

1999-2000

# Annual Report

working as a team

working as a team



working



as a team

working as a team

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The Hon. Craig Knowles MP  
Minister for Health  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

Dear Mr Knowles

In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the *Annual Report (Statutory Bodies) Act 1984* and the *Public Finance and Audit Act 1983*, I submit the Annual Report and Financial Statements of the NSW Health Department for the financial year ended 30 June 2000 for presentation to Parliament. Copies are being sent to the Auditor General, Members of Parliament, Treasury, other key Government Departments and Chief Executive Officers of Area Health Services.

Yours sincerely



Michael Reid  
**Director-General**

## NSW HEALTH DEPARTMENT

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## Corporate goals

### Goal 1 Healthier People

- to ensure health status is monitored and origins of ill-health are identified
- to ensure healthy physical and social environments are promoted
- to ensure prevention and early intervention programs have been strengthened

### Goal 2 Fairer Access

- to ensure barriers to access have been reduced
- to ensure distribution of health resources is fair
- to ensure health of groups with poor health status has improved
- to ensure waiting times for health services have been reduced

### Goal 3 Quality Health Care

- to ensure health services are appropriate
- to ensure service provision is continuously improved
- to ensure continuity and coordination of care have improved
- to ensure the range of services is comprehensive

### Goal 4 Better Value

- to ensure resources to deliver health care are used optimally
- to ensure services are efficient
- to ensure incidence of inappropriate care has been reduced
- to ensure assets are well managed

## Corporate charter

The NSW Health Department is established under Section 6 of the *Health Administration Act* 1982. The Department supports the Minister for Health in performing his/her executive and statutory functions. These functions include ‘promoting, protecting, developing, maintaining and improving the health and well-being of the people of New South Wales while considering the needs of the State and the finances and resources available.

## Our commitment

- focusing on our future to set the agenda (both State and National), developing our people and sharing knowledge and research
- improving our performance through pursuing the objectives of Strategic Directions, monitoring health and the health system and creating intersectoral partnerships
- demonstrating our results through cultural changes, informing the community and advising Central Agencies and the Minister

## Better Health Good Health Care

## Key attributes

To help us achieve our four goals we have devised six key attributes. These are the building blocks and foundation that we need as strengths in our health system if we are to achieve our goals. The six attributes are:

- 1 sharing a clear direction
- 2 skilled, valued workforce
- 3 engaging the community
- 4 working partnerships
- 5 informed decision making
- 6 embracing innovation.

*NSW Health is an important part of the NSW community and a major responsibility of the NSW Government.*

### Major health review

In July 1999, The Minister for Health, the Hon Craig Knowles MP, established two independent bodies to undertake a major review of the NSW health system. These groups were made up of health experts and independent commentators.

The NSW Ministerial Advisory Committee on Health Services in Smaller Towns (the 'Sinclair Committee'), chaired by the Right Hon Ian Sinclair, reported on options for the delivery of health services in small rural towns. The Committee met with 41 rural communities across NSW between July and December 1999.

The NSW Health Council, chaired by Mr John Menadue, recommended methods to improve the way the NSW Health System delivered care. The Council met with over 200 organisations and individuals to seek views about what needed to be improved, what worked well and what were considered to be practical, lasting changes that might relieve pressure on health workers and improve access for consumers.

