



Health
Far West
Local Health District



YEAR IN
REVIEW
18|19



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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 and provides healthcare services across a geographic area of approximately 194,949 square kilometres. The far west region has some of the most beautiful though harsh environments of NSW with wide stretching landscapes impacted by the current long standing drought. The far west has three rivers running through the region: the Darling; the Murray; and the Murrumbidgee – these rivers are significant for the traditional countries and provide connection to their lands. The traditional countries within the boundaries of the LHD include: the Barkandji; the Wilyakali; the Ngilyampaa; and the Muthi Muthi.

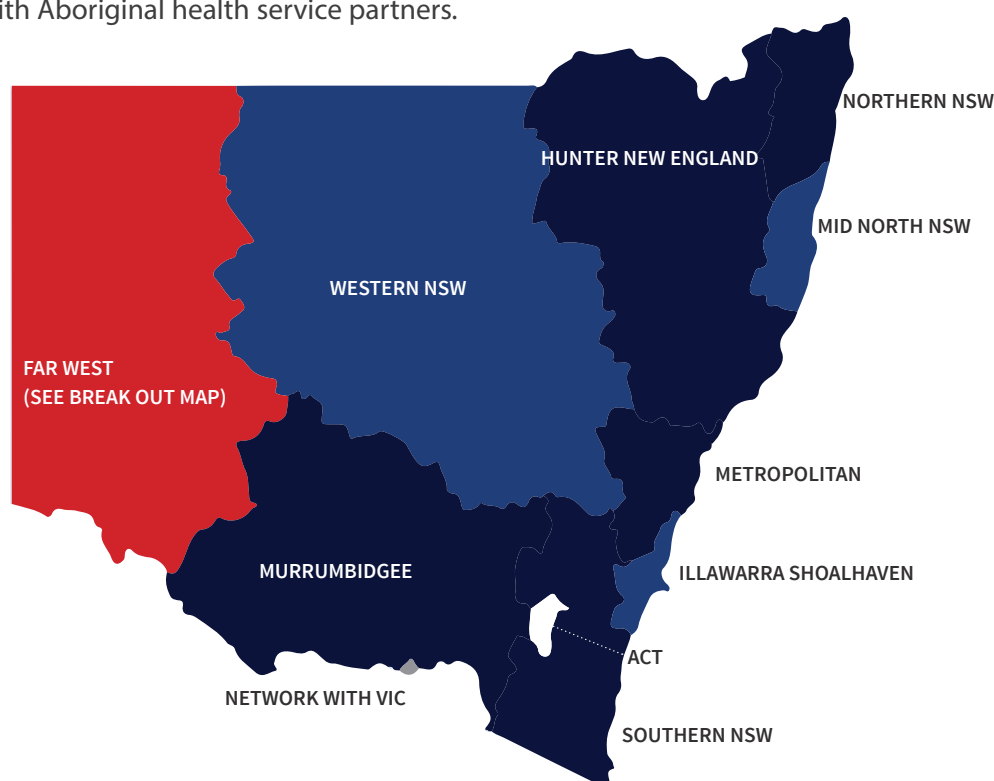
The northern cluster of the LHD includes the towns of: Broken Hill; Tibooburra; Wilcannia; Menindee; White Cliffs; and Ivanhoe which have links more closely with South Australia especially for flows to higher level health services. Contemporary industries and land use in this region is dominated by pastoral grazing and mining where irrigation is absent. The southern cluster of the LHD includes the towns of: Wentworth; Dareton; Buronga; Gol Gol; Euston; and Balranald. Land use in this cluster is more diverse including citrus, grain and grape production as irrigation is part of the region. The southern cluster has closer links to Victoria with flows for higher level health services.

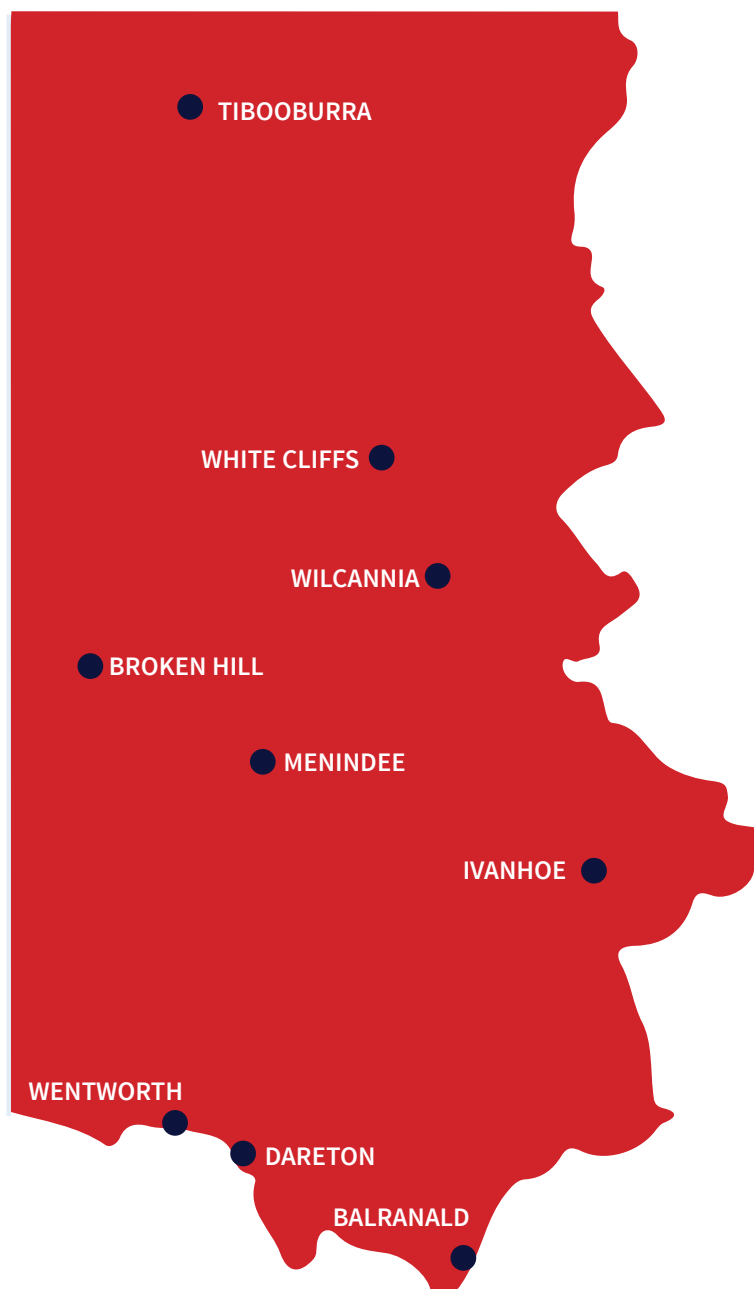
The 2019 Estimated Residential Population* (ERP) of the district was 30,060. People of Aboriginal heritage make up 3920 or 13.0 per cent (2016 ERP) of the population, compared to 216,176** for all NSW. The district's representation of culturally and linguistically diverse communities is very small, with 91.1 per cent of residents coming from an English-speaking background.

By 2036, the district's population is expected to decrease by 9.6 per cent. However, a planned land release in the Wentworth Local Government Area may increase the population with young families moving into this area over the next 25 years. Enhancing child and family health services will be critical. Additionally, mining activity and alternative electricity generation technologies are increasing across the district which will have an impact on health services across the district especially for men's health and wellbeing services.

The proportion of the LHD aged 65 years and over is projected to increase from 18.0 per cent in 2016 to 29.0 per cent by 2036. With older people 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.

Alternatively the Aboriginal community birth rates are increasing creating a younger population with the need for health services to be focused on culturally safe and responsive health care complemented by working with Aboriginal health service partners.





The demand for health services in the far west has been changing in line with the ageing population's increased rates of chronic disease and more recently the impact of the current drought on the wellbeing of far west communities with a need to enhance mental health and drug & alcohol services. This is especially important for the Aboriginal communities with the lack of water in rivers impacting their wellbeing.

In 2017-18 the rate of admissions for circulatory disease in the far west was slightly higher than that of NSW. In 2017-18 the hospitalisation rates for COPD and diabetes-related conditions were respectively two and three times the NSW rate. In 2017-18 the hospitalisation rates for intentional self-harm in 15-24 year olds was twice the rate of all the LHDs. In 2017, an estimated 20.2 per cent of respondents in the Far West reported high or very high psychological distress compared to 15.1 per cent across NSW.*

The LHD is keen to ensure the co-design of services based on community needs, by enhancing models of care that focus on integrated care, patient centred care, and telehealth. A greater emphasis on the provision of primary health care and support for self-management will reduce the use of hospital services. Clinical services will focus on the integrated management of individual consumers, enhancing patient experience and outcomes.

