



Health  
Far West  
Local Health District



# Far West Local Health District

Year in Review 2015-2016

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# Vision and Values

## Our Vision

Excellence in rural and remote health

## Our Mission

Enabling health in our communities

## Our Core Values

Collaboration Openness Respect Empowerment



# About Far West Local Health District

The Far West Local Health District is located in the far west of NSW. The northern part links more closely with South Australia, while the southern part has closer links with Victoria.

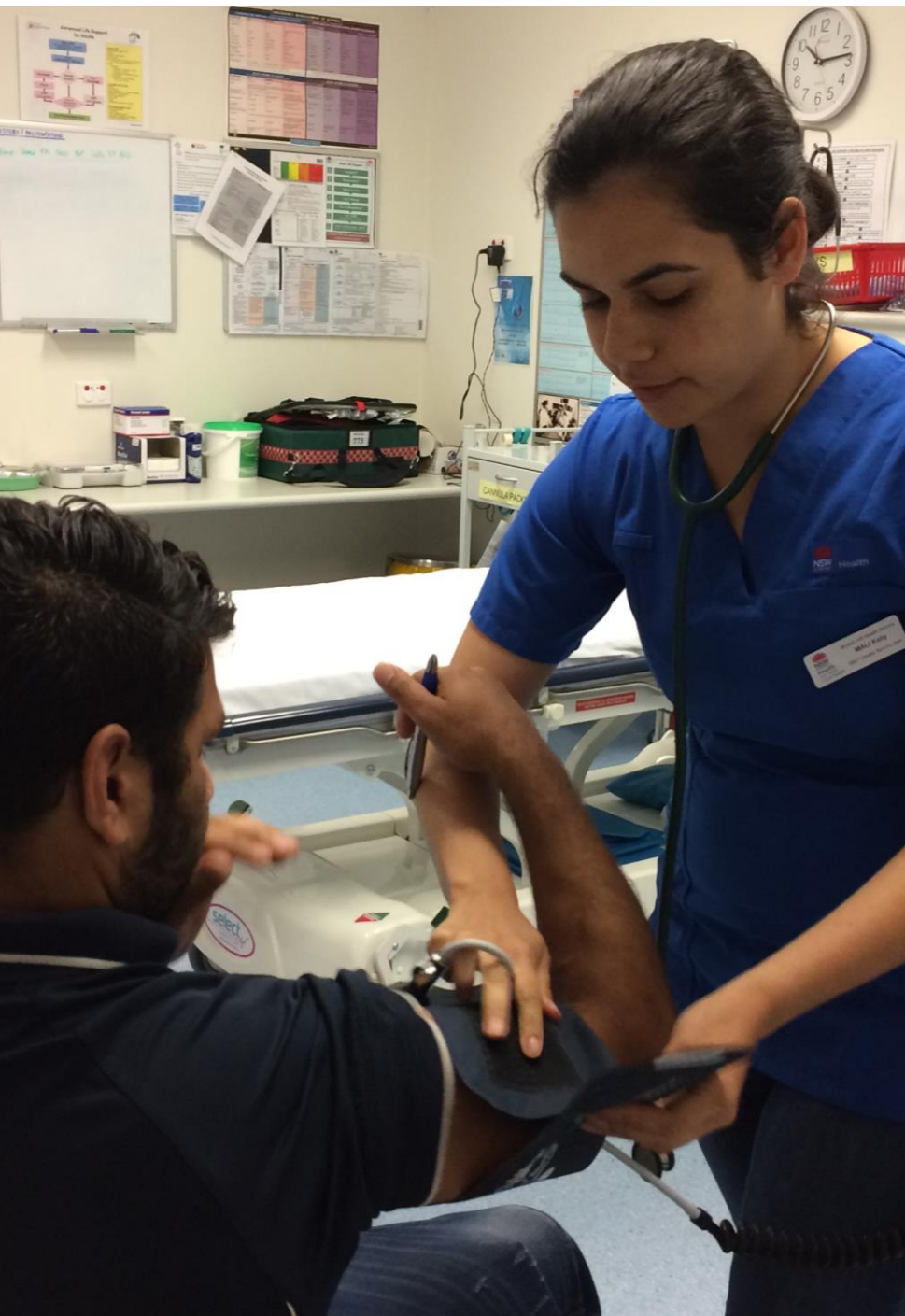
The region consists of mostly open plains and is bisected by the Darling River. Land use is dominated by pastoral grazing and mining to the north, where irrigation is absent. Land use along the Murray River is more diverse, including citrus, grain and grape production. The local health district provides health care services across a geographic area of approximately 194,949 square kilometres.

Traditional custodians of the land covered by the District are the Barkandji/Paakantji, the Wilyakali, the Nyampa and the Muthi Muthi.

About 31,127 (Estimated Residential Population) residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 10 per cent of the population, compared to 3 per cent for all NSW. Representation of culturally and linguistically diverse communities is very small in the district with 91.1 per cent of residents coming from an English speaking background.

In 2015-16, demand for health services changed in line with the ageing population, increased rates of chronic disease. The District is enhancing models of care that focus on integrated care and alternatives to hospital care. The increase in chronic disease is related to ageing and the relatively poor health status of some populations within the District.





provision of primary health care and support for self-management. In addition, clinical services need to contribute to the integrated management of individual consumers' health care, rather than the episodic response to issues that arise due to poor health.