### Working as a Team –

#### NSW Government's Action Plan for Health

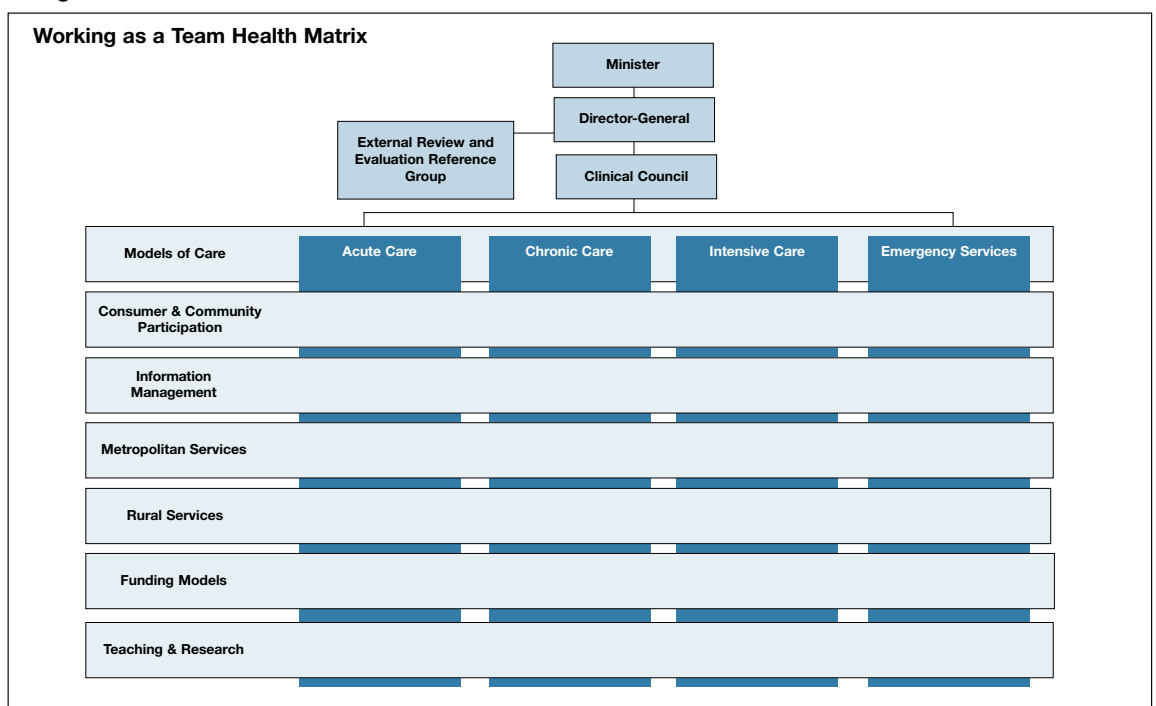
On 8 March 2000 the Government announced its response to the two reviews and outlined the NSW Government Action Plan for Health.

The Plan will be a key driver of significant changes to the NSW health system, with the aim of doctors, nurses, allied health professionals, health managers and the community to all work as a team to achieve change. This will build on existing strengths to ensure statewide consistency. To support the Plan a guaranteed \$2 Billion cash injection into the NSW public health system will occur over the next three years, to improve health services in growth areas such as Northern Rivers, Mid North Coast, Central Coast and South Western Sydney.

The Plan focuses on six essential areas of change.

- 1 Improving the organisation and delivery of health services in the areas of acute care, chronic health care needs (in the initial areas of cardiovascular disease, cancer and respiratory illness), emergency services, intensive care, mental health and community and primary health care.
- 2 Improving the effectiveness of community and consumer participation in health care planning and delivery.

Figure 1



Source: NSW Health Department 2000

The Working as a Team Health Matrix shows the interconnected structure of the eleven working groups.

- 3 Improving the accountability and effectiveness of the health care system through new funding mechanisms.
- 4 Improving the planning, networking and delivery of hospital services across greater Metropolitan Sydney through the development of a greater metropolitan health plan.
- 5 Improving rural health services, including guaranteed access for all communities to appropriate quality health care and the development of new and improved service delivery models.
- 6 Upgrading our information management infrastructure, including providing linkages between acute and primary health care providers and subject to appropriate privacy and security standards that will develop Electronic Health Record and Unique Patient Identifiers.

Eleven Implementation Working Groups have been established to do the work, which is jointly overseen by a Clinical Council chaired by the Director-General. (see *Figure 1*) Membership of the Groups comprises a broad representation of over 600 consumers, doctors, nurses, allied health professionals and health managers. (see *Appendix 33*).

#### **Record \$7.4 Billion health budget announced for 2000/2001!**

On 23 May 2000, the NSW State budget was announced. Health received an increase of \$478 Million bringing the total expenditure on health to \$7.4 Billion for the coming year. This is a record high and represents a \$2.1 Billion increase since 1995. The 2002/03 estimate of \$8.1 Billion as announced on 8 March 2000 is also on target.

As an additional \$414 Million in cash is being provided to the health system compared to the 1999/2000 budget, NSW Health Services now have their three year budgets and greater certainty for the future.

Key features of this year's health budget include \$10 Million for relieving pressure on hospital Emergency Departments; \$5 Million for relieving pressure on hospital intensive care units and providing a better

networking of services; \$15 Million for people with chronic conditions such as cardiovascular disease, respiratory illness and cancer; \$5 Million to better integrate and coordinate services connecting general practitioners to hospitals and community health services; a \$36 Million increase in mental health funding over the 1999/2000 budget; an additional \$4 Million for dental health services; an additional \$5 Million for research as part of a \$57.5 Million, three year commitment; an additional \$500,000 for the Isolated Patient Travel Accommodation Assistance Scheme (IPTAAS); the provision of additional growth funds to all health services to address demand and service needs and \$4.3 Million to the Ambulance Service to finalise rural staffing.