**Source: NSW HealthStats*

***Source: 2016 ABS Census*

A WORD FROM OUR CHAIR AND CHIEF EXECUTIVE

We are pleased to present the Far West Local Health District Year in Review for 2018-19.

Again this year our staff in our health teams have been very busy. The District has seen growth in demand for services of over 2.5% for another year. Our staff are highly committed to delivering the best care possible for the community. This commitment is a 24 hour a day and 365 day per year responsibility.

We always welcome feedback from the community on how we are going meeting your needs and in order to provide the best services possible. We strive to make and keep great working relationships with our partner organisations across the District. We are particularly fortunate to have an active and committed group of volunteers connected to each of our facilities, who help us every year to deliver the services the community needs.

All our staff are very aware of our commitment to the NSW Health CORE Values of Collaboration, Openness, Respect and Empowerment, and seek to bring these values to everything we do.

Strong connections are incredibly important. We are continuing to extend our commitment to developing telehealth strategies, opening up the opportunity to have your health needs managed using technology. This is particularly important to enable us to provide services across the huge geography that is our local area. We continue to recruit health service staff to meet the needs of the population and we are regularly updating the ways that we attract staff, as well as providing such essentials as accommodation, transport and support for our staff.

The Far West Local Health District has put considerable effort into implementing a range of programs aimed at improving the overall health of the community. This includes programs to reduce smoking, increase vaccination of children in the community, and working with preschools and primary schools to introduce healthy exercise and eating programs to give our children a healthy start in life. We also have programs in place to provide the best possible care for members of the community with mental health issues.

The Connections Program has been funded by NSW Health and is run by Far West staff in collaboration with Mission Australia. The program provides after hours support for more than 70 people who are isolated in the community and seeks to help decrease their loneliness which can lead to mental ill health. It is a unique service with Mission Australia Peer Workers helping people to build connections with the broader community, particularly in the evenings and on weekends. The service promotes social inclusion, social skills and community participation. Within 6 months of commencing the program, participants have reported improved quality of life, reduced admissions to hospital and reduced visits to the emergency department.

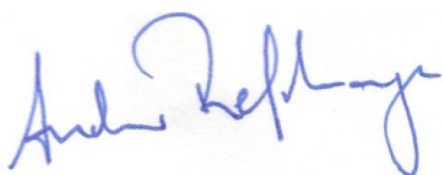
The Far West Local Health District recognises that a key element in the plan to deliver better health care for the community is to establish a resident workforce and provide pathways to employment for local people. Our School Based Apprenticeship Traineeship (SBAT) program continues to expand and opportunities have increased for Aboriginal trainees, including in our remote health services. Far West has the highest Aboriginal employment rates in NSW. This not only reflects our community, but also our commitment to delivering culturally appropriate and safe care.

We understand that visiting hospital can be a stressful time and we have introduced a range of initiatives into the Emergency Department at the Broken Hill Health Service to make this time more comfortable for patients and their families. We now have easy access to chilled water in the waiting room, a charging station for mobile phones, as well as access to patient and guest Wi-Fi through all our facilities.

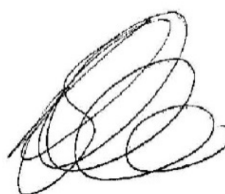
Our strategy to have Primary Health Care Nurses working within School Health Hubs to give children a healthy start and help them form good healthy habits has been recognised as a highly successful program. The program will be further extended through Far West with further funding from the Ministry of Health in the coming financial year.

The past year has seen more work to improve our facilities across the district. The \$30 million Broken Hill Health Service Redevelopment has now been completed including replacement of sections of the roof that was damaged by hail. The upgrade of the Tibooburra Health Service was recently completed and is due for official opening in early 2020. The Far West Local Health District has continued meetings and negotiations with the local community which will pave the way for an exciting redevelopment of services and facilities in the Buronga/Dareton region. This redevelopment will include considerable input from the community to help us shape the services they need and the facility that they will be delivered from.

The Far West Local Health District continues to work hard across the whole organisation, delivering high quality and safe health care to patients and the communities we serve. We acknowledge the significant contribution of the Board, Executive and all of our staff throughout the Far West Local Health District.

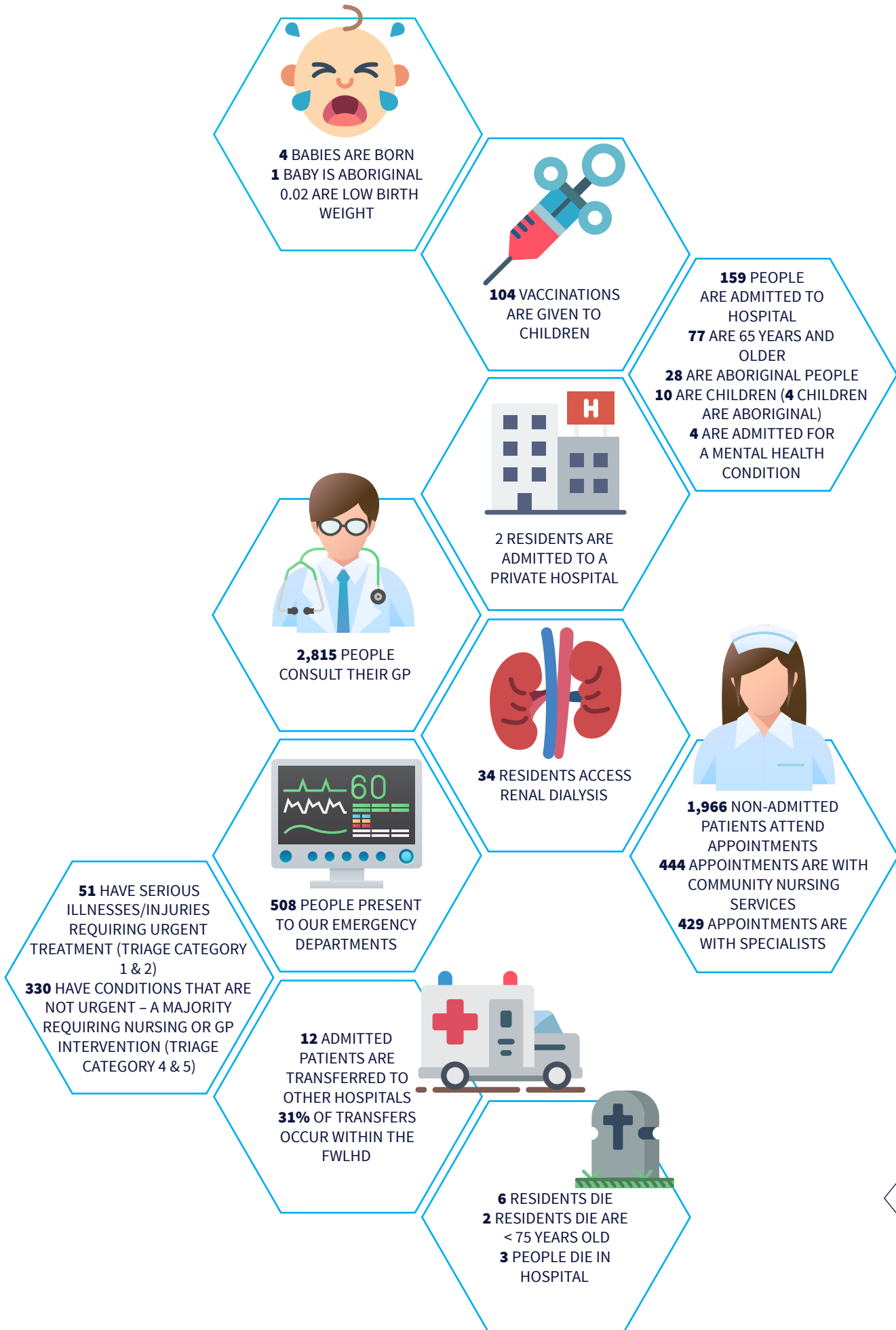


Dr Andrew Refshauge, Chair



Brad Astill, Interim Chief Executive

EVERY WEEK IN FAR WEST LHD



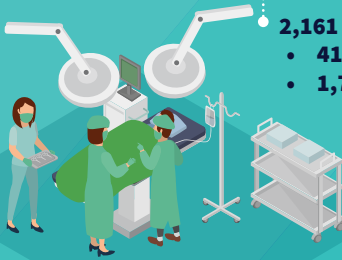
THE YEAR THAT WAS



- **102,252** NON-ADMITTED PATIENTS ATTENDED APPOINTMENTS (OCCASIONS OF SERVICE)
 - **23,085** APPOINTMENTS WITH COMMUNITY NURSING SERVICES (HEALTH AND NURSE PRACTITIONER ONLY)
 - **22,304** APPOINTMENTS WITH SPECIALISTS



