,914**	**638,527**
L101	Bloomfield	1,236	1,111	1.98%	40	3.60%	12.4	56,528	17,405	17,366	45,170	79.9%	0	40.7	0	5,260
M202	Balranald	336	358	29.89%	27	7.54%	13.4	7,300	1,670	1,643	4,898	67.1%	0	**13.7**	1,430	7,853
K207	Baradine MPS	342	343	7.29%	93	27.11%	2.9	1,825	947	854	1,060	58.1%	1	**3.1**	570	7,229
L202	Blayney MPS	421	423	18.91%	26	6.15%	5.6	2,920	1,969	1,944	2,042	69.9%	0	**4.8**	3,871	18,813
K201	Bourke	1,223	1,221	20.15%	304	24.90%	9.2	8,038	3,353	3,050	3,361	41.8%	57	**2.8**	6,493	18,840
K202	Brewarrina MPS	828	827	67.47%	547	66.14%	5.2	3,856	1,906	1,359	1,909	49.5%	2	**2.3**	2,980	7,250
L203	Canowindra	728	730	1.51%	111	15.21%	19.1	10,220	3,398	3,289	6,957	68.1%	0	**9.5**	1,612	11,774
K203	Cobar	1,183	1,192	33.98%	451	37.84%	11.6	7,586	3,663	3,213	4,233	55.8%	1	**3.6**	3,027	12,269
K204	Collarenebri MPS	113	114	1.75%	49	42.96%	1.2	1,095	421	372	438	40.0%	0	**3.8**	1,213	9,311
L205	Condobolin	861	873	4.58%	239	27.38%	7.7	8,758	2,369	2,134	2,825	32.3%	2	**3.2**	3,044	13,329
K205	Coolah MPS	334	334	7.19%	146	43.71%	4.2	2,555	1,519	1,374	1,527	59.8%	0	**4.6**	1,177	6,430
K206	Coonabarabran	1,785	1,788	26.01%	694	38.81%	12.7	10,590	4,425	3,732	4,650	43.9%	4	2.6	4,124	22,348
K209	Coonamble	805	813	18.70%	298	36.65%	19.0	10,834	2,503	2,206	6,923	63.9%	0	8.5	4,883	29,006
L207	Cudal												0		471	1,279
S209	Dareton												0			17,446
K212	Dunedoo	97	104	8.65%	3	2.88%	7.1	4,380	861	858	2,599	59.3%	0	25.0	121	6,114
L208	Eugowra	28	29	48.28%	1	3.45%	13.9	6,570	6	5	5,072	77.2%	0	174.9	248	1,698
K214	Goodooga												0		1,291	4,990
K213	Gilgandra MPS	1,012	1,008	4.56%	401	39.74%	10.2	4,380	3,655	3,255	3,708	84.7%	3	3.7	4,020	19,410
L210	Grenfell MPS	355	355	26.48%	113	31.83%	4.4	2,555	1,565	1,463	1,619	63.4%	0	4.6	2,049	13,244
K210	Gulargambone MPS	145	145	80.00%	145	100.00%	0.4	354	145	145	145	41.0%	0	1.0	386	5,627
K215	Gulgong	792	798	25.44%	305	38.22%	10.7	8,030	2,790	2,485	3,902	48.6%	1	4.9	2,665	7,565
S202	Ivanhoe												0		189	2,544
L212	Lake Cargelligo MPS	460	459	6.32%	109	23.75%	3.9	2,172	1,403	1,294	1,431	65.9%	0	3.1	2,315	5,962
K231	Lightning Ridge MPS	540	530	0.38%	265	50.00%	6.8	1,460	1,747	1,482	2,477	169.7%	1	4.7	5,276	23,733
K751	Lourdes	330	321	99.20%	17	13.60%	7.3	10,950	0	0	7,125	65.1%	0	22.2		40,976
K101	Menindee												0		1,492	8,983
L214	Molong	457	467	4.50%	176	67.69%	19.7	9,312	1,695	1,520	7,199	77.3%	0	15.4	2,085	22,945
K217	Narromine	828	831	13.00%	304	36.58%	15.9	11,633	3,710	3,406	5,814	50.0%	0	7.0	3,010	17,599
K218	Nyngan	541	547	7.31%	161	29.43%	21.1	7,665	3,651	3,490	7,694	100.4%	1	14.1	1,678	9,824
L215	Oberon MPS	425	427	19.44%	72	16.86%	6.8	2,920	2,466	2,394	2,485	85.1%	1	5.8	3,424	11,455
L218	Peak Hill	109	114	12.28%	24	21.05%	7.6	4,923	372	350	2,767	56.2%	0	24.3	1,667	3,479
L221	Rylstone MPS	426	426	13.15%	72	16.90%	4.4	3,285	1,578	1,507	1,619	49.3%	0	3.8	3,214	8,585
S203	Tibooburra												0		805	1,671
L223	Tottenham	69	72	9.72%	23	31.94%	5.3	2,920	227	205	1,937	66.3%	0	26.9	780	2,070
K219	Trangie MPS	97	99	13.13%	39	39.39%	1.5	730	475	436	559	76.6%	0	5.6	769	11,410
L219	Trundle MPS	56	55	7.27%	18	32.73%	0.4	730	119	101	139	19.0%	0	2.5	1,188	2,412
L224	Tullamore	100	98	16.33%	23	23.47%	0.9	1,644	307	284	329	20.0%	0	3.4	712	1,926
K220	Walgett	842	845	39.64%	198	23.43%	9.8	10,747	3,368	3,170	3,565	33.2%	9	4.2	3,759	19,607
K221	Warren MPS	879	876	17.24%	491	56.05%	7.0	4,536	2,524	2,040	2,557	56.4%	1	2.9	2,014	12,413
K222	Wellington	1,581	1,580	33.10%	809	51.20%	15.9	11,315	4,545	3,737	5,821	51.4%	6	3.7	5,852	62,273
M216	Wentworth	58	64	73.44%	1	1.56%	17.1	7,668	285	284	6,230	81.2%	0	97.3	1,014	7,287
S204	Wilcannia MPS	190	188	2.66%	39	20.74%	1.5	792	376	337	534	67.4%	0	2.8	2,211	8,372
K232	Macquarie CH	72	71				3.8	2,783			1,379	49.6%	0	19.4		38,242
K233	Macquarie DO												0			70,778
L230	Orange CMH	89	89				36.6	27,170			13,359	49.2%	0	150.1		34,479
L222	St.Vincents												0			41,883
L231	Breastscreen												0			17,487
L802	Bathurst Brain Injury												0			1,764
X443	MidWest Area Programs												0			10,354
Non-Major Total		**19,537**	**19,614**	**22.75%**	**6,794**	**34.64**	**351.8**	**227,201**	**66,013**	**59,418**	**132,888**	**58.5%**	**90**	**6.8**	**89,129**	**742,338**
Area Grand Total		**84,744**	**84,967**	**35.93%**	**34,097**	**40.13**	**893.3**	**564,795**	**264,273**	**230,428**	**371,209**	**65.7%**	**3,649**	**4.4**	**214,043**	**1,386,125**

Data Source: Days Episode Table HIE for Separations, Bed Days
Data Source: Occupancy 8 Major Hospitals from SAP reporting for June Quarter.
Data Source: Occupancy all other Facilities DOHRS.
Data Source: ED Presentations EDIS and WebDOHRS
Data Source: NAPOOS (Non Admitted Occasions of Service) WebDOHRS

Balranald District Hospital
Court Street,
(PO Box 10),
Balranald, NSW, 2715.
Ph: 03 5020 1606. Fax: 03 5020 1499.

Balranald Community Health Centre
Cnr Market & River Streets,
(PO Box 10),
Balranald, NSW, 2715.
Ph: 03 5020 0194. Fax: 03 5020 0195.

Baradine Multi Purpose Health Service
Cnr Darling and Macquarie Streets,
Baradine, NSW, 2396.
Ph: 02 6843 1909. Fax: 02 6843 1535.

Bathurst Base Hospital
Howick Street,
Bathurst, NSW, 2795.
Ph: 02 6339 5311. Fax: 02 6339 5281.

Bathurst Community Health Centre
Eric Sargeant Drive,
(PO Box 1479),
Bathurst, NSW, 2795.
Ph: 02 6339 5677. Fax: 02 6339 5655.

Bathurst Mental Health Services
Warilda House
125 William Street,
Bathurst, NSW, 2795.
Ph: 02 6332 6822. Fax: 02 6332 5780.

Binnaway Community Health Clinic
Renshaw Street,
Binnaway, NSW, 2395.
Ph: 02 6844 1401. Fax: 02 6844 1470.

Blayney Hospital and Health Service
3 Osman Street,
Blayney, NSW, 2799.
Ph: 02 6368 9000. Fax: 02 6368 3051.

Blayney Community Health Centre
Ph: 02 6368 9083. Fax: 02 6368 9088.

Bloomfield Hospital
1502 Forest Road,
Orange, NSW, 2800.
Ph: 02 6360 7700. Fax: 02 6361 3512.

Bourke District Hospital & Health Service
26 Tarcoon Street,
Bourke, NSW, 2840.
Ph: 02 6870 8888. Fax: 02 6870 8844.

Bourke Community Health Centre
26 Tarcoon St,
(PO Box 468),
Bourke, NSW, 2840.
Ph: 02 6870 8883. Fax: 02 6870 8898.

Bourke Mental Health & Counselling Services
Ph: 02 6870 8899 Fax: 02 6870 8898

Brewarrina District Hospital & Health Service
56 Doyle Street
Brewarrina NSW 2839
Ph: 02 6830 5000 Fax: 02 6830 5055

Brewarrina Primary Health Care
Ph: 02 6830 5013 Fax: 02 6830 5055

Brewarrina Aboriginal Medical Service
5 Sandon Street
Brewarrina NSW 2839
Ph: 02 6839 2150

Broken Hill Base Hospital & Health Service
Thomas Street
PO Box 457 (PO Box 457)
Broken Hill NSW 2880
Ph: 08 8080 1333 Fax: 08 8080 1682

Broken Hill Community Health
Ph: 08 8080 1556 Fax: 08 8080 1611

Broken Hill Child and Family Health Centre
2 Oxide Street
Broken Hill NSW 2880
Ph: 08 8082 6111 Fax: 08 8082 6127

Broken Hill Magistrates Early Referral Into Treatment Program (MERIT)
Suite 2/261 – 263 Argent Street
Broken Hill NSW 2880
Ph: 08 8088 7199 Fax: 08 8087 8970

Cadia House
Community Mental Health Services
89 March Street
Orange NSW 2800
Ph: 02 6363 1744 Fax: 02 6361 1457

Canowindra Health Service
PO Box 117
Canowindra NSW 2804
Ph: 02 6344 1505 Fax: 02 6344 1833

Canowindra Community Health Centre
Ryall Street
Canowindra NSW 2804
Ph: 02 6344 1314 Fax: 02 6344 2015

Carinda Community Health Service
Hare Street
Carinda NSW 2831
Ph / Fax: 02 6823 2201

Cobar Health Service
PO Box 29
Cobar NSW 2835
Ph: 02 6836 2406 Fax: 02 6836 2037

Cobar Community Health Service
PO Box 29
Cobar NSW 2835
Ph: 02 6836 2113 Fax: 02 6836 4025

Collarenebri Hospital and Health Service
Walgett Street
Collarenebri NSW 2833
Ph: 02 6756 4888 Fax: 02 6756 2282

Collarenebri Community Health
Ph: 02 6756 4861 Fax: 02 6756 2282

Condobolin Health Service
Madline Street (PO Box 21)
Condobolin NSW 2877
Ph: 02 6895 2600 Fax: 02 6895 2592

Condobolin Community Health Centre
Ph: 02 6895 2600 Fax: 02 6895 2592

Coolah Multipurpose Health Service
Martin Street (PO Box 93)
Coolah NSW 2843
Ph: 02 6377 1007 Fax: 02 6377 1536

Coolah Community Health Service
Ph: 02 6377 1007 Fax: 02 6377 1536

Coonabarabran Health Service
101-103 Edwards Street
Coonabarabran NSW 2357
Ph: 02 6842 2211 Fax: 02 6842 5289

Coonabarabran Community Health Service
Ph: 02 6842 6426 Fax: 02 6842 1851

Coonamble Health Service
150 Castlereagh Street (PO Box 48)
Coonamble NSW 2829
Ph: 02 6827 1100 Fax: 02 6822 1942

Coonamble Community Health Service
Ph: 02 6827 1150 Fax: 02 6827 1160

Cowra Health Service
Liverpool Street (PO Box 44)
Cowra NSW 2794
Ph: 02 6340 2300 Fax: 02 6340 2331

Cowra Community Health Service
Ph: 02 6340 2356 Fax: 02 6340 2490

Cowra Mental Health Services
Gumbuya
Young Road
Cowra NSW 2794
Ph: 02 6341 2386 Fax: 02 6341 4149

Cudal Health Service
Main Street (PO Box 1)
Cudal NSW 2864
Ph: 02 6364 2025 Fax: 02 6364 2161

Cudal Community Health Centre
Ph: 02 6364 2013

Cumnock Community Health Centre
Obley Street
Cumnock NSW 2867
Ph: 02 6367 7452

Curran Centre
Community Mental Health Services
145-147 March Street
Orange NSW 2800
Ph: 02 6360 8000 Fax: 02 6361 3592

Dareton Primary Care and Community Health Service
42-44 Tapio Avenue (PO Box 227)
Dareton NSW 2717
Ph: 03 5021 7200 Fax: 03 5027 4109

Dareton Mental Health and Counselling Services
Ph: 03 5021 7200 Fax: 03 5027 4109

Dubbo Base Hospital
Myall Street (PO Box 739)
Dubbo NSW 2830
Ph: 02 6885 8666 Fax: 02 6882 9034

Dubbo Community Health Centre
2 Palmer Street
Dubbo NSW 2830
Ph: 02 6885 8999 Fax: 02 6885 8901

Dunedoo Health Service
Sullivan Street (PO Box 21)
Dunedoo NSW 2844
Ph: 02 6375 1408 Fax: 02 6375 1221

Dunedoo Community Health Centre
PO Box 739
Dunedoo NSW 2844
Ph: 02 6375 1408 Fax: 02 6375 1221

Enngonia Health Outpost
Mitchell Highway
Enngonia NSW 2840
Ph/Fax: 02 6874 7610

Eugowra Health Service
Cooper Street (PO Box 13)
Eugowra NSW 2806
Ph: 02 6859 2306 Fax: 02 6859 2520

Eugowra Community Health Centre
CWA Rooms, Nanima Street
Eugowra NSW 2806
Ph: 02 6859 2483

Forbes Health Service
Elgin Street (PO Box 534)
Forbes NSW 2871
Ph: 02 6850 2000 Fax: 02 6852 3078

Forbes Community Health Centre
Cnr Elgin and Church Streets (PO Box 534)
Forbes NSW 2871
Ph: 02 6850 2233 Fax: 02 6852 3101

Forbes Mental Health Services
Cnr Elgin and Church Streets (PO Box 534)
Forbes NSW 2871
Ph: 02 6850 2233 Fax: 02 6851 1740

Gilgandra Multi Purpose Health Service
Chelmsford Avenue (PO Box 12)
Gilgandra NSW 2827
Ph: 02 6847 2366 Fax: 02 6847 2754

Gilgandra Community Health Centre
Warren Road
Gilgandra NSW 2827
Ph: 02 6847 2366 Fax: 02 6847 2754

Goodooga Health Service
49 Hammond Street (PO Box 56)
Goodooga NSW 2831
Ph: 02 6829 6311 Fax: 02 6829 6388

Gooloogong Community Health Centre
Main Street,
Gooloogong NSW 2805
Ph: 02 6344 8232

Grenfell Multipurpose Health Service
Sullivan Street
Grenfell NSW 2810
Ph: 02 6343 1111 Fax: 02 6343 1762

Grenfell Community Health Centre
Church Street
Grenfell NSW 2810
Ph: 02 6343 1811 Fax: 02 6343 2014

Gulargambone Health Service
Bourbah Street
Gulargambone NSW 2828
Ph: 02 6825 1201 Fax: 02 6825 1107

Gulargambone Community Health Service
Ph: 02 6825 1233 Fax: 02 6825 1107

Gulgong Health Service
34 Goolma Road (PO Box 13)
Gulgong NSW 2852
Ph: 02 6374 1200 Fax: 02 6374 2261

Gulgong Community Health Service
34 Goolma Road (PO Box 13)
Gulgong NSW 2852
Ph: 02 6374 1200 Fax: 02 6374 2261

Hill End Community Health Centre
Denison Street
Hill End NSW 2850
Ph: 02 6337 8263

Ivanhoe Health Service
Colombus Street (PO Box 1)
Ivanhoe NSW 2878
Ph: 02 6995 1133 Fax: 02 6995 1304

Kandos Early Childhood Centre
Jacques Street
Kandos NSW 2848
Ph: 02 6357 8111 Fax: 02 6357 8112

Lake Cargelligo Hospital and Health Service
Uabba Street (PO Box 75)
Lake Cargelligo NSW 2672
Ph: 02 6898 1200 Fax: 02 6898 1244.

Lake Cargelligo Community Health
Yelkin Street (PO Box 75)
Lake Cargelligo NSW 2672
Ph: 02 6898 1200 Fax: 02 6898 1244

Lightning Ridge Health Service
Pandora Street (PO Box 84)
Lightning Ridge NSW 2834
Ph: 02 6829 9999 Fax: 02 6829 9972.

Lightning Ridge Community Health
Cnr Opal / Pandora Streets (PO Box 84)
Lightning Ridge NSW 2834
Ph: 02 6829 9900 Fax: 02 6829 9918

Lightning Ridge Mental Health and Counselling Services
Cnr Opal/Pandora Streets (PO Box 84)
Lightning Ridge NSW 2834
Ph: 02 6829 9900 Fax: 02 6829 9972

Lourdes Hospital
Cobbora Road (PO Box 974)
Dubbo NSW 2830
Ph: 02 6841 8500 Fax: 02 6884 1277

Manildra Community Health Centre
CWA Rooms
Manildra NSW 2865
Ph: 02 6364 5345

Mendooran Community Health Centre
Bandulla Street
Mendooran NSW 2842
Ph: 02 6886 1042

Menindee Health Service
Perry Street (PO Box 25)
Menindee NSW 2879
Ph: 08 8091 4209 Fax: 08 8091 4521

Menindee Community Health
Ph: 08 8091 4209 Fax: 08 8091 4521

Molong Health Service
PO Box 128
Molong NSW 2866
Ph: 02 6366 8606 Fax: 6366 8750

Molong Community Health Centre
Molong NSW 2866
Ph: 02 6366 8323 Fax: 02 6366 8112

Mudgee Health Service
Cnr Meares & Lewis Streets
(PO Box 29)
Mudgee NSW 2850
Ph: 02 6378 6222 Fax: 02 6372 3587

Mudgee Community Health Centre
Church Street
Mudgee NSW 2850
Ph: 02 6378 6236 Fax: 02 6372 7341

Mudgee Mental Health
Market Street
Mudgee NSW 2850
Ph: 02 6378 6236 Fax: 02 6372 7341

Murrin Bridge Health Centre
Murrin Bridge NSW 2671
Ph: 02 6898 1687

Narromine Health Service
128 Cathundral Street (PO Box 318)
Narromine NSW 2821
Ph: 02 6889 1377 Fax: 02 6889 2371.

Narromine Community Health Centre
Ph: 02 6889 1377 Fax: 02 6889 5865

Nyngan Health Service
Hospital Road (PO Box 96)
Nyngan NSW 2825
Ph: 02 6832 1707 Fax: 02 6832 2015

Nyngan Community Health Centre
Pangee Street
Nyngan NSW 2825
Ph: 02 6832 1255 Fax: 02 6832 2342

Oberon Health Service
North Street (PO Box 135)
Oberon NSW 2787
Ph: 02 6336 1300 Fax: 02 6336 1999

Oberon Community Health Centre
Ph: 02 6336 1300 Fax: 02 6336 1999

Orange Base Hospital
Sale Street (PO Box 319)
Orange NSW 2800
Ph: 02 6393 3000 Fax: 02 6393 3593

Orange Community Health Centre
Ph: 02 6393 3300 Fax: 02 6393 3326

MERIT (Magistrates Early Referral Into Treatment Program) Incorp. RAD (Rural Alcohol Diversion Program)
Suite 7, Level 2 Centrepoint Arcade
230 Summer Street
Orange NSW 2800
Ph: 02 6392 6800 Fax: 02 6392 6805

Parkes Health Service
Coleman Road (PO Box 103)
Parkes NSW 2870
Ph: 02 6862 1611 Fax: 02 6862 3921

Parkes Community Health Service
Ph: 02 6862 1866 Fax: 02 6862 1082

Parkes Mental Health Services
Currajong House
61 Currajong Street
Parkes NSW 2870
Ph: 02 6862 6339 Fax: 02 6862 6309

Peak Hill Health Service
Newell Highway (PO Box 56)
Peak Hill NSW 2869
Ph: 02 6869 1406 Fax: 02 6869 1511

Peak Hill Community Health Centre
Ph: 02 6869 1446 Fax: 02 6869 1511

Pooncarie Outpatients Clinic
Darling Street
Pooncarie NSW 2648
Ph/Fax: 03 5029 5203

Quandialla Community Health Centre
Quandialla NSW 2721
Ph: 02 6347 1200

Rylstone Hospital and Health Service
Fitzgerald Street
Rylstone NSW 2849
Ph: 02 6357 8111 Fax: 02 6357 8112

Rylstone Community Health Centre
Ph: 02 6357 8150 Fax: 02 6357 8112

SHIPS (Satellite Housing Integrated Programmed Support)
Endeavour House
35 Sampson Street
Orange NSW 2800
Ph: 02 6362 9182 Fax: 02 6361 7361
Kallara
Ophir Road
Orange NSW 2800
Ph: 02 6365 8461 Fax: 02 6365 8271

Sofala Community Health Centre
Denison Street
Sofala NSW 2795
Ph: 02 6337 7033

Tibooburra Health Service
Sturt Street
Tibooburra NSW 2880
Ph: 08 8091 3302 Fax: 08 8091 3357

Tottenham Multipurpose Health Service
Lot 10 Moondana St, (PO Box 57)
Tottenham NSW 2873
Ph: 02 6892 4003 Fax: 02 6892 4091

Tottenham Community Health
Ph: 02 6892 4114 Fax: 02 6892 4091

Trangie Multi Purpose Health Service
28 Harris Street
Trangie NSW 2821
Ph: 02 6888 7546 Fax: 02 6888 7605

Trundle Hospital and Health Service
Brookview Street
Trundle NSW 2875
Ph: 02 6892 1051 Fax: 02 6892 1233

Trundle Community Health Centre
Ph: 02 6892 1203 Fax: 02 6892 1233

Tullamore Multi Purpose Service
Kitchener Street (PO Box 91)
Tullamore NSW 2874
Ph: 02 6892 5003 Fax: 02 6892 5166

Tullamore Community Health Centre
Ph: 02 6892 5006 Fax: 02 6892 5166

Tullibigeal Community Health Centre
Tullibigeal NSW 2667
Ph: 02 6972 9104

Walgett Health Service
141 Fox Street (PO Box 20)
Walgett NSW 2832
Ph: 02 6828 6000 Fax: 02 6828 2194

Walgett Community Health
Ph: 02 6828 6000 Fax: 02 6828 2194

Wanaaring Health Service
Vickory Street
Wanaaring NSW 2840
Ph: 02 6874 7721 Fax: 02 6874 7789

Warren Multi Purpose Health Service
Kater Drive (PO Box 246)
Warren NSW 2824
Ph: 02 6847 4303 Fax: 02 6847 3099

Weilmoringle Community Health Post
Weilmoringle NSW 2839
Ph/Fax: 02 6874 4869
Ph Brewarrina HS 02 6830 5000

Wellington Health Service
Gisborne Street (PO Box 321)
Wellington NSW 2820
Ph: 02 6840 7200 Fax: 02 6845 2100

Wellington Community Health Centre
Ph: 02 6840 7210 Fax: 02 6845 4519

Wentworth Hospital and Health Service
Silver City Highway (PO Box 38)
Wentworth NSW 2648
Ph: 03 5027 2345 Fax: 03 5027 3099

Wentworth Community Nursing Service
Ph: 03 5027 2345

White Cliffs Health Service
Johnstone Street
White Cliffs NSW 2836
Ph: 08 8091 6605 Fax: 08 8091 6648

Wilcannia Health Service
Ross Street (PO Box 123)
Wilcannia NSW 2836
Ph: 08 8083 8777 Fax: 08 8091 5895

Wilcannia Community Health
Ph: 08 8091 8777. Fax: 08 8091 5895

Woodstock Community Health Centre
Rankin Street
Woodstock NSW 2793
Ph: 02 6345 0135

Yeoval Community Health Centre
Yeoval NSW 2868
Ph: 02 6846 4323

Area Planning

GWAHS has responsibility for the following planning activities:

- Developing an Area Healthcare Services Plan, in the context of Government and Departmental policies and priorities.
- Developing service plans for specific service networks and programs.
- Development of an Area Corporate Strategic Plan informed by the State Health Plan.
- Service and facility planning for proposed service redevelopments
- Developing plans required by legislation or as a result of specific requests from central agencies
- Undertaking planning considered necessary at the local level to respond to particular health issues or service needs.

A New Direction for NSW – Health Plan Towards 2010 was released in early 2007. During 2006/07, GWAHS developed its plan *A New Direction for Greater Western – Health Service Strategic Plan Towards 2010*. This plan will adopt the vision and strategic directions of the State plan.

During the next year the corporate strategy will be cascaded throughout the GWAHS. It will inform the development of strategic plans for support services and programs, clinical service networks and specific services, and the development of operational plans for services, facilities and departments.

The Area Healthcare Services Plan is aligned the Area Corporate Plan. Papers developed by planning groups have informed the Plan. This Plan is the first stage of a comprehensive planning process. It aims to provide broad strategic directions for services. This 'living' document will continue to evolve and develop over the coming months and years.

The establishment of Area Clinical Service Networks will facilitate the planning process. Planning for these networks is well underway. The proposed networks will operate at a local and Area level. Network management committees will be convened during 2007/2008.

Network plans will include a review of the role of services within networks and the development and prioritisation of strategies to integrate services, and improve access to services, particularly for small rural, remote and at risk communities. This will include the development of formal linkages and referral processes between smaller and larger facilities (hub and spoke arrangement).

Key Challenges:

The area is faced with various challenges when planning services to meet the needs of its population. These include the poorer health status of our population including Aboriginal health issues and issues of rurality and their impact on the provision of services including:

- The number of health services – 108 facilities within GWAHS
- The increasing demand for services due to an ageing population, the increasing prevalence of chronic illness, increasing community expectations and technological advances.
- Workforce issues including; an ageing workforce, recruitment and retention issues and skills maintenance, training and development
- Poor infrastructure including facilities in need of redevelopment and information technology and communications systems in need of further development to support the new area health service.

Key Priorities and Directions for Services have been identified:

Aboriginal health:

- Strengthening of partnerships with Aboriginal communities and health services
- Aboriginal maternal and infant health program

Working with communities to improve their health:

- Working in close partnership with the Area Health Advisory Council (AHAC), existing health councils and community groups in the planning and development of health services
- Health promotion with a focus on community development activities
- Strengthening working relationships with service partners

Aged and continuing care:

- An emphasis on wellness, early intervention and self management
- Enhanced community and ambulatory care including community packages for older people to support the transition from acute hospitalisation to home and community aged care packages
- Implementation of community and inpatient transitional care services
- Integration of aged and psycho-geriatric services
- Progression of MPS service developments at several sites
- Coordination and integration of care across the continuum
- Enhancement of renal dialysis services
- Enhanced cancer care services

Improving access to quality services including:

- The implementation of contemporary service models
- Establishing clinical service networks
- Establishment of supra-area services - interventional cardiology and radiotherapy services
- Enhanced Intensive Care Services

- Development of a home dialysis training unit at Dubbo
- Implementation of the 'sustainable access' initiatives
- Implementation of the Clinical Redesign Program
- Integrated primary health care
- After-hours GP services
- Workforce development
- Workforce planning
- Retention and recruitment
- Training and development

Infrastructure Development
Asset planning and management

- Facility redevelopment at Bathurst –Orange-Bathurst, Nyngan, Coonamble, Eugowra and Balranald.
- Planning The development of Integrated Primary Care Centres at Rylstone, Molong, Blayney and Gulgong
- Information technology and communication systems

Workforce Planning

Workforce Plan – Southern and remote:

The GWAHS has taken a cluster based approach to workforce planning, pending the full development of the clinical Networks. Planning has been completed for both the Southern and Remote clusters, whilst planning for the Bathurst/Orange redevelopment continues. Planning has also begun for the Area's Emergency Department workforce.

D&A completed this pilot program in 2007 using funds from the Better Future Program (no longer available). Implemented in eight Primary Schools in the Central and Castlereagh Clusters. Program involved training teachers to implement the program – eight hours of classroom time covering D&A content and then an interactive program developed by the children to increase awareness with the parents. The schools put on shows using the program content.

Mitchell Cluster

The Mitchell Cluster is made up of the Cobar and Narromine Health Services, the multipurpose services of Bourke, Brewarrina, Trangie, Nyngan, Warren, Tottenham, and Tullamore.

Narromine Health Service

Donations and Bequests

- Sunday Bingo Group donated $1500 to Day Care.
- Several donations of $100 to $200 from relatives.
- Cancer Support Group receives many bequests (In lieu of floral tributes) and this ultimately assists the health service.
- Cancer Support Group has financed, donated $24,000 to build the Palliative Care Unit, have purchased the furnishings, including a ceiling hoist (cost $9000) and provided many hours of voluntary labour to ensure the unit and garden and security fence have all been completed.
- Hospital Auxiliary donated funds to purchase an emergency department trolley ($6000) and $6000 to upgrade the security monitor.
- A grateful relative donated $2200 for two security cameras.
- A Health Service Fundraising group have donated $1100 towards a Hovermatt and have plans for more events.
- Local Hotel has donated $2008 for a urine chemical analyser.

Volunteer Support

There are in excess of 125 volunteers registered to Narromine Health Service involved in Meals on Wheels delivery, Day Care and Respite assistance, Hospital Auxiliary, Health Council members and Pink Ladies. An appreciation Morning Tea, held mid year, and a Christmas luncheon are attended by in excess of 100 of these people.

Health Council

A small but active group of residents under chairman Mick Bell arranged a display at the Narromine Show, have regular health promotion activities and supported the building of the palliative care unit.

Trangie Multipurpose Health Service

- Development of the "Youth Interagency Workgroup" under the leadership of the Adolescent Health Improvement Officer for Drug & Alcohol, Priya McDonald. This interagency is focusing on the needs of the youth within the Trangie Community and developing means for the youth to achieve a healthy fulfilling lifestyle.
- MPS Committee is investigating mental health issues particularly relating to suicide and depression within the male population. Ascertaining community needs and levels of support available within the community.
- Health Service Manager is the community advocate for Trangie, on the 'Communities for Children Committee'. This is a Federally funded program to enhance children's programs within selected communities. The committee is exploring and developing reading programs, child safe communities and Aboriginal Support Program.
- ACHS accreditation to July 2007.
- Chronic Complex Care Program supports the needs of older members of the community with the provision of weekly support service by community nursing staff.

Warren Multipurpose Health Service

- The MPS achieved ACHS Accreditation until 2007
- Visiting Female GP service
- Visiting Psychiatrist service
- Visiting Renal Physician service
- Visiting Geriatrician service
- Paths and fencing around entire facility – for aged care residents. Project funded from SP&T funds.
- Commendation GWAHS Health Awards – Feeding Family Program run by Child & Family Health Staff
- The Hospital Auxiliary – purchased over $25,000 new equipment – including new cardiac monitor,

mattresses, temperature machine and other equipment for the emergency department.
- Opportunity Shop – purchased – new aged care bed, air mattress & chair ($10,000)
- Palliative Care Volunteers – purchased air bed mattress ($5,000)
- Resignation of long standing staff member – Mrs Ruby Fowler.