The allocation of \$18 Million occurred in 2000/01 to fund the 1999 election commitments, eg. locum programs for rural specialists, telemedicine, medical research, free needles and syringes for diabetics and Care for Carers.

Some \$1.8 Billion will also be provided for rural and regional health services in NSW representing a 47% increase since 1995.

#### **2000/01 Capital Works Program is \$472 Million or some \$23 Million more than 1999/2000**

Since the 1995/96 budget, \$2.3 Billion has been invested in health capital works with 32 new and redeveloped hospitals and 44 other facilities (including community health centres and multi purpose services) being constructed.

New projects in 2000/01 include refurbishment of Tamworth Emergency Department, provision of a linear accelerator at Campbelltown Hospital; improvements to and provision of additional mental health facilities at Gosford and Wyong Hospitals; consolidation of spinal medicine and rehabilitation services at Prince of Wales Hospital and further expansion of the Rural Health Services program. Over the next four years another 39 health facilities will be built or redeveloped.

## Key achievements during the year

### Historical measles transmission interruption in NSW

There are indications that the transmission of measles may have been interrupted for the first time in NSW as there were no reports of measles during September 1999. This is the first month since 1991, (when the *Public Health Act's* enhanced notification began) and most likely the first month since colonial times, that measles has not occurred in NSW.

### Hepatitis C – Understanding is the Answer

In March 2000, NSW Health conducted the world's first major mass media information campaign *Hepatitis C – Understanding the Answer*, in partnership with a range of Government and non-Government organisations. Evaluation of the campaign, which included three statewide television advertisements and a telephone information line, showed a significant increase in general community awareness and knowledge.

### 'Plan It Right' Campaign, December 1999

On 31 December 1999, Sydney hosted the biggest party of the Millennium. To provide support to the NSW community (both English and non-English speaking), a print and radio campaign was undertaken to provide 'tips' on how to make the event safe and enjoyable. Up to date information was also available on the NSW HealthWeb.

### School-Link Program– targeting teenage depression

The 'NSW School-Link Program' is a \$5.5 Million collaborative initiative between NSW Health and the Department of Education and Training in partnership with the Commonwealth to improve the early identification and management of mental health problems, in particular depression, in school students.

### Skin Cancer 'Slip Slop Slap' Campaign

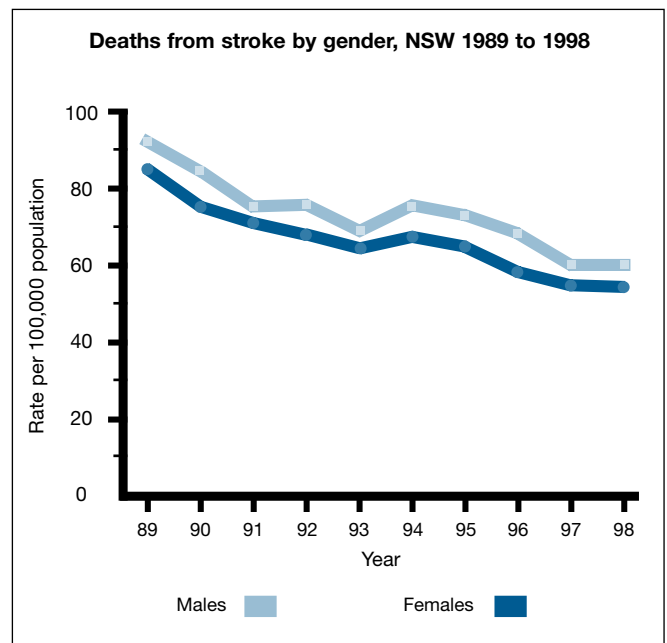
The NSW Cancer Council was funded to implement Phase 2 of 'Slip Slop Slap' and 'Save Your Skin' – while the 'Seymour the Snowman' campaign, increased recall from 37% up to 61% and increased 'correct' or 'acceptable' sun protection measures taken by parents from 51% to 67%.

### Expansion of the Research Infrastructure Program

The NSW Health Department provided infrastructure funding to 34 research organisations under the NSW Research and Development Infrastructure Grants Program. Over the next three years the NSW Government will have committed \$57.5 Million.