5,408 VACCINATIONS



- **2,161** SURGERIES
 - **412** EMERGENCY
 - **1,749** ELECTIVE



196 BABIES WERE BORN

- **34** BABIES WERE BORN WHO WERE IDENTIFIED AS ABORIGINAL BUT NOT TORRES STRAIT ISLANDER ORIGIN
- **2** BABIES WERE BORN WHO WERE IDENTIFIED AS BOTH ABORIGINAL AND TORRES STRAIT ISLANDER ORIGIN
- **8** BABIES ARE LOW BIRTH WEIGHT (ALL BIRTHS)

26,411 PEOPLE PRESENTED TO EMERGENCY DEPARTMENTS

- **2,647** HAVE SERIOUS ILLNESSES/INJURIES REQUIRING URGENT TREATMENT (TRIAGE CATEGORY 1 & 2)
- **6,505** TRIAGE CATEGORY 3
- **17,146** HAVE CONDITIONS THAT ARE NOT URGENT – A MAJORITY REQUIRING NURSING OR GP INTERVENTION (TRIAGE CATEGORY 4 & 5)
- **612** EMERGENCY DEPARTMENT PATIENTS WERE TRANSFERRED TO OTHER HOSPITALS

- **649** CLINICIANS WERE TRAINED IN THE ELECTRONIC MEDICATION MANAGEMENT SYSTEM (EMEDS)
- **4** PUBLIC HOSPITALS WITH INPATIENT FACILITIES
- **6** COMMUNITY HEALTH SERVICES
- **1** CHILD AND FAMILY HEALTH SERVICE
- **7** SCHOOL HEALTH HUBS
- **9** ORAL HEALTH CLINICS
- **98%** CHILDREN FULLY VACCINATED AT 5 YEARS OF AGE
- **721** FULL TIME EQUIVALENT (FTE) STAFF
- **792** INDIVIDUAL STAFF
- **56** HEALTH COUNCIL MEMBERS
- **180** VOLUNTEERS
- **15** SENTINEL CHICKENS



8,264 PEOPLE WERE ADMITTED TO HOSPITAL

- **1,464** PATIENTS USED PRIVATE HEALTH INSURANCE
- **4,310** WERE DAY-ONLY ADMISSIONS
- **3,985** PEOPLE ADMITTED TO HOSPITAL ARE 65 YEARS AND OLDER
- **1,458** IDENTIFY AS ABORIGINAL PEOPLE
- **513** ARE CHILDREN (INCLUDING 0-16 YEARS)
- **147** ARE CHILDREN (INCLUDING 0-16 YEARS) WHO IDENTIFY AS ABORIGINAL
- **220** PEOPLE WERE ADMITTED FOR A MENTAL HEALTH CONDITION
- **473** INPATIENTS WERE TRANSFERRED TO OTHER HOSPITALS



236 PEOPLE DIED IN THE FWLHD FACILITIES

- **118** PEOPLE DIED IN HOSPITAL
- **9** PEOPLE DIED IN EMERGENCY DEPARTMENT
- **109** PEOPLE DIED IN HOSPITAL INPATIENTS SETTING
- **98%** OF PATIENTS KNOWN TO SPECIALIST PALLIATIVE CARE SERVICES DIED IN THEIR PREFERRED PLACE AND IN LINE WITH THEIR WISHES

1,766 PEOPLE ACCESSED RENAL DIALYSIS



- **73** FLEET VEHICLES
- **50** PROPERTIES
- **170** BEDROOMS INCLUDING STAFF QUARTERS IN BROKEN HILL
- **173** AVAILABLE BEDS INCLUDING STAFF QUARTERS
- STAFF ACCOMMODATION OCCUPANCY
- **99%** BROKEN HILL HEALTH SERVICE RESIDENCES
- **92%** BROKEN HILL STAFF QUARTERS
- **70%** DISTRICT STAFF QUARTERS (OUTSIDE BROKEN HILL)
- **34,993** BOOKINGS OF FLIGHTS, ACCOMMODATION, HIRE CARS AND TRAINS PER ANNUM
- **\$130M** TOTAL EXPENDITURE

YEAR IN REVIEW 2018-19

The 2018-19 financial year was a busy time, with the Far West Local Health District continuing to consolidate on previous years' developments and making significant progress on important initiatives.

The District continued to perform strongly against a range of indicators; retained a NSW Health performance rating of zero (no performance issues); and was on budget for the 2018-19 financial year. The Ymirri Nharatji culture framework program continued to enhance workplace culture and drive improvements in staff engagement and patient centred care.

In 2018-19, the District increased medical services at Broken Hill Health Service, which included the appointment of a new resident general physician. An increase in the orthopaedic service to weekly visits has enabled most emergency procedures to be performed at Broken Hill. This has also increased the volume of elective surgery, including sub-specialty surgery, and the amount of emergency orthopaedic surgery done at Broken Hill. Shoulder replacement surgery and a monthly haematology service commenced, with patients previously going to Adelaide for these services.

The District increased the Aboriginal health worker positions within the Broken Hill Health Service by 4.6 full time equivalent positions in 2018-19. These positions provide support to the Aboriginal community when they are accessing the health service, seven days per week.

Growth also continued in the mental health and drug and alcohol (MHDA) Aboriginal workforce, with the commencement of three Aboriginal mental health trainees (AMHT). The new AMHT clinicians join the four existing Aboriginal MHDA clinicians, who are all successful graduates of the trainee program. The program promotes development of skills in both the trainees and also in non-indigenous clinicians, through shared knowledge, education and engagement with Aboriginal people and their families.

Expansion of the Primary Health Care Registered Nurse in School Service now means there are five registered nurses in seven primary and two secondary schools in Broken Hill, offering population health screening to all children commencing kindergarten each year, as well as providing and coordinating health promotion activities. The service also provides early intervention strategies to improve health literacy and prevent illness.

Expansion of the School Based Traineeship program saw the program grow to 19 positions in 2019, with 15 positions identified for indigenous students. The program combines paid work, training and school, with eight trainees in their final year and 10 in their first year. Students receive an industry recognised national qualification and credit towards their Higher School Certificate (HSC).

Implementation of the Clinical Excellence Commission's Last Days of Life Toolkit in Broken Hill Health Service has provided standardised paperwork and language for identifying, discussing and implementing care in the last days of life. Education sessions were provided at Broken Hill Hospital for nursing, medical and allied health staff, and a comprehensive resource manual was also developed to support its ongoing use. Roll out of SHAPE End of Life conversations to outreach sites has included half day education sessions for nursing and allied health staff at Dareton, Wentworth and Balranald, with an aim of increasing staff confidence and capacity in discussing end of life issues with patients, carers and colleagues.

KEY ACHIEVEMENTS FOR 2018-19

Completed Stage 2 of the Broken Hill Health Service redevelopment and the roof replacement program.

Increased medical services at Broken Hill Health Service meaning increased access to surgery, including elective surgery.

Continued planning for a new facility at Buronga and major refurbishment of Tibooburra Health Service; upgraded staff accommodation and accessibility to health buildings in White Cliffs and Tibooburra.

Consolidated services at the new Broken Hill Community Health Centre.

Achieved an indigenous employment rate of 9.5 per cent, as compared to 8.7 per cent in last financial year, significantly higher than the NSW Health target of 1.8 per cent. The District target is to have an indigenous employment rate of 10.7 per cent by the end of 2019.

Expanded our Transition to Professional Practice new nurse graduate program and the School Based Traineeship program with more opportunities for Aboriginal applicants.

Achieved emergency treatment performance targets, with a result of 89.2 per cent as at 30 June 2019, significantly above the state target of 81 per cent.

Maintained the percentage of consumers rating the mental health and drug and alcohol services through the Your Experience Surveys (YES) as very good or excellent (above 80 per cent). In May 2019, 100 per cent of consumers rated the service as very good or excellent.

Continued increases to specialist services, including three new Aboriginal mental health trainees and an increase in Aboriginal health worker positions, and increased the numbers of medical practitioners and nurses in our primary schools offering health screening and health promotion activities for all children.

Implemented the Last Days of Life Toolkit, the Palliative Approach Framework online resource, and SHAPE End of Life education sessions.

LAUNCHED THE PEER MENTAL HEALTH WORKFORCE

The service launched its peer workforce with the commencement of 2 peer workers in the Broken Hill Community Mental Health Drug and Alcohol (MHDA) team. The peer workers, who draw on their lived experience of mental illness and recovery, have been welcomed by the community team and consumers alike, and are proving to be a valuable asset. They focus on supporting our consumers to transition from inpatient to community settings and the recovery journey beyond.