Over the next decade, the District's population is expected to decrease by 10.4 per cent by 2031. There is, however, a planned land release in the Wentworth Shire that may increase the population over the next 25 years, doubling the existing population within that local government area. Additionally, mining activity and alternate electricity generation technologies are increasing in Broken Hill and in some outlying communities.

The proportion of the population aged 65 years and over will increase from 17.8 per cent of the population in 2011 to 28.0 per cent by 2031. With the elderly generally requiring a greater proportion of health care services than other populations, it is expected that this growth will increase the demand for services in the District.

The main health issues facing the District are the prevalence of chronic disease and high proportion of the population engaged in behaviours likely to contribute to these conditions. This will require a greater emphasis on the



## An average day in FWLHD 2015-16

### Every Day in Far West

1

person dies

1

baby is born

25

residents are admitted to a public hospital

- > 19 are <75 years old
- > 3 are Aboriginal people
- > 2 admissions are children

8

residents access renal dialysis

75

people present to our emergency departments

- > 5 have serious illnesses/injuries requiring urgent treatment (triage 1 and 2)
- > 56 have conditions that are not urgent – a majority requiring nursing or general practitioner intervention (triage 4 and 5)

402

people consult their general practitioner

15

vaccinations are given to children





HOSPITAL.

## Every Week in Far West

6	residents die > 2 residents die are < 75 years old
4	babies are born > 1 baby is Aboriginal > 0.2 are low birth weight
175	residents are admitted to a public hospital > 133 are <75 years old; > 22 are Aboriginal people > 14 are children (4 children are Aboriginal) > 7 of the 175 are potentially avoidable admissions > 5 are admitted for a mental health condition
5	residents are admitted as privately insured patients
46	residents access renal dialysis
527	people present to our emergency departments > 35 have serious illnesses/injuries requiring urgent treatment (triage 1 and 2) > 392 have conditions that are not urgent – a majority requiring nursing or general practitioner intervention (triage 4 and 5)
2,815	people consult their general practitioner
104	vaccinations are given to children

## The year that was

208

Births

27,404

Emergency Department  
presentations

2,312

Surgeries  
419 Emergency  
1,893 Elective

5,408

Vaccinations



## Year in Review 2015-16

The fifth year of the Far West Local Health District's operation has seen the consolidation of developments in the preceding years and significant progress on initiatives to provide a strong foundation for further development.

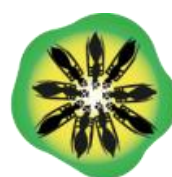
Notable achievements included Emergency Department performance, palliative care framework development, child immunisation rate increases, infrastructure growth (Broken Hill Hospital and Dental Facility, Ivanhoe Health Service), Registered Nurses recruitment and staff culture progress.

The District continues to perform strongly against a range of indicators. Performance has been assisted by redesign projects that identified opportunities for improvement, an ongoing focus on key target areas and monthly forums with key stakeholders to monitor performance.

The District's Medical and Nursing Workforce strategies have resulted in an increase in the proportion of staff that are resident. Recruitment of eight resident and visiting Staff Specialists has reduced reliance on locums, improved consistency in medical rosters and allowed development of heads of Departments for Anaesthetics and Intensive Care Unit. Recruitment and retention of nursing staff continues to improve. The use of agency nurses has reduced dramatically. More placements and rotation of Graduate Registered Nurses in the remote facilities is developing the capabilities of the nursing workforce in the remote setting and resulting in permanent recruitment to vacant positions in the District.

An ongoing focus on developing a positive workplace culture has contributed to improved performance in the LHD and the care received by consumers. Staff feedback

through the NSW Public Service Commission People Matter Survey showed increased engagement with the District and confidence there is an appropriate response to poor behaviour. The District recently relaunched this program as 'Yamirri Nharatji' to promote consistency, accountability and sustainability in service delivery and patient care.



**Yamirri Nharatji**  
This way, this direction together

There has been improvement in clinical quality, evidenced by a reduction in Severity Assessment Code (SAC) 1 rating clinical incidents over the past five years. Key actions have been implementation of the Clinical Excellence Commission's Between the Flags program for early recognition and management of deteriorating patients and the Ministry of Health's Maternity Risk Management Framework guiding staff in the identification and management of foetal and maternal risks.

The District faces a busy 2016-17 not least due to the capital refurbishments planned at Broken Hill Hospital and in its community and primary health care services.