### Launch of the Chief Health Officer's Report

The 2000 edition of the *Report of the Chief Health Officer on the Health of the People of NSW* was published in hard copy and electronic forms. Monitoring and reporting on the health of our population extends to cover chronic and non-communicable conditions and a wide range of other health determinants. Updates are on the NSW HealthWeb.



Source: Report of the Chief Health Officer 2000, NSW Health Department 2000

### NSW Older People's Survey

The 'Older People's Health Survey' was conducted between June 1999 and February 2000 and involved telephone interviews with 8,500 people aged 65 years and over across NSW. It focused on lifestyle, home and social environment, self-reported health status, older people as carers, physical activity and physical functioning and the health priority areas of diabetes, falls and mental health. The results will be used to inform Area Health Service planning.

### Planning for the Sydney 2000 Olympics

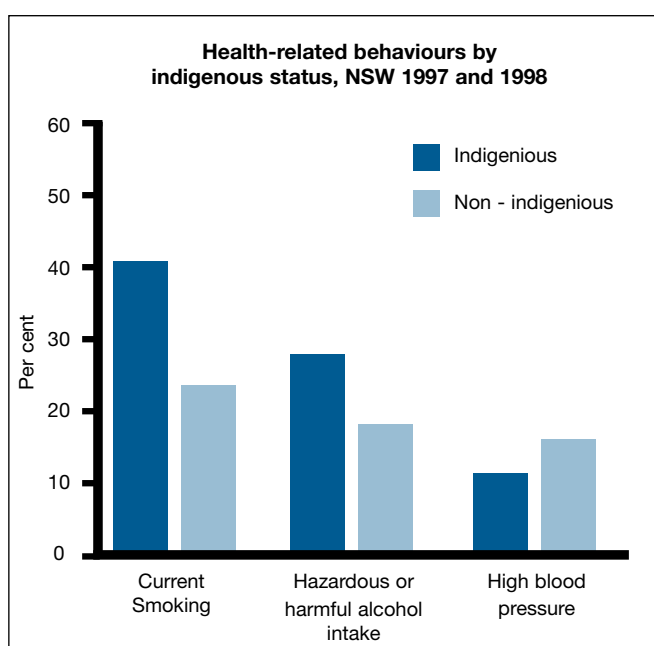
NSW Health has been involved in planning for the Games since Sydney won the bid in 1993. The Olympic Health and Medical Committee has been the key in reviewing the Memorandum of Understanding (MOU), which outlines the mutual responsibilities of agencies, the scope of services to be provided and resource implications. The Olympic preparation is providing an unparalleled opportunity to develop and test disaster preparedness across the health system.

### New NSW Drug Treatment Services Plan

In June 2000, the 'Drug Treatment Services Plan' was launched. The Plan provides a five-year framework for improving the quality and availability of drug treatment and is an important component of the Government's response to drug and alcohol problems across NSW.

### Aboriginal Strategic Plan

In September 1999, the 'Aboriginal Health Strategic Plan' was launched. It was developed in partnership with the Aboriginal Health and Medical Research Council, Commonwealth Department of Health and Aged Care and Aboriginal and Torres Strait Islander Commission. It identified 5 key priorities that include improving access to health services, improving social and emotional well being and increasing the effectiveness of health promotion.



Source: Report of the Chief Health Officer 2000, NSW Health Department 2000

## Future initiatives

### Mental health and young people

The Mental Health Implementation Coordination Group will release the 'Getting in Early' (early strategies for mental health and young people) in late 2000. During 2001, the Group will produce a strategic plan for Mental Health Care for Children and Young people, along with a service plan for eating disorders, a strategic plan for non-acute mental health care services in NSW and a prevention strategy for carers.

### Introduction of smokefree legislation

The *Smoke-Free Environmental Bill 2000* will be put to Parliament early in the 2000/01 financial year. Smoking will be banned in most NSW public places including dining areas. A campaign will be undertaken to ensure that both proprietors and the community are aware of the new *Act* and regulations.

### Healthy People 2005 – new directions for public health in NSW

In line with *Strategic Directions for Health 1998-2003*, *Healthy People 2005* will be produced by August 2000. This publication will provide the framework for NSW public health organisations to plan their activities over the next five years. It will also provide key priority areas across the eight domains of public health with supporting strategies.

### NSW Child Health Survey

This Survey will be conducted from February 2001 and involves telephone interviews with 8,500 carers of children aged 12 years and under. Questions will focus on use of health services, health status, family and social environment, emotional and behavioural issues, physical activity, sun protection, nutrition and the health priority areas of injury and asthma. The information collected will be used to review NSW Health programs and services; improve and maintain children's health and identify opportunities for further improvement.