ABORIGINAL WORKFORCE

The Mental Health Drug and Alcohol (MHDA) Aboriginal workforce continues to grow stronger with the commencement of three Aboriginal Mental Health Trainees (AMHT). The AMHT clinicians join the four existing Aboriginal MHDA clinicians, who are all successful graduates of the trainee program. The program promotes development of skills in the trainees, and also in our non-indigenous clinicians through shared knowledge, education, and engagement with Aboriginal People and their Families.

LAUNCHED THE DRUG AND ALCOHOL DAY PROGRAM

February 2019 saw the roll out of a Drug and Alcohol, Non Residential Day Program in Broken Hill. This structured 8 week program provides a therapeutic service to people over the age of 18 years, experiencing problematic drug and/or alcohol use. The service is now delivering its third round of the program.

INCREASE IN MEDICAL SERVICES AND ACCESS TO SURGERY

Medical services at Broken Hill Health Service (BHHS) have been increased. A new resident general physician has been appointed. The Orthopaedic Service has increased to weekly visits enabling most emergency procedures to be done at Broken Hill, increasing the volume of elective surgery, including sub-specialty surgery, and the amount of emergency orthopaedic surgery done at Broken Hill. Shoulder replacement surgery has also started, which is new and previously patients had to go to Adelaide for this type of surgery. BHHS also started a Haematology service on a monthly basis, precluding patients from having to travel to Adelaide for haematology consultations.

PRIMARY HEALTH CARE REGISTERED NURSE IN SCHOOL SERVICE

The Primary Health Care Registered Nurse in School Service (PHCRNs) now has five registered nurses in seven primary and two secondary schools in Broken Hill offering population health screening to all children commencing kindergarten each year as well as providing and coordinating health promotion activities (for example, hand washing, healthy eating, puberty, coughing and sneezing etiquette, screen time, sleep hygiene). The service also provides early intervention strategies to improve health literacy and prevent illness as well as case support. Outcomes to date include, engaging health service partners and school communities, workforce extension and refinement of the service design and integrated service model to include the inclusion of allied health students and nursing students working together to address childhood obesity, developmental and social issues.

TRANSITION TO PROFESSIONAL PRACTICE

The transition to Professional Practice (TPP) New Graduate Registered Nurse and Registered Midwife Program expanded to 29 participants in 2019. New positions were established at Wentworth Health Service, Dareton Mental Health Drug and Alcohol and Community Mental Health Broken Hill. New Graduate Registered Nurse positions were also increased in the speciality areas of Emergency and Intensive Care.

SCHOOL BASED APPRENTICESHIP TRAINEESHIP (SBAT)

The School Based Apprentice Traineeship (SBAT) program increased to 20 positions in 2019 with 15 positions identified for Aboriginal students. The SBAT program combines paid work, training and school with six trainees currently in second year and 17 in first year. Students receive industry-recognised national qualification and credit towards their Higher School Certificate (HSC).

INCREASE OF ABORIGINAL HEALTH WORKER POSITIONS

A total of 4.6 FTE was committed to Aboriginal Health Worker positions within the Broken Hill Health Service. This commitment came as a result of recommendations from a Coronial Inquest in 2018. The Aboriginal Health Worker positions will be working across the Health Service 7 days a week. These positions will provide support to members of the Aboriginal community when they are accessing the health service.

LAST DAYS OF LIFE TOOLKIT

Implementation of Clinical Excellence Commission (CEC) Last Days of Life Toolkit in Broken Hill Health Service. Implementation in outreach sites (with beds). The last Days of Life Toolkit provides standardised paperwork and language for identifying, discussing and implementing care in the last days of life. Education sessions were provided at Broken Hill Hospital for Nursing, Medical and Allied Health Staff. A comprehensive resource manual was developed and left in relevant wards to support it is ongoing use.

SHAPE END OF LIFE CONVERSATIONS

Roll out SHAPE End of Life conversations to outreach sites and as a component of formal education day. Half day education sessions were provided for nursing and allied health staff at Dareton, Wentworth and Balranald. The aim of the education is to increase staff confidence and capacity in discussing end of life issues with patients, carers and colleagues. A full day education on communication and end of life conversations, and advance care planning attracted over 55 staff and health partners.

PALLIATIVE APPROACH FRAMEWORK

Partnership with Western NSW PHN SHARE project – embedding the Far West LHD Palliative Approach Framework across electronic domains for GPs and generalists, and shared care records (staged project). A Commonwealth funded initiative. Stage 1 is complete: an online resource to support GPs and generalists using palliative care phases to direct patient management. The project will continue to progress over next 2 years.

COMPLETION OF \$30 MILLION BROKEN HILL HEALTH SERVICE REDEVELOPMENT

Stage 2 reconfiguration of the Broken Hill Health Service Oncology / Medical Day Only Unit was completed in late 2018. The finalisation of the \$30million redevelopment included build of the new Broken Hill Health Service Outpatient Reception and waiting area. This area allows a single point of access for the community when attending outpatient appointment.

PATIENT SAFETY, QUALITY AND INNOVATION

The many elements that contribute to the development of a culture of quality and safety can be difficult to define and measure. The Far West Local Health District is committed to safety, a willingness to act, a commitment to fairness and a belief that we can achieve excellence with empathy and the engagement of our consumers and staff in providing good care.

Our goal is to work with our consumers and staff and to achieve our Safety and Quality goals.

We work closely with our partner organisations (Coomealla Health Aboriginal Corporation, Maari Ma Health Aboriginal Corporation, Ambulance Service NSW, Royal Flying Doctor South Eastern Section, Western NSW LHD, Western NSW Primary Health Network, Broken Hill University Department of Rural Health (USyd UDRH)) to improve healthy community outcomes.

A significant focus for this year has been working on transitioning all services across the LHD to the National Safety and Quality in Health Care Standards edition 2, and this focus will continue through the coming year as the LHD strives to achieve accreditation in July 2020.

A number of initiatives in the last year have addressed Aboriginal health, inpatient care and end of life care.

We continue to work with our Health Councils to ensure two way exchange of information and feedback from the community to improve our services.

Our staff continue to strive towards improved clinical services, celebrated annually at our annual innovation awards. Projects showcased at the 2019 awards have led to changes in end of life care, prevention of hospitalisations, consumer led service development, and coordination of service provision.

The redevelopment of the various facilities cross the district will continue to ensure our infrastructure meets community needs.

CONSUMER ENGAGEMENT IN SAFETY AND QUALITY

Consumer feedback is incorporated into the governance of the organisation via:

- > Patient stories (Board, HSM Meetings, MHDA Division, Wilcannia Health Service, Staff meetings all include patient stories)
- > Post-discharge Patient Surveys
- > Your Experience of Service (YES) surveys (MHDA)
- > Yamirri Nharatji processes (Patient rounding / AIDET) recorded on Traffic Lights and reported up and down through the organisation
- > Complaints / compliments reported at multiple levels, as measures of patient engagement and experience.
- > Individual ward patient surveys are also used to collect feedback from consumers.

PATIENT EXPERIENCE

Patient stories are presented to the Far West Executive meetings and to the Far West LHD Board. Actions arising from discussion of patient stories are captured and monitored through the Far West Executive meeting. Opportunities to provide patient stories are promoted through the CaRe screens.

In-patients audits for clinical handover, patient hourly rounding and the ADIET tool and out-patient rounding audits are also completed as part of the current audit schedule. Patients give direct feedback about their experience with these practices while in hospital.

The FWLHD includes consumer representatives on several committees and Health Councils takes an active role in local health care quality and safety.

Patient engagement is measured via the Patient Experience Survey Following Treatment, showing a higher than state average for patient experience until December 2018 and the Emergency Department shows 93% of consumers rated the care received as good or better.

The Your Experience of Service (YES surveys) are completed for MHDA services. 88.5 % of consumers accessing FWLHD's Mental Health and Drug & Alcohol (MHDA) department have said their care was 'very good' or 'excellent' (the state target for this measure is 80%) for the 2018/19 period. Completion rates both the Community MH&DA and Mental Health In-Patient Unit Yes Surveys continue to remain above the state average.

STAFF CULTURE

High quality care is enhanced where staff and volunteers are committed, engaged and supported. An understanding of staff culture may be incorporated, as well as supporting behaviours that impact quality of care and patient safety.