Castlereagh Cluster

The Castlereagh Cluster is made up from the Health Services of Gilgandra, Gulargambone, Coonabarabran, Baradine, Walgett, Collarenebri, Lightening Ridge and Goodooga.

Gilgandra MPS
- Organisational Wide ACHS accreditation with no high priorities
- Numerical profile review with increase of percentage from 58% to 67% a rise of 9%.
- Employment of full time Health Service Manager across both sites of Gilgandra and Gulargambone MPS enabling stability of position and development of new strategies across both sites.
- Review and upgrading of all meals including Meals on Wheels to "A" grade inline with GWAHS and Food Authority.

Health Council
- Engagement of 8 new members for the Gilgandra MPS HAC. This enabled membership to go from 4 to 12 and reflected the community and its growing interest in the MPS.
- Participation by 2 members of the HAC at the annual 2 day GWAHS forum in late 2006. The members presented and networked with other HAC groups to enhance their knowledge especially in the directions of NSW Health and sharing of resources across the region.
- Ongoing communication with regular articles in the Gilgandra Weekly newspaper from HAC. Enables higher profile for the HAC members to engage feedback regarding MPS by the community.
- Development of joint projects with local council and schools in Health Promotion activities such as Women's Health, Obesity and Sun Safety. This strengthened the projects objectives by the alliances across the community and sharing of resources. All planned activities have been completed for the 2006-2007 year.

Gulargambone MPS
- Organisational Wide ACHS accreditation with no high priorities
- Employment of full time Health Service Manager across both sites of Gilgandra and Gulargambone MPS enabling stability of position and development of new strategies across both sites.
- Review and upgrading of all meals including Meals on Wheels to "A" grade inline with GWAHS and Food Authority.

MPS Advisory Committee
- Development of joint projects with local council and schools in Health Promotion activities in conjunction with Aboriginal Trainee Liaison Officer This strengthened the projects objectives by the alliances across the community and sharing of resources. All planned activities have been completed for the 2006-2007 year.
- Stabilisation of staff and management with assistance from Advisory Council with community support and encouragement.
- Drive through Needle and Syringe exchange unit has been instrumental in giving community sense of trust of the Gulargambone MPS and any assistance they may require.
- Guttering on verandas and watering system for memorial trees not part of GWAHS capital works.
- Survey completed to community on perception of Advisory Committee and MPS services.
- Joint meetings with Gilgandra MPS HAC have enabled sharing of resources and common outcomes for both communities.

Goodooga Health Service
- Sealing of the Airport road (9kms) by the Brewarrina Shire Council, the culmination of negotiations that commenced in 2004 between the Health Service, RFDS and the Goodooga Community Working Party. It is now a smooth journey for critically ill patients requiring evacuation. Previously the road was unsealed and almost impassable in wet weather.
- Erection of a flagpole at the Health Service so the Aboriginal and Australian flags fly side by side every day. The community is truly proud of this fixture.

Baradine MPS
- Organisational Wide ACHS accreditation with no high priorities.
- The return of the Asthma clinic demonstrating very successful outcome by reducing the number of asthma presentations to the emergency department.
- A community wide exercise program called "Bodysculpt" which has proved to be very successful.

Coonamble Health Service
- Coonamble implemented training for the New Medication Chart in late 2006. Training was attended with all nursing and medical staff. The chart was implemented in November 2006. Ongoing evaluations and audits continued up to April 2007.
- The New Medication Chart has been fully implemented at Coonamble Health Service in line with the recommendations from the NSW Medication Safety Strategy steering Committee.

Walgett Health Service
- The Walgett Health Council posted a questionnaire to local government areas serviced by Walgett Health Service to identify areas of need. This will be used to plan 2007/08 HAC activities.

- Planning commenced for the development of a 'wandering garden' for dementia patients resident in the nursing home.
- The Walgett plan for disaster management is operational. Evaluation and liaison with local Shire Council has been undertaken to ensure all agencies work together in a disaster situation.

Central Cluster

The Central Cluster comprises the health services of Dubbo including primary and community health, district health services of Mudgee and Wellington and the multipurpose services of Coolah, Dunedoo, Rylstone and Gulgong Health Service.

Dubbo Base Hospital

- Dubbo Base Hospital and the Central Plains Division of general practice were successful in gaining funding to set up an After Hours GP Clinic in the grounds of DBH. This is an initiative aimed towards encouraging people to use GP services rather than the Emergency Department of the Hospital.
- Patient Liaison Officer appointed full time to Dubbo Base Hospital. This has been a very successful venture, with revenue raised returning to the hospital.
- Integrated Case Management Group (06/07 initiative) - As part of the Pilot Antisocial behaviour project with NSW Police in Dubbo, GWAHS has been working in partnership with human services agencies to address the needs of children and families in need of high level intervention and management. Meetings are held monthly with case plans developed and lead agencies allocated.
- A Clinical redesign project was undertaken with external partners KPMG on the discharge planning process in Dubbo Base Hospital. A number of projects were implemented which has demonstrated the success of the programme with improved strategies for planning for discharge.
- Surgical Flows (CSRP). A Clinical redesign project was undertaken in the Operating Theatres in Dubbo base Hospital by KPMG. The project resulted in many key deliverables which has improved theatre utilisation and flow.
- The Emergency Department implemented the 3-2-1 process commencing in March. The 3-2-1 process aims at improving patient flow through the department with a total time in ED of 6 hours. The initial 3 hours is for ED assessment and treatment, the next 2 hours is for specialist review if required and the remaining 1 hour target is for dispatch either home, inpatient bed or transfer to another facility.
- Fast track has also been implemented in the emergency department to improve the flow of less urgent patients. Fast Track aims at reducing the number of less urgent presentations waiting around the ED for extended periods of time. By reducing the number of patients clogging the department the more urgent and acutely unwell patients are assessed and treated in a more timely fashion. Fast Track clinics are held by senior Medical staff as required and have been very effective on a number of occasions.
- CAPACS are being implemented through the Ambulatory Care unit under the Sustainable Access programme. A VMO has been appointed to manage the programme. Currently services are provided from the Ambulatory care Unit DBH, but as the programme progresses, will be moved to the client's home where appropriate.
- DBH were successful in gaining $147,000 for 06/07 then recurrent funding for Stroke Services.
- The Stroke working party at DBH has been working for over 12 months to improve outcomes for stroke patients. Achievements to date include: Implementation of a Stroke clinical pathway commencing in the ED. Designated urgent Carotid Doppler appointments. Purchase and installation of 4 telemetry units for the Medical Ward. Two designated stroke beds in the Medical Ward. Agreement with Lourdes hospital for them to provide sub acute care and aim to transfer stroke patients on day 3.

Dubbo Primary and Community Health Services

Dubbo Primary and Community Health Centre, at 2 Palmer Street, is a facility within Central Cluster, with 60 full-time equivalent nursing and allied health staff. A wide range of health services are provided within Dubbo, these include:

- Child and Family Health home visiting services- to all families in Dubbo with newborn babies. In addition, staff run New Mum's Groups, Parenting Education Groups, Teens education group, and post-natal depression groups.
- Aboriginal Maternal and Infant Health –provides home visiting services both antenatally and postnatally to Aboriginal families for support, education and care. Staff also conduct an antenatal clinic in West Dubbo Women's House. As an additional service a Mothers and Babies Support Worker provides home visiting support to Aboriginal families with children 0-3 years
- Early Childhood Centre-based services (located at Carrington Avenue) provide developmental screening 0-5 years, immunisation and education/support to parents. Outreach services to West Dubbo and Allira also provided.
- Hearing Services- hearing screening of all new born babies, pre-school and school screening of Aboriginal children for otitis media, child and adult assessment by audiologist
- Counselling Services: for children, adults and families. These are comprised of Family Therapy team, Child Protection and Sexual Assault counselling. A variety of groups are conducted for adults and children. Counsellors staff the Sexual Assault crisis service located at Dubbo Base Hospital
- Diabetes Education manages the specialist clinics for diabetic clients, and provides individual appointments for education and support of client treatment. Also conduct outreach clinics at Gordon Centre, Apollo House and Allira

- Dieticians- undertake individual treatment, run groups and work with school canteens and community groups on healthy nutrition
- Paediatric therapy services- speech therapy and occupational therapy. Also conduct groups teaching social skills.
- Podiatry- HACC funded services are provided for Dubbo clients
- Women's Health- clinics by appointment, including outreach clinic at Thubbo; education and health promotion to community groups
- The centre has recently been surveyed for accreditation with the Australian Council for Health Care Standards, and has in place a well-documented program of continuous quality improvement. This is to ensure that the services provided to the community continue to be of a high standard.

Mudgee Health Service

- Mudgee Health awarded 4 years accreditation from ACHS
- Mudgee Community Health -MERV (Men's Educational Rural Van), Awarded National Innovative Nursing Prize from Hesta.
- Community support continued with funds being donated by X-Strata Coal, The Lions Foundation and Mudgee United Hospital Auxiliary
- Appointment of Career Medical Officer in the Emergency Department for 8 months
- Commencement of urology consultations and surgical services.
- Commenced a monthly medical officer's Quality/Journal meetings.
- Recommendations from fire report 80% completed
- Commence "Shared Care" by multidisciplinary team for low risk expectant mothers. Midwives to provide care during their pregnancy in collaboration with GP. To start in Aug 07

Wellington Health Service

- Wellington Health Service is a 20 acute bed facility .and has an emergency department where 10,000 people presented in the 2006-007 financial year.
- The Community Health provides a wide range of services and saw continuing services that includes mental health, child and family health, social work, general community nursing, aboriginal health and health promotion.
- Local advisory council has devoted considerable effort in seeing the palliative care unit become a reality at Wellington Hospital.
- The Palliative Care Unit has now been opened and provides a comforting supportive environment for palliative patients and their relatives. It has been so far, an outstanding success.
- Wellington health service has been working with Justice Health and the Aboriginal medical service on workforce issues. Wellington Correctional Centre has commenced accepting inmates. There have been several meetings with Wellington health, Wellington AMS and GWAHS to work in partnership with Justice Health around recruitment and selection and service delivery to the community.

Coolah Multipurpose Health Service

- The facility underwent an organisation wide survey in June along with the Dunedoo and Gulgong facilities resulting in a year's provisional accreditation from the Australian Council on Health Care Standards (ACHS). Both Coolah and Gulgong facilities had fire report recommendations that needed to be addressed from this survey.
- A Numerical Profile was conducted at Coolah in November 2006 with an increase of the score from 36 % to 66.9 % an improvement of 53.8%
- The Coolah Multipurpose Advisory Committee held a very successful Men's Health Night with over 200 persons attending. Sam and Jenny Bailey where guest speakers and there was an overall positive evaluation of the function by the general public so much so that they would like to see it an annual event
- Staffing levels fluctuated extensively over the 2006/7 year. There was a lot of unexpected sick and carers leave required over the year and staffing levels where at an extremely low level. We had to employ two agency nurses (registered nurses) to cover the roster. In June, Kerri Wagner our Nursing Services Manager was seconded to Dunedoo to be their Patient Care and Nursing Service Manager. Ann Taylor stepped up to back fill the Nursing Services Managers position at Coolah.
- Coolah MPS remains an integral part of the network of aged care facilities provided by the Greater Western Area Health Service. In the future Coolah MPS will continue to provide acute medical, accident and emergency, aged care and respite services within the Coolah district and locale.
- The Coolah MPS Advisory Committee where very active and instrumental in getting funding to hold a Men's health night in November 2006.
- Now in their 70th year of service to the local facilities, the Coolah Hospital Auxiliary has once again had a busy year fundraising for the hospital and Hostel. Over the year they have purchased items such as cooking ware for the hostel and hospital, non slip bath mats, ottomans for the aged care residents and a fold up bed for parents or relatives to stay overnight

Dunedoo Multipurpose Service

- On 1 July 2007 Dunedoo Health Service became a 30 bed Multipurpose Centre, servicing the towns of Dunedoo, Mendooran and environs with a major focus on aged care, community health and child and family nursing.
- The Health Service has one Visiting Medical Officer who works on call 1 in 8 days, at other times Dubbo Base Hospital and the Coolah VMO provide on call phone advice for presentations to the emergency department.
- The ambulance has also come on site and the relationship between the ambulance staff and the Health Service staff is working very well.
- A successful open day for the new MPS in which about 250 people visited the new building resulting in a favorable consensus on the excellence of the facility as an asset to the town.
- An excellent display at the local show by the community health nurses targeting asthma and

carers support plus common conditions such as heart disease stroke and diabetes.
- Talbragar Trimmers continues meeting weekly for weight in and support and education of weight loss.
- Our committed volunteer accredited trainer continues to conduct weekly gently exercises and Tai chi and Heart Moves.
- In August July Community Health in conjunction with the ambulance educator provided 2 public sessions of CPR update.
- The move from one facility was a large endeavour, in the midst of the move we had to face the prospect of ACHS for our cluster accreditation for 2007
- Now that we have adequate medical record space we are endeavoring to incorporate community health and hospital records in a workable fashion.
- Work has commenced on building on 2 staff residences and a Doctors house to be built on site next to the new MPS.
- Procurement of a second VMO to meet the needs of the community is in progress.

Gulgong Health Service

- The health service employs 21.21.FTE throughout the facility with many supporting services from Mudgee and Dubbo Community Health An improved stable workforce is in place this year with no vacancies at this time.
- Medical services have been decreased this current year with 1VMO position vacant and many strategies were developed by staff and put in place to ensure all staff had clear direction in the emergency department when we had NO medical service available Locum coverage has been provided to the community when available
- Gulgong has achieved 2007/2008 budget allocation
- We have incurred Significant costs associated with meeting the Building Code of Australia requirements to reflect our Fire Action plan
- 75 % of all staff including casuals attended the mandatory education days to June 2007
- Falls campaign has been extensively actioned and taken into the community attending group sessions and Hostels – packages provided to many and assessments have lead to improved awareness amongst the community
- Thai Chi held and facilitated in community by physiotherapist has continued to grow
- Donations ($4000.00) over last 12 months have assisted in providing bed fittings and mattresses
- We obtained a large amount of furnishings from Bathurst Base which has improved the décor of the large ward areas
- Activity has been reduced to reflect reduced medical services
- Approval for HealthOne project. NSW Health provided $2.1million to develop an integrated health care centre as stage 1 towards an MPS facility for the community expected to be commissioned in December 2009. Planning has just commenced and this building will house a general practice, dental, pathology, allied health, primary health, child and family health, women's health visiting health and medial professionals.
- Re current funding to $100,000 has been received to commence additional community programs such as women's health services and primary health co ordinator to assist in the smooth transfer of the integrated services

Rylstone Health Service

- A new Patient Care and Services Manager was recruited in February 2007.
- Approval for HealthOne project. NSW Health provided $437K to develop an integrated health care centre in the former primary health building located on the MPS site. This building will house a general practice, dental, pathology, community transport, allied health, primary health, child and family health, visiting health and medial professionals.
- Activity has increased – separations up by 37.38% from 2005/2006 period.
- 97.4 % of all staff including casuals attended the mandatory education days in June 2007
- Developed a new orientation package for all staff
- Gardening group-Mental health clients - Held weekly where clients attend to gardens in the town and improving hospital garden. Facilitated by Regional Health Strategy
- Commenced Aqua aerobics in community for elderly and those with chronic health conditions. Plan to conduct next summer as well
- Thai Chi held and facilitated in community by physiotherapist to replace aqua aerobics as a winter option
- Disaster plan reviewed and update
- Extraordinary public donations over last 12 months have assisted in providing all aged residents with air cell mattresses, we have also been able to purchase other additional items such as electric ED bed, manual handling aids, toys for CAFHS, and chairs to name a few.

Eastern Cluster

The Eastern cluster consists of Bathurst, Orange, Bloomfield Health Services and Blayney and Oberon Multipurpose Health Services. Bathurst, Orange and Bloomfield Health Services are being redeveloped (ReBOB), under this redevelopment the three services will be managed as one Health Service with two campuses.

A number of innovative advancements are occurring at the hospitals within the Eastern Cluster. Much of this work centres on the two major Base Hospital sites and relates to the redevelopment of the health services, formation of clinical streams, participation in Clinical Redesign processes and change management processes. Clinical services within the Bathurst and Orange Health Service will be managed in Clinical streams.

Mental Health Services continue to perform at a very high standard and are valued partners in the service development plans at both the new Bathurst and Orange redevelopments. The hospitals in the Eastern Cluster work collaboratively to achieve optimal outcomes in patient care and the staff are fortunate to

be involved in significant redevelopment and enhancement of services at many of its sites.

Orange Health Service

A Business Manager role has been established as part of the management structure of each Cluster. The position provides a high level operational support to the Cluster Executive and Departmental Managers and has strengthened the financial and corporate links between the Clusters and the Area's Finance & Corporate Services Directorate. The primary goals for the position in 2006/07 has been to improve the framework for Budget Management and Reporting within the Cluster facilities, participate in the review and delivery of improved business practices and systems, and supporting the business needs of the ReBOB project.

Multidisciplinary Diabetes Team

The Multidisciplinary Diabetes team has been in operation since 2001 at the Kite Street Community Health Centre. The service started with a specialist physician, diabetes nurse educator and a dietitian. The team has slowly built as resources and funding has become available. The service now has an endocrinologist, diabetes nurse educator, dietitian and podiatrist and has a close liaison with the hospital clinics such as vascular, renal and antenatal clinics. The multidisciplinary diabetes clinic provides coordinated comprehensive medical care in a 'one stop shop'. The client is able to access all the services under one roof on the same day.

Cardiac & Respiratory Rehabilitation

In the past five years the Orange Healthy Lifestyle Program (OHLP) has grown from a basic cardiac rehab program to a comprehensive program that focuses on consumers with cardiac, respiratory and other chronic conditions. The primary focus is on enabling clients with chronic conditions to be able to manage their condition by providing not only information and exercise options, but skills in self-management, access to multidisciplinary support and client advocacy. The program has created a supportive environment which enables clients to make sustainable lifestyle changes.

Fastrack Orange Health Service

Fastrack commenced in July 2007 in the Emergency Department. This was supported by the recruitment of a Project officer for a period of six months.

The introduction of the Clinical Initiatives Nurse included training for Senior Registered nurses within the Emergency Department. This involved a collaborative effort between local and area CNCs and CNEs which provided highly successful training packages which included training days and looked at issues such as aggression minimisation and competency based assessments.

321 Orange Health Service

The 321 model of care was introduced in August 2007. The introduction was supported by the project officer temporary recruited for the implementation of Fastrack and 321. This model of care has highlighted the necessity for a multidisciplinary approach to the provision of Emergency Care, and the flows of patients throughout the Health Service.

Interventional Cardiology

The Orange Base hospital Catheter laboratory (Cath Lab) has been in operation since September 2005. Since then, over 1100 Coronary Angiograms have been performed by Dr David Amos and Dr Ruth Arnold and a small team of nursing staff. The start of these procedures has meant that patients who live within the Greater Western Area Health Service can now be treated within their area instead of travelling too Sydney. This service is growing and the patient numbers are increasing.

Bathurst Health Service

Models of Care

Bathurst Health Service has commenced redevelopment with an expected completion date of December 2007. A significant issue for Bathurst Health Service is that services are presently provided across different sites. The redevelopment will allow for all services to be provided at the new Bathurst Health Service.

Significant work has commenced on the development of the models of care in consultation and collaboration with staff, the community, medical officers and Greater Western Area Health Service Executive. An important principle is that work undertaken where appropriate will be consistently applied throughout both Bathurst and Orange Health Services.

Grace Trial - Global Registry of Acute Coronary Events (Grace Trial)
This purpose of the Grace Study is to collect data on patients internationally who have experienced an acute cardiac event such as chest pain, unstable angina pectoris, and acute myocardial infarction. Bathurst has been involved in this project since 1999 with 102 patients being enrolled in the trial in 2006. Since the trial began there have been 739 patients enrolled with a total of 7,493 worldwide.

National Medication Chart Implementation

The National Medication Chart Implementation provided a standardised medication chart throughout health facilities, this was introduced in 2006. Standardisation of the medication chart has a benefit of clinicians using the same documentation in any public hospital throughout GWAHS. Education was provided to both medical and nursing staff on the use and application of these charts. Regular audits are undertaken on compliance with results reported back to clinicians and discussed at Eastern and Southern Cluster Drug Committee.

Health Council Smoking Ceremony

As part of the preparation for the redevelopment of Bathurst facility, the Bathurst Health Service Health Council consulted with the local Aboriginal community on the cultural requirements for the preparation of the new facility. A number of proposals were raised at a public meeting conducted at a local community centre

for Aboriginal people with a key issue being the need, prior to the commencement of building, for a smoking ceremony which would cleanse the site of unhappy and trapped spirits of deceased people.

Other matters of concern were; a meeting room should be located near high-care patients for the gathering of extended family; that the positioning of hospital beds relative to the sun was important and there should be high visibility of Aboriginal faces within the health service environment which would help them feel more comfortable using the service. These matters have been considered in the planning of the new Bathurst facility.

Discharge Planning

Clinical Redesign projects at Bathurst and Orange Hospitals focused on discharge planning in the following areas improving referrals to CAPAC and Allied Health focusing on specifically improving Total Hip Joint and Knee Joint replacement as well as general referrals to the CAPAC service, documentation of Estimated Date of Discharge and completion of Multi-risk assessment tool including discharge plan. Orange campus examined improving discharge referrals of high risk clients from maternity to Child and Family Health Nurses Services Projects at both sites showed significant improvement in all areas.

Disaster Management

The Eastern cluster has undertaken an exercise at each site over the last 12 months. This included Emergo training at Bathurst and Orange and desk tops at Blayney and Oberon. Bathurst was recently the site for Exercise Aroona which progressed well. All sites have active Disaster Management Committees and a Cluster Pandemic Planning Group.

Total Hip Replacement and Total Knee Replacement

Orange and Bathurst Health Services are the two major referral sites for Orthopaedic Surgery within both the Eastern Cluster and Greater Western Area Health Service. The hospitals have been fortunate enough to attract a stable cohort of Orthopaedic surgeons that have visiting rights at both hospitals. This allows the Cluster to undertake substantial amounts of planned elective surgery as well as providing an orthopaedic trauma service to the region.

The Cluster has been fortunate enough to broker a deal with Zimmer Orthopaedics that relates to a rebate for use of their prostheses. The rebate for the 06/07 financial year was $592,099. This represents an important incentive that allows the Health Services to undertake additional joint therapy above predicted and funded targets whilst providing the patients with a high class prosthetic device.

Pill Cam

The lease of new endoscopes during the 06/07 financial year has allowed the introduction of a new enhancement in visualizing the upper GIT system. Design enhancements have led to the introduction of the Pill Cam, the swallowable diagnostic device that takes photos as it passes through a patient's esophagus. The Pill Cam features a sensor at either end and is capable of transmitting images of the esophagus at a rate of fourteen pictures per second to a receiver worn by the patient. There are major patient benefits as a less rigorous gastrointestinal preparation is required, there is no anesthetic needed and the patient is treated in an outpatient department.

Health Council Initiatives

Community participation is seen as very important for the Health Service. The Health Councils at the two sites are well attended and encourage links between the Health Service and the community. Significant Health Council Initiatives during the 06/07 year include:

- Participation in the redevelopment process and User Groups for the ReBOB groups.
- Selection of artworks for newly developed Bathurst Base Hospital to ensure that the building shows a warm and friendly environment.
- Involvement in the Aboriginal Smoking ceremony at Bathurst Base prior to early site works being completed.
- Community consultation with Councils and Aboriginal elders to ensure access to new sites are promoted and that adequate space is developed to allow for visits from the extended family.
- Forging relationships with the community groups such as the Central West Heart Fund and assisting with fundraising for this group.
- Review of the patient discharge planning processes at Orange Base Hospital.
- Involvement in a number of key committees and meeting forums with the Hospital Executive and key clinical staff e.g. Patient Safety and Clinical Quality Committee.

Orange Clinical School

The Clinical School began in 2001 initially as the Dubbo Clinical School but since 2004 it became The School of Rural Health. The School has campuses in Dubbo, Orange and Bathurst and has a close association with the Broken Hill University Department of Rural Health as well as the majority of hospitals in the Greater Western Area Health Service. The School of Rural Health coordinates the University of Sydney Medical Program in rural settings and aims to give students excellence in medical education as well as exposure to a rural lifestyle to encourage graduates to return to live and practice in a rural setting.

Stroke Services

During the 06/07 financial year $1 million dollars was allocated across NSW for the provision of stroke services in rural NSW. Greater Western Area Health Service was successful is securing three hundred thousand dollars to use for the enhancement of stroke services.

The money has been used to support the development of an organized and integrated stroke service across Bathurst and Orange Health Services. This service model will see the appointment of a Medical Stroke Director/Director of Rehabilitation Services, additional allied health staff positions for stroke and a Stroke Care Coordinator.

Revenue Best Practice

The application of Revenue Best Practice initiatives within the Eastern Cluster have been further enhanced in 2006/07. The Patient Liaison Officer at Bathurst and Orange continue to provide improved revenue flows from increased numbers of patients using their Health Fund coverage (18% increase in 2006/07). The Cluster has benefited from increased facility fees revenue through the provision of new and additional Specialist Clinics and Diagnostic Services.

Blayney Multi Purpose Service

Work is progressing to develop a HealthOne NSW at Blayney. This is an integrated primary health care centre at Blayney. This model will see a 'one stop' health centre be delivered with significant improvements for patients accessing services in this area.

Blayney Community Needs Assessment

Blayney commenced their Health planning activities in late 2005. Community forums and focus groups were attended and results collated. A community needs survey was also undertaken in November 2005 to seek opinions from the community on their perceived health needs and what improvements could take place to improve our Health Services. 5,700 questionnaires were distributed throughout Blayney local government area. From the information we gathered from the forums and questionnaires, we prioritised the health needs to target in our health plan. The Blayney Health Plan was developed in July 2006.

After consultation with the community nursing staff, the local medical practitioners and discussed within the Health Council the following priorities were established and targeted for improvement in the health plan. Priorities include GP services, aged care, staffing levels, dental health, mental health, youth mental health, access to allied health and promotion of the Health Council and Health Service

Oberon Multi Purpose Service

Oberon Health Service has recently completed an accreditation process and has shown solid performance in many areas and the provision of outstanding levels of patient care.

Pathways to Home

The Robey Independent Living Centre (formerly known as The Robey Centre) was officially opened by the Chief Executive Dr Claire Blizard on Thursday 9 August 2007. The Robey Independent Living Centre will enhance the pathways to home concept which provides services and support to the community for persons aged 65 or over, and 50 or over for ATSI, early discharge home, after admission to hospital and/or support whilst at home thus enabling them to live in their own homes longer. The Robey Independent Living Centre operates Tuesday, Wednesday and Thursday of each week and caters for approximately 15 clients per day.

SOUTHERN CLUSTER

The Southern Eastern cluster consists of Parkes, Forbes and Cowra District Health Services, and Condobolin, Canowindra, Molong, Peak Hill, Eugowra and Cudal Health Services and the multipurpose facilities of Lake Cargelligo, Trundle, and Grenfell.

Initiatives undertaken by Health Councils

- Condobolin: organised a men's health night with over 100 people in attendance. Three specialists from Orange visited to speak about men's health issues. Health Council also organised a depression awareness day that was very successful.
- Lake Cargelligo: have been active in the implementation of a healthy community program, called "Living the Healthy life – lakeside"
- Peak Hill: local health councilors have been actively involved in the project "Operation Peak Condition" which encourages local residents to participate in fitness programs.
- Pathways Home Projects:
- Lake Cargelligo: implemented exercises classes using a gymnasium at the hospital.
- Condobolin: have undertaken major renovations to the old physiotherapy building to allow Tai Chi and other groups to utilize the space. Equipment also purchased.
- Forbes: Go active centre created which has re-orientated the day care centre. This allows participants to have individual or group services to increase fitness and well-being. It provides individual education, physiotherapy and exercise.
- Cowra: an area within the hospital was renovated to allow group sessions to take place including exercise sessions for cardiac and pulmonary clients.
- Peak Hill: have been operating two programs; "fit for Home" and "Fit for Life". Pathways home have provided much needed equipment for these programs to be successful.
- Parkes: significant renovations to allow for a new physiotherapy and health lifestyles centre. People to benefit will be those with heart disease, respiratory problems, diabetes, arthritis or those with chronic conditions.

Men's Shed

There are a number of towns in the Southern Cluster which have taken the concept of a Men's Shed which was initially set up at Grenfell. This provides an opportunity for the men of the community to gather and enjoy each others company and/or to participate in activities. Sheds are being established in Molong, Eugowra, Cowra, Canowindra and Parkes.

Integrated Diabetes Care Service Parkes

A joint project with the Central West Division of General Practice, and Parkes Community Health staff to improve local access to specialized diabetes services. An Endocrinologist from Orange has commenced visiting Parkes in March 2007.

Building Healthy Communities
Planning is underway in Lake Cargelligo and Peak Hill to determine what programs are needed to improve the health status of local residents. The planning process will bring together health staff, other agencies and local community representatives to determine the health needs of the local community and to propose strategies to improve the well fare of residents.

Families NSW
At Forbes Families First Committee - Integrated Forbes Services Committee - Also partners in the Families First 'Schools as Community' and provide services through that initiative to mothers and babies and families. Also, partners with mental health and other Community Services in Parenting Program initiative - 2 programs now run every year that were not available prior to 2006

Risk Register
The Southern Cluster Patient Safety & Clinical Quality Committee has developed a Risk Register which has identified the areas where improvements need to occur to clinical care and non-clinical infrastructure. These issues are then pursued through local management strategies until they are resolved. This process ensures that the cluster is able to identify, rectify and resolve significant issues on an ongoing basis.

Reporting on Disaster Management
Cowra and Grenfell have both hosted large concerts during 2007. These concerts resulted in many thousands flocking to these towns and thus creating a potential for a significant disaster. Much planning was done with other lead agencies including local government, NSW Ambulance and local community groups. Thankfully both events were hugely successful and without any problems.

REMOTE CLUSTER

The remote cluster includes the services delivered from Broken Hill, Wilcannia, Menindee, Tibooburra, White Cliffs, Ivanhoe, Dareton, Wentworth, and Balranald. Services outside the city of Broken Hill are delivered in partnership with Maari Ma Health Aboriginal Corporation under a formal Lower Western Sector Agreement.

Significant milestones have been achieved for the cluster. The review of the Lower Western Sector agreement between Greater Western Area Health Service and Maari Ma Health Aboriginal Corporation was completed by external consultants and a new agreement was been signed by both organisations.

The establishment of the Centre for Remote Health is a formalisation of partnerships between GWAHS, Maari Ma, the University Department of Rural Health, Barrier Division of General Practice and the Royal Flying Doctor Service (RFDS). The Centre has commenced the development of a Regional Health Plan to guide decision making for the partner organisations.

Broken Hill Health Service

Broken Hill Health Service is an 88 bed public health facility and the only base hospital in the far west of NSW. In 2005/06 BHHS had 6,554 admissions and 122,007 non-admitted occasions of service.

Broken Hill Health Service has ten different specialists performing theatre procedures. The Health Service has consistently achieved benchmarks over the previous year and since April 2006 has reduced its long wait and overdue Category 1 patients to maintain the benchmark of zero.

Major goals and outcomes
The graduate program for registered nurses was well sought after. Promotional material has been aimed at school students and local staff has attended career expos in Adelaide and Melbourne. A total of ten nurses commenced in February 2006.

Disaster Plan
As part of the State Wide Pandemic Planning Strategy the Remote Cluster Influenza Plan was developed. This plan identifies management strategies for the cluster and individual sites in the event of any influenza/avian flu outbreak.