## Key achievements during the year

### Admissions

There were 1.313 Million admissions to NSW public hospitals (including contracted services) during 1999/2000. This was lower than the previous year by (2.6%) and can be partly explained by the progressive trend to treat patients on an ambulatory basis rather than admitting them for inpatient services. (eg. some 10,000 chemotherapy patients and 2,500 gastroscopy and colonoscopy patients moved from inpatient to ambulatory during the year).

### Non-admitted patients

Non-admitted patients, comprising outpatients, Emergency Department attendances and community health occasions of service, increased by 2.6% to a record 22,062 Million. Outpatient occasions of service increased by 2.4% and mental health occasions of service increased by 4.4% due to more public awareness of mental health issues.

### Emergency Department access

It is estimated that during 1999/2000, Emergency Department (ED) attendances declined by 0.8% or 10,000, but the complexity of patients attending

increased by 1.1%. The decline was partly caused by the 'Public Emergency Department Awareness' campaign, which was launched in July 1999. Overall 29.2% of attendances were admitted, which was 5,000 or 1.2% more than in 1998/99.

Waiting times remained stable. All patients attending Emergency Departments were categorised into one of five urgency classifications called triage categories, according to their clinical need. There was a 2% improvement in the speed with which the most urgent patients (resuscitation patients) were seen by doctors in EDs.

### The Winter Strategy

Each year during winter demand for emergency services increases substantially, placing extra pressures on the hospital system. Specific extra funding of around \$10 Million was made available early in 2000 for winter. More than 600 extra beds were made available and staffing increased by more than 700 equivalent full time positions between May and September 1999.

As a result there was a substantial (64%) decrease in the number of hours of restricted access to EDs by ambulances during winter, compared to the previous year. Overall however, there was a higher proportion of admitted patients unable to be transferred to inpatient beds within 8 hours. Some hospitals showed significant improvements in this area though and this will be a targeted area for state wide improvement next year.

### Waiting Times on the Web

In May this year the Minister announced NSW 'Waiting Times on the Web'. This Web site is the first step in providing up-to-date information about NSW public hospital waiting times and waiting lists. This new tool is a first for Australia and gives the latest data on waiting times according to type of surgery or procedure, hospital and specialist doctor. Consumers can use this site with their doctor to explore their options and thus reduce their waiting time for a booked admission to hospital. By being able to easily access the latest information on waiting times, consumers can now be better informed in making choices about their treatment.

#### Summary of Indicators for the NSW Public Hospital System 1999/00

Indicators	1999/2000	% Change 1998/99
<i>Accessibility</i>		
Total admissions	1,313,000 <sup>2</sup>	-2.6
Same day admissions	515,000	-2.4
Non-admitted patient occasions of service	22,062,000	2.6
Resuscitation patients treated in 2 minutes (%)	99	1.4
Emergency patients treated in 10 minutes (%)	76	-2.6
Complexity of ED attendances (%)		1.1
ED attendances admitted	430,000	1.2
<i>Efficiency</i>		
Bed occupancy rate (%)	85.7	1.3
Length of stay (days, including same day cases)	5.1	-0.8
Length of stay (days, excluding same day cases)	7.7	-0.6

1 The numbers are rounded.

2 More patients (567,199) were treated as outpatients this year without the need for admission into hospital.

Source: DOHRS as at 18th July 2000

**Private sector**

Total admissions to private hospitals (including public contracted admissions) increased by 6.2%. This is considerably higher than the 4% annual increase reported a year ago. Same-day admissions to private hospitals increased even more (up by 7.4%).

**Inpatient performance**

The major indicators of performance all showed improvement. Admissions per bed per year increased by 3.0%. Bed occupancy increased by 1.3%. Average length of stay decreased by 0.8% to 5.1 days.

**Booked patient access**

The 'Booked Patient Access Service' was expanded to include a dedicated 1300 telephone line.

Same day surgery increased from 52.8% in June 1999 to 54.1% in June 2000, with Area Health Services achieving 98% of their agreed targets. Increasingly hospitals are treating patients on an ambulatory basis rather than admitting them as inpatients for same-day surgery. This impacts on the same day percentage. The percentage of patients admitted on the day that their surgery was performed increased from 63% in June 1999 to 72% in June 2000. Area Health Services achieved 100% of target for this indicator.