Far West LHD have implemented 'Yamirri Nharatji' (based on the Studer program), the principles and the execution framework are reliant on 9 principles:

- > Commit to excellence
- > Measure the important things
- > Build a culture around service
- > Create and develop leaders
- > Focus on employee satisfaction
- > Build individual accountability
- > Align behaviours with goals and values
- > Communicate at all levels
- > Reward and recognise success.

The staff engagement index for 2019 (Public Service Commission (PSC) People Matter Survey – Engagement Index (%)) is 66% which is a 2% decrease from the previous year.

While the overall results from the People Matter Survey have shown a decrease for the FWLHD for the 2019 survey, the FWLHD average still remains higher in eight (8) of the nine (9) domains than the cluster average and is either higher or equal to the public sector results in seven (7) of the nine (9) domains.

FWLHD is committed to embedding the NSW Health CORE values and 'Yamirri Nharatji' Work Place culture Framework is on the Studer program and other evidence based tools.

The FWLHD is working to improve staff engagement with Safety and Quality and have engaged many staff members to be part of the NSQHS Standard committees from an executive level to floor staff. Staff at all levels are engaged to participate in policy and procedure development and review, audit tool development and trial.



FAR WEST INNOVATION AND STAFF EXCELLENCE AWARDS 2019

The FWLHD celebrated innovation and staff excellence during the 9th Annual Health Innovation and Staff Excellence Awards ceremony held on Friday 2 August 2019.

There have been increasing numbers of project nominations each year which aligns with the implementation of the FWLHD Change Framework and OSIM action plan.

The awards recognise a culture of continuous improvement exists across the LHD.

This year's winning projects were the Palliative Approach Framework – Eagle (Large Project) Category, the Hawk (Small Project) Category was won by Dareton Primary Health for 'Increasing the use of ENOCC system to prevent hospitalisation'.

The Agency for Clinical Innovation Award was won by FWLHD 'From little things big things grow – collection of stories'.

All nominated projects aimed to improve consumer experience and outcomes, and continue to reflect increased staff engagement in safety and quality initiatives.



SAFETY AND QUALITY CAPABILITY BUILDING

The Jumpstart Introduction to Project Management program was delivered to staff in Broken Hill and Balranald in 2019. Participants were asked to use their own improvement projects to apply the learning from the training. Two of these projects were finalists in the 2019 FWLHD Innovation and Staff Recognition Awards.



Health Award winners

ACCREDITATION ACHIEVED

The Broken Hill Health Service was successful in complying with the NSQHS Standards 1-3 when periodic review was undertaken in November 2018. All previous survey recommendations were met.

The FWLHD Community Home Support Program (CHSP) successfully completed accreditation in July 2019 against the Commonwealth Home Care Standards.

In April 2019 the Broken Hill Health Service was successful in meeting the Prevocational Education and Training Accreditation requirements conducted by the Health Education and Training Institute (HETI). Accreditation is achieved for a four year period with no conditions.

The FWLHD will undertake accreditation against the NSQHS standard version 2 in July 2020 the gap analysis against version 2 of the NSQHS standards is currently being completed.

CLINICAL AUDIT REVIEW UPDATE

The clinical audit schedule was reviewed and updated for 2019. With the implementation of eMEDS in the FWLHD in November electronic reports are now being utilised where possible, instead of manual auditing.

A FWLHD Clinical Audit procedure and several audit tools were developed and implemented to ensure a higher level of governance for clinical audit tool development and revision. The procedure also outlines the responsibilities of managers to review and manage audit results for their individual units and facilities.

HEALTHY FOOD AND DRINK FRAMEWORK

During 2018/19 the FWHD Dietetics unit alongside the Broken Hill Health Service Kiosk staff have been working to implement the Healthy Food and Drink guidelines. Three of the main strategies implemented were healthier options provided at the kiosk, reviewing portion sizes of freshly made options and reviewing the contents of drink fridges and vending machines.

The latest survey results shows the FWLHD performing extremely well in 5 of the 13 categories.

Far West Local Health District performed above the NSW state-wide results for 5 of the Framework's 13 practices.

Practice 2 (availability), practices 7 and 9 (product size), and practices 10 and 12 (marketing) were met by 100% of applicable food outlets.

The implementation of the Healthy Food and Drink guidelines will be continue into 2019/20.

REACH PATIENT ESCALATION PROGRAM

The CEC REACH program was implemented in the Broken Hill Health Service in 2019 as an RCA recommendation. The REACH program was first implemented into the Paediatric Unit in March and was implemented into all in-patient units and the Emergency Department in June. Patient / Families and Carer are able to activate a REACH call from any internal telephone using four digit quick dial phone number.

Implementation of REACH program into the Balranald MPS, Wilcannia MPS and Wentworth Health Service is a recommendation from the national accreditation survey held in 2017 and is planned for later this year.

HOURLY PATIENT ROUNDING

Hourly Patient Rounding was implemented in facilities across the FWLHD in 2017/18. Continued monitoring has been occurring, audits completed during 2018-19 showed hourly rounding was occurring with an overall compliance rate of 95% throughout the district.

END OF LIFE FRAMEWORK

The Last Days of Life Toolkit which sits under the End of Life Framework has been implemented in Broken Hill Health Service, Balranald MPS and Wentworth Health Service, along with a comprehensive resource manual to support its use.

SHAPE Conversations at End of Life workshops were run at Wentworth, Dareton and Balranald to support the communication component of the toolkit.

AMBER CARE TOOLKIT IMPLEMENTATION

As the result of a Root Cause Analysis recommendation, the Amber Care toolkit was implemented in the Broken Hill Health Service during 2019. Medical support has been provided to lead the implementation of the AMBER Care Bundle in ICU. Post implementation audits will commence in the latter half of 2019, and will continue at regular intervals.

LEADING BETTER VALUE CARE (LBVC) INITIATIVES

The Burlu Kirra Kirra/NA (Heart of Country) also known as Better Cardiac Care for Aboriginal People program commenced in 2019 as a trial in partnership with Maari Ma Aboriginal Health Service.

The image is a painting by Michael Spencer for the Burlu Kirra Kirra/NA program. Michael developed the program as part of his Graduate Certificate Clinical Redesign (completed in 2018).

MENTAL HEALTH SAFETY AND QUALITY IN NSW: PREVENTING SECLUSION AND RESTRAINT



The FWLHD has been working towards the implementation of the recommendations from the seclusion and restraint review.

28 of the 31 recommendations have been completed. The last 3 recommendation are in progress and will be finalised as the LHD implements Safe ads initiative into the Broken Hill Mental Health In-patient unit during 2019/20.

LAST THOUSAND DAYS – END PJ PARALYSIS

The End PJ Paralysis campaign was implemented September 2018, targeting medical and surgical wards at Broken Hill Health Service.

The aim of the campaign was to get patients out of their pyjamas and into their own comfortable day-clothing, to get patients up and moving as soon as possible after an acute episode in hospital.

During October to December 2018, education and staff forum sessions and flyers were used to raise awareness of the importance of getting people out of bed, up and moving and into their own clothing.

In December 2018, the Broken Hill community awareness was targeted with the End PJ Paralysis campaign through participation in the Christmas Pageant, a stall in the park, FWLHD Facebook and radio.

This will be an ongoing education campaign with both staff and patients.



MANAGEMENT OF PATIENTS WITH BARIATRIC NEEDS

In March 2019 a joint equipment expo was held at Broken Hill which showcased the latest in Bariatric, Falls and Pressure Injury Prevention Equipment. The Lower Western Sector sites were able to join the expo via PEXIP; see the equipment they were interested in and discuss with the relevant company representatives. An article was published in Far West in Focus to raise staff awareness on the equipment available. Implementation of the Work Health and Safety – Management of Patients with Bariatric Needs Guideline is underway in FWLHD. The draft guideline is currently undergoing district wide consultation prior to going for endorsement. A tool to facilitate and document the management of the bariatric patient – both as an inpatient and in the community is currently with the NSW Health State Forms Committee awaiting finalisation.



FAR WEST LHD ABORIGINAL STAFF NETWORK

The Aboriginal Staff Network brings together our Aboriginal staff members from across the Local Health District to provide opportunities for networking; supporting; and encouraging each other in their varying roles. The Aboriginal Staff Network was established in 2017 with the first forum being held in October 2017 and since being implemented are held twice a year. The Aboriginal Staff Network Forums are a key initiative of the LHDs commitment to supporting and building the Aboriginal workforce; as well as using the brains trust of our Aboriginal staff to seek the Networks advice to improve health services and systems to deliver culturally responsive services.



LEAD REPORT 2018

The *Lead Report 2018: Broken Hill children less than 5 years old* was released in May 2019, providing an update on the ongoing public health issue of elevated blood lead levels in children under the age of five in Broken Hill.