## Key achievements for 2015-16

- > The new Ivanhoe Health Service redevelopment was officially opened in December 2015. The new \$2.5 million facility provides services within a HealthOne model ensuring the community has access to health care services that are integrated across a multidisciplinary team of health providers.
- > The District continues to develop a positive workforce culture following the introduction of staff and leadership management programs. Staff feedback through the NSW Public Service Commission People Matter Survey 2016 show the majority are proud to be part of the organisation and would recommend their workplace as a good place to work. The District's workplace culture Studer program – focussed on improving the workplace, responding effectively where behaviour or performance was poor and recognising the achievements of staff – has evolved into 'Yamirri Nharatji', a new approach to how the Local Health District does business which is about consistency, accountability and sustainability in service delivery and patient care.
- > Broken Hill Health Service has achieved better patient flow in its Emergency Department. Patients are being seen in a timely manner meeting national targets. All Emergency Treatment Performance (previously NEAT) targets were achieved with a YTD result of 89.7 per cent as at 30 June 2016 compared to the year to date result at 30 June 2015 of 85.2 per cent. All elective surgery targets were achieved as at the 30 June 2016 with no patients waiting longer than their recommended waiting times for surgery.
- > The 'Did Not Wait' rate in the Broken Hill Health Service Emergency Department decreased following implementation of a clinical redesign project from August 2014 to December 2015. The rate decreased from a range of 6-12 per cent in August 2014 to a range of 1-3 per cent in December 2015. The rate of Aboriginal 'Did Not Wait' reduced from a range of 6-13 per cent in 2014, to a range of 1-3 per cent in December 2015, which also resulted in a narrowing of the gap between Aboriginal and non-Aboriginal rates. Previously, the average rate for Aboriginal people leaving before accessing care was 8.7 per cent compared to 4.2 per cent for non-Aboriginal people (source: Aboriginal Health CHO report 2012).



- > The District established a Midwifery Group Practice model in Broken Hill Health Service. This model is a primary health, midwifery continuity of care model that offers women an option of continuity of midwifery care. Midwives through this practice model will be responsible for a caseload of 30-35 women per year. The model will provide 24 hour continuity of clinical care across the continuum. A known midwife provides the majority of antenatal care and education, care during labour and birth and post-partum home support and care (for at least 14 days) to all women within their caseload. This contributed to a 30% increase in the number of women choosing to deliver their baby in Broken Hill.
- > The District has recruited new graduate Registered Nurses in its remote facilities at Ivanhoe, Wilcannia, Tibooburra, and Balranald. New graduate Registered Nurses are rotated through the remote facilities every four months. The remote rotations expose the graduates to living and working in the remote facilities across the District. New graduates are supported with practice development and skills acquisition with key learning objectives focused on skills and knowledge required to work effectively and safely in the remote setting.
- > The District continues implementation of its Palliative and End of Life Care Framework across all care settings. Major achievements include a successful 12 month Palliative Care Link-Nurse in Residential Aged Care Facilities in Broken Hill (funded by Decision Assist) project. Outcomes include reduced hospital transfers for residents for care; increased residents dying in their usual place of residence and not in hospital; increased general practitioner engagement; and sustainability in the appointment of three Palliative Approach Coordinators in aged care facilities to continue the implementation of a palliative approach to care in that setting. The LHD also had a successful Translational Research Grant submission of \$239,806 over two years to adapt and translate the successes of the above project across all sites and generalist settings in the District.
- > Immunisation rates for Aboriginal children aged 1 year in 2011 reached a low of 77.8 per cent in the Far West. By December 2015 these rates had climbed to 87.5 per cent in the District. For Aboriginal children aged 5 years, rates were 70 per cent in 2010 in the Far West. By March 2016 the rates were 93.4 per cent and achieved 100 per cent by June 2016. The recent report of the National Health Performance Authority reported immunisation rates for the Western Primary Health Network for all children aged 5 years as 95.6 per cent and for Aboriginal children as 96.7 per cent, the highest for Australia.
- > A project team was appointed and started planning work on the \$30 million dollar Broken Hill Hospital and Dental Facility Reconfiguration. Options are being considered for ways to integrate services and improve patient flows through these services. A business case is currently being assessed by the NSW Ministry of Health which includes upgrading of administrative accommodation, relocation and expansion of dental services and the development of a new Community Health Centre with co-located services. Schematic designs have been signed off and design development is underway and planning for tender to commence in the first half of 2017.
- > A new Computised Tomography (CT) scanner installed in Broken Hill Health Service has improved safety for patients and staff and provided quicker, improved diagnostic capability in the Imaging Department. The new \$800,000 scanner provides significant radiation dose reduction, quick examination time and an almost instantaneous image acquisition and reconstruction allowing urgent cases to be reviewed and reported in a much quicker time frame. It also provides for improved resolution images and diagnostic capability.
- > Glenys Dayman, Enrolled Endorsed Nurse, received a NSW Excellence in Nursing Award for her strong commitment to person centred care and her achievements in the Physical Health Clinic in Broken Hill. This clinic promotes improved physical health for people living with mental illness, a section of the community with significant morbidity and mortality issues.
- > Improved clinical review processes in Dareton and Broken Hill Community Mental Health and Drug & Alcohol teams, resulting in better supervision of case managers and more holistic care of consumers and families.
- > Successful introduction of eMR2 and CHOC systems.