With respect to patients who were not admitted within recommended times, the performance was urgent/high priority patients waiting less than 30 days (87% of target); semi-urgent overdue patients on a list less than 90 days (83% of target) and non-urgent patients on a list for less than 12 months (93% of target). Area Health Services will be set targets for reducing the number of non-urgent patients on waiting lists for more than 12 months.

**Direct delivery of vaccines**

In July 1999, NSW Health introduced direct delivery of vaccines to general practitioners (GPs). This has contributed to a significant increase in vaccine coverage among all target populations.

**Future initiatives****New targets**

For 2000/01, all Area Health Services will be set targets of 60% for same-day-of-surgery (SDS) and 80% for day-of-surgery on admission (DOSA). Best practice models will be promoted to support the achievement of these targets and Area performance will be monitored and assessed.

**Winter 2001**

A review of the 'Intensive Care Winter 2000' performance will be completed and strategies for Winter 2001 will be developed.

**Expansion of Web Waiting Times Information**

Enhancements to the 'Waiting Times Information' on the Web will be created to include urgent and semi urgent waiting times information and improved doctor search capabilities.

**Review of hospital length of stay variations**

The Acute Care Implementation Coordination Group will commence a review of statewide variation in length of stay for the top twenty surgical procedures.

**NSW Emergency Department Services Plan**

During 2001, the Emergency Services Implementation Coordination Group will be working towards a goal NSW Emergency Department Services Plan.

**Specialty Service plans**

A number of selected specialty and statewide health services are being progressively reviewed to provide an evidence based, population based approach to the provision of specialised health services. Specialty services to be reviewed include renal services, gynaecological oncology, ophthalmology, cancer services, bone marrow transplantation, acute spinal cord injuries and brain injury rehabilitation.

**Rural health models**

The Rural Health Services Implementation Group will be working towards a Rural/Metropolitan networking model.

## Key achievements during the year

### Statewide Clinical Practice Improvement Program (CPI)

Two Clinical Practice Improvement Programs have been conducted for over 90 clinicians and managers throughout the State with over 80 clinical quality improvement projects being undertaken by the program participants. The Program's aims were to give frontline health care professionals the skills they need to lead and achieve real improvements in the delivery and outcomes of clinical care.

### Implementation of Quality framework

A 'Framework for Managing the Quality of Health Services in NSW' is the means by which clinical governance has been introduced in NSW. All NSW Area Health Services have now commenced implementing the Framework and have established an Area Quality Council to monitor and manage local quality of care.

### Quality indicators

The identification of quality indicators and their implementation strategies commenced in February 2000. These health care indicators are being developed by NSW Health in consultation with Area Health Services, clinicians and academics around the six dimensions of quality: safety, effectiveness, appropriateness, consumer participation, access and efficiency.

### Chronic care

In June 2000, Area Health Services were asked to submit Area programs focussing on improving the ways in which health services are provided to people with cardiovascular disease, respiratory disease and cancer. These programs were reviewed by the Chronic Care Implementation Coordination Group and criteria for Priority Health Care Programs (PHCPs) were established.

### Better practice

'Better Practice Guidelines for Speech Pathology, Podiatry Services' and 'Collection of Aboriginality Data in the NSW Health System' were completed and disseminated widely to health services and they are also on the NSW HealthWeb.

### Inaugural Baxter Better Health Good Health Care Awards, October 1999

In December 1999, the winners of the inaugural *Baxter Better Health Good Health Care Awards* were announced. These Awards were sponsored by Baxter Healthcare Pty Ltd, a global medical and surgical supplies company that has worked in partnership with NSW Health for over 36 years. Over 120 applications were received statewide. The Awards were based around the four goals of NSW Health which recognise the health service contribution to service excellence and innovation offered to the residents of NSW.

#### Ministers Peak Award

*Central Coast Area Health Service*

#### Quality Ageing Strategy

*With one of the highest proportions of people aged 65 years and older, the Central Coast Area Health Service sought the involvement of three levels of government, local service providers and GP's to develop a strategy to improve the quality of life of older people. Extensive consultation was undertaken with older people, carers and the community. Nine priority areas were identified for action including transport for older people, improved access to information, service coordination, retirement planning and creating a more supportive living environment.*

**1999 Baxter winners****Healthier People*****Healthier environments***

'Real Cool School' Initiative, South Sydney Community Health Complex, SESAHS

***Organisational development***

Moving From Facility Based Services to an Areawide Service – the Central Sydney Experience, CSAHS