All children under the age of five residing in Broken Hill have been offered blood lead testing since 1991. This testing is voluntary and offered through the Broken Hill Child and Family Health Service and Maari Ma Primary Health Care Service. In addition, screening of umbilical cord blood lead levels of newborns, born in Broken Hill to resident mothers, commenced in 1996.

In February 2016, the NSW Ministry of Health endorsed the revised National Health and Medical Research Council (NHMRC) guidelines for the notification of blood lead levels from 10 µg/dL to 5 µg/dL. This report uses the revised lead blood notification figure and therefore reports on the proportion of children with blood lead levels under 5 µg/dL.

CHILDREN AGED 1 TO <5 YEARS

While there was a drop in geometric mean blood lead levels for all children, non-Aboriginal and Aboriginal children in 2018 the gap between Aboriginal and non-Aboriginal children blood lead levels remains 4.0 µg/dL which was similar in 2015 and 2017, and almost twice as much as the gap observed in 2016 (2.4 µg/dL).

The geometric lead mean level (age-sex standardised) for all children (1 to <5 years) was 4.7 µg/dL in 2018, a drop of 1 µg/dL from 2017 was observed (5.7 µg/dL). The mean result for Aboriginal and non-Aboriginal children both decreased from 2017 to 2018 (Aboriginal children: 8.7 µg/dL to 7.9 µg/dL, non-Aboriginal children: 4.6 µg/dL to 4.0 µg/dL).

In 2018, a total of 637 children aged 1 to <5 years were screened for blood lead levels. The number of children aged 1 to <5 this year was lower than the last two years (687 and 730 in 2016 and 2017 respectively). Compared to last year, there was a 32% decrease in the number of Aboriginal children screened (221 to 154) and a 5.7% decrease in the number of non-Aboriginal children screened (509 to 480) this year. Aboriginal children represented 24% of the all children tested in 2018 (30.3% in 2016 and 2017). In fact, the lowest number of Aboriginal children was screened this year since 2012, the first full year lead testing was aligned with immunisation.

The 2018 results show 61% of non-Aboriginal children in Broken Hill had a blood lead level below 5 µg/dL, compared to only 24% of Aboriginal children. The result for Aboriginal children improved slightly from 2016 and 2017 (both 22%), whilst the result for non-Aboriginal children worsened with an increase in the same period from 50% to 61%. When combining the results for Aboriginal and non-Aboriginal children, there was a small increase (46% to 51%) of all children with blood lead levels below 5 µg/dL between 2017 and 2018.

CHILDREN AGED 6 MONTHS TO 1 YEAR

A review in 2017 of the screening data from 2016 to 2017, by age group found that even for 1 year olds the mean blood lead level was above the notifiable 5 µg/dL. This prompted a revision to the 2018 testing regime with reintroduction of testing at 6 months (aligning with the immunisation schedule).

In 2018, a total of 156 children aged 6 months to <12 months were screened during 6 month immunization schedule. The geometric lead mean level of children aged 6 months to <12 months was 2.7 µg/dL (compared to 3.9 µg/dL from 161 children in 2012). In 2018, 85% of children in this age group had a blood lead level below 5 µg/dL compared to 75% in 2012.

NEWBORNS

In 2018, a total of 153 newborn cord bloods were tested for lead content. The geometric mean was 0.7 µg/dL (compared to 0.8 µg/dL from 165 children in 2017). All newborns, regardless of Aboriginality, had blood lead levels below the notifiable level. Non-Aboriginal newborns had a geomean of 0.7 µg/dL and Aboriginal newborns had a slightly higher geomean of 1.0 µg/dL

Ongoing work is still needed to reduce blood lead levels in Broken Hill. While Aboriginal and non-Aboriginal children have comparable geomeans as newborns and when aged 6 months to < 12 months the adjusted geomean and proportion of Aboriginal children ≥ 5 µg/dL are much higher compared with non-Aboriginal children once they are in the 1 to < 5 years age group. Although there were improvements in both Aboriginal and non-Aboriginal children's results in 2018, for a significant proportion of children aged 1 to <5 years to be below 5 µg/dL the population mean will have to be considerably lower than 4.7 µg/dL.

Information on the LeadSmart program is available at: <http://leadsmart.nsw.gov.au/about/>



COMPLETED INFRASTRUCTURE PROJECTS

BROKEN HILL HEALTH SERVICE REDEVELOPMENT

The \$30M Broken Hill Health Service Redevelopment, which commenced construction in 2017, was completed in 2018, with the delivery of the Broken Hill Community Health Centre in June 2018 and the integrated Outpatient Services Reception in December 2018. The demolition of Kincumber House (which included remediation of asbestos affected areas) was completed in February 2019.

The Broken Hill Community Health Centre included the expansion of Oral Health Services, moving from a 2 chair clinic to the new 5 chair clinic. These additional chairs are now being operated by a student led model, developed in collaboration with the Royal Flying Doctor Service and the University of Sydney University Department of Rural Health.



CURRENT INFRASTRUCTURE PROJECTS

TIBOOBURRA HEALTH SERVICE REDEVELOPMENT

The Tibooburra Health Service is being refurbished to improve patient access and staff safety. The refurbishment will provide contemporary facilities for this remote part of the FWLHD, and enhance the provision of services in partnership with the Royal Flying Doctor Service visiting clinics. This refurbishment is scheduled to be completed by the end of 2019.

BURONGA HEALTH ONE

The Buronga – Gol Gol Health One Redevelopment will result in a purpose built facility located in a growth area of the FWLHD. Services will relocate from the current Dareton Primary Health Service, including community health, oral health and community mental health services. This project is presently at the schematic design stage.

REFERENCES AND DATA SOURCES

NSW Health Patient Experience and System Performance Branch Safety and Quality Framework 1 July 2019-30 June 2020. Sydney: NSW Ministry of Health; 2019.
 NSW Health 2018 Service Agreement between Secretary NSW Health and Far West Local Health District; 2018-19.
 2019 NSW Public Sector Employee Survey (People Matter)
 Health System Performance Report – FWLHD – July 2019 (published 23 August 2019).
 QIDS - Data Source- NSW Ministry of Health, Health Information Exchange (HIE).
 Your Experience of Service: What consumers say about NSW MH Services 2018/19, October 2019.
 FWLHD Strategic Plan 2016-2021
 FWLHD Clinical Governance Framework 2018

OUR BOARD

The members of the Far West LHD Board are appointed by the NSW Minister for Health for a term of up to five years per appointment.

Member	Appointment Start Date	Appointment End Date
Dr Andrew Refshauge	1 June 2017	15 June 2021
Mr John Harris	1 January 2011	30 June 2021
Mr Stephen O'Halloran	1 January 2011	30 June 2021
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
A/ Prof Dr Lilon Bandler	1 January 2018	31 October 2022
Mr Paul Kemp	1 January 2018	31 October 2022
Ms Sally Pearce	5 August 2019	30 June 2022

The Far West LHD Board is chaired by Dr Andrew Refshauge and eight Board members. Mr Brad Astill, Interim Chief Executive, and the Board are responsible for:

- > improving local patient outcomes and responding to issues that arise in the LHD
- > monitoring the performance of the LHD against performance measures in the LHD Service Agreement
- > delivering services and performance standards within an agreed budget, based on strategic and operational plans
- > ensuring services are provided efficiently and producing annual reports that are subject to state financial accountability and audit frameworks, and
- > Maintaining effective communication with local and state public health stakeholders.

There are five board committees that oversee specific areas of the business including providing advice on the organisation's strategy, approving key investments, ensuring major risks are identified and managed, and assisting the Far West LHD Board in achieving its goals and objectives. They are:

- > Health Care Quality
- > Workforce Development
- > Aboriginal Health
- > Finance Performance and Asset Management
- > Audit and Risk

Services shared with Western NSW LHD:

- > Medical and Dental Appointments Advisory
- > Research and Ethics
- > ICT.

MEET OUR BOARD MEMBERS



DR ANDREW REFSHAUGE

Chairman of CareFlight, the Australian critical care aeromedical retrieval service and charity. Former Deputy Premier of NSW for ten years under the Premiership of Bob Carr. Dr Refshauge was a member of the NSW Parliament from 1983 to 2005 and in that period held the government ministries of Health, Aboriginal Affairs, Planning, Housing, Education, Training, State Development and Treasurer. Before he entered Parliament, Dr Refshauge worked as a doctor at the Aboriginal Medical Service in Redfern.



MR JOHN HARRIS

Member, Regional Development Australia Far West; Chair, Broken Hill Community Inc.; Chair Broken Repetory Society; B. Science - Engineering - Mining (UNSW); Former Manager Robinson College; Member West State Training; Chair, Making Tracks Far West NSW.