- > Development of the Health Intelligence Unit (HIU) and Opal reporting system in collaboration with Western NSW LHD.
- > The LHD Disaster and Emergency Management processes and plans have undergone significant review and redevelopment. The strengthening of partnerships and relationships with local emergency services has been further enhanced through the Local Health District's active participation in annual multiagency simulation exercises and training. All facilities have, or are working towards, the review and update of emergency management and business continuity plans, according to the identified risks that exist within communities. Our improvements and achievements in this area have been acknowledged by surveyors during the Australian Council of Healthcare Standards Accreditation of the Broken Hill Health Service.
- > Australian Council of Healthcare Standards Accreditation against 15 National Standards for Broken Hill Health Service was achieved.
- > The District Chronic and Complex Care Service continues to collaborate with all stakeholders to integrate the Agency for Clinical Innovations (ACI) models of care developed to suit local communities. The local chronic disease management model systematically reflects patient and carer centred seamless care between acute and primary services. The main aim is to 'promote wellness for all' through enrolment, comprehensive assessment, shared care planning and care navigation. Patient engagement and self-management is encouraged through health coaching, goal setting and education. Patient outcomes have displayed reduced unplanned hospital admissions, length of stay and improved quality of life.
- > Programs implemented in 2015-2016 include:
  - In Home Monitoring – Enabler of Chronic Disease management
  - Musculoskeletal – Osteoporosis, Osteoarthritis and acute lower back pain
  - 48-hour and 6 week follow up program post hospital admission
  - Cardiopulmonary Rehabilitation Program – Pathways, Phase 1 and Phase 2 currently being rolled out to remote sites. Program is run to gold standards Australian Heart and Lung Foundation
  - Ruby Red Socks – Falls prevention program
  - Stroke Services – Pathways, education, community stroke connect
  - Asthma Services – Initial contact, education, asthma community assist
  - Home Oxygen – Collaboration with respiratory coordinator, care navigation and follow-up
- > The Far West Local Health District reported a surplus for the year against a budgeted surplus that was lower than that achieved.
- > The Ministry of Health rated the Far West Local Health District clinical and financial performance at the highest rating.







## Patient Safety, Quality and Innovation

The Far West LHD is committed to improving patient safety and quality. The following projects were presented in the 2016 Innovation Awards:

- > Changing Immunisation Practice in Remote Outreach Clinics – Dareton Primary Health Service. Meeting the gold standard for handling, delivery and management of immunisation in Dareton Primary Health outreach clinics.
- > RAM'ing home the message: a local response to implementation of the Recognition and Management of Deteriorating Patients policy – Broken Hill Health Service. ***Leading the way with systematic implementation and increased compliance in the management of deteriorating patients.***
- > Healthy Smiles for School - Far West LHD Oral Health Department. Oral Health screening and early intervention for primary school children.
- > From cocoa bean to chocolate: transforming the Broken Hill M&M – Broken Hill Health Service. Transforming the Broken Hill Morbidity and Mortality (M&M) meetings into an evidence based multi-disciplinary structured clinical review process.
- > Mental Health First Aid for Teachers and Teens in Far West NSW – Far West Mental Health Drug and Alcohol Service. Strengthening the interface between mental health and education in prevention and early intervention with young people.
- > Broken Hill Midwifery Group Practice: Providing gold standard care in the Silver City – Broken Hill Health Service. ***Continuity of care for women in Broken Hill accessing midwifery services during pregnancy.***
- > One in the Bed: Improving the patient journey with better flow – Broken Hill Health Service. Timely admission from ED and discharge from the wards for patients accessing the Broken Hill Health Service.
- > Healthy Mind, healthy Body: Establishment of a Physical Health Clinic for consumers of the Community Mental Health Drug and Alcohol Service in Broken Hill – Broken Hill Mental Health Drug and Alcohol Team. ***Providing health checks, education, support and referrals for consumers of Mental Health services to address their physical health needs.***

- > PleDG-ED: Please don't go it's worth the wait ED project – Broken Hill Health Service. A project addressing 'do not wait' rates for people accessing the Broken Hill Health Service emergency department.
- > Un-breaking the Hill: Partnering with consumers to change the health of the community – Far West LHD Integrated Care Program. ***Working with health care consumers to develop a model of care to support a sustainable healthcare system for our community.***
- > Upright Ivanhoe: Healthy and Safe within the community – Ivanhoe Health Service. Encouraging people living in Ivanhoe to increase their awareness and education surrounding aging safely within the community.

A total of 11 projects were presented at the Far West LHD Innovation Awards, which is the highest number of entries received to date.

- > The person recognised most frequently from Studer staff rounding was Emma Clynych, Human Resources.
- > The Collaborative Team of the Year was presented to Palliative Care Team.





## Our Board

Member	Appointment Start Date	Appointment End Date
Mr Thomas Hynes, Chair	1 January 2011	31 December 2018
Mr Allan Carter	1 January 2011	7 October 2016
Ms Maureen O'Donnell	1 January 2011	31 December 2016
Mr John Harris	1 January 2011	31 December 2018
Mr Stephen O'Halloran	1 January 2011	31 December 2018
Ms Dale Sutton	1 January 2011	31 December 2016
Ms Melissa Welsh	1 January 2013	31 December 2016
Mr William Johnstone	1 January 2013	31 December 2020
Dr Peter Tomlinson	1 January 2013	31 December 2020
Mr Bradley Clarke	1 January 2015	7 October 2016
Professor David Lyle	1 January 2015	7 October 2016
Mr Clyde Thomson	1 January 2015	7 October 2016
Ms Mariette Curcuruto-Dunlevy	8 October 2016	7 October 2020
Ms Michelle Dickson	8 October 2016	7 October 2020
Mr Wincen Cuy	8 October 2016	7 October 2020