Falls
Minimisation of falls by inpatients continues to be a huge focus of the Broken Hill health Service. The Falls Review Working party have implemented a number of strategies to reduce both the incidence of falls and their severity. Strategies such as a falls risk assessment completed on admission, fall prevention interventions, purchase and implementation of measures to reduce fall severity such as hip protectors, sit-stand alarms and lo/lo beds have all contributed to the fall reduction programs. This work has been recognised at state level as a successful model for falls reduction.

Sustainable Access
- Chronic care CNC
  This position commenced in October 2005, and assumes responsibility for the implementation of the Chronic Care Frameworks for Heart Failure, Respiratory Disease and Stroke. Full implementation of these strategies will reduce hospital admissions and facilitate a much-improved quality of life for persons with a chronic illness.
- ASET Nurse
  We were fortunate to recruit an experienced aged care nurse into this role, which commenced in January 2006. This position focuses on preventing avoidable hospital admissions for aged persons through a combination of additional resources and liaison with other health care professionals and carers.
- Preadmission nurse
  The Pre-admission nurse coordinates the patient's progress through the elective surgery pathway, ensuring all the necessary investigations are completed and the patient is fit for surgery. This avoids unnecessary cancellations and has streamlined the process significantly.

- Operating Theatre Ward Clerk
  The Operating theatre ward clerk works full time in the theatres, and is responsible for ensuring patients are aware of their theatre arrangements which prevents unnecessary cancellations. In addition, the theatre Ward Clerk collects all of the data required by NSW Health to monitor theatre efficiencies and waiting lists.

Key issues and events
Recruitment of staff, in particular specialty nurses, has become an issue for Broken Hill this year. It has become increasingly difficult to recruit the required number of nurses to the outback and this year there has been a need for agency nurse replacement for these positions.

Major Capital Works
The Special Care Suite houses acutely ill patients with a primary mental health diagnosis, and work on refurbishment and expansion to six beds has commenced this year. With total costs of around $850,000 this project will constitute a significant improvement in the care of mental health patients in the community.

Future directions within the Area Network
A proposal has been developed to establish an after hours GP Clinic in partnership with Barrier Division of General Practice. This service would reduce demand on the emergency department and facilitate a more appropriate model of care for non-emergency patients. Discussions have occurred with representatives from NSW Health and ongoing negotiations are underway both with NSW Health and the Barrier Division of GPs.

Broken Hill Health Service has applied for accreditation with the Australian Council Health Care Standards. The ACHS is an independent, not for profit organisation that provides a review and report of performance, assessment and accreditation, and is an authority on the measurement and implementation of quality improvement systems for health care facilities. Our self-assessment has been reviewed by the ACHS and the first inspection for accreditation status is due in February 2007.

Fundraising
Oncology held a Fundraising Ball in April 2006 which raised approx $5000

Child And Family Health Services, Broken Hill
The Child & Family Health Centre is a division of the Broken Hill Health Service. The Centre provides a range of multidisciplinary health services to children, parents and their families in the Broken Hill community.

The major goal of the service over the past three years has been to re-orientate child and family health services toward a coordinated multidisciplinary approach to clinical services and the implementation of prevention and early intervention strategies. The C&FH Centre Strategic Plan 2003-06 identification of priority health issues has provided staff with direction for service delivery enhancement, early intervention and prevention activities within a coordinated framework.
Key issues and events:
- Children's Day in the Park 2005 / Paint the town "read" – reading relay
- Families Week celebration in the town square
- Funding approved for the ongoing function of the Environmental Lead programme beyond June 2006.

Wilcannia Hospital / MPS
Primary health projects such as the Annual Adult Health Check in collaboration, with Maari Ma Health Aboriginal Corporation, has enabled the health service to capture chronic disease in the community and provide the means to closely monitor and recall patients to manage disease.

White Cliffs Clinic
The township of White Cliffs lies 95 kilometres north east of Wilcannia. A nursing clinic operates five days a week and is managed through the Wilcannia Health Service. GP services are provided in conjunction with the RFDS 1 with outreach from Broken Hill including - dentist, women's health, ophthalmology, mental health, child and family health and podiatry services

The White Cliffs clinic redevelopment was completed during 2005/06 with the provision of new care facilities including 2 A&E beds, GP consulting room and new dental surgery. New 2 bedroom staff accommodation was also completed in conjunction with the new clinic facilities.

Wentworth District Hospital And Health Service
Improved access to services has occurred through HACC with increased transport services through purchase on a new bus. New shuttle service will commence to and from Pooncarie in September 2006. The service has also seen the commencement of new volunteer ambulance service and new vehicle for Pooncarie.

The health service has made improvements to the facility with the replacement of curtains in day centre to the value of $10,000 and painting of rooms 1and 2 and the sitting area.

Staff member Beryl Gooding awarded a Medal of Australia Award for her on-going services to the community through her work in Manual Handling and OH&S in Nursing.

The Area Clinical Nurse Locum Program provided an opportunity for local Wentworth staff to access and train in Broken Hill, thereby up-dating and improving their skills, and promoting rural health opportunities to the city replacement staff.

Balranald District Hospital
Balranald has been listed as priority one in the latest MPS Program for Greater Western Area Health Service. Balranald currently provides primary health services catering for community nursing, ACAT, palliative care, child and family health, Aboriginal health and primary

health operate 5 days a week with support of Dareton Primary Health and Maari Ma Health Aboriginal Corporation, Broken Hill

In partnership with Maari Ma the health services conducted an annual adult health check with 97 people participating. This is designed to detect lifestyle risk factors and symptoms of chronic disease. It consists of two major programs Healthy Start and Keeping Well. Community health staff deliver prevention and management services and are supported by the Maari Ma regional support team. People at risk are offered follow up and this is managed through a computerised recall system. A number of services have been developed to provide the necessary follow up; these include smoking cessation program, alcohol clinics, increased dental services, healthy eating and physical activity program.

Ivanhoe Health Service

Primary health projects such as the Annual Adult Health Check in collaboration, with Maari Ma Health Aboriginal Corporation, has enabled the health service to capture chronic disease in the community and provide the means to closely monitor and recall patients to manage disease.

Future goals include continued provision of health services to this isolated community, by attracting and retaining the appropriate nursing staff, maintaining services already in place and acquiring further services as needed. Mental health services are provided by a monthly outreach service from Broken Hill and crisis management as required. Alcohol and other drugs continue to cause problems in the community.

Tibooburra Health Service

As part of the chronic disease strategy run in partnership with Maari Ma the health service will implement the FERRET information system, which is the platform on which the chronic disease strategy runs. This has enabled us to generate population lists for particular communities of interest, thus more adequately assisting with mapping, assessing and servicing those patients with chronic diseases.

The health services received a commendation in the June 2006 GWAHS Awards for our Well Women's program, which increased women's health presentations at RFDS clinic by 116% over the previous year and increased our pap smear rare by over 100% through a structured program

Menindee Health Service

Menindee Health Service is a Primary Health Care Facility and provides accident and emergency care, ongoing outpatient treatments, and as an ambulance service for emergency retrievals. Clinic operates Monday to Saturday 0900 to 1700 hours. Outside the clinic hours there is a 24 hour emergency service provided by registered nurses who consult with RFDS medical officers.

Highlights include the completion of new Menindee health service and successful commissioning. This facilitated the realignment of work practices to focus on management of chronic disease. The Menindee Fun Day, an annual health promotion event involving the community was very successful.

Dareton Primary Health

The multi disciplinary primary health team consists of 20 staff members. The Team provides a range of services including assessment, case management, care plans, immunisation, wound management, advocacy, palliative care, education, health promotion, asthma education, parenting programs, men's health, women's health, school screenings, parenting groups, antenatal care, diabetes management, early intervention with children with disabilities 0 - 6yrs, sexual health and needle syringe outlet program.

Outreach Services are provided to Balranald. These services include women's health, sexual health, community midwife, diabetes educator, palliative care specialist and early intervention worker. The Balranald Community Health Centre has been managed from Dareton since October 2005.
One of the key activities has been the Chronic Disease Strategy Adult Annual Health Check. It is designed to detect lifestyle risk factors and the symptoms of chronic disease. Staff in the community health service deliver the prevention and management services and are fully supported by the Maari Ma regional support team. The Annual Health Check was attended by 170 clients who completed their checks over two weeks in July. 151 issues have been identified from these clients and appropriate follow up is being organised.

Men's Health night held in June was a success; this was attended by 52 men. This was supported by the Wentworth Rotary Club with a BBQ on arrival and the Mallee Division of GPs who payed for the speakers time.

Three day Aboriginal Men's Loss and Grief workshop attended by 9 community members who have continued to support their community. This was PHOA funding special project funds for women's health nurses.

Drought Initiatives

Following the cessation of funding to support the two Mental Health Drought Liaison Officers in 2003, Mental Health & Drug & Alcohol Services recognised that severe on-going drought conditions continued to have an impact on mental health and well-being of people in our rural communities. A small working party was formed and utilising what we had learnt from the previous drought initiative in 2003 we developed what is now the Greater Western Area Health Service Mental Health Drought Response Strategy. (MHDRS)

The MHDRS focussed on the 4 key areas/goals. Developing Partnerships, Mental Health and Drug & Alcohol Service Promotion, Building Community Capacity and Resilience and Providing Drought Education & Information to mental health teams and other service providers.

Whilst initially no extra funding was provided for this initiative the Centre for Rural & Remote Mental Health (CRRMH) invited GWAHS to join a state-wide mental

health drought network where we introduced the GWAHS MHDRS to other rural area health services. (RAHS) The proactive approach adopted by GWAHS in addressing the drought issue was recognised and acknowledged with other RAHS adapting the GWAHS MHDRS to suit the needs of their communities.

The NSW Drought Mental Health Assistance Package, (DMHAP) funding was announced by the NSW Premier on the 31st October 2006 and aimed at building on the initiatives that were already in place to varying degrees across the four RAHS.

Mental Health First Aid / Mental Health First Aid Training

The 12hr Mental Health First Aid (MHFA) course has been recognised as useful tool in building community capacity through mental health education and service promotion. In 2003 GWAHS MH&DA initially funded six people to become instructors and provide the training in our rural and remote communities. In 2007 the number of MHFA Instructors funded though GWAHS MH&DA has grown to 24 with 4 being trained in the Aboriginal MHFA course.

Family Gatherings / Farmers Forums

Farm Family Gatherings (FFG) have been developed through the Department of Primary Industries (DPI) as a forum for encouraging farmers and their families to get off the farm for a few hours or a day, get together with other farming families for a BBQ, social activities and make available information about services and support available to families effected by drought. Mental Health & Drug & Alcohol Services have been working with the DPI Drought Support Workers to attend and provide information on maintaining good mental health and well being as well as mental health & support services available. To date we have successfully facilitated 7 gatherings across GWAHS.

MHCopes Pilot Site Orange

A trial of the Mental Health Consumer Perceptions and Experiences of Services (MH-CoPES) was launched in Mental Health Services across Orange in June 2007. It is part of a state wide initiative that involves consumer participation in service evaluation and improvement across NSW. The trial was established to test and further develop a process for obtaining feedback from consumers.

Information from the trial will help refine how MH-CoPES is implemented across the State. Consumer's who had experience using Mental Health Services themselves, were trained, employed and involved in all aspects of the trial.

Roll Out Of Mhcopes

Mental Health Consumer Perception and Experience of Services, (MH-CoPES) is a consumer developed questionnaire which asks adult consumers of NSW Mental Health Services for their experience of the public Mental Health services. The project is funded by NSW Health, Mental Health Drug and Alcohol Office and developed in partnership with the NSW Consumer Advisory Group – Mental Health Inc (NSW CAG). The questionnaire will be distributed to consumers in inpatient and community mental health services in six Area Health Services, with GWAHS being involved in October 2007. The mental health service will then be provided with reports on questionnaire responses.

What Now

"What Now? Working Towards Recovery" is an inpatient information workbook developed by the Mental Health Promotion and Prevention Unit of Eastern and Southern Cluster in partnership with clinicians and consumers. It targets an identified need for improvement of discharge planning, including the provision of information to consumers. It is used with consumers both during their inpatient stay and afterwards, providing information about what to expect, rights and responsibilities, medication and discharge planning, and is being used in therapeutic groups as a tool to support communication between clinicians and consumers.

Consumers can record information about their stay, answers to questions they've asked and details of follow-up appointments with community services. It supports them to have an active role in their own recovery. The book has been evaluated and received very positive feedback.

Alcohol Handbook for Primary Health Care Workers

In conjunction with Maari Ma and the Sydney University Department of Rural health, Mental Health and Drug & Alcohol Services have continued to distribute the alcohol handbook to frontline workers across GWAHS. In the remote cluster, MHDA have continued work with Maari Ma to deliver frontline worker training on brief interventions for alcohol and behaviour change. Dr Rod MacQueen, an AOD Medial Specialist from Orange, delivered much of the training. This year, more than 80 workers accessed the training.

Mental Health & Maari Ma (Partnership with Maari Ma Health Aboriginal Corporation

In the remote cluster, Mental Health and Drug & Alcohol Services continue to work with Maari Ma to deliver prevention, early detection, early intervention and early treatment programs for mental health and alcohol. Screening for mental health and alcohol problems is integrated into the Adult Health Check and Chronic Disease Care Plan processes. Clients, who are identified as being at risk, are supported to access the visiting MHDA team. These programs compliment the community treatment and rehabilitation services provided by the local GWAHS MHDA teams.

Western Institute of TAFE

Mental Health and Drug & Alcohol Services is expanding its highly successful partnership with the Western Institute of TAFE in the delivery of a Graduate Diploma of Social and Community practice. This tailor made education program provides Mental Health and Drug & Alcohol Services with externally assessed, accredited training in basic mental health and drug and alcohol community practice. TAFE delivers this program through a series of residential schools in Orange, Dubbo and Broken Hill.

Koori Yarning

In the remote cluster, Maari Ma Health Aboriginal Corporation will implement Koori Yarning, a carer support program. Aboriginal Mental Health Workers will work with families, the local primary health care teams and the local MHDA teams to identify Aboriginal people who care for people with a mental illness.

Maari Ma will work with carers to arrange appropriate respite so that they can take time out to maintain and manage their own health and wellbeing. The carer support program will be delivered via a series of camps and include: an adult health check; counselling; education about mental illness and the role of carers in case planning; resilience and relationships, self care; social activities; access to country; rest and recreation activities.

Good Sports

The Good Sports project is an initiative of the Australian Drug Foundation (ADF). The project aims to reduce hazardous and harmful alcohol consumption in community sporting clubs. Project outcomes include greater participation in sport, recognised a protective factor in alcohol and drug prevention literature. Stage 1 of the project has commenced, with a partnership formed between GWAHS, RTA, ADF and Central West Rugby Union (CWRU). Baseline data collection relating to alcohol consumption and risks in CWRU clubs is being undertaken, with a staged implementation of the project planned for 2007 / 2008. Further funding is being sought and a regional stakeholder group formed to implement the project across the GWHAS region from 2007 – 2010.

CSU – Mental Health

Mental Health and Drug & Alcohol Services have developed a strong and enduring partnership with Djirruwang Program, Charles Sturt University. This award winning program integrates university training and workplace experience culminating in fully qualified Aboriginal Mental Health Workers with a Degree in Health Sciences (Mental Health Major)

FINANCIAL SERVICES

Business Activity:
- Financial Accounting (including Salary Packaging)
- Operational Accounting (including Revenue) Management Reporting and Budgeting
- Payroll Services

Major Goals and Outcomes:
- Transition of Accounts Payable Function to HealthSupport
- Transfer of Central West and Orana Linen Service to Health Technology
- Development of five year strategic financial plan
- Aggregation of Salary Packaging Functions at Dubbo

Key Issues and Events
- Rollout of ProCube, a management information system
- Rollout of ProAct, a rostering system

Future Directions:
- Transfer of Orana Pathology Services to ICPMR
- Implementation of State-based build Financial Management Information System (FMIS) October 2007
- Development of five year strategic financial plan
- Implementation of education program - Managing a Health Service Budget

SHARED SERVICES

Business Units:
- Area Food Production Unit
- Travel & Accommodation Booking Centre

Corporate Functions:
- Assets & Facilities
- Fleet
- Procurement
- Corporate Records

Description of activities:
- Area Food Service Unit provides food service and function catering for 8 GWAHS facilities and a number of community organisations within the Eastern Cluster. It produces and delivers ~800,000 meals per annum employing "cook chill" technology.
- Travel & Accommodation Booking Centre provides booking and administrative services for all travel, accommodation and vehicle hire requirements within the Area. The centre books ~20000 requests and centrally procures services valued at ~$3m per annum.
- Assets & Facilities delivers services in the areas of Asset Planning, Capital Works, Biomedical Engineering and Hotel Services. It has oversight or management responsibility for capital spending programs of ~$330m.
- Fleet Services procure and administer a fleet of ~700 passenger and commercial vehicles and specialised equipment.
- Procurement provides a purchasing service to Area facilities. It centrally procures expense and capital items and distributes them from 2 centres located at Orange and Broken Hill.
- The Corporate Records Unit is responsible for managing Area compliance with the State Records Act. It manages Area records systems and processes including 3rd party storage service providers.

Major Goals and Outcomes:
- Central West Linen Service transitioned to HealthSupport in November 2006.
- Orana Linen Service transitioned to HealthSupport in November 2006.
- Activity based costing study of food operations completed. Study identified cost recovery opportunities.
- The Travel & Accommodation Booking Centre became operational during the year. Travel services for GWAHS are now centralised at Broken Hill and supported by new internet based booking systems. Centralised travel procurement initiatives have reduced the cost of fares for GWAHS by ~$250k per annum.
- Capital Works projects to a value of $62m have been managed on time and on budget during the year.
- Commenced a complete overhaul of the organisation, systems, processes and controls around asset maintenance functions.
- Fleet services have been consolidated. Functions have now been centralised into administration, service and procurement groupings. Fleet functions have been reviewed during the year.
- On line requisitioning for inventory items has been successfully rolled out to all GWAHS facilities during the year.
- Commenced consolidation of corporate document stores during the year.

Challenges in the coming year will include:
- Manage absorption by unit located at Orange of food service responsibilities for Bathurst and Blayney facilities currently fulfilled by Lithgow unit (SWAHS).
- Manage transition of food service unit located at Orange to HealthSupport.
- Develop and implement alternate technological solutions within Travel & Accommodation Booking Centre to realise further identified savings opportunities
- Complete overhaul of asset maintenance functions.
- Complete implementation of fleet service improvement initiatives identified above.
- Complete rollout of on line requisitioning for non inventory items to all GWAHS facilities.
- Complete transition of procurement and logistics functions to HealthSupport.
- Complete upgrade of TRIM system.
- Complete consolidation of corporate document stores.

INFORMATION TECHNOLOGY

- Provided technical assistance and support to the Western E-link project. This project provides summary patient presentation information from GWAHS services to local GPs electronically. IT Services established the server and communications infrastructure for this project.
- Assisted in the implementation of RiskMate within GWAHS. RiskMate is an information system to track Workers Compensation and Return to Work activities.
- Implemented the SurgiDat Instrument Tracking system in Orange Base Hospital.
- Commissioned the Clinical Patient Folder in Orange and Bathurst Base Hospital. CPF is an information system in which Patient Medical Records are scanned, providing immediate and secure multi-site access to a patient's medical record. The system will also provide real-time pathology and radiology results to clinical staff.
- In partnership with the Organisation Performance Management team, developed the GWAHS IM&T Strategic Plan. The plan is now in draft form and being circulated for comment.
- Commissioned a broadband telecommunications service to Ivanhoe Health Service. This service provides access to State wide and local information systems and clinical resources for clinical staff at the facility.
- GWAHS Information Technology Services have also been heavy involved in establishment and management and operation of the State Wide Electronic Medical Record (EMR), including the representation GWAHS at state wide committees and review panels, assisting in the development of the EMR business plan and providing technical and operational advice to relevant stakeholders.

Future Directions

- Migrate the existing CDMA mobile phone fleet to NextG services.
- Commence the roll out of EMR within GWAHS
- Enhance the capacity of the GWAHS broadband network.
- Commission the Bathurst Base Hospital Voice and Data network
- Complete the replacement of all leased ICT devices in GWAHS.

Salaried full time equivalent staff employed within Greater Western Area Health Service as at June 2007

TABLE 1 – GREATER WESTERN AHS	Employees	
	Jun-06	Jun-07
Medical	157.4	189.7
Nursing	2284.1	2353.8
Allied Health	282.8	288.3
Other Prof. & Para professionals	265.0	249.1
Oral Health Practitioners & Therapists	51.7	49.4
Corporate Services	229.0	242.1
Scientific & technical clinical support staff	107.0	105.0
Hotel Services	781.5	780.4
Maintenance & Trades	122.6	117.6
Hospital Support Workers	541.5	597.8
Other	25.8	44.0
Total	4847.1	5017.3
Grand Total	4847.1	5017.3

	Employees			Contractors - June 2007	
TABLE 2 - CORPORATE SERVICES	**Jun-05**	**2006-Ann Report data**	**Jun-07**	**Headcount**	**FTE**
Health Service Executive	25.6	13.0	14.5	0.0	0.0
Hospital Executive	54.0	55.0	55.0	0.0	0.0
Internal Audit	4.0	4.0	4.0	0.0	0.0
Public Affairs / Relations	3.0	3.0	1.0	0.0	0.0
Human Resources / Legal / Workforce & IR	48.2	37.0	46.4	0.0	0.0
Accounts / Finance / Purchasing	71.7	78.9	87.2	0.0	0.0
General Records	2.4	2.0	1.0	0.0	0.0
Capital / Assets Management	12.8	12.0	10.0	0.0	0.0
Computing / Telecommunications & Information Systems	22.0	20.5	18.0	0.0	0.0
Performance Management / Contract & Policy	15.5	3.0	5.0	0.0	0.0
Total	243.8	228.4	242.1	0.0	0.0

Note Only enter FTEs associated with Clinical Governance & Clinical Strategy if these staff are classified as undertaking corporate service roles.
Employee -all staff paid through payroll including agency staff, excluding members of Boards and Committees, work experience staff, volunteers and employees of other agencies. Refer to Overview Report for the NSW Public Sector Workforce Profile, 2005 (NSW Premier's Department Public Employment Office)
Headcount- a count of each individual working during the period, even if they have only worked for one day (Premier Workforce Profile- Data specifications and WACA user guide 2005)
Contractor-is any person or organisation that is not on the establishment and not a consultant (defined by Premiers Department Circular 2004-17). Refer to page 3 for delineation between contractors and consultants.

Name: Jenny Coutts
Title: Director Clinical Operations

The Director of Clinical Operations is responsible for the effective and efficient management of the clinical services across the spectrum of health service delivery settings. The maintenance of high quality clinical services is the primary objective of the directorate of clinical operations.

Strategic Initiatives

Establishment of peak committees to oversee the development of clinical practice, protocols & guidelines and monitor outcomes.

- Drugs & Therapeutics Committee
- Blood Transfusion Committee
- Clinical Operations Standards of Practice Committee
- Development of Area Patient Flow & Transport Unit to:
- streamline the patient journey
- enhance transport options for patients
- reduce reliance on NSW Ambulance
- monitor wait times for surgery
- expand the Remote Medical Consultation Service
- expand teleconference facilities throughout GWAHS
- Enhanced services to remote communities through the Centre for Remote Health.
- Accreditation of facilities throughout Greater Western Area Health Service by ACHS which demonstrates compliance with minimum standards and achievement of quality outcomes.
- The Allied Health Clinical Locum Program which provides Allied Health relief services to communities and enhances professional development opportunities for Allied Health staff.
- Planning for redevelopment of Bathurst Hospital and Orange Base Hospital.
- Opening of several new Multi Purpose Centres in Greater Western Area Health Service.
- Opening of Mental Health Inpatient Unit at Dubbo Base Hospital.
- Commencement of interventional cardiology services in Orange Base Hospital.
- Extension and refurbishment of Dubbo Oncology Unit to increase cancer services in region.
- Completion of Renal and Diabetic Unit with generous donations by Dubbo community, to improve and increase services.

Management Accountabilities

- Achievement of surgical targets for patients needing urgent surgery within a month and patients waiting 12 months for surgery.
- Reduction in waiting times for patients attending emergency departments
- Appointment of Accreditation and External Reviews Coordinator

Allied Health 'Relieve to Retain' project - Funded by NSW Health Clinical Locum Program

The 'GWAHS Allied Health "Relieve to Retain project' funds locum relief for the three allied health disciplines

of Physiotherapy, Occupational Therapy and Speech Pathology and enables:

- continuing professional development
- annual leave
- long service leave
- special leave

The locum relief allied health staff are funded as supernumerary positions.

The 'base' location of locum staff is negotiable, but is preferably located in either Orange or Dubbo Health Services due to their geographical proximity to the sites that the locum would be working in. When Allied Health staff take leave, the relevant locum will travel to the community to maintain the service whilst the incumbent is on leave

A collaborative has been developed between three NSW rural area health services (Greater Southern Area Health Service, Greater Western Area Health Service and Hunter New England Area Health Service). The aim of the collaborative is to establish three models of allied health locum relief in order to identify the 'Better Practice' model for NSW Health. In addition, this project is undertaking a comprehensive evaluation of these three models in order to establish their efficacy on a range of parameters. This evaluation is being undertaken with the assistance of Charles Sturt University.

Physiotherapy at the Front Line: ED Physiotherapy

Dubbo Base Hospital (DBH) Physiotherapy Department allocated one physiotherapist to service the Emergency Department (ED) aiming to improve patient care and flow, in response to increasing hospital activity, higher demand for ward beds, and decreasing length of hospital stay (LOS).

A six-month trial which commenced in August 2005, demonstrated improved patient flows, improved continuum of care, and increased ED staff satisfaction with the Physiotherapy service. The position was approved as a permanent addition to DBH.

This is the first such position in rural NSW. It has promoted a multi-disciplinary approach to patient care within the ED, and has enhanced the ED understanding of the role of physiotherapy.

The success of this project is now being extended to Orange Base Hospital ED, with plans for the establishment of a similar position in 2007/2008.

Patient Flow Transport Unit

May 2006 Greater Western Area Health Service introduced a Centralised Patient Flow Transport Unit, Responsible for:

- Patient Flow across GWAHS
- Patient Transport Services – Inpatient and Non Emergency Health Related
- Waiting List Management

The Unit is open 7 days a week – 8:00 a.m. to 8:00 p.m. Transfers to the Base Hospitals are facilitated via conference call between the referring clinician, the Patient Flow Coordinator and the receiving clinician. Prior to connecting the doctors the PFU determines the most appropriate hospital for transfer. During the conference call the timeframe for transfer and the mode of transfer are determined. The Patient Flow Coordinator arranges the bed and books transport.

All inpatient transport is co-ordinated through the Unit; this includes ambulance, air ambulance, Area transport vehicles etc. GWAHS inpatient transport vehicles are available 7 days per week.

Clinical advice is available for all aspects of transport/transfer including advice for community transport providers. Members of the community can access advice for IPTAAS and Non Emergency Health Related Transport (NEHRT) via a 1800 number. GWAHS broker transports for NEHRT by grants and fee-for-service and have developed standardised KPIs, reporting on unmet need and standardised service agreements and contracts.

Waiting List Management and the predictable surgery plan are managed through the Patient Flow Transport Unit. Incorporating Waiting List management into the Patient Flow Unit ensures that all aspects of patient flow are considered when allocating beds and developing strategic bed management plans.

The Patient Flow Transport Unit has assisted with over 6,200 transfers to Base Hospitals during the last 12 months, received and arranged over a 1,000 transport requests per month, and assisted through funding or transportation to provide over 1,000 NEHRT trips per month.

Future Directions

- Oncology service provision will be supported and recruitment for a Medical Oncologist either to Dubbo or a cross-appointment with a metropolitan tertiary level hospital.
- Allied Health staff will be supported with the introduction of clinical leaders.
- Clinical networks will be established and Clinical Network Director appointed, to enhance service delivery across the whole Area Health Service.

Name: John White
Title: Director Finance & Corporate Services

The Director, Finance and Corporate Services is responsible for the management of all resources including recurrent and capital of the Area and is also responsible for leading and managing the delivery of financial management, information management and technology, administration and corporate functions across the Area.

Key Responsibilities:

- The development and implementation of the Area Strategic Financial Plan.
- Develop and maintain relationships with diverse stakeholder groups.
- Develop recommendations and advice on policies, strategies and solutions across complex areas.
- Management of a diverse range of financial, corporate service and administrative support services.
- Develop and implement operational management and service delivery structures that support the corporate objectives of an organisation.
- Manage information management and technology requirements including planning, acquisition and implementation in a complex organisation.
- Ensuring organisational compliance with public sector financial and other accountabilities.

Significant Achievements

- Statewide recognition of Area's Travel and Accommodation Call Centre
- Implemented financial strategies to facilitate early repayment of debt and achievement of financial benchmarks 2006/07
- Re-engineering of Procurement and Logistics and Accounts Payable for transitioning to Health Support
- Negotiate with all stakeholders for the successful transition of Nyngan and Dunedoo Hostels to GWAHS.

Strategic Initiatives / Financial Accountabilities

- Aggregation of Corporate Service functions
- Organisational Reform
- Strategic Financial Planning
- Financial Management
- Implement Government Shared Corporate Service Program
- Sale and Realisation of Area Assets
- Continuing Improvement in Quality and Governance
- Developing and Continuing Strategic Partnerships
- Achieved all targets relating to Financial Management
- Payment of trade creditors within agreed benchmarks

Financial Services

Business Activity

- Financial Accounting (including Salary Packaging)
- Operational Accounting (including Revenue)
- Management Reporting and Budgeting
- Payroll Services

Major Goals and Outcomes
- Transition of Accounts Payable Function to HealthSupport
- Transfer of Central West and Orana Linen Service to HealthTechnology
- Development of five year strategic financial plan
- Aggregation of Salary Packaging Functions at Dubbo

Key Issues and Events
- Rollout of ProCube, a management information system
- Rollout of ProAct, a rostering system

Future Directions
- Transfer of Orana Pathology Services to ICPMR
- Implementation of State-based build Financial Management Information System (FMIS) October 2007
- Development of five year strategic financial plan
- Implementation of education program - Managing a Health Service Budget

Shared Services

Business Activity

Business Units
- Area Food Production Unit
- Travel and Accommodation Booking Centre

Corporate Functions
- Assets & Facilities
- Fleet
- Procurement
- Corporate Records

Description of activities:
- Area Food Service Unit provides food service and function catering for eight GWAHS facilities and a number of community organisations within the Eastern Cluster. It produces and delivers approximately 800,000 meals per annum employing "cook chill" technology.
- Travel and Accommodation Booking Centre provides booking and administrative services for all travel, accommodation and vehicle hire requirements within the Area. The centre books approximately 20,000 requests and centrally procures services valued at approximately $3m per annum.
- Assets and Facilities delivers services in the areas of Asset Planning, Capital Works, Biomedical Engineering and Hotel Services. It has oversight or management responsibility for capital spending programs of approximately $330m.
- Fleet Services procure and administer a fleet of approximately 700 passenger and commercial vehicles and specialised equipment.
- Procurement provides a purchasing service to Area facilities. It centrally procures expense and capital items and distributes them from two centres located at Orange and Broken Hill.
- The Corporate Records Unit is responsible for managing Area compliance with the State Records Act. It manages Area records systems and processes including third-party storage service providers.

Major Goals and Outcomes:
- Central West Linen Service transitioned to Health Support in November 2006.
- Orana Linen Service transitioned to Health Support in November 2006.
- Activity based costing study of food operations completed. Study identified cost recovery opportunities.
- The Travel and Accommodation Booking Centre became operational during the year. Travel services for GWAHS are now centralised at Broken Hill and supported by new internet-based booking systems. Centralised travel procurement initiatives have reduced the cost of fares for GWAHS by approximately $250K per annum.
- Capital Works projects to a value of $62M have been managed on time and on budget during the year.
- Commenced a complete overhaul of the organisation, systems, processes and controls around asset maintenance functions.
- Fleet services have been consolidated. Functions have now been centralised into administration, service and procurement groupings. Fleet functions have been reviewed during the year.
- On-line requisitioning for inventory items has been successfully rolled out to all GWAHS facilities during the year.
- Commenced consolidation of corporate document stores during the year.