MR STEPHEN O'HALLORAN

Balranald Shire Councillor since 1980. Vice President HACC; Former President, Outback Regional Development; Member Murray Regional Development Board; Western Murray Development Board; Murray Regional Organisations of Councils.



MS MARIETTE CURCURUTO-DUNLEVY

Ms Curcuruto-Dunlevy is a former Principal Solicitor with the Far West Community Legal Centre Broken Hill between 2009 — 2015. Recent board and committee appointments include the Secretary/Treasurer of the Far West Regional Law Society for 5 years, on the committee of Silverlea Early Childhood Services as a member for 3 years, and as President for 2 years, as a member of the Lifeline Broken Hill Board for a period of 6 months, and as the Secretary of the Sacred Heart Parish Primary School Parent Group in the past year. Bachelor of Laws (Honours), Master of Laws (University of Queensland).



DR MICHELLE DICKSON

Dr Dickson is a senior lecturer in the School of Public Health (SPH) (Faculty of Medicine and Health, The University of Sydney) and Program Director of Graduate Diploma in Indigenous health promotion. She co-chairs a collaboration between SPH and Broken Hill University, Department of Rural Health and is co-founder of an Indigenous research network (Sydney). Bachelor of Arts (Honours); Postgraduate Diploma in Education (Adult education); Postgraduate Certificate in Development (Aboriginal community development and health); Master of Education (Aboriginal education and Aboriginal health); Certificate IV Workplace Training and Assessment; PhD (Medicine) on Aboriginal and Torres Strait Islander health professions capacity building.



MR WINCEN CUY

Since 1991 Mr Cuy has been Managing Director of Silver City Tours and Managing Partner of Helloworld Broken Hill since 2003. Mr Cuy is the former Mayor of Broken Hill; he was first elected to the role in 2009. Mr Cuy is a life time resident of the Broken Hill district and a leader in the community.



ASSOCIATE PROFESSOR DR LILON BANDLER

A/Prof Lilon Bandler is Principal Research Fellow with the Leaders in Indigenous Medical Education (LIME) Network. She has many years of healthcare education experience across the sector. She also provides regular clinical services in the region as a senior general practitioner with the Royal Flying Doctor Service, Broken Hill.



MR PAUL KEMP

Mr Paul Kemp has been employed as General Manager at Murdi Paaki Regional Housing for 18 years. He is the General Manager of 300 Aboriginal owned and managed properties throughout the Murdi Paaki region. He is the President Saints RLFC for 9 years, a committee member of the Outback Rugby League and Vice Chair of Dieri Aboriginal Corporation.



MS SALLY PEARCE

Ms Pearce is an experienced executive within government, not for profit and higher education agencies with a focus on transformative change, increased efficiency and achieving strategic objectives through collaboration. She has over 10 years' experience as a Chief Financial Officer and Director Finance across a range of health services and qualifications in accounting and law.

OUR EXECUTIVE LEADERSHIP TEAM

MR BRAD ASTILL

Interim Chief Executive (from 18 November 2019)
Executive Director, System Performance Support,
Patient Experience and System Performance
Division, NSW Ministry of Health.

MR STEPHEN RODWELL

Chief Executive (until 15 November 2019)

MS DIANA FERRY

Executive Officer

MR KEN BARNETT

General Manager, Broken Hill Health Service (until
2 June 2019)

MS MELISSA WELSH

General Manager Broken Hill Health Service (from
12 August 2019)

MS DALE SUTTON

General Manager District Health Services (until 21
July 2019)

Executive Director of Nursing and Midwifery and
Director of Clinical Governance (from 1 July 2019)

MS DENISE MCCALLUM

General Manager District Health Services (from 22
July 2019)

DR ANDRÉ NEL

Director of Medical Services

MS NONI INGLIS

Director of Finance and Corporate Services (until 13
December 2019)

MS MELISSA CUMMING

Director Cancer Services, Innovation (Rural) and
Palliative Care

MS MICHELLE HARKIN

Chief Information Officer, Western and Far West
Local Health Districts

MS DONNA K CRUICKSHANK

Director Aboriginal Health and Planning (From 5
November 2018)

MS SUSAN DALY

Director Mental Health Drug and Alcohol (until 12
April 2019)

MS JODIE MILLER

Director Mental Health Drug and Alcohol (from 8
July 2019)

MS FIONA LAWRANCE

Director People and Culture (From 26 August 2019)

OUR STAFF

WORKFORCE OVERVIEW

A total of 706 full time equivalents (FTEs) comprising 790 individuals were employed by FWLHD in 2018-19.

In 2018-19, 193 new staff members joined Far West. This included 50 Agency Doctors, 11 Agency Nurses, 30 casuals and 102 full time and part time staff. They brought a range of skills from our local communities, other LHDs and across Australia.

The District has the highest proportion of Aboriginal staff of all Local Health Districts. At 30 June 2019 the District employed 75 Aboriginal and/or Torres Strait Islander staff, making up 9.5% 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.

At 30 June 2019 women accounted for 89.75% of the Districts workforce and four were in key senior roles.

WORKFORCE DEVELOPMENT

The LHD had a Mandatory Training compliance of 61.54% at June 2019.

29 new graduate nurses commenced in the Transition to Professional Practice program February 2019. At 30 June 2019, 19 out of 22 nurses who started work in the 2018 graduate nursing program retained full time employment with the Far West LHD. The Far West LHD will employ 32 new graduates in the 2020 intake. The program continues to grow each year, increasing our resident workforce.

19 year 11 School Based Apprentice and Trainees commenced a two year program with the District in February 2019.

CULTURE INITIATIVES

The 2019 People Matter Employee Survey (PMES) ran from 30 May to 28 June 2019. The LHD achieved an engagement level of 69% (546 out of 786 total respondents). The results will be used to guide local discussions and action planning to continue to improve workplace culture in each of our facilities to assist us in providing the best possible health care to the people of Far West NSW.

The District improved the most in responses regarding senior management. Of these responses, staff showed an increase in senior management listening, communication and values. On average, responses to senior management increased positively by 6%.

Other improvements were shown in work group collaboration, co-operation and achievement of client/customer satisfaction.

In contrast, there was a decrease in perceptions around direct "my" managers. Responses showed an average decrease of 3% in employee input, encouragement, communication, performance management, and manager involvement in work decisions.

OUR PARTNERS

The Far West NSW LHD 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 FWLHD 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 LHD. The LHD also contracts Maari Ma to provide a range of services in communities outside Broken Hill.

ROYAL FLYING DOCTOR SERVICE - SOUTH EASTERN SECTION

The RFDS provides primary health services to people living outside Broken Hill, as well as a range of primary health services in facilities operated by the LHD. The RFDS provides emergency, aeromedical evacuations, inter-hospital transfers, GP clinics, remote consultations in dental, mental health, women and children's health and audiology as well as supports visiting specialists.

WESTERN NSW LOCAL HEALTH DISTRICT

The Far West LHD has a Service Agreement with its neighbour Western NSW LHD for the shared functions of Health Protection (Public Health Unit), Health Promotion, and Health Intelligence Unit, Communication and Technology. Staff members from these functional areas 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 LHD 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 GPs 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 180 registered volunteers across the District; but this figure does not include Auxiliaries in the outlying sectors or the Health Councils.

We have a very strong volunteer presence across the far west and are very grateful to have people who generously donate their time and efforts for the common good of both the local health district and the communities they serve.

In 2019, the Broken Hill Hospital Auxiliary and the Ivanhoe Hospital Auxiliary each celebrated 80 years of service – remarkable achievements.

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

Broken Hill cohorts Broken Hill Kiosk Auxiliary; Artist in Residence; Dementia / Delirium and 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.



The Broken Hill Base Hospital Kiosk Auxiliary was established in 1941. The Kiosk has 68 dedicated volunteers.

Office holders:

- > Betty Sammut, President
- > Colleen Pedler, Vice-President
- > Robbie Fulton, Vice-President
- > Carol Rowlands, Secretary
- > Stephen Bennetts, Treasurer
- > Denis Roach, Public Officer

Kiosk volunteers again made a significant donation to the Broken Hill Hospital to the tune of \$141,848 to buy equipment in the 2018-19 financial year. This brings the donations by the Kiosk to the Hospital in just the last ten years to a grand total of \$1,752,484.

Five Kiosk volunteers received their 10 year service badges at the Christmas dinner on 30 November 2019. The Kiosk introduced Eftpos electronic payments facilities in August 2019, which has been very well received.

The Patient Family Support Team is a group of 8 current staff members who volunteer, after hours weekdays and 24 hrs on weekends, on a call out basis to assist family and loved ones of critical patients who have been brought in to the Broken Hill Hospital Emergency Department.