## Our Executive Leadership Team



Mr Stuart Riley, Chief Executive



Ms Diana Ferry, Executive Officer



Mr John Leehane, Director of Finance and Corporate Services



Ms Zandra Corey, Director of Clinical Governance



Dr Kathleen Atkinson, Director of Medical Services (until September 2016)



## Our Executive Leadership Team



Mr Ken Barnett, General Manager Broken Hill Health Service



Ms Dale Sutton, General Manager Lower Western Sector and District Director of Nursing and Midwifery



Ms Susan Daly, Director Mental Health Drug and Alcohol



Ms Melissa Cumming, Director Cancer Services, Innovation (Rural) and Palliative Care

## Our Executive Leadership Team



Ms Michelle Pickering, Chief Information Officer, Western & Far West Local Health Districts

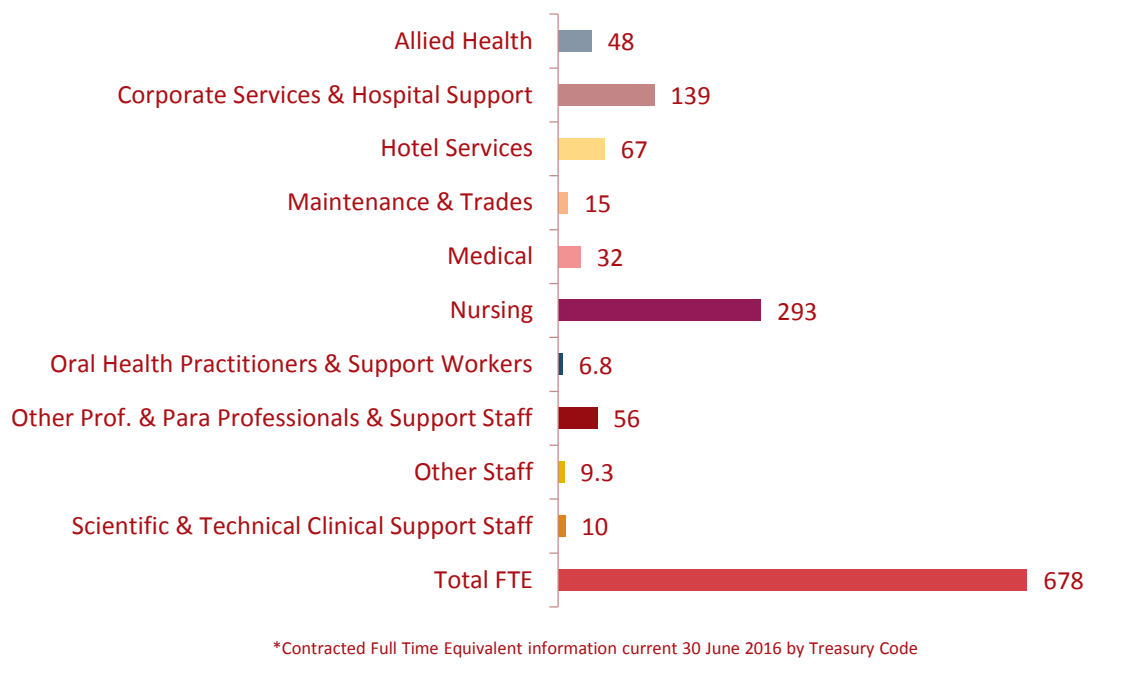


Dr Thérèse Jones, Director Population Health Western & Far West Local Health Districts





## Our Staff



## FWLHD Staff Profile FTE

A total of 678 full time equivalents (FTEs) comprising 762 individuals were employed by FWLHD in 2015-16.

The District has the highest proportion of Aboriginal staff of all Local Health Districts. At 30 July 2016 the District employed 60 Aboriginal and/or Torres Strait Islander staff, making up 7.8% of the total workforce FTE. The Aboriginal Workforce Strategy 2016-2019 outlines strategies to recruit and retain Aboriginal staff members, to ensure that our services meet the needs of our communities now and into the future.

Far West LHD has continued its award-winning School Based Apprenticeship and Traineeship program; 20 SBATS are completing certificates in Aboriginal and/or Torres Strait Islander Primary Health Care; Allied Health Assistance; Health Services Assistants; and Business Administration (medical). The program is designed to provide a pathway for local young people to gain employment in the health industry. The first cohort will complete the program in December 2016.



Nursing Graduate Program is increasingly successful, with 18 new graduate positions being filled in February 2016. Currently, the demand for positions exceeds the number of positions available.

One Rural Generalist registrar was appointed and a further two training positions were accredited.

A total of 137 new staff joined Far West in 2015-16, bringing skills and experience from other Local Health Districts and around Australia.

Through communication and collaboration with staff, the District achieved an Engagement Index of 67.2%, placing the LHD in the top three LHDs. Our commitment to consistency and accountability ensures that standards of practice are adhered to and staff are empowered to implement innovative projects.

## Key Achievements

The launch of Yimirri Nharatji, which translates to 'this way, this direction together', is a new approach to how we do business which is about consistency, accountability and sustainability in service delivery and patient care.

The Aboriginal Workforce Plan as developed to provide the direction the LHD will follow over the coming four years to increase the representation of Aboriginal people in our workforce and the responsiveness of our services to communities and community needs.