***Healthier communities***

Quality Ageing Strategy : Central Coast Quality Ageing Strategy Steering Committee, CCAHS

Goodooga Health Service & Market Garden – A Community in Collaboration : Far West Area Health Service and the Market Garden, FWAHS

***Healthier staff***

Back Injury Awareness and Prevention Program, NSAHS

***Healthier patients and clients***

Pilot Study – Shared Care Approach to Asthma Education in a Rural Aboriginal Community, Gulargambone, MAHS

**Fairer Access*****Innovation***

Galambila Aboriginal Health Clinic, MNCAHS

***Excellence***

Aboriginal Diabetes Program, Royal South Sydney, CHC, SESAHS

**Quality Health Care*****Innovation***

Sterilising Tracking System, CSSD, CCAHS

***Excellence***

Early Diagnosis of Acute Myocardial Infarction and Initiation of Thrombolytic Therapy in the Emergency Department, St George Hospital, SESAHS

**Better Value*****Innovation***

Hospital in the Home, Prince of Wales Hospital, SESAHS

***Excellence***

Towards the Future, Shaping Haemodialysis Services in the Hunter, Wansey Centre, Hunter AHS

**Future initiatives****Quality in Health Care Week**

In 2000, for the first time, NSW Health and partners will conduct 'Quality in Health Care Week'. The objectives of the week are to inform and involve the community, promote the commitment of all those involved in delivery of health services and showcase significant quality initiatives in health.

**Consumer and Community Participation guidelines**

By May 2001, the Consumer and Community Participation Implementation Group will have produced: guidelines to improve consumer and community participation at an Area Health Service level; a preferred model for a State level Consumer and Community Participation and performance measures for participation at a local and statewide level.

**Quality Web site**

The NSW Health Quality Web site will be enhanced to assist consumers and health professionals in understanding how quality measures can be used to assess how the health system is performing in providing health care. Information on this site will be continuously updated and enhanced.

**Quality indicators**

Area Health Service quality indicators will be developed during 2001, especially relating to the areas of safety and consumer participation. These measures will be used for reporting to the Area Quality Councils and Area Health Service Boards. Indicators suitable for monitoring the quality of care in rural areas will also be developed during 2001/2002.

**Teaching and Research Implementation Group**

During 2001, this Group will be working towards producing an evaluation process for clinical impact of changes and identifying education and workforce needs for the implementation of the Government Action Plan.

**Key achievements during the year**

**Administration Levy**

In October 1999, the Department of Health imposed an Administrative Levy of 5% on its core operating budget, to reduce its budget by the required \$5 Million and free up funds for front line health services. Negotiations were held with management, staff and union representatives to revise unit business plans and budgets accordingly. This resulted in a number of staff becoming displaced. By early 2000 the majority of displaced staff had been redeployed into other positions as they became vacant.

**Department of Veterans' Affairs**

A revised funding agreement was negotiated between the NSW Department of Health and the Department of Veterans' Affairs to provide health services for veterans in NSW public hospitals.

**Information Management strategy**

The Information Management and Implementation Coordination Group commenced revision of NSW Health's Information Management and Technology Strategy and Telecommunications Strategy. The introduction of a health 'supernet' will improve telecommunications throughout the State.