The Dementia Delirium and Palliative Care Volunteer Team: visiting referred patients assisting with their needs and those of their family/carers.

We have volunteer involvement in Balranald, Dareton and Wentworth running exercise groups and contributing to the Hospital and Multi-Purpose Services along with Hospital Auxiliaries across the District.

For more information on Far West LHD Volunteer Services please follow the link <http://fwlhd.gwahs.nswhealth.net/HumanResources/Volunteers.php>



FINANCIAL SUSTAINABILITY

FWLHD ensures systems and controls are in place to safeguard our finances and assets.

Financial sustainability instils resilience, productivity, growth and innovation which is fundamental to providing excellence in rural and remote health care to the people of Far West.

HIGHLIGHTS

The Broken Hill Health Service Roof Replacement program in response to hail damage caused by a hail storm in 2016, was completed at a cost of \$3M.

The Rural Health Minor Works Program oversaw four projects: Remote Staff Accommodation in Wilcannia and Ivanhoe, the Oral Health Service Van in Dareton, a new bariatric lifting system in Broken Hill Health Service and upgrades to the accessibility of health buildings in White Cliffs and Tibooburra. These projects were completed at a cost of \$628,000.

The Assets Refurbishment and Replacement program oversaw seven projects across the District: hydrant installation, evaporative coolers, hot water HVAC (heating ventilation air conditioning) boilers and suction plant controller at Broken Hill Health Service, laundry equipment at Balranald and mortuary fridge purchase and roof replacement in Wilcannia. These projects were completed at a cost of \$991,000.

Donations of significance for the purchase of equipment in 2018-2019:

> Broken Hill Kiosk Auxiliary	\$141,848
> Barrier Social Democratic Club	\$ 25,000
> Broken Hill Breast Cancer Support Group	\$ 11,426
> Keam Family	\$ 10,000
> Tibooburra Two Story Hotel	\$ 7,543
> Menindee Development Committee	\$ 6,000
> United Hospital Auxiliaries	\$ 5,000
> Outback Publicans	\$ 5,000

FWLHD's expenditure for 2018-2019 was \$130 million with 60 per cent of the cost attributed to employee related costs.

FWLHD's revenue for 2018-2019 was \$125 million with 86 percent received from the NSW Ministry of Health in the form of 78 per cent for recurrent funding and 8 per cent for capital funding.

This resulted in a net result of \$0.142 million loss for the year.

The Audit Office of New South Wales provided an unqualified audit opinion on the 2018-2019 Far West Local Health District financial statements.

FWLHD retained a NSW Health performance rating of zero.

FWLHD provided travel booking for 34,993 NSW Health passengers in 8 Districts and specialty networks and continue to be recognised for excellence in travel services for NSW Health.

ANNUAL FINANCIAL STATEMENTS

The complete audited financial statements are published in the 2018-19 NSW Health Statutory Financial Report and are available on our website <http://fwlhd.health.nsw.gov.au/index.php>.



LOCATION DIRECTORY

LOCAL GOVERNMENT AREAS

- Broken Hill
- Central Darling
- Wentworth
- Balranald
- Unincorporated Far West

PUBLIC HOSPITALS (INPATIENT FACILITIES)

- Broken Hill Health Service
- Wentworth Health Service
- Balranald Health Service (Multi-Purpose Service)
- Wilcannia Health Service (Multi-Purpose Service)

COMMUNITY HEALTH CENTRES

- Broken Hill Community Health Centre – Wilyakali Pali-mala Kirra
- Dareton Primary Care and Community Health Service
- Ivanhoe Health Service (HealthOne)
- Menindee Health Service
- Tibooburra Health Service
- White Cliffs Health Service

CHILD AND FAMILY HEALTH SERVICES

- Child and Family Service – Wilyakali Pali-mala Kirra

ORAL HEALTH CLINICS

- Broken Hill Community Health Centre Dental Clinic – Wilyakali Pali-mala Kirra
- Balranald Dental Clinic
- Dareton Dental Clinic
- Ivanhoe Dental Clinic
- Menindee Dental Clinic
- Tibooburra Dental Clinic
- White Cliffs Dental Clinic
- Wilcannia Dental Clinic
- Lower Western Sector Dental Van

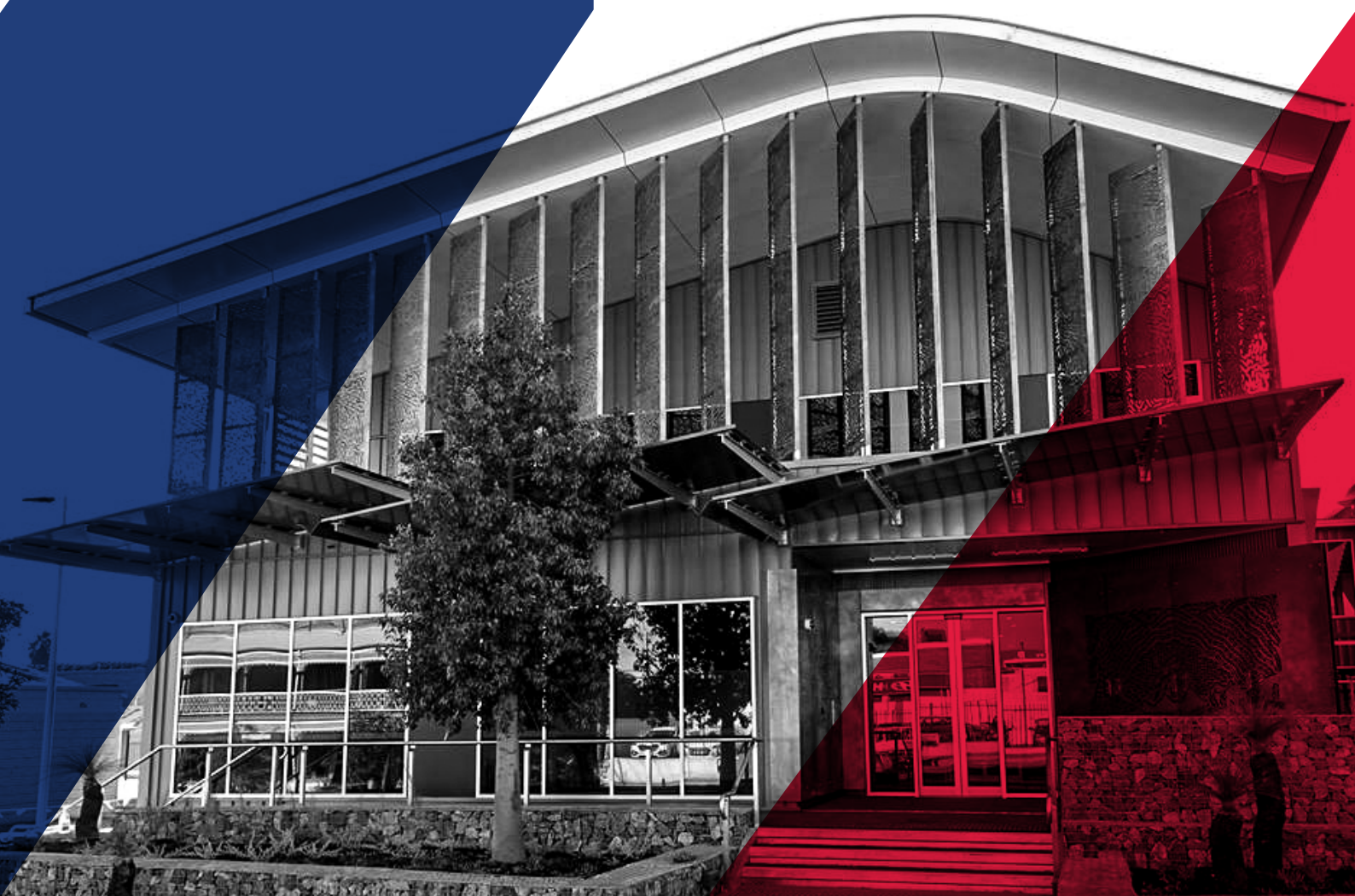
SCHOOL HEALTH HUBS

- Alma Public School
- Burke Ward Public School
- Broken Hill Catholic School
- Central School
- Morgan Street Public School
- North Public School
- Railway Town Public School



Health

Far West Local Health District



BROKEN HILL COMMUNITY HEALTH CENTRE

2-4 Sulphide Street
PO Box 457 Broken Hill NSW 2880
Telephone: (08) 8080 1469
Facsimile: (08) 8087 2997
www.fwlhd.health.nsw.gov.au
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IMAGE CREDITS

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