Get Healthy Far West LHD was launched in April 2016 to establish a culture of health within the District, by motivating our staff to make healthy lifestyle changes on a personal level.





## Our Partners

The Far West Local Health District has strong relationships with several key health organisations to provide healthcare services and support to ensure the best health outcomes for the communities living in Far Western NSW.

Over the years, health organisations have recognised the importance of taking an ongoing working collaborative approach to help overcome the challenges of providing timely and quality healthcare to rural and remote communities.

### Ambulance Service of New South Wales

The Ambulance Service of New South Wales has stations and staff located at Balranald, Broken Hill and Wentworth. The Far West Local Health District provides ambulance services on behalf of the Ambulance Service of New South Wales, and in partnership with community volunteers, at Ivanhoe, Menindee, Tibooburra, White Cliffs, and Wilcannia.

### Coomealla Health Aboriginal Corporation

The Coomealla Health Aboriginal Corporation (Coomealla Health) is an Aboriginal Community Controlled Organisation based in Dareton. It aims to provide a holistic approach to culturally respectful primary health care and also provides services to the Greater Sunraysia area of NSW and Victoria.

### Maari Ma Health Aboriginal Corporation

Maari Ma Health Aboriginal Corporation (Maari Ma) is an Aboriginal Community Controlled Health Organisation based in Broken Hill. It provides primary health care services in Broken Hill and also outreach services to smaller communities using facilities operated by the Far West Local Health District. The Far West Local Health District also contracts Maari Ma to provide a range of services in communities outside Broken Hill.



## Royal Flying Doctor Service - South Eastern Section

The Royal Flying Doctor Service provides emergency, aeromedical evacuations, inter-hospital transfers, general practitioner clinics, remote consultations in dental, mental health, women and children's health and audiology as well as supports visiting specialists. The Royal Flying Doctor Service provides primary health services to people living outside Broken Hill, as well as a range of primary health services in facilities operated by the Far West Local Health District.

## Western NSW Local Health District

The Far West Local Health District has a Service Agreement with its neighbour Western NSW Local Health District for the shared functions of Population Health and Health Information Communication and Technology. Staff members from both Directorates are located in Broken Hill.

## Western NSW Primary Health Network

In 2015, the Western NSW Primary Health Network (PHN) was established incorporating the whole of Far West Local Health District and functions of the previous Far West and Lower Murray Medicare Locals. The PHN is a Commonwealth funded health initiative with key objectives to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

## University Department of Rural Health - Broken Hill

The Broken Hill University Department of Rural Health (UDRH) focuses on expanding and enhancing the rural and remote health workforce including medical, nursing and allied health students through multidisciplinary education and training, research, professional support and service development. It also provides research training for general practitioners and primary health care workers as well as providing professional development support for other local health professionals.







## Our Volunteers

Far West Local Health District has a total of 150 registered volunteers across the District; but this figure does not include Auxiliaries in the outlying sectors or the Health Councils.

Our volunteers are involved in a variety of projects and activities including:

**Broken Hill cohorts** Aqua Volunteer Leaders; Broken Hill Kiosk Auxiliary; Artist in Residence; Dementia/Delirium & Palliative Care Volunteer Team; Fundraising Volunteers; Patient Family Support Staff/Volunteer Team; Consumer Representatives; Mental Health Inpatient Unit Volunteers; Tai Chi Volunteer Leaders; HR volunteer; Co-located Volunteers from the Royal Flying Doctor Service; Hospital Visitor; Telecross; Local Clubs and St Vincent de Paul.

**Balranald** Seniors Activity Centre; exercise, transport and day care.

**Dareton – Wentworth** Tai Chi Volunteer Leaders; Hospital; Seniors Activity Centre; Aqua.



**New Community Health Centre planned for Crystal Street, Broken Hill. Work is expected to commence on-site in mid-2017. New Community Health Centre planned for Crystal Street, Broken Hill. Work is expected to commence on-site in mid-2017.**





## Highlights this year

**2015** – Our volunteers captured the hearts and admiration of many; at least that was the gist of the speeches at the various award ceremonies where our volunteers once again won local, regional and state awards. The two State Awards were NSW Health Volunteer of the Year won by Patient Family Support Staff/Volunteer Karen Kemp and the NSW Senior Volunteer of the Year won by Tai Chi Volunteer Leader Eleanor Blows.

## 2016 continued the winning trend with the following awards

- > The Far West LHD & Pamela Lord Volunteer of the Year Award: in May 2016 Awarded to the Telecross Team for their 25 years of service to the community.
- > 2016 Broken Hill Citizen of the Year Nominees: Kiosk Volunteer and Aqua Volunteer.
- > Broken Hill City Council – Volunteer of the Year: Winners in individual - Health and Social Services category.
- > Regional Winners in the NSW Volunteer of the Year Award:
- > Individual Award – Lesley Sumsion, Senior Volunteer of the year Far West Region; and
- > Broken Hill Kiosk Auxiliary team category.
- > Both will now represent Far West Local Health District as State Finalists in Sydney on 2 December 2016.
- > Two Kiosk Volunteers received honourable mention for their nomination in the individual category.