Challenges in the coming year will include:
- Manage absorption by unit located at Orange of food service responsibilities for Bathurst and Blayney facilities currently fulfilled by Lithgow unit (SWAHS).
- Manage transition of food service unit located at Orange to Health Support.
- Develop and implement alternate technological solutions within Travel and Accommodation Booking Centre to realise further identified savings opportunities.
- Complete overhaul of asset maintenance functions.
- Complete implementation of fleet service improvement initiatives identified above.
- Complete rollout of on-line requisitioning for non inventory items to all GWAHS facilities.
- Complete transition of procurement and logistics functions to Health Support.
- Complete upgrade of TRIM system.
- Complete consolidation of corporate document stores.

Information Technology
- Provided technical assistance and support to the Western E-link Project. This project provides summary patient presentation information from GWAHS services to local GPs electronically. IT Services established the server and communications infrastructure for this project.
- Assisted in the implementation of RiskMate within GWAHS. RiskMate is a information system to track

Workers Compensation and Return to Work activities.
- Implemented the SurgiDat Instrument Tracking system in Orange Base Hospital.
- Commissioned the Clinical Patient Folder (CPF) in Orange and Bathurst Base Hospital. CPF is an information system in which Patient Medical Records are scanned, providing immediate and secure multi-site access to a patient's medical record. The system will also provide real-time pathology and radiology results to clinical staff.
- In partnership with the Organisation Performance Management team, developed the GWAHS IM&T Strategic Plan. The plan is now in draft form and being circulated for comment.
- Commissioned a broadband telecommunications service to Ivanhoe Health Service. This service provides access to State-wide and local information systems and clinical resources for clinical staff at the facility.
- GWAHS Information Technology Services have also been heavily involved in establishment, management and operation of the state-wide Electronic Medical Record (EMR), including representing GWAHS at state-wide committees and review panels, assisting in the development of the EMR business plan and providing technical and operational advice to relevant stakeholders.

Future Directions
- Migrate the existing CDMA mobile phone fleet to NextG services.
- Commence the roll out of EMR within GWAHS.
- Enhance the capacity of the GWAHS broadband network.
- Commission the Bathurst Base Hospital Voice and Data network
- Complete the replacement of all leased ICT devices in GWAHS

Name: Trish Strachan
Title: Director Population Health, Planning & Performance

The Director Population Health Planning and Performance is responsible for leading and directing the development, implementation, monitoring and evaluation of a strategic approach to population health, planning and performance across the area health service.

Key Responsibilities Include:
- The development, implementation and evaluation of a strategic framework for the health of the population.
- The strategic and regulatory activities of the Area's Population Health Program to promote and protect the health of the community. This includes
- environmental health, communicable diseases monitoring and surveillance, tobacco compliance and monitoring, immunisation, housing for health, and Health Promotion Program.
- The development, implementation and evaluation of the corporate, service and business planning processes to ensure the effective and efficient provision of services.
- The application and implementation of suitable performance measures and monitoring systems to ensure the Area Health Service is able to meet its corporate goals and objectives for the delivery of services.
- The Area's Aboriginal Health and Primary and Community Health Programs.
- The provision of strategic and facility planning activities from major referral services to primary care centres.
- To develop and support service development activities and opportunities for funding enhancements.
- Provision of information services for planning and decision making related to health status and demography, service utilisation and reporting requirements.
- The development of the Area's research and evaluation activities and capacity.
- The development of partnerships with other government agencies, non-government organisations and service partners to improve the delivery of services for the community.
- The development of information systems and processes to support business activities of the service.
- The Area's Consumer Participation Program to ensure greater involvement by local communities in the planning of health service delivery.

SES OFFICERS REPORT
- Trish Strachan HES Officer Level 4 appointed 1 January 2005.

Strategic Initiatives and Achievements
- Completion of GWAHS Corporate Strategic Plan 2006-2001
- Negotiations for the renewal of the Lower Western Sector Agreement between Maari Ma Health Aboriginal Corporation and GWAHS following independent review of the agreement and its achievements
- Introduction of the Organisational Performance Management Framework
- Completion of stage 1 of the Murdi Paaki Health Project, analysing the recommendations from the 16 Community Working Party Action Plans in the Murdi Paaki COAG Trial site. Commencement of stage 2 of the project focusing on mental health and substance abuse, chronic care and family well being
- Introduction of Aboriginal Health Worker Trainee initiative in partnership with the Western Institute of TAFE – 20 trainees commenced across GWAHS
- Commencement of Electronic Medical Record Project
- The Western E-Link Pilot Project, a joint initiative with the Dubbo Plains Division of General Practice, achieved successful secure messaging related to client care
- Aboriginal healthy Housing Worker Program was undertaken with Murdi Paaki Regional Housing implementing program on behalf of the Murdi Paaki Regional Assembly for the communities of Dareton,

Bourke, Collarenebri and Brewarrina. Ten trainees were involved with five of these workers completing a Certificate III - Indigenous Environmental Health Worker qualification.
- An innovative model of diabetes care in the General Practice setting commenced in Parkes in partnership with the Central West Division of General Practice
- Introduction of the Commonwealth to funded Human Papilloma Virus (HPV) Vaccine for school girls, achieved a very high uptake of the vaccine and good support from schools, girls and parents.
- Bathurst, Orange & Bloomfield redevelopment, and small rural hospitals and health services at Nyngan, Dunedoo, Tottenham
- Development of Service Procurement Plan for Lourdes Hospital
- Planning and introduction of new service models for HealthOne, transitional care and strategies associated with the clinical redesign program
- Progressing the introduction of clinical service networks

Management Accountabilities
- A Performance Agreement has been entered into with the Chief Executive to meet the executive accountabilities of the portfolio.
- Business planning processes introduced in line with performance management strategy
- Support for AHAC and local health councils that promotes engagement of community and clinicians in policy and planning activities
- Introduction of new service models for Integrated Primary Care Services
- Reform strategy developed for primary health care services
- Sustainable access plan completed and implemented
- Progress on implementation of Population Health Standards and recommendations
- Management development plans in place for all PHP&P executive including PPP traineeships
- Compliance with public health statutory obligations

Name: Jenny McParlane
Title: Director Workforce Development

The Director Workforce Development provides high-level strategic advice to the Chief Executive on all matters concerning workforce planning, workforce development strategy, human resources strategy, organisational change and workforce learning and development. The position directs the efficient and effective provision of occupational health and safety, human resource and employee/industrial relations advisory and other services to the organisation. It provides executive leadership to the organisation on all workforce matters including recruitment and retention; education and training; workforce assessment and planning; and leadership and learning.

Key Responsibilities Include:
- Contributing to the development of statewide policy and plans in the area of workforce development and leadership, including the design and development of innovative multidisciplinary workforce solutions that promote NSW Health as industry and employer of choice.
- Implementation of the NSW Health Workforce Action Plan through development and monitoring of an Area Workforce Strategy with a focus on local health workforce needs and priorities.
- Responsibility for planning, implementing and managing change programs which align the organisation to deliver improved performance and results in the achievement of corporate priorities.
- Building on the Area's capacity to analyse and improve its performance, and respond to critical issues, while promoting employee confidence in future organisational initiatives.
- Aligning disparate business cultures and practices across the Area to achieve economies of scale, avoid duplication and meet the needs of the individual groups.
- Contributing to the achievement of effective service planning and implementation through development of complementary clinical service workforce plans and redesign strategies.
- Developing and implementing systems for the management and use of workforce data for planning, operations and research purposes consistent with State policy.
- Developing and implementing local strategies, which complement state wide strategies, for recruitment and retention of the organisation's workforce and which increase Aboriginal workforce participation in professional and non professional positions.
- Directing the efficient and effective provision of occupational health and safety, human resource and industrial relations advisory and other services to the organisation.
- Managing human resource practice and industrial relations within the Area Health Service including development of local policies based on state-wide
- principles and participation in negotiations regarding local industrial relations matters.
- Implementing effective systems for the management and monitoring of the occupational health and safety of the workforce.
- Developing strategies and systems to monitor and improve staff motivation and satisfaction, particularly through periods of organisational change.
- Consistent with State strategy, implementing leadership strategy, which supports current staff and addresses ,identified future managerial and clinical leadership requirements.
- Managing learning and development practice within the Area Health Service.

Strategic Initiatives and Achievements
- Establishment of a Workforce Planning Team, planning methodology and schedule and the completion of workforce plans for the Southern and remote Clusters.
- Co-operation with the University department of Rural Health, Broken Hill, to create access to a range of self-paced education packages.

- Development of partnerships with other Area Health Services, and other providers, to increase the range and availability of training for staff.
- Implementation of the Premier's Rivertowns' Project, a three-year pilot scheme aimed at attracting and retaining professional staff in Walgett, Brewarrina, Bourke and Wilcannia.
- Creation of a Staff Health Unit.
- Partnering with the GIO's Operational Risk Management Service to pilot newly developed management tools for psychological injury.
- Implementation of a staff rewards and recognition scheme.
- Commencement of the Mature Worker Retention Project, a joint initiative with NSW Health, aimed at exploring the best means of retaining mature workers within the Health workforce.
- Implementation of the first round of the Commonwealth Government's Workplace English Language and Literacy (WELL) Project, resulting in 75 hotel and environment health staff, across 12 facilities, achieving a Certificate II in Health Support Services.
- Commencing the development of a comprehensive Leadership and Management Framework.
- Regaining active Registered Training Organisation (RTO) status for the GWAHS Learning and Development Unit, enabling local delivery of courses from the Health Training Package.
- A review of recruitment incentives offered within GWAHS and the development of a draft Recruitment Incentives Policy.
- Establishment of an industrial consultation framework involving regular meetings with representatives of Health unions.
- Production of a Workforce Development newsletter.
- Establishment of OH&S Advisory Groups in the Southern, Central and Castlereagh Clusters.
- Development of policies covering student placement and school work experience placements.

Management Accountabilities

- A Performance Agreement has been entered into with the Chief Executive to meet the executive accountabilities of the portfolio.
- Business planning processes introduced in line with performance management strategy.
- Reviewing and amending the organisational structure of the Workforce Development Directorate.
- Progressing the development of an effective industrial consultation process.
- Establishing a comprehensive policy and procedural framework for workforce-related matters.
- Implementation of a risk management framework throughout GWAHS.
- Improving management capability throughout the Health Service.
- Ensuring that GWAHS has effective plans in place to maintain an appropriately skilled workforce.
- Ensuring that the Health Service complies with workforce-related policies and legislation.

Name: Michele Pitt
Title: Director Nursing & Midwifery

The position of Director of Nursing and Midwifery Services is responsible for providing high level expert advice to the Chief Executive to enable the area health service to maintain an appropriately qualified and competent nursing workforce, ensure provision of appropriate clinical and educational systems of learning and practice for the professional development of nursing and midwifery services, standardise nursing and midwifery policy, practices and procedures across the AHS, and establish a range of nursing and midwifery networks/groups to achieve the desired outcome.

The Director of Nursing and Midwifery Services works collaboratively with other directorates including Director of Clinical Operations, Director of Workforce Development and hospital Directors of Nursing to address nursing workforce requirements of recruitment and retention, professional development and alteration to models of service delivery.

Strategic Initiatives:

In 2006/07, the Nursing and Midwifery Services Directorate focused on the recruitment and retention of nurses in the Greater Western Area Health Service. The Directorate has worked consistently on increasing our Registered Nurse and Registered Midwife workforce through the provision of a number of identified programs and strategies, which will ultimately provide the sustainable workforce we require into the future.

GWAHS is affected by the state, national and international shortage of midwives and nurses, which is even worse if nurses with specialty qualifications such as Critical Care and Operating Theatre skills are required.

An ongoing focus for the Directorate has been to look at current models of care and how GWAHS might incorporate a different skill mix to address the shortages.

The Rural Clinical Locum partnership with a metropolitan AHS is a prime example of providing for the skill development of remote staff in a sustainable and coordinated way.

Patient safety and staff competency has also been a major focus for the past 12 months. Significant work has gone in to developing a range of clinical competency assessments and Standard of Practice Development.

GWAHS has a committed local nursing and midwifery workforce as well as a transient workforce that comes for the experience and moves on. There are issues inherent in this workforce mix but there are also great opportunities for the exchange of ideas and new models of care.

The Directorate of Nursing and Midwifery has been fortunate to be able to fill all positions in its

organisational chart that has meant many programs can now be commenced with steady progress toward outcomes.

The following program synopses provide a more detailed look at the strategic direction for staff in the Directorate and the significant achievements that had been put in place for our rural/remote nursing workforce.

Goals and Outcomes

Nurse Practitioner program

Additional Nurse Practitioner positions within GWAHS are a priority and progress has been made this year to increase available and filled positions.
The appointment of a Nurse Practitioner into the Emergency Department in Parkes Health Service was a highlight for 2007

Four Transitional NP positions consisting of three rural and remote positions and one in Women's Health.
These transitional positions are based at Wanaaring, Walgett, Brewarrina and Condobolin.
Three Nurse Practitioners have had their scope of practice, clinical guidelines and formulary endorsed by the Chief Executive.

Clinical Standards of Practice

Standardisation of clinical SOPs from three former Area Health Services has been a major task for the team and work will continue in this area over the next twelve months. A significant achievement has been the development and implementation of over seventy GWAHS Clinical Standards of Practice (SOP) with a further thirty SOPs in circulation prior to endorsement. These SOPs ensure that nurses and midwives have a practice base of safety and quality to work from.

Generic Competencies

Clinical governance and patient safety is of paramount importance and one of the Directorates most important accountabilities is to ensure nurses and midwives working within GWAHS have the level of skills that they require to practice competently and safely.

A suite of competencies have been developed that will assess the skill and knowledge level of nurses and midwives providing care to patients in general settings. These competencies cover practice areas such as medication administration and calculations, infection control practices, venipuncture, manual handling, and documentation. If a nurse or midwife does not demonstrate competence in any area, remedial action such as further education can be provided to prevent an adverse event occurring.

Nursing Councils

Nursing Councils have been established by the Directorate to provide nurse and midwife clinicians with a forum to discuss professional issues and make recommendations on future practice. Each cluster has its own council, which will then contribute to the overall GWAHS Nursing Council.

Recruitment of Agency Nurses

This year saw the development and implementation of a coordinated process for recruitment of agency nurses, and the permanent appointment of Agency Nurse Coordinator for Greater Western Area Health Service.

Clinical Locum program

The Directorate was successful in obtaining funding support from Statewide Services for the Clinical Locum program, which enables registered nurses to be clinically up-skilled in a major facility while their substantive position is replaced by an RN recruited from SSWAHS. This program is funded for 3 years and will directly benefit a minimum of 60 registered nurses.

New Graduate Program

GWAHS recruited over 60 registered nurses into the Transitional Support program in 2006/07. With a retention rate of over 70 per cent this is the Area Health Service's most successful recruitment strategy.

Education and Training

There were 866 nurses who accessed education provided by Nurse Strategy funding in 2006/07, with a total of 30 programs being delivered.

Scholarships

The opportunity for staff to attend professional forums, professional development workshops and continue with their postgraduate tertiary education has also been a focus for the Directorate.

- Forty-five scholarships were offered to nurses and midwives for continuing education.
- The annual Olwyn Johnson Scholarship for a staff member moving toward Nurse Practitioner status was also awarded in 2007.
- Five Enrolled Nurses have been supported to complete the Peri-Operative Theatre qualification.

Nurses are alerted via email and our newsletter to the ranges of scholarships available from NSW Health and other organisations such as the College of Nursing and the Directorate provides every assistance possible to help staff apply.

Infection Control Program

The Directorate has led the GWAHS Infection Control Program with the three Area Clinical Nurse Consultants working together to standardise processes across the area.

- The GWAHS Infection Control Standard of Practice Manual has been endorsed to lead practice in each facility.
- An area infection control audit program has been underway in 2007 with surveys of the Base Hospitals.
- The GWAHS Infection Control Committee monitors compliance with NSW Policy and provides a consultancy service to the CNCs.
- NSW Health mandatory indicators for Hospital Acquired Infection are monitored bimonthly

Disaster Management

Significant progress has been made in developing the disaster management processes within GWAHS

- The Director Nursing and Midwifery acts as Area HSFAC
- EMERGOtrain exercises have been held at the four Base Hospitals to test their facility plans in preparation for disaster.
- GWAHS successfully participated in Exercise Paton in November 2006 to test the early detection and response capacity of each Emergency Department to Pandemic influenza.
- Pandemic Influenza planning continues in line with NSW Health guidelines.
- A range of emergency management training has been provided for staff across the area including train the trainer sessions for Chemical Biological Radiological response and MIMMS training.
- GWAHS have joined other agencies such as Police and NSW Ambulance in observing at or participating desktop emergency response exercises.
- GWAHS Disaster Management Committee is multi-agency and our representatives sit on the multi-agency District Emergency Management Committees to ensure good communication and sharing of information.

Telehealth

Telehealth has become a standard tool across GWAHS for clinical, education and administrative purposes.

- Connecting Critical Care program continues this in 06/07.
- CNC Network program is underway and has joined with the University Department of Rural Health to provide education in Research Methods as the first major professional development opportunity.
- Wound Management project continues to provide a mechanism for facilities to get expert advice on complex wound management.

Future Directions

The Directorate Nursing and Midwifery will continue to focus on strategies to enhance recruitment and retention of skilled nurses and midwives. An important part of this strategy is providing opportunities for school leavers to stay in their communities using flexible tertiary and TAFE training packages.

GWAHS will continue to have a presence on University campuses to attract those New Graduates into a rural placement. A third important future strategy will be to continue to provide postgraduate and other professional development to our current staff so that they remain skilled and build on those skills.

Name: Sue-Anne Redmond
Title: Director Clinical Governance

The Director, Clinical Governance is responsible for managing the Clinical Governance Unit to promote and support clinical excellence within the Area Health Service. The Director of Clinical Governance maintains a strong relationship with the Clinical Excellence Commission, provides high-level expert advice to the Chief Executive on clinical governance issues and works collaboratively with other directorates including clinical operations to analyse, maintain and improve patient safety and clinical quality.

Strategic Initiatives:

- Implementation of the NSW Health Patient Safety & Clinical Quality Program throughout the Greater Western Area Health Service
- Strong relationships have been developed with senior managers within Clinical Operations. Patient Safety and Clinical Quality Committees have been established in each cluster.
- Extensive support and education was provided in relation to:
  - Clinical Governance
  - Communication
  - Incident notification and management
  - Dealing with complaints at the frontline
  - Management of Complaints
  - Safety Improvement
  - Management of a complaint or concern about a clinician
- Standards of Practice have been developed to support staff to provide safe, quality clinical care including:
  - Incident Management
  - Complaint Management
  - Clinical Ethics Processes
  - Safe Introduction of New Interventions
  - Management of a Complaint or Concern about a Clinician
- The National Inpatient Medication Chart was implemented in all facilities within GWAHS that care for acute inpatients.
- Hand Hygiene Project – Clean Hands Saves Lives was conducted within GWAHS to improve hand hygiene and reduce infection.
-

Key Responsibilities:

- The implementation of the NSW Health Patient Safety & Clinical Quality Program throughout the Greater Western Area Health Service (GWAHS).
- The program is based on the following standards;
- Health Services have systems in place to monitor & review patient safety
- Health services have developed and implemented policies and procedures to ensure patient safety and effective clinical governance
- An incident management system is in place to effectively manage incidents that occur within health facilities and risk mitigation strategies are implemented to prevent their reoccurrence

- Complaints management systems are in place and complaint information is used to improve patient care
- Systems are in place to periodically audit a quantum of medical records to assess core adverse events rates
- Performance review processes have been established to assist clinicians to maintain best practice and improve patient care
- Audits of clinical practice are carried out and, where necessary, strategies for improving practice are implemented

Significant achievements in reporting year:

- Patient Safety and Clinical Quality Officer appointments:
- Ms Caroline Squires and Ms Carolyn Coleman were appointed to the Mitchell & Castlereagh Clusters. These appointments are aimed at ensuring clinical governance staff are available at the local facilities to provide support and advice in relation to patient safety and clinical quality.

Root Cause Analysis:

A Root Cause Analysis is required under Section 62 of the Health Administration Act 1982 when a patient suffers a serious adverse event. An adverse event is any event or circumstance leading to avoidable patient harm which results in admission to hospital, prolonged hospital stay, significant disability at discharge or death.

An expert team is appointed to review the case and make recommendations to the Chief Executive to improve the system. Twenty-three serious adverse events requiring a Root Cause Analysis occurred in 2006-07. All but four Root Cause Analyses were completed within 70 calendar days.

The peak clinical quality committee for GWAHS, the Health Care Quality Committee, reviews all Root Cause Analyses. The Committee determines the appropriateness of implementing local recommendations more broadly across the Area Health Service.

A comparison of the serious adverse events in GWAHS to NSW Health 2005-06 indicates a similar profile of incident types and contributory factors identified by RCA teams. The three leading incident types for both GWAHS and NSW health are:

- Clinical management problems
- Suspected suicide – in the community
- Wrong patient, site or procedure.
- Clinical management problems relate to:
    - The diagnosis of the disease or condition
    - The treatment itself including investigations ordered
    - Monitoring the patient to ensure the condition is responding to treatment and not getting worse
    - Cases where the patient has developed complications as a result of the treatment
    - Ensuring the safe discharge of patients home or to other facilities for further care.

Similarly, the factors identified that contributed to the serious adverse event were comparable to that of NSW Health. The four most frequent factors were:

- Communication
- Policies and procedures
- Knowledge, skill and competence
- Work environment and scheduling.

Capacity building and skill development:

Extensive training has been provided across GWAHS addressing the following areas:

- Clinical Governance
- Communication
- Incident notification and management
- Dealing with complaints at the frontline
- Management of Complaints
- Safety Improvement
- Management of a complaint or concern about a clinician
- National Inpatient Medication Chart

Implementation of the National Inpatient Medication Chart:

The National Inpatient Medication Chart (NIMC) is a significant quality improvement strategy that addresses safety and quality issues associated with the prescription, supply and administration of medications in hospitals. It aims to reduce the potential for error and improve the safe use of medicines by standardising the communication processes and work practices of clinicians who prescribe, dispense and administer medications.

A two -stage rollout was implemented across GWAHS. The first stage involved education and implementation in nine GWAHS facilities that have an onsite pharmacist: Dubbo Base, Orange Base, Broken Hill Base, Bathurst Base, Bloomfield, Cowra, Forbes, Mudgee and Parkes Hospitals in September, 2006. The second stage in November included the remaining facilities within GWAHS with acute inpatients. The chart was in use in all GWAHS inpatient facilities in early 2007.

GWAHS Quality Awards:

The Awards celebrate excellence in high quality health care, formally rewarding projects and initiatives that have produced measurable outcomes. Further, the Awards acknowledge the invaluable contribution made by staff in improving patient safety, clinical quality and health system performance. Over thirty entries were received for the 2006 GWAHS Health Awards.

From these entries 10 projects were selected as finalists and progressed to the 2006 NSW Health Awards. The Marrang Model project from Orange Health Service received the Chief Executive's Award and the Judge's Award was granted to the Tai Chi project from Forbes Health Service.

The Marrang model is a new method in service delivery that was developed to improve access and health outcomes for Aboriginal families in the Orange community. The model engages Aboriginal families in a culturally appropriate manner. Its success has lead to referrals within the Aboriginal community and facilitated

connection with other community health services. The model has improves access to Child and Family Health services contributing to improved health outcomes for the wider Aboriginal community.

A wellness model was embraced following a changed focus to the Forbes Health Service Day Care Centre. Falls and related injuries were identified as a major cause of hospitalisation in the over-65 year's age group in the Forbes area. A Tai Chi program was implemented as an enjoyable and effective means to improve balance, muscle strength and flexibility, thus reducing the impact of falls for the older person in the community.

Of the ten finalists in the GWAHS Health Awards the following three projects successfully progressed to the NSW Health Awards:

- Fitness and Nutrition Program - Canowindra
- Occupational Therapy Scooter Assessment Package – Orange Health Service
- MERV (Men's Educational Rural Van) – Mudgee Health Service.

Support for Clinical Practice Improvement

Clinical Practice Improvement Project Sponsorships were offered by the Clinical Governance Unit to provide support to Greater Western Area Health Service (GWAHS) teams and services wishing to conduct clinical practice improvement projects related to the patient safety and clinical quality of health care. In 2006-07 five sponsorships were granted to complete the six-month program offered by the Northern Centre for Health Care Improvement.

The Clinical Governance Unit also offered a short course as part of the GWAHS Learning and Development Program. The program was held in Broken Hill, Cowra and Orange.

Hand Hygiene Project – Clean Hands Saves Lives

The hand hygiene campaign in NSW aimed to minimise the risk to patient safety of low compliance with hand hygiene through a statewide improvement strategy. The campaign focused on staff and patients to raise awareness and facilitate good hand hygiene. Key elements of the campaign strategy included:

- Alcohol handrubs - placed in easy-to-access locations, such as at the bedside, on lockers or carried by staff.
- Promotional posters - (based on the Geneva7 study's 'Talking Walls') that changed every month.
- User-friendly materials designed to encourage patients to become involved in their own healthcare. These included posters and leaflets that raised awareness of hand hygiene and encouraged patients to feel comfortable in asking staff if they had washed their hands. The campaign slogan: 'It's ok to ask', was visible on posters, staff badges and aprons to reinforce this message.

The project officer Ms Maree Connolly worked closely with infection control and local health service staff to implement the program. As a result of the campaign all facilities now utilise alcohol hand rub at point of patient contact. Compliance with hand hygiene showed significant improvement. The program also heightened public awareness of the necessity of good hand hygiene.

Name: Anne Bransdon
Title: Manager Public Affairs

The Public Affairs Unit forms part of the GWAHS Chief Executive Office and provides strategic advice to the organisation on communication activities, media liaison, community engagement and consultation.

The unit is responsible for the development, management and implementation of media strategies - ensuring that the community has access to accurate information, corporate image development, events management, the production of GWAHS publications and Internet and Intranet content.
Other activities include Parliamentary liaison and communication with the NSW Department of Health, the office of the Minister for Health and other relevant government and non-government agencies.

The Unit provides promotional support to the 7,000-plus GWAHS staff and works with over 130 rural and regional news outlets as well as State and National Media. Staff coordinate the distribution of news releases, media events and press conferences including negotiating with film companies interested in filming in GWAHS facilities.

In 2006/07, Public Affairs generated 220 media releases and assisted the media to produce over 2,000 news stories. Many stories highlighted the innovative projects and services provided by GWAHS staff to their communities, public health education, the incredible work by our volunteers and fundraisers and issues that have generated community discussion on health service planing and delivery.

The major activities for the Public Affairs Unit included:

- Coordination of Chief Executive visits to GWAHS communities and facilities.
- Coordination and support for visits by the former Minister for Health John Hatzistergos MLC to Orange, Bathurst, Rylstone and Dubbo.
- Coordination and support for visits by the new Minister for Health Reba Meagher MP to Bathurst, Orange and Dubbo.
- Support for the Minister for Aboriginal Affairs/Minister Assisting the Minister for Health (Mental Health) Paul Lynch MP to Bourke.
- The official opening of Menindee Health Service by Minister for Rural Affairs Tony Kelly.
- The official opening of Tullamore Multipurpose Service by former Minister for Health John Hatzistergos MLC.
- Support and promotion for the GWAHS Health participation forum in October 2007.
- Administration of the Ministerial Briefing request function.

- Development of communication plans, including communications strategies for the distribution of the Area Health Service Corporate Plan.

Future Directions

- Maintain internal and external communications for GWAHS.
- Maintain and build on relationships with the media ensuring the Area Health Services key messages reach the community.
- Support community engagement activities.
- Continue to provide communications advice to the Chief Executive, directors, managers and staff and the Area Health Advisory Council and its members.
- Support staff to proactively educate our communities on health issues.
- Continue to support the Ministers with health portfolios and the NSW Department of Health.
- Work in conjunction with the commissioning team at Bathurst Hospital during their move into the new facility.
- Assist the team managing the construction of the new Orange and Bloomfield facilities.
-

Annual Report

The Eastern cluster consists of Bathurst, Orange, Bloomfield Health Services and Blayney and Oberon Multipurpose Health Services. Bathurst, Orange and Bloomfield Health Services are being redeveloped (ReBOB), under this redevelopment the three services will be managed as one Health Services with two campuses.

A number of innovative advancements are occurring at the hospitals within the Eastern Cluster. Much of this work centres on the two major Base Hospital sites and relates to the redevelopment of the health services, formation of clinical streams, participation in Clinical Redesign processes and change management processes. Clinical services within the Bathurst and Orange Health Service will be managed in Clinical streams. The two DON's will work with the Cluster Executive to manage three clinical streams across the Cluster. There is an expectation that the clinical streams will function across sites and that the nursing management team will work collaboratively to ensure efficient operation of nursing services across Bathurst / Orange Health Service.

Work is currently underway at present to look at the building of an Integrated Primary Health Care Centre at Blayney. This model will see a 'one stop' health centre be delivered with significant improvements for patients accessing services in this area. Mental Health Services continue to perform at a very high standard and are valued partners in the service development plans at both the new Bathurst and proposed Orange redevelopments. Oberon Health Service has recently completed and accreditation process and has shown solid performance in many areas and the provision of outstanding levels of patient care. The hospitals in the Eastern Cluster work collaboratively to achieve optimal outcomes in patient care and the staff are fortunate to be involved in significant redevelopment and enhancement of services at many of its sites.

Learning and Development

During 2006/07 GWAHS Learning and Development (L&D) underwent audit and successfully regained its status as a provider of Nationally Recognised Training.

Learning and Development in partnership with external training providers and GWAHS staff have secured funding from a variety of sources to meet the challenge of growing our own to better meet the needs of our community. This has included participation in the Commonwealth Workplace English, Language and Literacy Program.

As part of this Learning and Development/and partners are:

- Using recognition, assessment and learning pathways to enable staff to gain nationally recognised qualifications
- Developing our staff and expanding their career options
- Benchmarking across facilities to increase consistency and quality of service provision
- Increasing the uptake of Apprenticeships and Traineeships GWAHS Learning & Development both through partnerships with other Registered Training Organisations (RTO) and as part of the NSW Health RTO offers an increased range of Vocational Education & Training (VET) programs.
- Current participation includes:
  - Certificate II in Health Support Services, Cert II in Business Administration, Certificate III in Health Service Assistance (Aged Care), Certificate IV Business – Frontline Management, Cert III Sterilization, Cert III in Aboriginal and/or Torres Strait Islander Primary Health, Modules from Cert IV Training and Assessment

In addition L&D has undertaken mapping of traineeships/apprenticeships throughout GWAHS in order to provide additional support. Preliminary results from extra support indicate a completion rate of 85% (previously 40% in line with state average). L& D is currently expanding its scope of practice and exploring additional partnerships to increase capacity in line with workforce planning and organisational need. Part of the L&D strategy is focused on equity of access to VET opportunities across GWAHS.