## Broken Hill Hospital Auxiliary Celebrates 75<sup>th</sup> Anniversary

Far West LHD Chief Executive Stuart Riley assisted by his wife Jane, Executives and Staff prepared and served a 4 course meal to 80 past and present Auxiliary Volunteers and special guests.

Kiosk Volunteer Josephine Peter named Local Hero in the Australia Day Awards and will be in Sydney on Australia Day when National winner announced.

## NSW Premiers Recognition Program

21 Far West Local Health District Volunteers to be presented with Certificates by local MP.

In addition, Donna Cruickshank was awarded a NSW Premiers award for her work on the Respecting the Difference on-line program, completed while on secondment from the Far West Local Health District to the Ministry of Health.

## Hidden Treasures Honour Roll

10 Far West Local Health District Volunteers named in the Honour Roll and Certificated to be presented by local MP.

## Arts and Health Nominated Project – Arts at CAMHS

Although the nomination was not short listed the project featured in the Health Minister's speech at the 8<sup>th</sup> Annual International Arts and Health Conference in Sydney.

## Palliative Care NSW Conference

Volunteers were an integral part of this major event and assisted prior and during the Conference, earning them the thanks of the Conference Committee, Far West Local Health District Palliative Care Director and Staff and were also featured in Palliative Care eNews.

Although these significant successes act to highlight the wonderful work our volunteer program achieves throughout our District it does not compare to the hard work, commitment and dedication that each and every one of our volunteers show on a daily basis; or the collaboration of our staff who encourages volunteer involvement in almost every area of our organisation. Our volunteers dedication to our organisation, their contribution to the social capital in our communities and betterment of our organisation enables us to achieve the Far West Local Health District primary objectives of consumer involvement, better health outcomes for our consumers and assists with our mission of providing excellence in our rural and remote communities.

## Our Financial Results

There are two Far West Local Health District entities subject to external audit: Far West Local Health District and Far West Local Health District Special Purpose. The Special Purpose entity records transactions relating to funds retained by the Ministry of Health for, and the payment of, fortnightly pays. Revenue and expenditure for the Special Purpose entity are exactly the same so the year end result is breakeven with no surplus or deficit. The Special Purpose payroll transactions are also recorded in the Far West entity and this presentation deals only with the Far West Local Health District entity.

The information in this report is based on the audited financial statements that have been summarised for this presentation. The Audit Office has approved the format, and the accuracy, of the information.

Hard copies of audit opinion and the audited financial statements are available for Far West Local Health District and the Far West Local Health District Special Purpose entities for anyone who wishes to review the documents.

### Audit Opinion

The New South Wales Audit Office provided an unqualified audit opinion on the 2016 Far West Local Health District financial statements.

### Financial Result

The net result, prior to the revaluation of property, plant and equipment, was a surplus of \$3.679M (2015 result was a deficit \$0.586M). After the inclusion of the revaluation, Far West reported a surplus of \$4.851M (\$5.326M in 2015). This report will deal with the result prior to the revaluation as these results reflect Far West Local Health District core activities.

The positive net result was impacted by three key contributors; Ministry of Health recurrent funding increased by \$4.112M or 5% from the prior year, Ministry of Health capital revenue was \$2.117M or 54% higher than the previous year and low expenditure growth.

Funds received from the Ministry for defined benefits superannuation and long service leave (Crown Acceptance) costs that are borne by the NSW Government, increased by \$1.393M.

Expenditure increased to \$110.323M or 5.5% (\$104.559M in 2015) while the total Ministry of Health expenditure year on year increased by 6.0%. In a year of increased clinical activity, and a higher number of Full Time Equivalent staff, cost escalation was restrained. The containment of expenditure was the outcome of control exercised by the Board, Finance and Performance Committee, and the Management Team. A comprehensive budget and reporting system assists with the review and the identification where corrective action is necessary.

Employee Related/Visiting Medical Officer expenditure increased by \$3.343M or 5.4%. Employment of staff and Visiting Medical Officers, the major element of total expenditure, was 59% the same percentage as 2015, is managed against a Board approved staff profile. The Far West Local Health District completed year 3 of a 5 year plan to employ additional salaried medical officer to replace Visiting Medical Officers and achievement of that target will provide resident

clinicians to provide ongoing high quality services at a reduced cost by not meeting travel and accommodation expenditure for a reduced number of Visiting Medical Officers.

Other operating expenses \$29.048M or 6.6% (\$27.253M in 2015) include services provided by the centralised HealthShare and eHealth for payroll, accounts payable, accounts receivable, IT services and medical and drug supplies and patient support including Isolated Patient Travel and Accommodation Assistance Scheme. Additional costs provided by centralised providers include NSW Ambulance, Pathology NSW and the captive insurer. Other costs include travel, Board and Committees, external audit, accreditation and training and development.

The Ministry of Health assesses the 15 local health districts entities and rates clinical and financial performance from a zero rating (the best) to 4 (worst). Far West was rated mid-year and at year end for each of the last 2 financial years as a zero rating, an achievement that should be celebrated.

## Statement of Financial Position (Balance Sheet)

Total assets increased to \$110.930M and that was a \$5.608M higher than the 2015 year. Cash at year end increased by \$2.010M from the prior year.