Preliminary evaluation of the overall strategy has shown that staff appreciate the skills recognition and workplace support and are open to career development opportunities, with some taking up roles in supervision and assessment and alternate career pathways within GWAHS. This strategy aims to improve staff retention and skills and contribute to the building of a Positive Workplace Culture within GWAHS

Our Volunteers

Castlereagh Cluster

Collarenebri Hospital Auxiliary	Margaret Moore Alice Thorne Laura Simpson Di Watson Suzanne Murray Dot Winter
Band	Julia Ramien Lyn Gawthorpe
HACC	Robert Greenaway Dick Hartog Doreen Hynch Maragret Delandelles Yvonne Muller Nigel Thomas (Plays Santa) Kate Koch (Gardens) Lightning Ridge volunteers group
Various other groups	Volunteer groups and their members that assist the Health Service include: UHA- United Hospital Auxiliary, the Rotary Club of Lightning Ridge, Lightning Ridge & Region Transcultural Community Council (TCC), St. Vincent de Paul Society,Yawarra Meamei Womans Group,Community Transport, Neighbourhood Centre, Lightning Ridge& District Bowling Club INC. Lightning Ridge Community and Catholic Churches,Lightning Ridge Meals on Wheels, Opal FM 89.7 Lightning Ridge Community Radio

Central Cluster

Meals on wheels	William Amos Carol Atkinson Daniel Cox Wendy Gill Susan Golden Valerie Hartridge Margaret Hunt Maxwell Hunt Dorothy Innes Alice Irvin Patricia Kiddle Margaret King Stelle Klepper Kerry Martin Barbara Martin Margaret McMahon Paul Miles Irene Osbourne Frederick Osbourne Patricia Pearson Elizabeth Powell Patricia Sheridan Michael Sheridan Suze Dale Margaret Staniforth Peter Stevenson Louisa Stevenson Trista Stibbard Jane Sutton Prue Thompson Francis Wesley udith Wesley Pamela Yates
Roman Catholic Minister	Fr Mark McGuigan Fr Robert Howells
Anglican Minister	Roslyn Mitchell
Lay rep for the	Peter Mitchell

Station,

Central Cluster

Coolah Hospital Auxiliary	Ruby Anlezark Nancy Baker Barbara Café Wendy Cook Margaret Fetch Margaret Ingram Lelia Kertesz Patricia Lovegrove Dorothy Myers June Nasmith Heather Pettet Florence Potter Rosemary Reynolds Zita Ross Joyce Tuckwell Norman Weis Barbara Welsh Krystina Wesley Jan West
Gentle Exercise Co-ordinator	Johann Neilsen
MPS Advisory Committee	Lesley Byfield-Papworth Alison Donoghue David Ingram Jill Powell Mark Powell Elizabeth Stevenson Maree Valusiak Norma Warhurst
General Volunteer	Robin Manning Cleon Pearson Enid Winner

Central Cluster

	Station,
Dubbo Community Health Service CDEP Placement	Anita Merritt
Dubbo Base Hospital Pink Ladies	Jan Bambrick Lorna Bambrick May Barling Joan Bassett Lorna Carney Doreen Cossburn Fran Coghan Judy Cross Fay Cousins Dawn Dowton Elaine Druce Rosemary Eastburn Jeann Fields Lyn Foran Norma Furney Jane Grindrod Lyn Hall Kitty Hendrick Norma Hohnbery Betty Hopkins Val Irvine Julie Irvin Betty Jackson Joan Kempston Cath Kilby Jenny Kelly Judy Leydon Eunice Lyons Margaret Moon Margaret McAnally Nita McGrath Joy McLean Gem McLaughlin Rita McLennan Jo Rosser

Central Cluster

	Wilma Ryan
	Dawn Serisier
	Rosa Shanahan
	Lorraine Smith
	Elva Thompson
	Heather Thompson
	Bev Turpin
	Margaret Volk
	Betty Walkom
	Barbara Weber
Hospital Auxiliary	Yvonne Lynch
	Debbie Klaare
	Tonya Furney
	Noma Barker
	Graham Barker
	Elizabeth Furney
	Norma Hohnberg
	Maisie McManis
	George Gilbert
	Julie Daley
	Jenny Buddle
	Bob Buddle
	Kerry Reinflesh
Oncology Clinic	Helen Link
	Helen McLean
	Lola Shanks
	Sue Chambers
	Pat McGrath
	Maureen Hall
Dubbo Health Council	John Roberts (Chair)
	Ronda Bramble
	Bernadette Underwood
	Cathy Maginnis
	Lorna White
	Maureen Crawford
	Elizabeth Allen
	Capt Chris Radburn
	Gale Eckford
	Joe Knagge
Dunedoo	
Assists with Diversional Therapy activities	Anne Cussons
	Anne Woodcock
	Razia McDermott
	Betty Ferguson
	Shirley Edmed
Heartmoves Instructor	Johann Nielson
Gulgong	
Gulgong Health Council	Peter Doran
	Colin Bailey
	Lyn Hawkins
	Ray Alford
	Ann Doran
	Joan Tamburini
	Anne Williams
	Harriet Wright
Hospital Auxiliary	Cec Reynolds
	Anne Rothe
	Helen Oakley
	Kathleen Reynolds
	Betty Weis
	Noreen Murray
	Beulah McKechnie
	Esther Evans
	Norm Plummer
	Aafke Plummer
	Trevor Glover
	Ethel McEwen
	Wendy Sievert
	Norma Hensley
	Helen Oakley
	Julie Gillan
	Kitty Becker
Day Care	Patricia Rogers
	Larisa Fletcher –Rayment
Mudgee Day Care	Thelma Wadey
	Barbara Jenkins
	Dawn Noglar

Central Cluster

	Julian Muscat
	Jill Warner
	Moira Griffiths
	Audrey Hill
	Eileen Hough
	Denise Daniels
Rylstone	
Pink Ladies	President, Pamela Bradley
	Treasurer, Margaret Baxter
Hospital	President, Robyn Johnston
Auxiliary/Day Care	Secretary, Marion Cannon
	Robyn Johnston
	Robyn Hopkins
	Valmai Bird
	Charmaine McLeay
	Martin Cannon
	Betty Martin
	Shirley Griffin
	Joyce Bailey – Hospital Auxiliary only
Pink Ladies & Day	Pamela Bradley
Care	June Smith
Pink Ladies	Shirley Tunicliffe
	Libby Ferguson
	Margaret Baxter
	Pam Hewitt
	Nola Fraser
	Margaret Jose
	Jenny Franks
Day Care	Jeanette Sell
	Alma Ristau
	Alma Waters
	Pat Fraser
	Mary Perrott
	Maureen Blackburne
Anglican Church rep	Val Warwick
Regional Chaplain	Terrence Cahill
Volunteer Chaplain	Terrence Cahill
Health Council	Chairperson
	Shirley Tunicliff
	Deputy chair
	Kathy Hogan
CWA Ilford	President
	Janet Sell
CWA Rylstone	President, Margaret Baxter
Inner Wheel	President, Pam Bradley
Independent	Terry & Maureen Blackburne
Volunteers	Day Care Bus
Wellington	Mavis Buss
Community Health	June Murray
	Kerry Carroll
	Margaret Pulbrook

Eastern Cluster

Bathurst	Hospital Auxiliary
Blayney	Hospital Auxiliary
	President, Judy Cook
Oberon	Hospital Auxiliary
Orange	Blue Ladies
	United Hospital Auxiliary
Bloomfield	Bloomfield Hospital/Riverside Centre Auxiliary
	Orange Consumer Advisory Group (CAG Inc.) – Mental Health
	Claudette Elliott
	Fran Hayes
	Grant Hills
	Peter Short

Mitchell Cluster

Bourke	
Hospital Auxiliary	Betty Pearson
	Vera Grey
	Patricia Taylor
	Edward Taylor
	Fay Cole
	Joyce O'Shannessy

Mitchell Cluster

	Dulcie Wood
	Marion Robinson
	Julie Winter
	Fay Starr
	Gwendoline Davis
	Elizabeth Flann
	Aileen Lavell
	Linda Howell
	Vona Jennings
	Nola Mackay
	Sheila Lowe
	Kathryn Brown
	Mary McAtamney
	Margret Jeffrey
	Isla Johnston
	Shirley Booth
	Norm Booth
	Mandy Cohen(Rice)
	Dorothy Dwyer
	Phobee Gaffney
	Yvonne Honeyman
	Doreen Suckling
	Josie White
	Fay Howell
Volunteer for Patients	Alison Lowe
	Amy Parnaby
	Lauren Robinson
	Anne-Marie Parnaby
	Leanne Robinson
	Francis Walsh

Narromine

There are in excess of 125 volunteers registered to Narromine Health Service involved in meals on Wheels delivery, Day Care and Respite assistance, Hospital Auxiliary, Health Council members and Pink Ladies. An appreciation Morning Tea, held mid year, and a Christmas luncheon are attended by in excess of 100 of these people

Hospital Auxiliary	President, Margaret Johnston
	Secetary, Nancy Dallman
	Treasurer, Nancy Cross
Fundraisers	Leona Lodding
Day Care / Respite and Sunday Bingo	President, Joyce McCaffery
	Assistant, Judy Wheatley
Health Council	Chairperson, Mick Bell
	Secretary, Helen Woods
Pink Ladies	Betty Porter and Joy Whiteman
Ministers	Rev Brian Ford, Rev Bronwyn Murphy, Father Alan Curry
Volunteer Information	Arlie Heckendorf
	Kennneth Makepeace
	Shirley Brien
	Peggy Sumpter
	Christine O'Donoghue
	Gerard O'Donoghue
	James Sumpter
	Heidi Russell
	Alma Murphy
	Kim Johnson-Ely
	Nathan Johnson-Ely
	Margaret Parris
	Liley Wykes
	Helen Goodwin
	Barbara Sunderland
	Olive Radford
	Hilda Stead
	Barbara DiSalvia
	Zane McCartney
	Mavis Marshall
	Lea Tucker
	Janet Makepiece
	Sally Jeffery
	Adeline Jackson
	Carley Mulholland
	Patricia Shepherdson
	Ellen Conveney
	Judith Taylor
	Judith Wheatley
	Helen Woolfe
	Joyce Brown
	Kathleen Cullen
	Patricia Carter

Mitchell Cluster

	Maria Brooks
	Heather Hunt
	Nita Cale
	Margaret Tsang
	Elizabeth Purvis
	Wayne Aikens
	Beryl McDonnell
	Raymond Evans
	Pauline Allen
	Dale Harding
	Christopher Harding
	Eric Pratt
	Betty Pratt
	Ruth Bullock
	Brian Clarke
	Nancy Dallman
	Raymond Cross
	Nancy Cross
	Mavis Marshall
	Marie Griffin
	Alison Roberts
	Jean Gordon
	Elizabeth Howard
	Kerry Jarmain
	Dawn Collins
	Joyce Whiteman
	Karen Sheedy
	Kathryn Barrett
	Elizabeth Holden
	Elsie Firth
	Janet Klintworth
	Beverley Rennie
	Natalie Lummis
	Mary Reiher
	Amanda Jackson
	Roslyn Hutchison
	Judith Lawrence
	Eric Lawrence
	Linda Everingham
	Barbara Clarke
	Diane Jolley
	Keith Richardson
	Ceinwen O'Connell
	Gweneth Svensson
	Sharon Snipe
	Elva Patarana
	Charles Burrowes
	Rodney Nortje
	Lisa Fazzari
	Fiona Walker
Nyngan United Hospital Auxiliary (Ladies Auxiliary)	President, Dot Johnson
	Secretrary, Edna Jaques
Australian Red Cross	President, Elizabeth Donohoe
	Secretrary, Grace Chamberlaine (provide nail care to the residents of the health facility)
Chaplaincy	Fr Kevin Murphy, Rev. Rick Tilden
	Sr Petra, Sr Anne
Trangie Meals on Wheels	Lynette Carpenter
	Elizabeth Warner
	Robert Lindsay
	Louise Gemmell
	Fay Wallace
	Phyllis Carty
	Janelle Hilder
	Charlie Newman
	Jill Flinn
	Patricia Ferrari
	Lynelle Chalmers
	Colleen Brabrook
	Jean Forster
	Lynette Davies
	Ilma George
	Edna Coleman
	Jenny Wilson
	Cathie Gillespie
	Judith Gale

Mitchell Cluster

	Maureen Coffee Debbie Irving Julie Berry
Kurrajong Court Hostel	Bryce Lindsay Heather Phillips Donald Dennis Judy Kinsey
Adult Day Care	Marilyn Faichney
United Hospital Auxiliary (Ladies Auxiliary)	President, Louise Gemmell Secretary, Ruth McAnally
Warren Hospital Auxilary	President , Alison Lefebvre Secretary, Christine Mae
Palliative Care Group Chair	Ruth Hunt
MPHS Committee Chair	Nancye Marsh

Remote Cluster

Balranald	
Balranald Branch of UHA of NSW	President , Jean Sutton Secretary , Jenny Pollard Treasurer , Dawn Conway There are 25 members on this auxiliary
Balranald Health Advisory Council	Facilitator , Lex Lansdown
HACC Community transport volunteer drivers	Sue Balshaw Bert Lansdown Frank Harrison Jim Jewel Sue O'Halloran Janet Barrett Clive Burke Alice Johnstone Margaret VanZanten
Broken Hill	
Broken Hill Health Service Kiosk Auxiliary	President, Mary Ryan
Con Crowley Day Care Centre	Chairperson, Linda M. Tonkin
RFDS	Mrs Lord
Broken Hill Legion Club	William Graham
Chaplain/Pastoral Care Worker for Jehovah's Witness	Daniel McCluskey
Anglican Chaplain	Rev Ian Clarke
Dareton	Dareton and Curlwaa Scouts and Leaders – Easter Appeal 2006
Ivanhoe	Hospital Auxiliary President: Trudy Edson
Menindee Volunteer support	NSW Ambulance Service, Honorary Ambulance Officers Menindee State Emergency Service Menindee Rural Fire Service
Tibooburra	There is currently no official volunteer support network for the Tibooburra Health Service that assists with fundraising.
Wentworth	
Wentworth Hospital Ladies Auxiliary	President, Mrs Judy Robinson Secretary, Judy Russell *Treasurer, Royce Clarke*
Day Centre	Jane Hollis, Sandy Heuzenroeder, Jeanette Hamdorf and Jenny Wheeldon
Hospital volunteer	Laurel Bell
HACC Volunteers for water exercise programs and transport	Mr and Mrs Treadeagle, Betty Hancock
Health Advisory Council	Chairperson Gaye Lamb Members, Geoff Heuzenroeder, Margaret Healy, Glenda Clifford, Peter Crisp, Faye Kovac and Des Jones.
Catholic Church	Sister Antoinette and Father Gun
Warriors Baseball Club	Easter Appeal 2006
Friends and Staff of Wentworth Hospital – Easter Appeal 2006	painting rooms, gardening and all the things that are done behind the scenes

Remote Cluster

Canowindra	President: Norma Golding Secretary: Jan Mills Treasurer: Val Jones
Condobolin	President: Mary Glen Secretary: Jill Broadley Treasurer: Frances Gavel
Cowra	President: Patty Smith Secretary: Dorothy Donoghue Treasurer: Anne Reeves
Cudal	President: Jeanette Chellas Secretary: Lynne Frecklington Treasurer: Elaine Stuckley
Eugowra	President: Lurline Barnes Secretary: Kerry O'Malley Treasurer: Shirley Heinzl
Forbes	President: Nancy Hill Vice President: Colin Abernathy Secretary: Anne Williams Treasurer: Gloria Hayley
Grenfell	President: Grenfell Merle Hunter President Quandialla: Doris Sellens Secretary: Glennys Clarke Treasurer: Mavin Drogumeller
Lake Cargelligo	President: Sandra Smith Secretary: Paula Sutherland/Gayle Brooks Treasurer: Jenny Aubrey
Molong	President: Ken Roberts Vice President: Ken Murray Secretary: Julie James Vice Secretary: Wendy Seckold Treasurer: Faye Taylor Publicity Officer – Ena Morley Clarke Auditor: Lorraine Sullivan Treasurer: Jenny Aubrey Patrons: Margaret Smith, Patricia Monaghan Volunteers: Kenneth Roberts Anthony Bennett(Bruno) Henry Marriott(Ned) Raymond Roberts Edward Carpenter(Norm)
Parkes	No UHA branch in Parkes
Peak Hill	President: Doreen Job Secretary: Claire Hando Treasurer: Ann McIntyre
Trundle	President: Linda Taylor Secretary: Norma Watt Treasurer: Margaret Simmons

Greater Western Area Health Advisory Council (GWAHAC) Membership

The GWAHAC originally had 13 members. Following the death of the Aboriginal representative and the resignation of a clinical representative there were 11 members, comprising five clinicians and six community members. Since then an Aboriginal community member and an additional clinician have since been recruited to the Council. Mr Peter Crisp, a community representative resigned from the Council this year. Recruitment is underway for another community member. Members are listed in the table 1.

Profile of GWAHAC Members June 2007

Comm = community member
A. Comm = Aboriginal community member

Key: HSP = health service provider

Councillor	Profile	Type	Term
Dr Stephen Flecknoe-Brown	Consultant Physician Former Chairman of NSW Council Australian Medical Association	Chair	4 years
Mrs Genise Slack-Smith	Chair of Coonamble Aged Care Hostel Board Former Chair of Macquarie AHS Board Chair of GWAHS Medical and Dental Appointments Advisory Committee Former teacher and currently partner in an agricultural business	Com	2 years
Mr Darren Ah See	CEO of the Wellington Aboriginal Corporation Health Service Previously a case worker for drug support program funded by former Macquarie Area Health Service Resides in Wellington	HSP	4 years
Ms Michelle Coore	Occupational Therapy Manager, GWAHS Allied Health Manager, Orange Health Service Occupational Therapy Advisor (former MWAHS) Vice President OT Australia – NSW Strong interest in rural allied health practice Resides in Orange	HSP	4 years
Mrs Pat Doolan	Aboriginal representative Former member of Macquarie AHS Board	A. Comm	3 years
Ms Coleen Edgar	Experience in rural and remote nursing and management of small health facilities Resident of Walgett	CI	2 years
Ms Glenda Goodall	Nursing background currently working with Dubbo Plains Division of General Practice		
Professor David Lyle	Professor of Rural Health and Head of Department Broken Hill Department of Rural Health University of Sydney Medical doctor PhD in Epidemiology	HSP	4 years
Ms Catherine Nowlan	Operations Manager at Orange and Bathurst Health Services Qualified in nursing, midwifery and health administration	HSP	4 years
Ms Suzanne West	Former NSW Senator 1987-2002 Deputy President of the Senate 1997-2002 Former Director of Mid West Area Health Service Chair of Anglicare Western NSW Registered nurse and midwife Resides in Bathurst	CI	2 years
Dr Robin Williams	General Practitioner (GP) - Gulgong Member of GP Advisory Council Chair of the Rural Doctors Network	HSP	4 years
Dr Frederick (Ross) Wilson	Locum General Practitioner in the Central West Resides in Bathurst Board Member Central West Division of GPs	HSP	2 years

Community Engagement

Community Engagement aims to engage consumers and the community in advocating for the community to positively influence health decision-making by health services. In the GWAHS, Health Councils provide a structure for community participation and consultation to assist GWAHS to address the health needs of local communities across western NSW.

The Health Council brings local health needs and issues to the attention of the Health Service, participates in the planning, development, delivery, and the evaluation of health services and promotes and improves the health of the local community in partnership with others.

There are over forty Health Councils and Multi Purpose Service Committee in the GWAHS. In January the Dubbo Health Council was formed. Members from the Dubbo Health Council have taken the opportunity to form partnerships with other neighbouring health councils and have visited Wellington Health Council.

The Greater Western Area Health Advisory Council (GWAHAC) meets with Health Councils from each Cluster of GWAHS each year meetings are held in each cluster at least once per year. Representatives from all Health Councils within the Area are invited. These meeting provide an opportunity for Health Councils to discuss issues, share experiences and promote their achievements.

A Health Council Forum is conducted each year. The Forum provides an opportunity for members of the Health Councils to meet other GWAHS Health Council members, senior staff, and the Area Health Advisory Council (AHAC) members. The Hon John Hatzitergos opened the Annual Forum for Health Councils in November 2006. This was very successful with more than 100 participants.

Links with NGOs

GWAHS co-ordinates the administration of 27 Non Government Organisation (NGO) NSW Health Grant Funding allocated to 21 NGOs across the Area as approved by the Minister of Health. Grant allocations are provided for ongoing programs over a three year period or for one off projects funded on an annual basis.

Areas to which NSW Health Grant allocations are provided to non- government organisations in support of ongoing or additional services and programs include:
Drug and Alcohol
Women's Health Services - counselling
Health Related Transport
Mental Health
Aged and Disabled Services
Oral Health
External health services such as the Royal Flying Doctor Service

Patient feedback

NSW Health has undertaken a three year project to develop and implement a patient survey to gain information from users of healthcare services about their experiences with the services provided. The survey will provide a high level measure of patient satisfaction.

There are ten survey categories covering:

- Inpatient hospital care
- Day patient hospital care
- Paediatric Hospital care
- Adult inpatient rehabilitation care
- Mental health inpatient care
- Mental health ambulatory care
- Outpatient care
- Community health care
- Cancer care

The surveys are based on the eight dimensions of patient centred care and focus on what patient's value:

- Access to care
- Coordination of care
- Patients' preferences
- Information and education
- Physical comfort
- Emotional support
- Family and friends
- Continuity and transition

Patients who accessed health services in February were survey during June. The results will be available to Health Services in November and will be used to develop action plans to improve patient experience.

Ethnic Affairs

- A Cultural Diversity and Respect Program has been delivered across GWAHS by the Learning and Development Unit
- Distribution of a Multicultural Newsletter Settlement Support Scheme has been maintained.
- A Steering Committee has been established to oversee the development, implementation and evaluation of strategies to meet the EAPS reporting requirements
- An Area Standard of Practice for Interpreters- Standard Procedures for Working with Health Care Interpreters has been developed in line with the NSW Health Policy Directive PD2006_053
- Community profiles in relation to CALD communities within LGAs are being analysed to assist with planning locally for the specific needs of these community members.

Ethnic Affairs Priority Statement

GWAHS is committed to addressing the Ethnic Affairs Priority Statement (EAPS) and improving access to health services for people from culturally and linguistically diverse (CALD) backgrounds.

Achievements for the 2006-2007 Period

Transcultural Mental Health

- GWAHS is one of 4 sites in NSW to appoint a Transcultural Mental Health Field Liaison Officer under the banner of the Transcultural Rural and Remote Outreach Project. This program is being conducted by the Transcultural Mental Health Centre of NSW and the Centre for Rural and Remote Mental Health. The program is designed to strengthen mental health services for people from CALD backgrounds in Dubbo and Lightning Ridge
- GWAHS hosted a Recovery Stories Project Workshop in Dubbo. The workshop aimed to increase the awareness of human services providers of the issues faced by CALD communities as well as increase mental health knowledge and awareness in Dubbo.

Community Consultation

- A focus group for mothers from a CALD background was conducted in Lightning Ridge. Recommendations resulting from the consultation have been prioritized and followed up.
- An information session was conducted at Lightning Ridge Opal Festival with the aim of encouraging community members, including those from a CALD background, to join the Lightning Ridge Health Service Health Council

Multicultural Newsletter

- Funding has been maintained to support the Settlement Support Scheme for the distribution of the Multicultural Newsletter.

Education Programs

- Interpreter Service education has continued to be provided to staff across GWAHS

Service Delivery Planning

- The GWAHS Carer Action Plan 2007-2012 has been developed. Under Priority 2: '*Hidden carers are identified and supported',* strategies are identified to ensure CALD family and carer's support needs are addressed.

Future Direction

- Develop strategies to increase the access to Child Health services for Families with CALD background
- Conduct a review of the Interpreter Service training for GWAHS staff in order to improve the provision of this training across the wide area of GWAHS
- Review the GWAHS Strengthening the Health of our Culturally and Linguistically Diverse (CALD) Population Draft Strategic Plan 2004-2007 in line with DOH Strengthening the Health of the Culturally and Linguistically Diverse Community in NSW Strategic Plan 2007-2011
- Continue to increase involvement in the multicultural committees within local communities
- The Community Engagement Division plan to conduct a review of the Application Process for Health Councilors across GWAHS. It has been recognised that there is a need to enhance the identification of community members from a CALD background with a view to encouraging these people to become Health Council members.

Links with Non-Government Organisations

Non-government organisations (NGOs) play an important role in the delivery of services to improve the health of the people including the indigenous population living within the Greater Western Health Area.

The diversity of services provided by NGOs includes drug and alcohol, emergency retrieval, oral health, health transport, women's health, aged and disabled services, mental health, community services and carers.

NGOs are self-governing, independent, not for profit, duly incorporated organisations that provide a range of services to the people of NSW, including health and health related services. NGOs often receive all or part of their funding from government agencies and in addition many NGOs gain income through other activities, including fees for service, membership fees and donations.

In conjunction with NSW Health, the GWAHS NGO program was responsible for the management of NGO grants including negotiation of Funding and Performance Agreements (FPAs), payment, monitoring, performance review and support supervision to over 24 health funded projects totalling $5,810,818.

Name of Organisation	Project	Funding $ 06/07	Grant Review Date
DRUG & ALCOHOL			
Lyndon Community	Residential rehabilitation (Canowindra) and withdrawal (Orange) centres for people with substance abuse issues. This includes M.E.R.I.T and Drug Summit 2 program funding.	1,533,866	30-Jun-07
Weigelli Aboriginal Corporation	Drug and Alcohol residential rehabilitation centre for aboriginal people. This includes M.E.R.I.T and Drug Summit 2 program funding.	122,985	30-Jun-07
Royal Flying Doctor Service Of Australia (South Eastern Section)	Provision of drug and alcohol outreach services to remote communities in the Far West of the state.	67,200	30-Jun-09
Lifeline Broken Hill Incorporated	Provision of M.E.R.I.T Program services to Broken Hill and Wilcannia.	96,700	30-Jun-07
NATIONAL WOMEN'S HEALTH			
Mallee Sexual Assault Unit	Mallee Sexual Assault Unit provides counselling and support services to adult and child victims of sexual assault living in the border communities of New South Wales.	54,200	30-Jun-08
EXTERNAL HEALTH1,			
Royal Flying Doctor Service Of Australia (South Eastern Section) -Inter-Hospital Transfer	Inter hospital transfer of patients from Broken Hill Base Hospital to Adelaide and/ or Orange.	1,881,900	30-Jun-09
Royal Flying Doctor Service Of Australia (South Eastern Section) -RAHS	Rural Aerial Health Service provides planned transport for routine specialist health services to rural and remote communities in NSW.	1,000,500	30-Jun-09
ORAL HEALTH			
Royal Flying Doctor Service Of Australia (South Eastern Section) -Remote Dental	Provision of specialist Dental services to the lower remote cluster.	117,200	30-Jun-09
HEALTH RELATED TRANSPORT			
Bourke Aboriginal Health Service	Transportation of transport disadvantaged clients to health related services in Lightning Ridge, Walgett and Dubbo from Angledool, Goodooga, Lightning Ridge and all towns along the Castlereagh Highway.	33,300	30-Jun-07
Cabonne Council Community Transport	To reduce the inequalities in the provision of health related transport within the Cabonne Shire.	13,100	30-Jun-08
Far West HACC Services	Provision of transport to HACC clients attending health related appointments in Broken Hill or requiring transfer from Far West communities to Broken Hill.	13,200	30-Jun-08
Home Care Services Nyngan	The transportation of transport-disadvantaged clients to health related services in Lightning Ridge, Walgett, and Dubbo from Angledool, Goodooga, Lightning Ridge and all towns along the Castlereagh Highway.	33,300	30-Jun-08
Lake Cargelligo Community Transport	To reduce the inequalities in the provision of health related transport to people within the Lake Cargelligo / Murrin Bridge area.	6,700	30-Jun-08
Maari Ma Health Aboriginal Corporation	Dareton – Provide transport for specialist services in Mildura and local transport within the Wentworth Shire to clinics in the Dareton Primary Health and Community Health Centre Balranald – Provide transport for Aboriginal people living in Balranald to Swan Hill and beyond if	33,300	30-Jun-08

Name of Organisation	Project	Funding $ 06/07	Grant Review Date
	necessary.		
Mid-Western Regional Council	Provides health related transport for Mudgee and surrounding areas.	19,900	30-Jun-08
Parkes Information & Neighbourhood Centre	Provides Health Related Transport for Parkes, Forbes and Lachlan LGAs.	19,900	30-Jun-08
Warrumbungle Shire HACC Multi Service Outlet	Provides health related transport for Coolah, Dunedoo, Mendooran and surrounding areas.	6,600	30-Jun-08
COMMUNITY SERVICES			
Central West Women's Health Centre	Community based non-government organisation, run for women, by women to provide a holistic approach to primary health care. Service delivery is aimed towards targeting vulnerable women such as women suffering domestic violence, sexual abuse, women of aboriginal origin and their daughters	183,300	30-Jun-07
Dubbo Women's Housing Programme Inc	Provide culturally sensitive individual counselling to women and their dependent children who are experiencing or have experienced domestic violence.	49,500	30-Jun-08
MENTAL HEALTH			
National Association for Loss & Grief (NALAG)	Provide loss and grief support services to Aboriginal people in Dubbo and surrounding locations	264,000	30-Jun-09
Lifeline Central West	24 hour, seven day a week telephone counselling service	15,000	30-Jun-08
Lifeline Broken Hill Inc	24 hour, seven day a week telephone counselling service	43,300	30-Jun-08
AGED & DISABLED SERVICES			
Yeoval Community Hospital Coop Ltd	NGO grant funding supports staff costs for the Yeoval Multipurpose Health Centre.	161,700	30-Jun-07
Orange Community Resource Organisation	The dementia carer network project supporting carers of people with dementia including Aboriginal dementia carers.	40,167	30-Jun-07
TOTAL GRANTS FOR 2006-2007		**$5,810,818**	

Section 7: Freedom of Information (FOI)

2006/2007 Highlights

- Development of the Risk Management Unit Intranet site to allow all staff to access training materials, forms and information
- Review of the OHS and Manual Handling training material used throughout AHS to ensure consistent information being delivered at all sites.
- Development of a staff health unit, within the Risk Management Unit, to address the needs of PD 2007_006
- Review, development and implementation of a single Employment Health Assessment process for new employees.
- Enhancement of the Risk Management Unit's staff skill mix. Staff now comes from nursing, occupational therapy, physiotherapy, legal studies and human resources, and risk management strategic planning.
- Improved workers compensation and injury management performance.
- Improved public liability, property and motor vehicle insurance management and performance
- Review and further development of Business Profile with Fund Manager, GIO.
- Development and implementation of a Distance Education package, in Occupational Health and Safety in the Workplace, for managers and supervisors.
- 73 per cent of Managers/Supervisors have completed OHS training
- Increase in specific tailored in-services to area staff on OHS and Return to Work.
- Area wide Occupational Health and Safety Forums with interesting topics and presenters.
- Utilization of the RiskMate program, which has enhanced the RMUs ability to monitor trends and increased reporting capabilities. RiskMate is also being utilized for staff health records and security.
- Ongoing development of Standards of Practice, for comprehensive Area Occupational Health & Safety and Rehabilitation, by area working parties.
- Development of consultation processes regarding new work environments and redevelopment.
- Utilization of Area Occupational Health & Safety and Rehabilitation newsletter titled "Well and Good" for the education and updating of staff across GWAHS.
- Development of the Cluster Advisory Groups to increase consultation across GWAHS.
- Development of the GWAHS Risk Management Framework.
- Participation with GIO in implementing newly developed injury management tools for psychological injures.
- Numerical profiles conducted in all facilities in GWAHS with an average score of 64 per cent. This demonstrated a 2 per cent increase in average scores from previous numerical profiles in 2005.

Challenges

- Implementation of new Numerical Profile PD2007_030, which has increased rigor and sensitivity. It is expected that Numerical Profile scores will initially decrease in the vicinity of 15 per cent to 30 per cent.
- Ability to meet PD2007_006 targets and the continued development of Staff Health for GWAHS.
- Implementation of the Enterprise Risk Management Framework and plan across GWAHS, with the associated education.
- Continue to reduce workers compensation costs.
- Continued and improved Occupational Health & Safety knowledge for all staff.
- Ability to meet public sector targets 2005-2008 from the Working Together Strategy.
- Reduction of manual handling and mental stress injuries.
- Managing and supporting Occupational Health and Safety, work injury management and workers compensation across the large geographical area of GWAHS.
- Meet the needs of a changing and ageing workforce (e.g. type of contracts).
- Addressing safety issues with changing work environments and work practices (e.g. travel, in home care, increased service demand, violence in the workplace).
- Occupational Health and Safety considerations in regard to capital works and redevelopment programs.
- Increase in documented accountability to WorkCover on risk management e.g. plant and equipment / hazardous substances, manual handling.
- Development of Bariatric Patient Management Guidelines for GWAHS.

Occupational Health and Safety Activity

Number of WorkCover accredited OHS training sessions	4
Number of area-wide forums	4
Number of Workcover prosecutions	Nil

Workers Compensation Performance

Greater Western Area Health Service (GWAHS) is part of the NSW Health Treasury Managed Fund Insurance Pool arrangements. Early return to work remains a major feature of GWAHS approach to supporting injured workers and minimizing costs. A project was conducted in conjunction with GIO on the management of psychological injury. This provided positive results in reducing time loss and thus cost of psychological claims.

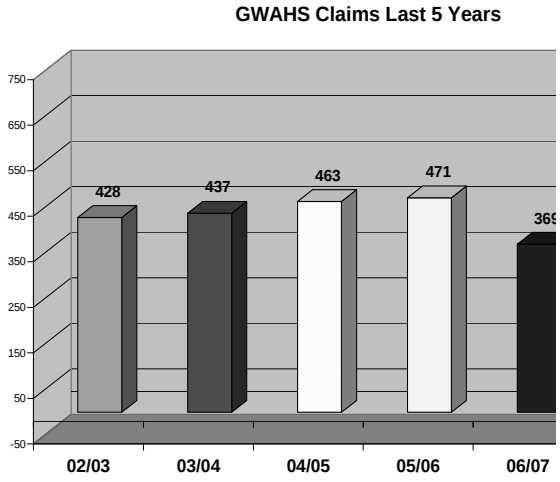
The (paid and estimate) of each workers compensation claim, to a cap of $150,000, is paid by the Area Health Service for the duration of four years past the financial year the claims were lodged. The GWAHS is funded as per a benchmark premium; the benchmark premium has decreased 10 per cent due to a change in methodology and the use of interstate experience (instead of a blend of interstate and private industry in NSW WorkCover scheme). Hindsight adjustments (surplus or shortfall) are calculated three years and five years past the claims experience of a financial year.

Section 7: Freedom of Information (FOI)

The 2006/07 Deposit Premium was $7,760,022 compared to $10,741,399 in 2005/06 deposit premium and when compared to the Benchmark (funded) premium there is a $524,276 surplus. This demonstrates a continued improvement in GWAHS Workers Compensation performance.

An analysis of injury types and trends show body stress and mental stress injuries need to be targeted by prevention strategies, noting that mental stress claims, although fewer in numbers are higher in costs.

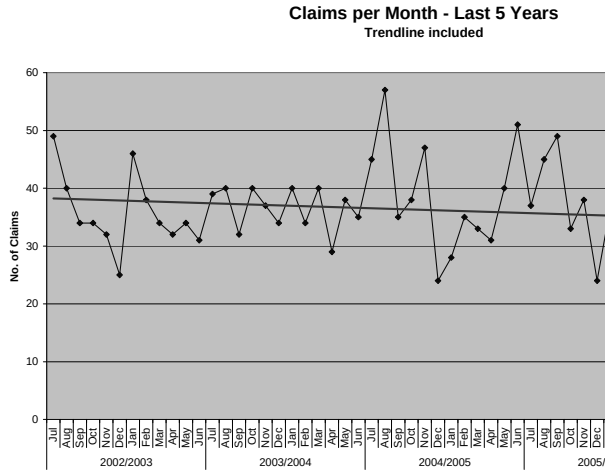
Number of new claims each year for 2002/03 to 2006/07



Number of claims (by date of injury)

GWAHS	2002/03	2003/04	2004/05	2005/06	2006/07
Claims	451	467	460	467	377

Workers compensation claims each month from 2002/03 to 2006/07



In October 2005, the Minister for Health, John Hatzistergos, announced Cabinet had approved members of the Greater Western Health Advisory Council (GWAHAC). The GWAHAC convened on 26 January 2005 and has subsequently been meeting on a monthly basis.

Role

The role of an Area Health Advisory Council (AHAC) is to facilitate the involvement of providers and consumers of health services, and other members of the local community, in the development of the area health service's policies, plans and initiatives for the provision of health services.

Key functions are to:

- Advise providers and consumers of health services, and other members of the local community, as to the Area Health Service's (AHS) policies, plans and initiatives for the provision of health services;
- Seek the views of providers and consumers of health services, and of other members of the local community, as to the AHS's policies, plans and initiatives for the provision of health service, and to advise the Chief Executive of the area health service of those views
- Confer with the Chief Executive of the AHS in connection with the operational performance
- targets set by any performance agreement to which the AHS is a party under section 126
- Advise the Chief Executive on how best to support, encourage and facilitate community, consumer and health service provider involvement in the planning of health services by AHS
- Liaise with other area health advisory councils in relation to both local and state wide initiatives for the provision of health services
- Publish reports (annually or more frequently) as to its work and activities
- Other functions as Area conferred or imposed on it by the regulation.
-

Section 7: Freedom of Information (FOI)

Freedom of Information

The Freedom of Information Act 1989 (FOI Act) gives the public a legally enforceable right to information held by public agencies, subject to certain exemptions.

During 2006/07 GWAHS received 18 new requests for information under the FOI Act, compared to 15 requests in the previous financial year. No applications were carried over from the 2005/06 reporting period.

Of the 13 applications completed in the reporting period, six were granted full access, four were granted partial access and three were refused access. Four applications were carried forward to the next reporting period. No applications were transferred to other agencies. Of the seven applications either refused or granted partial access, all were on the basis that the documents were exempt under section 25(1)(a) of the FOI Act.

The number of new FOI applications of a personal nature decreased from eleven in 2005/06 to nine in this reporting period. However, the number of FOI applications of a non-personal nature tripled from three in 2005/06 to nine in 2006/07.
No applications were received for amendment or notation of records. No Ministerial certificates were issued.

Five applications required consultation with parties outside the Greater Western Area Health Service. A total of 5 third party consultations were conducted in the reporting period.

The processing charges for FOI requests during 2006/07 was estimated at $2,813, which was partly offset by a total of $2,348 received in fees. Applications of a non-personal nature accounted for $2,168 of estimated processing costs, with 100% of this amount received from non-personal applicants. No requests for discounts on fees were received in this reporting period.

Two applications for an internal review were completed during 2006/07. In each case, the original determination was upheld.

The annual operating cost to GWAHS was in excess of the above amounts and comprises the wages and general administration costs for FOI related activities across the organisation.
No requests were determined outside of the time limits prescribed by the FOI Act.

SECTION A: Number of new FOI requests - Information relating to numbers of new requests received, those processed and those completed from the previous period

FOI REQUESTS	PERSONAL		OTHER		TOTAL	
	2005/06	2006/07	2005/06	2006/07	2005/06	2006/07
A1 New (including transferred in)	11	9	3	9	14	18
A2 Brought forward	0	0	1	0	1	0
A3 Total to be processed	*11*	*9*	*4*	*9*	*15*	*18*
A4 Completed	10	6	4	7	14	13
A5 Transferred out	0	0	0	0	0	0
A6 Withdrawn	1	1	0	0	1	1
A7 Total processed	*11*	*7*	*4*	*7*	*15*	*14*
A8 Unfinished (Carried forward)	0	2	0	2	0	4

SECTION B: What happened to completed requests? (Completed requests are those on Line A4)

RESULT OF FOI REQUEST	PERSONAL		OTHER		TOTAL			
	2005/06	2006/07	2005/06	2006/07	2005/06		2006/07	
					n	rate	*n*	rate
B1 Granted in full	6	3	1	3	7	50%	6	46%
B2 Granted in part	0	2	3	2	3	21%	4	31%
B3 Refused	4	1	0	2	4	29%	3	23%
B4 Deferred	0	0	0	0	0	0%	0	0%
*B5 Completed**	*10*	*6*	*4*	*10*	*14*		*13*	

*Note: The figure on line B5 should be the same as the corresponding ones on A4

Section 7: Freedom of Information (FOI)

SECTION J: Days to process - Number of completed request (A4) by calendar days (elapsed time) taken to process

ELAPSED TIME	PERSONAL	OTHER	TOTAL
J1 0 - 21 days	2	0	2
J2 22 - 35 days	1	3	4
J3 Over 35 days	3	4	7
J4 Totals	*6*	*7*	*13*

Section 8: Financial summary

EXECUTIVE SUMMARY

The audited financial statements presented for the Greater Western Area Health Service for the period 1 July 2006 to 30 June 2007. The Net Cost of Services budget was $583.4 million, against which the audited actuals of $582.4 million represents a variation of $1.0 million or 0.2%.

The reported variation can be attributed to:

- Favourability in total revenue including Patient Fees – DVA and Other User Charges.
- A favourable salaries and wages result due to amalgamation savings.

In achieving the above result the Greater Western Area Health Service is satisfied that it has operated within the level of government cash payments and restricted operating costs to the budget available. It has also ensured that no general creditors exist at the end of the month in excess of levels agreed with the NSW Department of Health and, further, has effected all loan repayments within the time frames agreed.

Financial information is detailed below:

	2006/07 Actuals $000	2006/07 Budget$000	2005/06 Actuals $000
Employee Related Expenses	361,432	364,497	353,249
Visiting Medical Officers	45,347	41,956	39,339
Goods & Services	207,132	201,424	191,783
Maintenance	13,117	11,958	12,244
Depreciation & Amortisation	23,034	22,768	19,945
Grants & Subsidies	7,714	8,540	6,179
Borrowing Costs	313	303	403
Payments to Affiliated Health Organisations	7,461	7,784	7,796
Other Expenses			
Total Expenses	665,550	659,230	630,938
Sale of Goods & Services	66,898	63,288	70,662
Investment Income	1,382	699	1,111
Grants & Contributions	8,829	7,510	8,363
Other Revenue	6,779	5,352	3,894
Total Revenues	83,888	76,849	84,030
Gain/Loss on Disposal of Non Current Assets	184	0	(289)
Other Gains / Losses	(968)	(996)	(415)
Net Cost of Services	582,446	583,377	547,612

The variations in the two years reported stem from budget adjustments and other movements as follows:

Budget Increases 2006/07	
Inter Area Patient Flows	64,145
Cardiac Catheter Service	1,200
Interstate Patient Flows	1,702
VMO Awards & Enhancements	2,584
Superannuation Adjustments	3,147
Risk Shared Procurement	1,598
Predictable Surgery Program	768
Rural Clinical Locum Program	327
Nurse Strategy Adjustments	1,147
Mental Health Enhancements	2,098
Clinical Services Redesign	571
Renal Services	444
Oral Health	552
Stroke Services Enhancement	494
VDQ Program	333
Transport for Health	388
Other Variations	18,685
	100,183

Section 8: Financial summary

PROGRAM REPORTING

The Health Service reporting of programs is consistent with the ten programs of health care delivery utilised across NSW Health and satisfies the methodology for apportionment advised by the NSW Department of Health.

Program	2006/07			2005/06		
	Exp	Rev	NCOS	Exp	Rev	NCOS
	$000	$000	$000	$000	$000	$000
Primary & Community	58,248	6,152	52,096	56,995	6,795	50,200
Aboriginal Health	7,174	1,132	6,042	6,035	674	5,361
Outpatient Services	52,678	6,868	45,810	54,087	13,894	40,193
Emergency		2,588	42,690	49,902	3,698	46,204
Care Services	45,278					
Overnight Acute	282,644	36,582	246,062	254,310	31,230	
Same Day Acute	48,134	3,175	44,959	46,335	2,709	
Mental Health Services	65,330	1,831	63,499	59,619	1,718	
Rehab, Extended Care	86,699	21,605	65,094	84,992	19,511	
Population Health	15,678	2,777	12,901	14,872	3,149	
Teaching & Research	4,471	1,178	3,293	4,495	652	
Total	**666,334**	**83,888**	**582,446**	**631,642**	**84,030**	

Program increases of more than 10% together with all program reductions are explained as follows:

Program Increases & Reductions

Aboriginal Health 12.70%

- Award Increases
- CPI Increases
- Funding in 2006/07 for:
  - Aboriginal Health Promotion
  - Housing for Health Projects
  - Aboriginal Environmental Health Trainee (increase on prior year)
  - Healthy Housing Worker Program
  - Otitis Media Screening

Outpatient Services 13.98% Increase and Overnight Acute Increase 10.30%

- Award Increases
- CPI Increases
- VMO Award Increases

DIRECTIONS IN FUNDING

The Greater Western Area Health Service has needed to respond to several significant challenges in 2006/07.

- the amalgamation of accounting and financial systems;
- the restructuring of corporate and business support services designed to generate funds to source further front line services including;
  - transition to Health Support of Central West and Orana Linen Services and the Area Accounts Payable function redeployment of displaced staff following amalgamation and establishment of Area travel and accommodation booking call centre
  - the improvement of procurement practices consistent with the NSW Government's Shared Corporate Services Reform Strategy;
  - the implementation of revenue best practice initiatives as advised by the Department in relation to the retention of own source revenues;
  - a new standard chart of accounts to be rolled out across all sites

THE 2007/08 BUDGET – ABOUT THE FORTHCOMING YEAR

The Greater Western Area Health Service received its 2007/08 allocation on 30 June 2007. The allocation is earmarked by the provision of additional funding to address:

- the provision of increased bed capacity to improve access block performance and provide sustainable management of elective surgery – it is expected that the funding provided will facilitate the establishment and opening of an additional 16 beds;
- the provision of more elective surgery to tackle existing waiting lists;
- the need to increase the number of intensive care beds and cots for adults, children and infants is a high priority in 2007/08;
- mental health service improvements, including $0.825 million that includes funding for HASI, Child & Adolescent;
- new nurse recruitment training and professional development, including Scholarships, nurse practitioners and nurse educator positions;
- the continued enhancement of the delivery of cancer research and direct patient services;
- aboriginal health needs, particularly in the areas of Child Sexual Assault and Child and Maternal Services;
- Live Life Well initiatives involving school children "Live Outside the Box" and pre-schoolers "Munch & Move";

Early Intervention and Prevention strategies including Hospital at Home, Health One:

The Greater Western Area Health Service will continue to work with the NSW Department of Health in a major reform program that will focus on ensuring that each patient has the best possible journey through the health system. This will ensure that patient care is better coordinated, leading to improved patient outcomes and more efficient use of resources.

The Minister for Health has announced the following new capital works:

- $ 2.7 million to continue state-wide planning to expand radiotherapy services, including to establish services at Orange;
- $ 2.0 million for Oral Health Strategy supporting the continued introduction of fluoridation in rural

NSW and the refurbishment of dental clinics at Orange;
- $ 1.5 million in planning funds for the election commitments to redevelop Parkes/Forbes Hospitals.

In addition, the 2007/08 capital program also provides for the continuation of 2006/07 projects including:
- Bathurst Hospital - $32.6 million to continue the redevelopment of a new acute hospital on the current site including re-use of the existing heritage buildings.
- Orange Hospital redevelopment - $12.2 million for the construction of a new acute hospital and associated services on the Bloomfield Hospital site.
-

GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Greater Western Area Health Service and controlled entity

To Members of the New South Wales Parliament

I have audited the accompanying financial report of Greater Western Area Health Service (the Service) and the Service and its controlled entity (the Consolidated Entity), which comprises the balance sheet as at 30 June 2007, and the operating statement, statement of recognised income and expense, cash flow statement and program statement - expenses and revenues for the year then ended, and a summary of significant accounting policies and other explanatory notes. The consolidated entity comprises the Service and the entities it controlled at the year's end or from time to time during the financial year.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Service and the consolidated entity as of 30 June 2007, and of their financial performance and their cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005
- is in accordance with the *Charitable Fundraising Act 1991* (CF Act), including showing a true and fair view of the Service's financial result of fundraising appeals for the year ended 30 June 2007.

The Chief Executive's Responsibility for the Financial Report

The Chief Executive is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations), the PF&A Act and the CF Act. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Service's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Service's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chief Executive, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

My opinion does *not* provide assurance:

- about the future viability of the Service or consolidated entity,
- that they have carried out their activities effectively, efficiently and economically,
- about the effectiveness of their internal controls, or
- on the assumptions used in formulating the budget figures disclosed in the financial report.

Report on Other Aspects of the *Charitable Fundraising Act 1991*

I have audited the Service's operations in order to express an opinion on the matters specified at sections 24(2)(b), 24(2)(c) and 24(2)(d) of the CF Act for the year ended 30 June 2007.

Auditor's Opinion

In my opinion:

- the ledgers and associated records of the Service have been properly kept during the year in accordance with the CF Act and the Charitable Fundraising Regulation 2003 (the CF Regulation) (section 24(2)(b))
- money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the CF Act and the CF Regulation (section 24(2)(c)), and
- there are reasonable grounds to believe that the Service will be able to pay its debts as and when they fall due (section 24(2)(d)).

The Chief Executive's Responsibility for Compliance

The Chief Executive is responsible for ensuring compliance with the CF Act and the CF Regulation. This responsibility includes:

- establishing and maintaining internal control relevant to compliance with the CF Act and CF Regulation
- ensuring that all assets obtained during, or as a result of, a fundraising appeal are safeguarded and properly accounted for, and
- maintaining proper books of account and records.

Auditor's Responsibility

My responsibility is to express an opinion on the matters specified at sections 24 (2)(b), 24 (2)(c), and 24 (2)(d) of the CF Act. I conducted my audit in accordance Australian Auditing Standards applicable to assurance engagements. These Auditing Standards require that I comply with relevant ethical requirements relating to assurance engagements and plan and perform the audit to obtain reasonable assurance whether there were any material breaches of compliance by the Service.

An audit involves performing procedures to obtain audit evidence about the Service's compliance with the CF Act and CF Regulation and about its solvency. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material breaches of compliance. In making those risk assessments, the auditor considers internal control relevant to the Service's compliance in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Service's internal control.

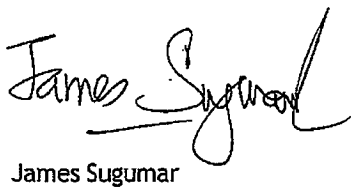
My procedures included examination, on a test basis, of evidence supporting the Service's solvency and its compliance with the CF Act and CF Regulation. These tests have not been performed continuously throughout the period, were not designed to detect all instances of non-compliance, and have not covered any other provisions of the CF Act and CF Regulation apart from those specified.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting these audits, the Audit Office has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.



James Sugumar
Acting Director, Financial Audit Services

22 October 2007
SYDNEY

Appendix 3(2)

STATEMENT BY CHIEF FINANCE OFFICER

The following statement should be signed by the Chief Finance Officer of the Health Service after he or she is satisfied with the information to be provided to the Department.

I advise that:

* The return input to DOHRS presents information in accordance with the instructions, policy procedures and the level of materiality as advised from the Department & Treasury.

* Information contained in the return is consistent with that reported in the audited / latest draft of the annual financial statements of the Health Service.

* The return input into DOHRS has been prepared in accordance with applicable Accounting Concepts and Standards, except to the extent that Treasury and the Department have issued alternative instructions.

* The financial statements prepared by this Health Service at year end exhibit a true and fair view of the financial position and operations of the Health Service.

* Intra Health Service eliminations of consolidated Health Services have been performed as requested.

* All transactions / balances with other NSW Public Sector Agencies that are material have been disclosed in the relevant schedules.

* We have discussed with relevant agencies and agreement has been reached in terms of :
  Reporting assets in the appropriate agency's statement of financial position, and
  Consistent treatment of NSW public sector grants received/paid in both agency's financial statements.

* I have reviewed and signed the "Checklist"

Signed:	
Name:	John White
Position:	Director, Finance & Corporate Services
Agency:	Greater Western Area Health Service
Date:	

STATEMENT BY CHIEF EXECUTIVE

* I am satisfied that, subject to audit review, the information contained in the annual financial statements is final and has been appropriately transcribed to the DOHRS input screens required for the 2006/07 consolidation.

Signed:	
Name:	Dr. Claire Blizard
Position:	Chief Executive
Date:	

DOH End of Yr Letter.doc

Appendix 3(3)

CHECKLIST

	YES / NO
-1 Have all the required DOHRS inputs been completed ?	YES
-2 Have the Audited or latest Draft Financial Statements been enclosed ?	YES
-3 Has DOHRS report HT392B Check Statement for Unit been actioned? **(Note that all amounts should be agreed to the dollar rather than the nearest thousand)**	YES
-4 Are there any Public Sector Organisations (include shares in joint ventures) that have been consolidated in order to prepare the attached return?	NO

List below any such organisations;

-5 Are there any Public Sector organisations under the Health Service's control that have been excluded from the return ? — NO

List below any such organisations;

-6 Has the "Statement by the Chief Finance Officer" been signed? — NO

-7 Have details of any material estimates or assumptions been provided as supplementary information? — NO

-8 Have working papers been subject to internal review / audit ? — NO

If Yes by whom ?

-9 For Further Enquiries contact:

Name	Sue Boss
Telephone	02 6339 5577
Fax	02 6339 5518

Signed	Boss
Name	Sue Boss
Date	25/7/2007

DOH End of Yr Letter.doc

Certification of Parent/Consolidated Financial Statements
for Period Ended 30 June 2007

The attached financial statements of the Greater Western Area Health Service for the year ended 30 June 2007:

i) Have been prepared in accordance with the requirements of applicable Australian Accounting Standards which include Australian equivalents to International Financial Reporting Standards (AEIFRS), the requirements of the *Public Finance and Audit Act 1983* and its regulations, the Health Services Act 1997 and its regulations, the Accounts and Audit Determination and the Accounting Manual for Area Health Services and Public Hospitals;

ii) Present fairly the financial position and transactions of the Greater Western Area Health Service;

iii) Have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate;

iv) The provision of the Charitable Fundraising Act 1991, regulations under the Act and the conditions attached to the fundraising authority have been complied with by the Greater Western Area Health Service; and

v) The internal controls exercised by the Greater Western Area Health Service are appropriate and effective in accounting for all income received and applied by the Greater Western Area Health Service from any of its fundraising appeals.

.....

Chief Executive
Greater Western Area Health Service
Date: 11/10/07

.....

Director Finance & Corporate Services
Greater Western Area Health Service
Date: 11/10/07

Certification of Special Purpose Entity Financial Statements
for Period Ended 30 June 2007

The attached financial statements of the Greater Western Area Health Service Special Purpose Entity for the year ended 30 June 2007:

i) Have been prepared in accordance with the requirements of applicable Australian Accounting Standards which include Australian equivalents to International Financial Reporting Standards (AEIFRS), the requirements of the *Public Finance and Audit Act 1983* and its regulations, the Health Services Act 1997 and its regulations, the Accounts and Audit Determination and the Accounting Manual for Area Health Services and Public Hospitals;

ii) Present fairly the financial position and transactions of the Greater Western Area Health Service;

iii) Have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate;

.....

Chief Executive
Greater Western Area Health Service
Date: 11/10/07

.....

Director Finance & Corporate Services
Greater Western Area Health Service
Date: 11/10/07

Greater Western Area Health Service
Operating Statement for the year ended 30 June 2007

PARENT					CONSOLIDATION		
Actual 2007 $000	Budget 2007 $000	Actual 2006 $000		Notes	Actual 2007 $000	Budget 2007 $000	Actual 2006 $000
			Expenses excluding losses				
			Operating Expenses				
0	0	248,250	Employee Related	3	361,432	364,497	353,249
361,432	364,497	104,999	Personnel Services	4	0	0	0
45,347	41,956	39,339	Visiting Medical Officers		45,347	41,956	39,339
220,249	213,382	204,027	Other Operating Expenses	5	220,249	213,382	204,027
23,034	22,768	19,945	Depreciation and Amortisation	2(i), 6	23,034	22,768	19,945
7,714	8,540	6,179	Grants and Subsidies	7	7,714	8,540	6,179
313	303	403	Finance Costs	8	313	303	403
7,461	7,784	7,796	Payments to Affiliated Health Organisations	9	7,461	7,784	7,796
665,550	**659,230**	**630,938**	**Total Expenses excluding losses**		**665,550**	**659,230**	**630,938**
			Retained Revenue				
66,898	63,288	70,662	Sale of Goods and Services	10	66,898	63,288	70,662
1,382	699	1,111	Investment Income	11	1,382	699	1,111
16,457	15,138	10,829	Grants and Contributions	12	8,829	7,510	8,363
6,779	5,352	3,894	Other Revenue	13	6,779	5,352	3,894
91,516	**84,477**	**86,496**	**Total Retained Revenue**		**83,888**	**76,849**	**84,030**
184	0	(289)	Gain/(Loss) on Disposal	14	184	0	(289)
(968)	(996)	(415)	Other gains/(losses)	15	(968)	(996)	(415)
574,818	**575,749**	**545,146**	**Net Cost of Services**	32	**582,446**	**583,377**	**547,612**
			Government Contributions				
			NSW Health Department				
540,744	540,744	506,609	Recurrent Allocations	2(d)	540,744	540,744	506,609
			NSW Health Department				
61,489	61,591	32,311	Capital Allocations	2(d)	61,489	61,591	32,311
			Acceptance by the Crown Entity of				
0	0	5,743	employee benefits	2(a)(ii)	7,628	7,628	8,209
602,233	**602,335**	**544,663**	**Total Government Contributions**		**609,861**	**609,963**	**547,129**
27,415	**26,586**	**(483)**	**RESULT FOR THE YEAR**		**27,415**	**26,586**	**(483)**

The accompanying notes form part of these Financial Statements

Greater Western Area Health Service
Statement of Recognised Income and Expense for the year ended 30 June 2007

PARENT					CONSOLIDATION		
Actual 2007 $000	Budget 2007 $000	Actual 2006 $000		Notes	Actual 2007 $000	Budget 2007 $000	Actual 2006 $000
0	0	40,528	Net increase/(decrease) in Property, Plant and Equipment Revaluation Reserve		0	0	40,528
0	**0**	**40,528**	**TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY**		**0**	**0**	**40,528**
27,415	26,586	(483)	Result for the Year		27,415	26,586	(483)
27,415	**26,586**	**40,045**	**TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR**		**27,415**	**26,586**	**40,045**
			EFFECT OF CHANGES IN ACCOUNTING POLICY				
0	0	48	Profit as reported in the 2006 Financial Report		0	0	48
0	0	531	Change in Accounting Policy (Assets Purchased < $10,000 expensed)	2(h)	0	0	531
0	**0**	**(483)**	**Restated Profit**	27	**0**	**0**	**(483)**

The accompanying notes form part of these Financial Statements

Greater Western Area Health Service
Balance Sheet as at 30 June 2007

PARENT					CONSOLIDATION		
Actual 2007 $000	**Budget 2007 $000**	**Actual 2006 $000**		**Notes**	**Actual 2007 $000**	**Budget 2007 $000**	**Actual 2006 $000**
			ASSETS				
			Current Assets				
5,739	(4,492)	3,509	Cash and Cash Equivalents	18	5,739	(4,492)	3,509
11,247	16,612	13,233	Receivables	19	11,247	16,612	13,233
2,855	2,586	3,224	Inventories	20	2,855	2,586	3,224
19,841	**14,706**	**19,966**	**Total Current Assets**		**19,841**	**14,706**	**19,966**
			Non-Current Assets				
			Property, Plant and Equipment				
414,454	410,111	382,206	- Land and Buildings	21	414,454	410,111	382,206
23,794	26,244	27,110	- Plant and Equipment	21	23,794	26,244	27,110
8,036	7,992	8,479	- Infrastructure Systems	21	8,036	7,992	8,479
446,284	444,347	417,795	Total Property, Plant and Equipment		446,284	444,347	417,795
446,284	**444,347**	**417,795**	**Total Non-Current Assets**		**446,284**	**444,347**	**417,795**
466,125	**459,053**	**437,761**	**Total Assets**		**466,125**	**459,053**	**437,761**
			LIABILITIES				
			Current Liabilities				
44,217	32,908	31,924	Payables	23	44,217	32,908	31,924
283	2,972	2,922	Borrowings	24	283	2,972	2,922
98,348	95,362	89,517	Provisions	25	98,348	95,362	89,517
1	0	183	Other	26	1	0	183
142,849	**131,242**	**124,546**	**Total Current Liabilities**		**142,849**	**131,242**	**124,546**
			Non-Current Liabilities				
1,312	0	1,652	Borrowings	24	1,312	0	1,652
11,861	18,005	14,335	Provisions	25	11,861	18,005	14,335
13,173	**18,005**	**15,987**	**Total Non-Current Liabilities**		**13,173**	**18,005**	**15,987**
156,022	**149,247**	**140,533**	**Total Liabilities**		**156,022**	**149,247**	**140,533**
310,103	**309,806**	**297,228**	**Net Assets**		**310,103**	**309,806**	**297,228**
			EQUITY				
107,788	107,788	107,788	Reserves	27	107,788	107,788	107,788
202,315	202,018	189,440	Accumulated Funds	27	202,315	202,018	189,440
310,103	**309,806**	**297,228**	**Total Equity**		**310,103**	**309,806**	**297,228**

The accompanying notes form part of these Financial Statements

Greater Western Area Health Service
Cash Flow Statement for the year ended 30 June 2007

PARENT					CONSOLIDATION		
Actual 2007 $000	Budget 2007 $000	Actual 2006 $000		Notes	Actual 2007 $000	Budget 2007 $000	Actual 2006 $000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
0		(230,614)	Employee Related		(344,669)	(348,773)	(335,411)
(8,485)	(17,178)	(6,731)	Grants and Subsidies		(8,485)	(17,178)	(6,731)
(313)	(303)	(403)	Finance Costs		(313)	(303)	(403)
(629,089)	(634,566)	(368,647)	Other		(284,420)	(285,793)	(263,850)
(637,887)	**(652,047)**	**(606,395)**	**Total Payments**		**(637,887)**	**(652,047)**	**(606,395)**
			Receipts				
65,739	67,907	75,810	Sale of Goods and Services		65,739	67,907	75,810
846	699	1,111	Interest Received		846	699	1,111
40,410	40,806	30,340	Other		40,410	40,806	30,340
106,995	**109,412**	**107,261**	**Total Receipts**		**106,995**	**109,412**	**107,261**
			Cash Flows From Government				
540,744	540,744	506,609	NSW Health Department Recurrent Allocations		540,744	540,744	506,609
61,489	61,591	32,311	NSW Health Department Capital Allocations		61,489	61,591	32,311
602,233	**602,335**	**538,920**	**Net Cash Flows from Government**		**602,233**	**602,335**	**538,920**
71,341	**59,700**	**39,786**	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	32	**71,341**	**59,700**	**39,786**
			CASH FLOWS FROM INVESTING ACTIVITIES				
426	0	95	Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		426	0	95
(67,942)	(69,736)	(39,468)	Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(67,942)	(69,736)	(39,468)
(67,516)	**(69,736)**	**(39,373)**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(67,516)**	**(69,736)**	**(39,373)**
			CASH FLOWS FROM FINANCING ACTIVITIES				
0	4,250	0	Proceeds from Borrowings and Advances		0	4,250	0
(1,595)	(2,215)	(3,289)	Repayment of Borrowings and Advances		(1,595)	(2,215)	(3,289)
(1,595)	**2,035**	**(3,289)**	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**(1,595)**	**2,035**	**(3,289)**
2,230	**(8,001)**	**(2,876)**	**NET INCREASE / (DECREASE) IN CASH**		**2,230**	**(8,001)**	**(2,876)**
3,509	**3,509**	**7,578**	Opening Cash and Cash Equivalents		**3,509**	**3,509**	**7,578**
0	**0**	**(1,193)**	Cash Transferred in/(out) as a result of administrative restructuring		**0**	**0**	**(1,193)**
5,739	**(4,492)**	**3,509**	**CLOSING CASH AND CASH EQUIVALENTS**	18	**5,739**	**(4,492)**	**3,509**

The accompanying notes form part of these Financial Statements

1 The Health Service Reporting Entity

The Greater Western Area Health Service was established under the provisions of the Health Services Act with effect from 1 January 2005.