Total liabilities increased by \$0.757M with \$0.626M in creditor payments and \$0.121M in leave entitlements the key contributors.

Far West net assets increased by \$4.851M over the 2016 year.

## Financial History

The financial history of the Far West Local Health District from its first full year of operation in 2012 reveals a steady increase in revenue and expenditure and an improved operating result.

Capital grants are received for projects not managed by The Far West Local Health District and the value of the grants are subject to significant variation year on year. In order to ascertain the core operating activities the following information excludes externally managed capital funds.

Revenue has increased each financial year and over the period 2012 to 2016 the increase was \$27.530M or 34.2%.

Expenditure over 2012 to 2016 increased by \$18.758M or 20.5%.

Whilst deficits have been recorded each financial year, the 2012 deficit of \$11.123M has been reduced to \$2.351M in 2016. It is noted that this result excludes capital revenue and surpluses have been recorded in some financial years with that revenue included.

## Cash and Cash Equivalents

Year-end cash has increased from \$0.973M in 2012 to \$5.002M in 2016. Much of the Far West Local Health District revenue is provided by the Commonwealth and State governments with funds also received from privately insured patients, service contracts, rent, interest and sales of goods and services.

The increase in expenditure has been matched by higher revenue and it is noteworthy that, despite higher patient activity, debtors and inventories were lower for 2016 than 2015. The ability to more



promptly receive payments for invoiced services, and enhanced control of stock levels, has assisted the improved cash position.

## Summary

The financial performance of the Far West Local Health District, as reported in audited financial statements, has been maintained at an acceptable level despite an increase in clinical services delivered, additional staffing and very tight government funding. Challenges remain to ensure that the Far West Local Health District's financial performance will continue to meet or exceed the targets established in the annual Service Agreement contract with the Ministry of Health and these issues are identified and addressed.

FAR WEST LHD INCOME & EXPENSE STATEMENT		
	2016	2015
	\$'000	\$'000
<b>REVENUE</b>		
NSW Ministry of Health Recurrent funding	86,713	82,601
NSW Ministry of Health Capital funding	6,030	3,913
Crown Acceptance (employee benefits)	3,557	2,164
Sale goods & services	12,689	11,987
Grants & contributions	3,034	2,260
Interest	22	111
Other	1,957	937
<b>TOTAL REVENUE</b>	<b>114,002</b>	<b>103,973</b>
<b>EXPENDITURE</b>		
Employee related	65,303	61,960
Visiting Medical Officers	6,917	6,160
Other	29,048	27,253
Depreciation & Amortisation	4,894	4,332
Grants & subsidies	4,161	4,854
<b>TOTAL EXPENDITURE</b>	<b>110,323</b>	<b>104,559</b>
<b>NET RESULT</b>	<b>3,679</b>	<b>-586</b>
Net increase In property & plant & revaluation	1,172	5,912
<b>RESULT INCLUDING REVALUATIONS</b>	<b>4,851</b>	<b>5,326</b>

FAR WEST LHD FINANCIAL POSITION		
	2016 \$'000	2015 \$'000
Cash & cash equivalents	5,002	2,992
Receivables	3,449	2,359
Inventories	175	201
<b>TOTAL CURRENT ASSETS</b>	<b>8,626</b>	<b>5,552</b>
Receivables	4	33
Land & buildings (written down value)	93,728	93,971
Plant & equipment (written down value)	5,982	3,319
Infrastructure (written down value)	2,382	2,258
Intangibles	208	189
<b>TOTAL NON CURRENT ASSETS</b>	<b>102,304</b>	<b>99,770</b>
<b>TOTAL ASSETS</b>	<b>110,930</b>	<b>105,322</b>
Payables	7,166	6,540
Leave Provisions	9,163	9,042
<b>TOTAL CURRENT LIABILITIES</b>	<b>16,329</b>	<b>15,582</b>
Leave Provisions	103	93
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>103</b>	<b>93</b>
<b>TOTAL LIABILITIES</b>	<b>16,432</b>	<b>15,675</b>
<b>NET ASSETS</b>	<b>94,498</b>	<b>89,647</b>
<b>EQUITY</b>		
Reserves	15,340	14,168
Accumulated Funds	79,158	75,479
<b>TOTAL EQUITY</b>	<b>94,498</b>	<b>89,647</b>





Emergency

# Location Directory

## Local government areas

- > Broken Hill
- > Central Darling
- > Wentworth
- > Balranald and the
- > Unincorporated Far West

## Public hospitals

- > Broken Hill Health Service
- > Wilcannia Health Service Multipurpose Service
- > Balranald Health Service Multipurpose Service
- > Wentworth Health Service

## Community health centres

- > Dareton Primary Health Care Service
- > Ivanhoe Health Service (HealthOne)
- > Menindee Health Service
- > Tibooburra Health Service
- > White Cliffs Health Service

## Child and family health services

- > Broken Hill Child and Family Centre

## Oral health clinics

- > Broken Hill Dental Clinic (Morgan Street)
- > Balranald Dental Clinic
- > Dareton Dental Clinic/Mobile Van







Kincumber House

Morgan Street

PO Box 457 Broken Hill NSW 2880

Telephone: (08) 8080 1469

Facsimile: (08) 8087 2997

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

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