The Health Service, as a reporting entity, comprises all the operating activities of the Hospital facilities and the Community Health Centres under its control. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Health Service. The Health Service is a not for profit entity.

With effect from 17 March 2006 fundamental changes to the employment arrangements of Health Services were made through amendnment to the Public Sector Employment and Management Act 2002 and other Acts including the Health Services Act 1997. The status of the previous employees of Health Services changed from that date. They are now employees of the Government of New South Wales in the service of the Crown rather than employees of the Health Service. Employees of the Government are employed in Divisions of the Government Service.

In accordance with Accounting Standards these Divisions are regarded as special purpose entities that must be consolidated with the financial report of the related Health Service. This is because the Divisions were established to provide personnel services to enable a Health Service to exercise its functions.

As a consequence the values in the annual financial statements presented herein consist of the Health Service (as the parent entity), the financial report of the special purpose entity Division and the consolidated financial report of the economic entity. Notes have been extended to capture both the parent and consolidated values with Notes 3, 4, 12, 23, 25 and 32 being especially relevant.

In the process of preparing the consolidated financial statements for the economic entity consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated.

The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

These financial statements have been authorised for issue by the Chief Executive on the 11th October 2007.

2 Summary of Significant Accounting Policies

The Health Service's financial statements are a general purpose financial report which has been prepared in accordance with applicable Australian Accounting Standards (which include Australian equivalents to International Financial Reporting Standards (AEIFRS)), the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

Property, plant and equipment, investment property, assets held for trading and available for sale are measured at fair value. Other financial statement items are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

Judgements, key assumptions and estimations made by management are disclosed in the relevant notes to the financial statements.

The financial statements and notes comply with Australian Accounting Standards which include AEIFRS.

Comparative figures are, where appropriate, reclassified to give a meaningful comparison with the current year.

AASB-2007.04, Amendments to Australian Accounting Standards arising from ED151 and other amendments, has application for accounting periods commencing on or after 1 July 2007. The standard is not being early adopted in 2006/07 and the new options available in the standard will not be applied.

AASB123, Borrowing Costs, has application in reporting years beginning on or after 1 January 2009. The Standard, which requires capitalisation of Borrowing Costs has not been adopted in 2006/07 nor is adoption expected prior to 2009/10.

AASB101, Presentation of Financial Statements, has reduced the disclosure requirements for various reporting entities. However, in not for profit entities such as Health Services there is no change required.

AASB7 Financial Instruments: Disclosures, locates all disclosure requirements for financial instruments within the one standard. The Standard has application for annual reporting periods beginning on or after 1 January 2007. The Standard will not be early adopted and has no differential impact.

Other significant accounting policies used in the preparation of these financial statements are as follows:

a) Employee Benefits and Other Provisions

i) Salaries & Wages, Current Annual Leave, Sick Leave and On Costs (including non-monetary benefits)

At the consolidated level of reporting liabilities for salaries and wages (including non monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term". On costs of 21.7%are applied to the value of leave payable at 30 June 2007 inclusive of the 4% award increase payable from 1 July 2007, such on costs being consistent with actuarial assessment.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The outstanding amounts of workers' compensation insurance premiums and fringe benefits which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

ii) Long Service Leave and Superannuation Benefits

At the consolidated level of reporting Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 8.1% inclusive of the 4% payable from 1 July 2007 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

The Health Service's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Health Service accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 23, "Payables".

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Health Department. The expense for certain superannuation schemes (ie Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (ie State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions have been recognised by the Parent Health Service beyond that date.

iii) Other Provisions

Other provisions exist when: the agency has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

b) Insurance

The Health Service's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self insurance for Government Agencies. The expense (premium) is determined by the Fund Manager based on past experience.

c) Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred.

d) Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, ie user charges. User charges are recognised as revenue when the service is provided or by reference to the stage of completion.

Patient Fees

Patient Fees are derived from chargeable inpatients and non-inpatients on the basis of rates specified by the NSW Health Department from time to time.

Investment Income

Interest revenue is recognised using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and Measurement". Rental revenue is recognised in accordance with AASB117 "Leases" on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 when the Health Service's right to receive payment is established.

Debt Forgiveness

Debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability.

Use of Hospital Facilities

Specialist doctors with rights of private practice are subject to an infrastructure charge for the use of hospital facilities at rates determined by the NSW Health Department. Charges consist of two components:

* a monthly charge raised by the Health Service based on a percentage of receipts generated
* the residue of the Private Practice Trust Fund at the end of each financial year, such sum being credited for Health Service use in the advancement of the Health Service or individuals within it.

Use of Outside Facilities

The Health Service uses a number of facilities owned and maintained by the local authorities in the area to deliver community health services for which no charges are raised by the authorities. The cost method of accounting is used for the initial recording of all such services with cost being determined as the fair value of the services given which is then duly recognised as both revenue and matching expense.

Grants and Contributions

Grants and Contributions are generally recognised as revenues when the Health Service obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon the receipt of cash.

NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the allocation for the Health Service as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the "Result for the Year" on the basis that the allocation is earned in return for the health services provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

General operating expenses/revenues of Lourdes Hospital have only been included in the Operating Statement prepared to the extent of the cash payments made to the Health Organisations concerned. The Health Service is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Balance Sheet. Any exceptions are specifically listed in the notes that follow.

e) Goods & Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except:

* the amount of GST incurred by the Health Service as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense;
* receivables and payables are stated with the amount of GST included.

f) Inter Area and Interstate Patient Flows

Inter Area Patient Flows

Health Services recognise patient flows from acute inpatients (other than Mental Health Services), emergency and rehabilitation and extended care.

Patient flows have been calculated using benchmarks for the cost of services for each of the categories identified and deducting estimated revenue, based on the payment category of the patient.

The adjustments have no effect on equity values as the movement in Net Cost of Services is matched by a corresponding adjustment to the value of the NSW Health Recurrent Allocation.

Inter State Patient Flows

Health Services recognise the outflow of acute inpatients from the area in which they are resident to other States and Territories within Australia. The Health Services also recognise the value of inflows for acute inpatient treatment provided to residents from other States and territories. The expense and revenue values reported within the financial statements have been based on 2005/06 activity data using standard cost weighted separation values to reflect estimated costs in 2006/07 for acute weighted inpatient separations. Where treatment is obtained outside the home health service, the State/Territory providing the service is reimbursed by the benefiting Area.

The reporting adopted for both inter area and interstate patient flows aims to provide a greater accuracy of the cost of service provision to the Area's resident population and disclose the extent to which service is provided to non residents.

The composition of patient flow expense/revenue is disclosed in Notes 5 and 10.

g) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Health Service. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure.

Fair value means the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

Where settlement of any part of cash consideration is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

Land and Buildings which are owned by the Health Administration Corporation or the State and administered by the Health Service are deemed to be controlled by the Health Service and are reflected as such in the financial statements.

h) Plant & Equipment and Infrastructure Systems

Individual items of property, plant & equipment are capitalised where their cost is $10,000 or above. Prior to 1 July 2006 assets were capitalised based on a value of $5,000 or above.

“Infrastructure Systems” means assets that comprise public facilities and which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

i) Depreciation

Depreciation is provided for on a straight line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Health Service. Land is not a depreciable asset.

Details of depreciation rates initially applied for major asset categories are as follows:

Buildings	2.5%
Electro Medical Equipment	
- Costing less than $200,000	10.0%
- Costing more than or equal to $200,000	2.5%
Computer Equipment	20.0%
Infrastructure Systems	2.5%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	20.0%
Furniture, Fittings and Furnishings	5.0%

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported.

j) Revaluation of Non Current Assets

Physical non-current assets are valued in accordance with the NSW Health Department's "Valuation of Physical Non-Current Assets at Fair Value". This policy adopts fair value in accordance with AASB116, "Property, Plant & Equipment" and AASB140, "Investment Property".

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence the asset's fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

The Health Service revalues Land and Buildings and Infrastructure at minimum every three years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date. The last revaluation for assets assumed by the Area as at 1 January 2005 was completed on 30 June 2006 and was based on an independent assessment.

Non-specialised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

When revaluing non-current assets by reference to current prices for assets newer than those being revalued (adjusted to reflect the present condition of the assets), the gross amount and the related accumulated depreciation are separately restated.

For other assets, any balances of accumulated depreciation existing at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the Result for the Year, the increment is recognised immediately as revenue in the Result for the Year.

Revaluation decrements are recognised immediately as expenses in the Result for the Year, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

Where an asset that has previously been revalued is disposed of, any balance remaining in the asset revaluation reserve in respect of that asset is transferred to accumulated funds.

k) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, the Health Service is effectively exempt from AASB 136 Impairment of Assets and impairment testing. This is because AASB136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are regarded as material. Selling costs are regarded as immaterial.

l) Restoration Costs

The estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, to the extent it is recognised as a liability.

m) Non Current Assets (or disposal groups) Held for Sale

The Health Service has certain non-current assets (or disposal groups) classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets (or disposal groups) held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

n) Investment Properties

Investment property is held to earn rentals or for capital appreciation, or both. However, for not-for-profit entities, property held to meet service delivery objectives rather than to earn rental or for capital appreciation does not meet the definition of investment property and is accounted for under AASB 116 *Property, Plant and Equipment* .

o) Maintenance

The costs of maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset in which case the costs are capitalised and depreciated.

p) Leased Assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and benefits.

Where a non-current asset is acquired by means of a finance lease, the asset is recognised at its fair value at the commencement of the lease term. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.
Operating lease payments are charged to the Operating Statement in the periods in which they are incurred.

q) Inventories

Inventories are stated at cost. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

Obsolete items are disposed of in accordance with instructions issued by the NSW Health Department.

r) Other Financial Assets

Financial assets are initially recognised at fair value plus, in the case of financial assets not at fair value through profit or loss, transaction costs.

The Health Service subsequently measures financial assets classified as held for trading at fair value through profit or loss. Gains or losses on these assets are recognised in the Operating Statement. Assets intended to be held to maturity are subsequently measured at amortised cost using the effective interest method. Gains or losses on impairment or disposal of these assets are recognised in the Operating Statement. Any residual investments that do not fall into any other category are accounted for as available for sale financial assets and measured at fair value directly in equity until disposed or impaired. All financial assets (except those measured at fair value through profit or loss) are subject to annual review for impairment.

Purchases or sales of financial assets under contract that require delivery of the asset within the timeframe established by convention or regulation are recognised on the trade date i.e. the date the Health Service commits itself to purchase or sell the assets.

s) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies is designated as a contribution by owners and is recognised as an adjustment to "Accumulated Funds".

Transfers arising from an administrative restructure between Health Services/government departments are recognised at the amount at which the asset was recognised by the transferor Health Service/Government Department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

The Statement of Changes in Equity does not reflect the Net Assets or change in equity in accordance with AASB 101 Clause 97.

t) Financial Instruments

Financial instruments give rise to positions that are a financial asset of either Greater Western Area Health Service or its counter party and a financial liability (or equity instrument) of the other party. For Greater Western Area Health Service these include cash at bank, receivables, other financial assets, payables and interest bearing liabilities.

In accordance with Australian Accounting Standard AASB139, "Financial Instruments: Recognition and Measurement" disclosure of the carrying amounts for each of the AASB139 categories of financial instruments is disclosed in Note 37. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

Classes of instruments recorded and their terms and conditions measured in accordance with AASB139 are as follows:

Cash

Accounting Policies - Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.

Terms and Conditions - Monies on deposit attract an effective interest rate of approximately 6% as compared to 5% in the previous year.

Loans and Receivables

Loans and receivables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. An allowance for impairment of receivables is established when there is objective evidence that the entity will not be able to collect all amounts due. The amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. Bad debts are written off as incurred.

Terms and Conditions - Accounts are generally issued on 30-day terms.

Low or zero interest loans are recorded at fair value on inception and amortised cost thereafter. In 2005/06 this involved the restatement of loan values as at 1 July 2005 for all loans negotiated prior to that date.

Other Investments

Terms and interest conditions - Short term deposits have an average maturity of 90 days and effective interest rates of 5.7% to 6.5% as compared to 5.2% to 5.8% in the previous year.

Trade and Other Payables

Accounting Policies -– These amounts represent liabilities for goods and services provided to the Health Service and other amounts, including interest. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Health Service.

Terms and Conditions - Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received.

Borrowings

Accounting Policies - Bank Overdrafts are carried at the principal amount. Other loans are classified as non trading liabilities and measured at amortised cost. Interest is charged as an expense as it accrues. Finance Lease Liability is accounted for in accordance with AASB117, "Leases".

Terms and Conditions - Bank Overdraft interest is charged at the bank's benchmark rate. Interest bearing loans are payable at quarterly intervals with interest charged at 6.3**%**.

u) Borrowings

Non interest bearing loans within NSW Health are initially measured at fair value and amortised thereafter. All other loans are valued at amortised cost.

v) Trust Funds

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 29. As the Health Service performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Health Service's own objectives, they are not brought to account in the financial statements.

w) Budgeted Amounts

The budgeted amounts are drawn from the budgets agreed with the NSW Health Department at the beginning of the financial reporting period and with any adjustments for the effects of additional supplementation provided.

Greater Western Area Health Service
Program Statement of Expenses and Revenues
for the Year Ended 30 June 2007

SERVICE'S EXPENSES AND REVENUES	Program 1.1 *		Program 1.2 *		Program 1.3 *		Program 2.1 *		Program 2.2 *		Program 2.3 *		Program 3.1 *		Program 4.1 *		Program 5.1 *		Program 6.1 *		Non Attributable		Total	
	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2,006
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses excluding losses																					----	----		
Operating Expenses																					----	----		
Employee Related	40,630	39,381	5,176	4,482	25,209	31,448	27,893	28,932	124,998	114,392	22,918	21,105	44,614	43,913	55,113	57,144	10,943	9,436	3,938	3,016	----	----	361,432	353,249
Visiting Medical Officers	531	1,056	31	85	5,913	5,351	4,886	4,886	18,191	15,570	7,213	6,145	5,342	3,424	2,732	2,287	486	261	22	274	----	----	45,347	39,339
Other Operating Expenses	11,832	11,208	1,560	988	16,892	13,213	10,755	13,052	130,574	117,579	16,244	17,598	11,258	9,923	17,215	15,016	3,466	4,416	453	1,034	----	----	220,249	204,027
Depreciation and Amortisation	2,474	1,968	361	277	2,367	2,912	1,621	1,413	7,910	6,090	1,607	1,400	2,515	2,021	3,528	3,093	597	618	54	153	----	----	23,034	19,945
Grants and Subsidies	2,707	2,664	36	193	2,058	988	66	1,527	532	96	82	24	1,509	289	556	266	166	120	2	12	----	----	7,714	6,179
Finance Costs	21	38	3	4	144	60	11	34	63	130	11	28	24	42	31	56	5	10	0	1	----	----	313	403
Payments to Affiliated Health Organisations	0	597	0	3	0	29	0	26	0	101	0	22	0	(1)	7,461	7,010	0	8	0	1	----	----	7,461	7,796
Total Expenses excluding losses	58,195	56,912	7,167	6,032	52,583	54,001	45,232	49,870	282,268	253,958	48,075	46,322	65,262	59,611	86,636	84,872	15,663	14,869	4,469	4,491	0	0	665,550	630,938
Revenue																					----	----		
Sale of Goods and Services	1,097	2,621	265	268	6,485	12,794	2,376	3,107	33,550	29,707	2,429	2,408	1,688	1,236	18,240	17,739	537	580	231	202	----	----	66,898	70,662
Investment Income	181	162	0	61	71	98	34	147	451	236	102	51	59	111	377	176	18	47	89	22	----	----	1,382	1,111
Grants and Contributions	4,393	3,372	867	204	31	52	0	86	10	590	0	114	49	154	1,263	1,060	2,191	2,351	25	380	----	----	8,829	8,363
Other Revenue	481	640	0	141	281	950	178	358	2,571	697	644	136	35	217	1,725	536	31	171	833	48	----	----	6,779	3,894
Total Revenue	6,152	6,795	1,132	674	6,868	13,894	2,588	3,698	36,582	31,230	3,175	2,709	1,831	1,718	21,605	19,511	2,777	3,149	1,178	652	0	0	83,888	84,030
Gain / (Loss) on Disposal	20	(66)	3	(1)	16	(2)	16	(17)	80	(192)	15	(4)	0	0	29	(6)	5	(1)	0	0			184	(289)
Other Gains / (Losses)	(73)	(17)	(10)	(2)	(111)	(84)	(62)	(15)	(456)	(160)	(74)	(9)	(68)	(8)	(92)	(114)	(20)	(2)	(2)	(4)			(968)	(415)
Net Cost of Services	52,096	50,200	6,042	5,361	45,810	40,193	42,690	46,204	246,062	223,080	44,959	43,626	63,499	57,901	65,094	65,481	12,901	11,723	3,293	3,843	0	0	582,446	547,612
Government Contributions	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	609,861	547,129	609,861	547,129
RESULT FOR THE YEAR																							(27,415)	483

* The name and purpose of each program is summarised in Note 17.

The program statement uses statistical data to 31 December 2006 to allocate the current period's financial information to each program.

No changes have occurred during the period between 1 January 2007 and 30 June 2007 which would materially impact this allocation.

PARENT			CONSOLIDATION	
2007 $000	**2006 $000**		**2007 $000**	**2006 $000**
		3. Employee Related		
		Employee related expenses comprise the following:		
0	176,526	Salaries and Wages	264,580	252,452
0	12,102	Awards	14,395	16,989
0	5,743	Superannuation [see note 2(a)] - defined benefit plans	7,628	8,209
0	13,777	Superannuation [see note 2(a)] - defined contributions	22,192	19,692
0	9,590	Long Service Leave [see note 2(a)]	10,879	13,463
0	20,758	Annual Leave [see note 2(a)]	26,837	29,144
0	0	Sick Leave and Other Leave	6,773	0
0	2,051	Redundancies	(102)	2,486
0	7,652	Workers Compensation Insurance	8,168	10,743
0	51	Fringe Benefits Tax	82	71
0	**248,250**		**361,432**	**353,249**
		The following additional information is provided:		
0	442	Employee Related Expenses capitalised - Land and Buildings	148	623
		Note 1 addresses the changes in employment status effective from 17 March 2006		
		4. Personnel Services		
		Personnel Services comprise the purchase of the following:		
264,580	75,926	Salaries and Wages	0	0
14,395	4,887	Awards	0	0
7,628	2,466	Superannuation [see note 2(a)] - defined benefit plans	0	0
22,192	5,915	Superannuation [see note 2(a)] - defined contributions	0	0
10,879	3,873	Long Service Leave [see note 2(a)]	0	0
26,837	8,386	Annual Leave [see note 2(a)]	0	0
6,773	0	Sick Leave and Other Leave	0	0
(102)	435	Redundancies	0	0
8,168	3,091	Workers Compensation Insurance	0	0
82	20	Fringe Benefits Tax	0	0
361,432	**104,999**		**0**	**0**
		The following additional information is provided:		
148	181	Personnel Services Expenses capitalised - Land and Buildings	0	0
		Note 1 addresses the changes in employment status effective from 17 March 2006		
		5. Other Operating Expenses		
1,738	1,636	Blood and Blood Products	1,738	1,636
6,497	3,973	Domestic Supplies and Services	6,497	3,973
12,881	12,226	Drug Supplies	12,881	12,226
5,520	5,194	Food Supplies	5,520	5,194
5,535	5,213	Fuel, Light and Power	5,535	5,213
12,753	15,436	General Expenses (See (b) below)	12,753	15,436
12,721	10,841	Hospital Ambulance Transport Costs	12,721	10,841
5,551	4,161	Information Management Expenses	5,551	4,161
1,527	2,062	Insurance	1,527	2,062
71,271	61,066	Inter Area Patient Outflows, NSW (see (d) below)	71,271	61,066
16,937	17,869	Interstate Patient Outflows (see (e) below)	16,937	17,869
		Maintenance (See (c) below)		
3,104	1,874	Maintenance Contracts	3,104	1,874
6,171	5,976	New/Replacement Equipment under $10,000	6,171	5,976
2,898	3,271	Repairs	2,898	3,271
1,041	1,241	Maintenance/Non Contract	1,041	1,241
(97)	446	Other	(97)	446
18,600	17,732	Medical and Surgical Supplies	18,600	17,732
3,738	4,230	Postal and Telephone Costs	3,738	4,230
1,954	1,929	Printing and Stationery	1,954	1,929
1,234	1,905	Rates and Charges	1,234	1,905
1,854	1,559	Rental	1,854	1,559
14,384	12,193	Special Service Departments	14,384	12,193
1,713	1,353	Staff Related Costs	1,713	1,353
4,863	4,497	Sundry Operating Expenses (See (a) below)	4,863	4,497
5,861	6,144	Travel Related Costs	5,861	6,144
220,249	**204,027**		**220,249**	**204,027**

Hospital ambulance transport costs include amounts previously disclosed as "Sundry Operating Expenses" (Aircraft Expenses - Ambulance)

PARENT 2007 $000	PARENT 2006 $000		CONSOLIDATION 2007 $000	CONSOLIDATION 2006 $000
		(a) Sundry Operating Expenses comprise:		
2,532	2,501	Contract for Patient Services	2,532	2,501
2,331	1,996	Isolated Patient Travel and Accomodation Assistance Scheme	2,331	1,996
4,863	**4,497**		**4,863**	**4,497**
		(b) General Expenses include:-		
740	742	Advertising	740	742
234	268	Books, Magazines and Journals	234	268
588	652	Consultancies - Operating Activities	588	652
690	629	Courier and Freight	690	629
137	259	Auditor's Remuneration - Audit of financial reports	137	259
141	178	Legal Services	141	178
368	342	Membership/Professional Fees	368	342
4,033	4,122	Motor Vehicle Operating Lease Expense - minimum lease payments	4,033	4,122
2,238	2,333	Other Operating Lease Expense - minimum lease payments	2,238	2,333
113	169	Quality Assurance/Accreditation	113	169
		(c) Reconciliation Total Maintenance		
13,117	12,808	Maintenance expense - contracted labour and other (non employee related), included in Note 5	13,117	12,808
4,980	4,971	Employee related/Personnel Services maintenance expense included in Notes 3 and 4	4,980	4,971
18,097	**17,779**	Total maintenance expenses included in Notes 3, 4 and 5	**18,097**	**17,779**
		(d) Expenses for Inter Area Patient Flows, NSW on an Area basis are as follows:-		
24,244	18,377	Sydney South West	24,244	18,377
10,821	10,779	South East Illawarra	10,821	10,779
12,408	10,479	Sydney West	12,408	10,479
6,710	7,261	Northern Sydney Central Coast	6,710	7,261
3,654	3,406	Hunter New England	3,654	3,406
419	316	North Coast	419	316
7,135	5,813	Greater Southern	7,135	5,813
5,880	4,635	Children's Hospital Westmead	5,880	4,635
71,271	**61,066**		**71,271**	**61,066**
		(e) Expenses for Interstate Patient Flows are as follows:-		
1,619	1,743	Australian Capital Territory	1,619	1,743
168	92	Northern Territory	168	92
832	633	Queensland	832	633
6,199	6,813	South Australia	6,199	6,813
30	45	Tasmania	30	45
7,958	8,457	Victoria	7,958	8,457
131	86	Western Australia	131	86
16,937	**17,869**		**16,937**	**17,869**

PARENT			CONSOLIDATION	
2007 $000	**2006 $000**		**2007 $000**	**2006 $000**
		6. Depreciation and Amortisation		
17,603	13,534	Depreciation - Buildings	17,603	13,534
4,884	5,974	Depreciation - Plant and Equipment	4,884	5,974
547	437	Depreciation - Infrastructure Systems	547	437
23,034	**19,945**		**23,034**	**19,945**
		7. Grants and Subsidies		
2,940	3,062	Royal Flying Doctor Service Broken Hill	2,940	3,062
1,534	1,169	Lyndon House	1,534	1,169
183	227	Country Women's Health Centre	183	227
162	157	Yeoval Community Hospital	162	157
150	455	University of NSW Department of Rural Health	150	455
2,745	1,109	Other	2,745	1,109
7,714	**6,179**		**7,714**	**6,179**
		8. Finance Costs		
313	403	Interest on Bank Overdrafts and Loans	313	403
313	**403**	Total Borrowing Costs	**313**	**403**
		9. Payments to Affiliated Health Organisations		
		(a) Recurrent Sourced		
7,461	7,796	Lourdes	7,461	7,796
7,461	**7,796**		**7,461**	**7,796**

PARENT			CONSOLIDATION	
2007 $000	**2006 $000**		**2007 $000**	**2006 $000**
		10. Sale of Goods and Services		
		(a) Sale of Goods comprise the following:-		
480	342	Sale of Prosthesis	480	342
19	18	Other	19	18
191	203	Pharmacy Sales	191	203
		(b) Rendering of Services comprise the following:-		
44,587	42,218	Patient Fees [see note 2(d)]	44,587	42,218
633	592	Staff-Meals and Accommodation	633	592
6,855	6,625	Infrastructure Fees - Monthly Facility Charge [see note 2(d)]	6,855	6,625
(1)	70	- Annual Charge	(1)	70
390	371	Cafeteria/Kiosk	390	371
0	3	Child Care Fees	0	3
52	49	Fees for Medical Records	52	49
2	2	Information Retrieval	2	2
7,126	7,649	Inter Area Patient Inflows, NSW	7,126	7,649
1,383	6,521	Linen Service Revenues - Other Health Services	1,383	6,521
221	1,166	Linen Service Revenues - Non Health Services	221	1,166
375	338	Meals on Wheels	375	338
144	167	Salary Packaging Fee	144	167
14	0	PADP Patient Copayments	14	0
1,349	1,425	Patient Inflows from Interstate	1,349	1,425
3,078	2,903	Other	3,078	2,903
66,898	**70,662**		**66,898**	**70,662**
		(c) Revenues from Inter Area Patient Flows, NSW on an Area basis are as follows:		
468	537	Sydney South West	468	537
437	389	South East Illawarra	437	389
2,607	1,666	Sydney West	2,607	1,666
486	487	Northern Sydney Central Coast	486	487
1,350	1,500	Hunter New England	1,350	1,500
241	338	North Coast	241	338
1,537	2,732	Greater Southern	1,537	2,732
7,126	**7,649**		**7,126**	**7,649**
		(d) Revenues from Patient Inflows from Interstate are as follows:-		
68	97	Australian Capital Territory	68	97
20	13	Northern Territory	20	13
515	477	Queensland	515	477
205	276	South Australia	205	276
29	21	Tasmania	29	21
427	432	Victoria	427	432
85	109	Western Australia	85	109
1,349	**1,425**		**1,349**	**1,425**
		11. Investment Income		
846	675	Interest	846	675
536	436	Lease and Rental Income	536	436
1,382	**1,111**		**1,382**	**1,111**

PARENT			CONSOLIDATION	
2007 $000	**2006 $000**		**2007 $000**	**2006 $000**
		12. Grants and Contributions		
4,128	4,103	Commonwealth Government grants	4,128	4,103
1,395	1,352	Industry Contributions/Donations	1,395	1,352
2,084	1,904	Mammography grants	2,084	1,904
574	567	NSW Government grants	574	567
7,628	2,466	Personnel Services - Superannuation Defined Benefits	0	0
648	437	Other grants	648	437
16,457	**10,829**		**8,829**	**8,363**
		13. Other Revenue		
		Other Revenue comprises the following:-		
5	14	Bad Debts recovered	5	14
9	27	Commissions	9	27
32	19	Conference and Training Fees	32	19
517	89	Sale of Merchandise, Old Wares and Books	517	89
3,719	1,204	Treasury Managed Fund Hindsight Adjustment	3,719	1,204
2,497	2,541	Other	2,497	2,541
6,779	**3,894**		**6,779**	**3,894**
		14. Gain/(Loss) on Disposal		
658	8,494	Property Plant and Equipment	658	8,494
416	8,110	Less Accumulated Depreciation	416	8,110
242	**384**	**Written Down Value**	**242**	**384**
426	95	Less Proceeds from Disposal	426	95
184	**(289)**	**Gain/(Loss) on Disposal of Property Plant and Equipment**	**184**	**(289)**
184	**(289)**	**Total Gain/(Loss) on Disposal**	**184**	**(289)**
		15. Other Gains/(Losses)		
(968)	(415)	Impairment of Receivables	(968)	(415)
(968)	**(415)**		**(968)**	**(415)**

16. Conditions on Contributions

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	$000	$000	$000	$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	132	120	4,081	4,333
Contributions recognised in amalgamated balance as at 30 June 2006 which were not expended in the current reporting period	348	41	1,763	2,152
Total amount of unexpended contributions as at balance date	480	161	5,844	6,485

Comment on restricted assets appears in Note 22

17. Programs/Activities of the Health Service

Program 1.1 - Primary and Community Based Services

Objective: To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.

Program 1.2 - Aboriginal Health Services

Objective: To raise the health status of Aborigines and to promote a healthy life style.

Program 1.3 - Outpatient Services

Objective: To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.

Program 2.1 - Emergency Services

Objective: To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.

Program 2.2 - Overnight Acute Inpatient Services

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.

Program 2.3 - Same Day Acute Inpatient Services

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.

Program 3.1 - Mental Health Services

Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Program 4.1 - Rehabilitation and Extended Care Services

Objective: To improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.

Program 5.1 - Population Health Services

Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.

Program 6.1 - Teaching and Research

Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

PARENT			CONSOLIDATION	
2007 $000	**2006 $000**		**2007 $000**	**2006 $000**
		18. Current Assets - Cash and Cash Equivalents		
871	498	Cash at bank and on hand	871	498
4,868	3,011	Short Term Deposits	4,868	3,011
5,739	**3,509**		**5,739**	**3,509**
		Cash assets recognised in the Balance Sheet are reconciled to cash at the end of the financial year as shown in the Cash Flow Statement as follows:		
5,739	3,509	Cash and cash equivalents (per Balance Sheet)	5,739	3,509
5,739	**3,509**	Closing Cash and Cash Equivalents (per Cash Flow Statement)	**5,739**	**3,509**

PARENT			CONSOLIDATION	
2007 $000	**2006 $000**		**2007 $000**	**2006 $000**
		19. Current Assets - Receivables		
		Current		
7,698	6,056	(a) Sale of Goods and Services	7,698	6,056
		Other Debtors		
2,639	4,021	- GST	2,639	4,021
772	2,707	- Other	772	2,707
11,109	12,784	**Sub Total**	11,109	12,784
(923)	(615)	Less Allowance for impairment	(923)	(615)
10,186	12,169	**Sub Total**	10,186	12,169
1,061	1,064	Prepayments	1,061	1,064
11,247	**13,233**		**11,247**	**13,233**
		(b) Impairment of Receivables during the year - Current Receivables		
968	415	- Sale of Goods and Services	968	415
0	5	- Other	0	5
968	**420**		**968**	**420**
		(c) Sale of Goods and Services Receivables include:		
668	647	Patient Fees - Compensable	668	647
71	79	Patient Fees - Ineligible	71	79
3,795	3,282	Patient Fees - Other	3,795	3,282
4,534	**4,008**		**4,534**	**4,008**

PARENT			CONSOLIDATION	
2007 $000	**2006 $000**		**2007 $000**	**2006 $000**
		20. Current Assets - Inventories		
		Current - at cost		
1,103	1,000	Drugs	1,103	1,000
1,505	1,448	Medical and Surgical Supplies	1,505	1,448
101	85	Food and Hotel Supplies	101	85
25	53	Engineering Supplies	25	53
121	638	Other including Goods in Transit	121	638
2,855	**3,224**		**2,855**	**3,224**

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	2007 $000	2006 $000
21. Property, Plant and Equipment		
Land and Buildings		
At Fair Value	870,695	832,910
Less Accumulated depreciation and impairment	456,241	450,704
Net Carrying Amount	**414,454**	**382,206**
Plant and Equipment		
At Fair Value	70,682	75,447
Less Accumulated depreciation and impairment	46,888	48,337
Net Carrying Amount	**23,794**	**27,110**
Infrastructure Systems		
At Fair Value	20,394	20,304
Less Accumulated depreciation and impairment	12,358	11,825
Net Carrying Amount	**8,036**	**8,479**
Total Property, Plant and Equipment At Net Carrying Amount	**446,284**	**417,795**

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21. Property, Plant and Equipment - Reconciliations

	Land	Buildings	Work in Progress	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000	$000
2007						
Carrying amount at start of year	15,803	335,046	31,357	27,110	8,479	417,795
Additions	112	2,282	58,873	4,469	105	65,841
Disposals	(40)	(123)	0	(78)	(1)	(242)
Administrative restructures - transfers in/(out)	(235)	(11,018)	0	(2,823)	0	(14,076)
Net revaluation increment less revaluation decrements recognised in reserves	0	0	0	0	0	0
Depreciation expense	0	(17,603)	0	(4,884)	(547)	(23,034)
Reclassifications	0	0	0	0	0	0
Carrying amount at end of year	**15,640**	**308,584**	**90,230**	**23,794**	**8,036**	**446,284**

	Land	Buildings	Work in Progress	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000	$000
2006						
Carrying amount at start of year	18,893	297,113	11,460	26,873	6,722	361,061
Additions	26	0	30,523	6,521	127	37,197
Disposals	0	0	0	(384)	0	(384)
Administrative restructures - transfers in/(out)	0	0	0	(662)	0	(662)
Net revaluation increment less revaluation decrements recognised in reserves	(3,116)	41,577	0	0	2,067	40,528
Depreciation expense	0	(13,533)	0	(5,975)	(437)	(19,945)
Reclassifications	0	9,889	(10,626)	737	0	0
Carrying amount at end of year	**15,803**	**335,046**	**31,357**	**27,110**	**8,479**	**417,795**

(i) Land and Buildings include land owned by the Health Administration Corporation and administered by the Health Service [see note 2(g)].

(ii) Land and Buildings were valued by AON Valuation Consultants (Registered Valuers) on 30 June 2006 [see note 2(j)]. AON Valuation Consultants are not employees of the Health Service.

22. Restricted Assets

The Health Service's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.

PARENT 2007 $000	PARENT 2006 $000	Category	Brief Details of Externally Imposed Conditions including Asset Category affected	CONSOLIDATION 2007 $000	CONSOLIDATION 2006 $000
6,237	5,570	Specific Purposes	Conditions imposed by granting body	6,237	5,570
248	371	Private Practice Funds	Conditions imposed by NSW Health Departmer and Salaried medical Specialists Award	248	371
6,485	**5,941**			**6,485**	**5,941**

PARENT 2007 $000	PARENT 2006 $000		CONSOLIDATION 2007 $000	CONSOLIDATION 2006 $000
		23. Payables		
		Current		
0	0	Accrued Salaries and Wages	11,935	7,115
0	0	Payroll Deductions	0	2,868
11,935	9,983	Accrued Liability - Purchase of Personnel Services	0	0
24,680	19,036	Creditors	24,680	19,036
		Other Creditors		
7,455	2,066	- Capital Works	7,455	2,066
39	724	- Intra Health Liability	39	724
108	115	- Other	108	115
44,217	**31,924**		**44,217**	**31,924**
		24. Current/Non Current Borrowings		
		Current		
283	2,922	Other Loans and Deposits	283	2,922
283	**2,922**		**283**	**2,922**
		Non Current		
1,312	1,652	Other Loans and Deposits	1,312	1,652
1,312	**1,652**		**1,312**	**1,652**

Other loans still to be extinguished represent monies to be repaid to the NSW Health Department/ Sustainable Energy Development Authority. Final Repayment is scheduled for 30 June 2012.

		Repayment of Borrowings (excluding Finance Leases)		
283	2,922	Not later than one year	283	2,922
1,312	1,652	Between one and five years	1,312	1,652
1,595	**4,574**	Total Borrowings at face value (excluding Finance Leases)	**1,595**	**4,574**

PARENT 2007 $000	PARENT 2006 $000		CONSOLIDATION 2007 $000	CONSOLIDATION 2006 $000
		25. Provisions		
		Current Employee benefits and related on-costs		
0	0	Employee Annual Leave - Short Term Benefit	28,190	28,655
0	0	Employee Annual Leave - Long Term Benefit	15,414	12,876
0	0	Employee Long Service Leave - Short Term Benefit	4,866	4,416
0	0	Employee Long Service Leave - Long Term Benefit	49,224	42,903
0	0	Sick Leave	654	667
98,348	89,517	Provision for Personnel Services Liability	0	0
98,348	**89,517**	**Total Current Provisions**	**98,348**	**89,517**
		Non Current Employee benefits and related on-costs		
0	0	Employee Long Service Leave - Conditional	11,861	14,335
11,861	14,335	Provision for Personnel Services Liability	0	0
11,861	**14,335**	**Total Non Current Provisions**	**11,861**	**14,335**
		Aggregate Employee Benefits and Related On-costs		
98,348	89,517	Provisions - current	98,348	89,517
11,861	14,335	Provisions - non-current	11,861	14,335
0	0	Accrued Salaries and Wages and on costs (Note 23)	11,935	9,983
11,935	9,983	Accrued Liability - Purchase of Personnel Services (Note 23)	0	0
122,144	**113,835**		**122,144**	**113,835**

PARENT			CONSOLIDATION	
2007 $000	2006 $000		2007 $000	2006 $000
		26. Other Liabilities		
		Current		
1	183	Income in Advance	1	183
1	**183**		**1**	**183**

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27. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2007 $000	2006 $000	2007 $000	2006 $000	2007 $000	2006 $000
Balance at the beginning of the financial reporting period	189,440	197,057	107,788	67,260	297,228	264,317
Correction of Prior Period Error (refer note 39)	0	(5,349)		0	0	(5,349)
Restated Opening Balance	189,440	191,708	107,788	67,260	297,228	258,968
Changes in equity - transactions with owners as owners						
Increase/(Decrease) in Net Assets from Administrative Restructure (refer note 40)	(14,540)	(1,785)		0	(14,540)	(1,785)
Total	174,900	189,923	107,788	67,260	282,688	257,183
Changes in equity - other than transactions with owners as owners						
Result for the year	27,415	211		0	27,415	211
Corrections of Errors (refer note 39)	0	(694)		0	0	(694)
Increment/(Decrement) on Revaluation of:						
Land and Buildings	0	0		38,461	0	38,461
Infrastructure Systems	0	0		2,067	0	2,067
Total	27,415	(483)	0	40,528	27,415	40,045
Balance at the end of the financial reporting period	202,315	189,440	107,788	107,788	310,103	297,228

The asset revaluation reserve is used to record increments and decrements on the revaluation of non current assets. This accords with the Health Service's policy on the "Revaluation of Physical Non Current Assets" and "Investments", as discussed in Note 2(j).

Transfer of Linen Services to Health Support

In September and October 2006 Orana and Central West Linen Services were transferred to Health Support. The Area has accounted for the transfer as an Administrative Restructure. The Assets and Liabilities were transferred at book values. The Administrative Restructure value transferred to Health Support by GWAHS was $14 million (notes 21 & 40).

PARENT 2007 $000	PARENT 2006 $000	28. Commitments for Expenditure	CONSOLIDATION 2007 $000	CONSOLIDATION 2006 $000
		(a) Capital Commitments		
		Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
35,429	69,402	Not later than one year	35,429	69,402
13,449	189,470	Later than one year and not later than five years	13,449	189,470
0	0	Later than five years	0	0
48,878	**258,872**	**Total Capital Expenditure Commitments (including GST)**	**48,878**	**258,872**

Of the commitments reported at 30 June 2007 it is expected that $189,235 will be met from locally generated moneys.

(b) Operating Lease Commitments

Commitments in relation to non-cancellable operating leases are payable as follows:

7,984	7,340	Not later than one year	7,984	7,340
10,540	23,330	Later than one year and not later than five years	10,540	23,330
128	18,326	Later than five years	128	18,326
18,652	**48,996**	**Total Operating Lease Commitments (including GST)**	**18,652**	**48,996**

The Area enters into operating lease arrangements for supply of Motor Vehicles, and medical, computer and office equipment

(c) Operating Expense Commitments

Commitments in relation to Public Private Partnership (PPP) arrangements are payable as follows:

12,734	0	Not later than one year	12,734	0
187,810	0	Later than one year and not later than five years	187,810	0
0	0	Later than five years	0	0
200,544	**0**	**Total Operating Expense Commitments (including GST)**	**200,544**	**0**

(c) Contingent Asset related to Commitments for Expenditure

The total of "Commitments for Expenditure" above, i.e. $268.074 million as at 30 June 2007 includes input tax credits of $24.37 million that are expected to be recoverable from the Australian Taxation Office.

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29. Trust Funds

The Health Service holds trust fund moneys of $1.333 million which are used for the safe keeping of patients' monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Health Service cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

	Patient Trust		Refundable Deposits		Private Practice Trust Funds	
	2007 $000	2006 $000	2007 $000	2006 $000	2007 $000	2006 $000
Cash Balance at the beginning of the financial reporting period	260	226	413	355	738	786
Receipts	467	431	173	194	7,621	10,523
Expenditure	(410)	(397)	(189)	(136)	(7,740)	(10,571)
Cash Balance at the end of the financial reporting period	317	260	397	413	619	738

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30. Contingent Liabilities

a) Claims on Managed Fund

Since 1 July 1989, the Health Service has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Health Service all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implications. The costs relating to such exceptions are to be absorbed by the Health Service. As such, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Health Service. A Solvency Fund (now called Pre-Managed Fund Reserve was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Health Service.

b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 2000/01 fund year and an interim adjustment for the 2002/03 fund year were not calculated until 2006/07. As a result, the 2001/02 final and 2003/04 interim hindsight calculations will be paid in 2007/08.

c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB127, Affiliated Health Organisations listed in Schedule 3 of the Health Services Act, 1997 are only recognised in the Department's consolidated Financial Statements to the extent of cash payments made.

However, it is accepted that a contingent liability exists which may be realised in the event of cessation of health service activities by any Affiliated Health Organisation. In this event the determination of assets and liabilities would be dependent on any contractual relationship which may exist or be formulated between the administering bodies of the organisation and the Department.

d) Pathology Services - Sydney West AHS - ICPMR

The Service Level Agreement (SLA) between Sydney West Area Health Service – ICPMR and GWAHS is not finalised.

The SLA states that operating deficits or surpluses accrued by CWPS prior to date of transfer will remain the responsibility of GWAHS and that the reverse would apply if the pathology service were ever to be transferred back.

The Area has accrued an expense of $1.2 million relating to Service Level Agreement charges for 2006/07 based the Net Cost of Service on transfer of Central West Pathology Service to SWAHS in 2006 as set out in the SLA Agreement.

Any savings made in future years as measured by Net Cost of Service, will be shared between SWAHS and GWAHS on a 50/50 basis. Unusual circumstances (eg an award increase unfunded by Department of Heath), may lead to an increase in Net Cost of Service in which case charges may increase, in line with the same 50/50 principal in which savings are to be shared.

As the SLA is not finalised further liabilities or assets relating to the agreement are not able to be reliably measured and are contingent upon the outcome of discussions and finalisation of the SLA between SWAHS and GWAHS.

PARENT AND CONSOLIDATION

31. Charitable Fundraising Activities

Fundraising Activities

The Greater Western Area Health Service conducts direct fundraising in all hospitals under its control.

All revenue and expenses have been recognised in the financial statements of the Greater Western Area Health Service. Fundraising activities are dissected as follows:

	INCOME RAISED $000	DIRECT EXPENDITURE* $000	INDIRECT EXPENDITURE+ $000	NET PROCEEDS $000
Raffles	2	0	0	2
Functions	50	(4)	(1)	45
	52	(4)	(1)	47
Percentage of Income	100%			

* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc
\+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

The net proceeds were used for the following purposes:	$000
Other Expenses	47
	47

The provision of the Charitable Fundraising Act 1991 and the regulations under that Act have been complied with and internal controls exercised by the Greater Western Area Health Service are considered appropriate and effective in accounting for all the income received in all material respects.

PARENT			CONSOLIDATION	
2007 $000	**2006 $000**		**2007 $000**	**2006 $000**
		32. Reconciliation Of Net Cash Flows from Operating Activities To Net Cost Of Services		
71,341	39,786	Net Cash Flows from Operating Activities	71,341	39,786
(23,034)	(19,945)	Depreciation	(23,034)	(19,945)
(968)	(415)	Provision for Doubtful Debts	(968)	(415)
0	(5,743)	Acceptance by the Crown Entity of Employee Superannuation Benefits	(7,628)	(8,209)
(6,982)	(14,252)	(Increase)/ Decrease in Provisions	(6,982)	(14,252)
(4,021)	(3,288)	Increase / (Decrease) in Prepayments and Other Assets	(4,021)	(3,288)
(9,105)	(2,080)	(Increase)/ Decrease in Creditors	(9,105)	(2,080)
184	(289)	Net Gain/ (Loss) on Sale of Property, Plant and Equipment	184	(289)
(540,744)	(506,609)	(NSW Health Department Recurrent Allocations)	(540,744)	(506,609)
(61,489)	(32,311)	(NSW Health Department Capital Allocations)	(61,489)	(32,311)
(574,818)	**(545,146)**	**Net Cost of Services**	**(582,446)**	**(547,612)**

33. 2006/07 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to the health service. Services provided include:

- Chaplaincies and Pastoral Care - Patient & Family Support
- Pink Ladies/Hospital Auxiliaries - Patient Services, Fund Raising
- Patient Support Groups - Practical Support to Patients and Relative
- Community Organisations - Counselling, Health Education, Transport, Home Help & Patient Activities

34. Unclaimed Moneys

Unclaimed salaries and wages are paid to the credit of the Department of Industrial Relations and Employment in accordance with the provisions of the Industrial Arbitration Act, 1940, as amended.

All money and personal effects of patients which are left in the custody of Health Services by any patient who is discharged or dies in the hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of health services.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

35. Budget Review - Parent and Consolidated

Net Cost of Services

The actual Net Cost of Services was lower than budget by $0.931 million. This was primarily due to favourable total revenue including increased revenue from private patient fees, and overall favourable result in salaries and wages, due to savings from amalgamation. This favourable result is partially offset by unfavourable results in expense line items Goods & Services and Visiting Medical Officers.

Result for the Year

The increase in accumulated funds was higher than budget by $0.828 million, primarily due to the Net Cost of Services being lower than budget.

Assets and Liabilities

Current assets were higher than budget, principally due to higher Cash at Bank balances.

Cash Flows

The cash flow position is higher than budget resulting from a favourable cash inflow from operating activities resulting primarily from increased revenues associated with the sale of goods and services.

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 29 June 2006 are as follows:

	$000
Initial Allocation, 29 June 2006	458,738
Award Increases	1,291
Special Projects	
- IMMS	605
- NMHP	560
- MHCI	468
- MPEC	125
- Dental Services	626
- High Cost Drugs	310
- NDP2	316
- Transport for Health	388
- Aboriginal Environmental Health	440
Other	
- Superannuation	651
- Cardiac Catheter Service	1,200
- Interstate Flows (Net)	1,702
- Transfer of Business Units	(306)
- Inter Area Flows (Net)	64,145
- Predictable Surgery	768
- VMO Increases	2,034
- Stroke Service Enhancements	494
- Renal Services	444
- Rural Obstetrics/Anaesthetics	495
- Nurse Strategy	1,147
- Risk Shared Procurement	1,598
- Clinical Service Redesign	571
- Ambulance Transport Savings	385
- Mental Health (General)	323
- Rural Clinical Locum Program	327
- MPS Payback	359
- Ventilated Dependent Quadraplegic Program	333
- Miscellaneous Adjustments	207
Balance as per Operating Statement	540,744

PARENT AND CONSOLIDATION

36. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates.
Greater Western Area Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Balance Sheet date are as follows:

Financial Instruments	Floating interest rate		Fixed interest rate maturing in: 1 year or less		Over 1 to 5 years		More than 5 years		Non-interest bearing		Total carrying amount as per the Balance Sheet		Weighted average effective interest rate *	
	2007 $000	2006 $000	2007 $000	2006 $000	2007 $000	2006 $000	2007 $000	2006 $000	2007 $000	2006 $000	2007 $000	2006 $000	2007 %	2006 %
Financial Assets														
Cash	0	3,464	5,678	0	0	0	0	0	61	45	5,739	3,509	6	5
Receivables	0	0	0	0	0	0	0	0	11,247	13,233	11,247	13,233	0	0
Total Financial Assets	0	3,464	5,678	0	0	0	0	0	11,308	13,278	16,986	16,742		
Financial Liabilities														
Borrowings-Bank Overdraft	0	0	0	0	0	0	0	0	0	0	0	0	6	0
Borrowings-Other	0	0	13	2,922	59	1,652	0		1,522		1,595	4,574	6	7
Payables	0	0	0	0	0	0	0	0	44,217	31,924	44,217	31,924	0	0
Total Financial Liabilities	0	0	13	2,922	59	1,652	0	0	45,739	31,924	45,812	36,498		

* Weighted average effective interest rate was computed on a semi-annual basis.
It is not applicable for non-interest bearing financial instruments.

PARENT AND CONSOLIDATION

36. Financial Instruments

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract/ or financial position failing to discharge a financial obligation thereunder. The Greater Western Area Health Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Balance Sheet.

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Financial Assets										
Cash		0	5,678	3,464		0	61	45	5,739	3,509
Receivables	3,241	1,484	51	0	4,534	4,009	3,421	7,741	11,247	13,234
Total Financial Assets	3,241	1,484	5,729	3,464	4,534	4,009	3,482	7,786	16,986	16,743

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables from these entities totalled $71,406 at balance date.

c) Derivative Financial Instruments

The Greater Western Area Health Service holds no Derivative Financial Instruments.

37. Public Private Partnership (PPP)

The Health Administration Corporation (HAC) commenced the expression of interest process for a Public Sector Provider for financing, design and construction and support services for Orange Base Hospital, Tertiary Mental Health Services, including support services for Bathurst Base Hospital, Oberon Hospital and Blayney Hospital.

Bathurst Base Hospital was tendered under a traditional design and construct and will be completed in 2007/2008.

The redevelopment of Orange Base Hospital and Tertiary Mental Health Services will be completed in two stages with full service commencement anticipated in 2011. (note 28)

HAC has not yet appointed the private contractor, however the process of selection is near completion.

In anticipation of the PPP development the useful lives of the exiting assets in the books of GWAHS relating to the development have been reviewed and accelerated where necessary.

38. Subsequent Event - Multi Purpose Service (MPS)

In July 2007 the Area Health Service entered into a Multi Purpose Agreement with the State of NSW as represented by NSW Health, and The Commonwealth of Australia as represented by the Australian Government Department of Health and Ageing to establish a Multi Purpose Service (MPS) in Tottenham. The Agreement is for a term of three years.

In June 2007 the Area Health Service following negotiations with the management of Kahkama Hostel and the Commonwealth Government transferred all assets and liabilities to GWAHS as agreed between the Commonwealth and the State for the construction of the new Dunedoo Memorial MPS.

In July the Area Health Service following negotiations with the management of Mick Glennie Hostel and the Commonwealth Government transferred all assets and liabilities to GWAHS as agreed between the Commonwealth and the States for the construction of the new Nyngan MPS.

39. Prior Period Errors

In 2006/07 the Department of Health determined the need to make allowance for on costs which need to be paid on the settlement of annual leave liability. This resulted in the application of an on cost of 21.7% as reported in Note 2(a) .

The provisions of AASB119, Employee Benefits and Treasury's Financial Reporting Code for Budget Dependent General Government Sector Agencies, as pre existing in prior years, recognised the need to include such on costs and therefore the on costs now recognised have been brought to account as "Prior Period Errors".

The amount corrected against the Opening Balance at 1 July 2005 was $5.346M, with the 2005/06 Result being increased by $0.694M. In the Parent financial statements the $0.694M has been apportioned between Employee Related Expense ($0.492M) for the period up to 17 March 2006 and Personnel Services ($0.202M) for the period 17 March 2006 to 30 June 2006.

PARENT AND CONSOLIDATION

40. Increase/Decrease in Net Assets from Administrative Restructure

With effect from 1 September 2006 and 1 October 2006 responsibility for the provision of linen services transferred from the Area to Health Support from which the Area now purchases its linen needs.
Details of the equity transfer are as follows:

	2,007 $000
Assets	
Inventories	464
Property, Plant & Equipment	
- Land & Buildings	11,254
- Plant & Equipment	2,822
Net Assets/Equity (refer Note 27)	14,540

Income Statement of Greater Western Area Health Service
Special Purpose Service Entity for the Year Ended 30 June 2007

	2007 $000	2006 $000
Income		
Personnel Services	353,804	102,533
Acceptance by the Crown Entity of Employee Benefits	7,628	2,466
Total Income	**361,432**	**104,999**
Expenses		
Salaries and Wages	264,580	75,926
Awards	14,395	4,887
Defined Contributions Superannuation	22,192	5,915
Long Service Leave	10,879	3,873
Annual Leave	26,837	8,386
Sick Leave and Other Leave	6,773	0
Redundancies	(102)	435
Workers Compensation Insurance	8,168	3,091
Fringe Benefits Tax	82	20
Grants & Subsidies	7,628	2,466
Total Expenses	**361,432**	**104,999**
Result For The Year	**0**	**0**

The comparatives for 2006 cover the period 17 March 2006 to 30 June 2006 only. Note 1(c) refers.

The accompanying notes form part of these Financial Statements.

Balance Sheet of Greater Western Area Health Service
Special Purpose Service Entity as at 30 June 2007

	Notes	2007 $000	2006 $000
ASSETS			
Current Assets			
Receivables	2	110,283	99,500
Total Current Assets		**110,283**	**99,500**
Non-Current Assets			
Receivables	2	11,861	14,335
Total Non-Current Assets		**11,861**	**14,335**
Total Assets		**122,144**	**113,835**
LIABILITIES			
Current Liabilities			
Payables	3	11,935	9,983
Provisions	4	98,348	89,517
Total Current Liabilities		**110,283**	**99,500**
Non-Current Liabilities			
Provisions	4	11,861	14,335
Total Non-Current Liabilities		**11,861**	**14,335**
Total Liabilities		**122,144**	**113,835**
Net Assets		**0**	**0**
EQUITY			
Accumulated funds		**0**	**0**
Total Equity		**0**	**0**

The accompanying notes form part of these Financial Statements

Statement of Recognised Income and Expense of Greater Western Area Health Service Special Purpose Service Entity for the Year Ended 30 June 2007

	2007 $000	2006 $000
Opening Equity	0	0
Result for the Year	0	0
Closing Equity	0	0

The accompanying notes form part of these Financial Statements

Cash Flow Statement of Greater Western Area Health Service Special Purpose Service Entity for the Year Ended 30 June 2007

	2007 $000	2006 $000
Net Cash Flows from Operating Activities	0	0
Net Cash Flows from Investing Activities	0	0
Net Cash Flows from Financing Activities	0	0
Net Increase/(Decrease) in Cash	0	0
Closing Cash and Cash Equivalents	0	0

The Greater Western Area Health Service Special Purpose Service Entity does not hold any cash or cash equivalent assets and therefore there are nil cash flows.

The accompanying notes form part of these Financial Statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Greater Western Area Health Service Special Purpose Entity

The Greater Western Area Health Service Special Purpose Entity *"the Entity"*, is a Division of the Government Service, established pursuant to Part 2 of Schedule 1 to the Public Sector Employment and Management Act 2002 and amendment of the Health Services Act 1997. It is a not-for-profit entity as profit is not its principal objective. It is consolidated as part of the NSW Total State Sector Accounts. It is domiciled in Australia and its principal office is at Dubbo, New South Wales.

The Entity's objective is to provide personnel services to the Greater Western Area Health

The Entity commenced operations on 17 March 2006 when it assumed responsibility for the employees and employee-related liabilities of the Greater Western Area Health Service. The assumed liabilities were recognised on 17 March 2006 with an offsetting receivable representing the related funding due from the former employer.

The financial report was authorised for issue by the Chief Executive Officer on 11th October 2007. The report will not be amended and reissued as it has been audited.

b) Basis of preparation

This is a general purpose financial report prepared in accordance with the requirements of Australian Accounting Standards, the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

Generally, the historical cost basis of accounting has been adopted and the financial report does not take into account changing money values or current valuations.

The accrual basis of accounting has been adopted in the preparation of the financial report, except for cash flow information.

Management's judgements, key assumptions and estimates are disclosed in the relevant notes to the financial report.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

c) Comparative Information

Comparative information reflects the creation of the Special Purpose Services Entity with effect from 17 March 2006 and covers the period 17 March 2006 to 30 June 2006.

d) Income

Income is measured at the fair value of the consideration received or receivable. Revenue from the rendering of personnel services is recognised when the service is provided and only to the extent that the associated recoverable expenses are recognised.

e) Receivables

A receivable is recognised when it is probable that the future cash inflows associated with it will be realised and it has a value that can be measured reliably. It is derecognised when the contractual or other rights to future cash flows from it expire or are transferred.

A receivable is measured initially at fair value and subsequently at amortised cost using the effective interest rate method, less any allowance for impairment. A short-term receivable with no stated interest rate is measured at the original invoice amount where the effect of discounting is immaterial. An invoiced receivable is due for settlement within thirty days of invoicing.

If there is objective evidence at year end that a receivable may not be collectable, its carrying amount is reduced by means of an allowance for impairment and the resulting loss is recognised in the income statement. Receivables are monitored during the year and bad debts are written off against the allowance when they are determined to be irrecoverable. Any other loss or gain arising when a receivable is derecognised is also recognised in the income statement.

f) Payables

Payables include accrued wages, salaries, and related on costs (such as payroll deduction liability, payroll tax, fringe benefits tax and workers' compensation insurance) where there is certainty as to the amount and timing of settlement.

A payable is recognised when a present obligation arises under a contract or otherwise. It is derecognised when the obligation expires or is discharged, cancelled or substituted.

A short-term payable with no stated interest rate is measured at historical cost if the effect of discounting is immaterial.

g) Employee benefit provisions and expenses

i) Salaries and Wages, current Annual Leave, Sick Leave and On-Costs (including non-monetary benefits)

Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term". On costs of 21.7%are applied to the value of leave payable at 30 June 2007 inclusive of the 4% award increase payable from 1 July 2007, such on costs being consistent with actuarial assessment.

Unused non-vesting sick leave does not give rise to a liability, as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

ii) Long Service Leave and Superannuation Benefits

Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non-Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next 12 months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 8.1% inclusive of the 4% payable from 1 July 2007 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

The Entity's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Entity accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 3, "Payables".

The superannuation expense for the financial year is determined by using the formulae specified in the NSW Health Department Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and Superannuation Guarantee Charge) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions are recognised by the Health Service beyond that date.

h) Financial Instruments

Financial instruments given rise to positions that are a financial asset of either the Entity or its counter party and a financial liability (or equity instrument) of the other party. For the Entity, these include cash at bank, receivables, other financial assets, payables and borrowings.

In accordance with Australian Accounting Standard AASB 139, "Financial Instruments: Recognition and Measurements" disclosure of the carrying amounts for each of AASB 139 categories of financial instruments is disclosed in Note 5. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

Classes of instruments recorded and their terms and conditions measured in accordance with AASB 139 are as follows:

Receivables

Accounting Policies - Receivables are recognised at initially fair value, usually based on the transaction cost or face value. Subsequent measures are at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Short term receivables with no stated interest are measured at the original invoice amount where the effect of discounting is immaterial. An allowance for impairment of receivables is established when there is objective evidence that the entity will not be able to collect all amounts due. The amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. Bad debts are written off as incurred.

Terms and conditions - Accounts are generally issued on 30 day terms.

Payables

Accounting Policies - These amounts represent liabilities for goods and services provided to the Health Service and other amounts, including interest. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent meausrement is at amortised cost using the effective interest method. Short term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Health Service.

Terms and Conditions - Trade liabilities are settled within terms specified. If no terms are specified, payment is made at the end of the month following the month in which the invoice is received.

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2007

	2007 $000	2006 $000
2. RECEIVABLES		
Current		
Accrued Income - Personnel Services Provided	110,283	99,500
Non-Current		
Accrued Income - Personnel Services Provided	11,861	14,335
Total Receivables	**122,144**	**113,835**
3. PAYABLES		
Current		
Accrued Salaries and Wages on-costs	11,935	9,983
Provisions	98,348	89,517
Total Payables	**110,283**	**99,500**
4. PROVISIONS		
Current Employee benefits and related on-costs		
Employee Annual Leave - Short Term Benefit	28,190	28,655
Employee Annual Leave - Long Term Benefit	15,414	12,876
Employee Long Service Leave - Short Term Benefit	4,866	4,416
Employee Long Service Leave - Long Term Benefit	49,224	42,903
Sick Leave	654	667
Total Current Provisions	**98,348**	**89,517**
Non-Current Employee benefits and related on-costs		
Employee Long Service Leave - Conditional	11,861	14,335
Total Non-Current Provisions	**11,861**	**14,335**
Aggregate Employee Benefits and Related on-costs		
Provision - Current	98,348	89,517
Provision - Non-Current	11,861	14,335
Total	**110,209**	**103,852**

Greater Western Area Health Service Special Purpose Service Entity

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2007

5. FINANCIAL INSTRUMENTS

a) Interest Rate Risk

Interest rate risk is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. The Entity's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the Balance Sheet date are as follows:

Financial Instruments	Non-Interest Bearing		Total carrying amount as per the Balance Sheet		Weighted average effective interest rate*	
	2007 $000	2006 $000	2007 $000	2006 $000	2007 $000	2006 $000
Financial Assets						
Receivables	110,283	99,500	110,283	99,500		0
Total Financial Assets	**110,283**	**99,500**	**110,283**	**99,500**		
Financial Liabilities						
Payables	11,861	14,335	11,861	14,335		
Total Financial Liabilities	**11,861**	**14,335**	**11,861**	**14,335**		

** The weighted average effective interest rate was computed on a semi-annual basis. It is not applicable for non-interest bearing financial instruments.*

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract, or financial position, failing to discharge a financial obligation thereunder. The Entity's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the Balance Sheet.

Credit Risk by classification of counterparty	Governments		Banks		Patients		Other		Total	
	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006
Financial Assets										
Receivables	122,144	113,835		0		0		0	122,144	113,835
Total Financial Assets	**122,144**	**113,835**	**0**	**0**	**0**	**0**	**0**	**0**	**122,144**	**113,835**

c) Net Fair Value

Financial Instruments are carried at cost. The resultant values are reported in the Balance Sheet and are deemed to constitute net fair value.

d) Derivative Financial Instruments

The Greater Western Area Health Service Special Purpose Service Entity holds no Derivative Financial Instruments.

6. Prior Period Errors

In 2006/07 the Department of Health determined the need to make allowance for on costs which need to be paid on the settlement of annual leave liability. This resulted in the application of an on cost of 21.7% as reported in Note 1(g) . The provisions of AASB119, Employee Benefits and Treasury's Financial Reporting Code for Budget Dependent General Government Sector Agencies, as pre existing in 2005/06, recognised the need to include such on costs and therefore the on costs now recognised have been brought to account as "Prior Period Errors". However expense and revenue adjustments are fully offsetting and the adjustment had no effect on Equity.

END OF AUDITED FINANCIAL STATEMENTS