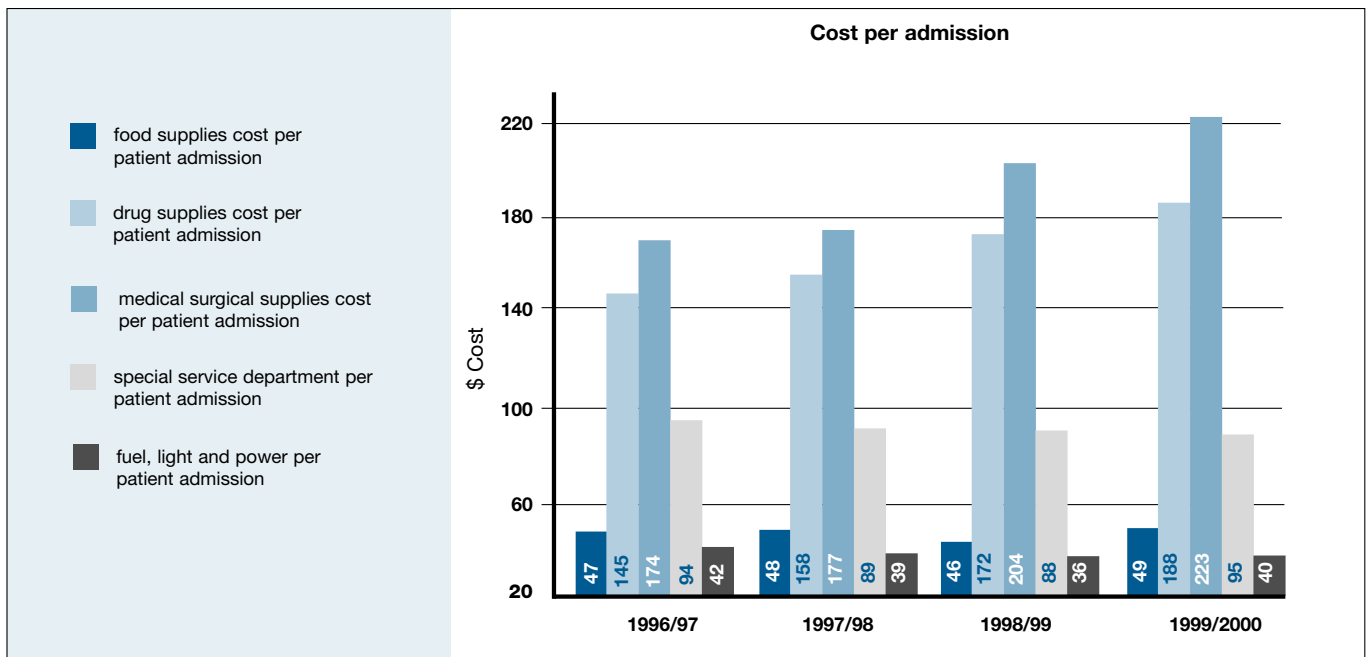
**Y2K success story**

The Year 2000 projects undertaken throughout NSW Health since June 1996 were successfully completed. As anticipated the transition through the New Year and Leap Year was achieved with only a few isolated Year 2000-related incidents encountered. All incidents proved to be minor, quickly rectified and without any adverse impact on the delivery of patient care. Overall, as a result of the 'Year 2000 Project' NSW Health has achieved a number of benefits:

- equipment and infrastructure has been rationalised, standardised and upgraded which will help reduce ongoing maintenance and support costs
- asset registers are now up to date, accurate and complete developed Business Continuity Plans for Area Health Services will ensure that critical business services can continue to be provided in the event of any unforeseen adverse circumstances.

**Corporate Plan**

The Corporate Plan was published, providing an outline of how the Department will progress its major objectives over the next five years. In particular, it details how Strategic Directions for Health is being implemented by the Department (*see Appendix 38*).



Source: NSW Health Department, 2000

### Peak Purchasing Council

The Peak Purchasing Council was reformed to shift the focus to strategic issues relating to the purchase and use of goods and services for NSW Health. It will now focus on two key areas:

- e-initiatives involving bar coding, health catalogues, automated ordering, invoicing and payment
- purchasing power involving smarter tendering, ordering and use of Health's purchasing dollar.

### We now spend...

- For 2000/2001 the estimated total expenditure for the public health system is a record \$7.4 Billion.
- This is \$2.1 Billion a year more than 1995 to improve public health care.
- This represents an increase of around 40% since 1995.

### Energy savings

In line with the 'Government's Energy Management Policy' (see Appendix 20), 1995/96 and 1998/99 energy consumption data was collected from health services for the first time to assess baseline performance. The Department also obtained five Energy Performance loans to help Area Health Services reduce their cost and energy consumption.

### Benchmarking

In 1999/2000, appropriate performance indicators were developed and collected for Area Health Service linen and pathology services. These will be the basis of an ongoing data collection to assess performance of relevant services.

### Episode Funding Guidelines

Released in June 2000, the Episode Funding Guidelines assist with the allocation of three-year growth funds. By 2002/03, Area Health Services will be receiving their fair share of health resources and historical funding inequities will be addressed.

### Future initiatives

#### NSW Intensive Care Services Plan

The Intensive Care Services Implementation Group will be working towards the completion of the draft NSW Intensive Care Services Plan, along with an agreed Intensive Care Services networking model. During March 2001, the Intensive Care Services Plan will be piloted in an Area Health Service.

#### Further benchmarking

During 2000/01, performance indicators for sterilising, imaging and pharmacy services will be introduced. These indicators will be a vital component of hospital cost structures and their impact on Episode Funding benchmarks and costs.

#### General Practitioner (GP) Linkage Project standards

The Information Management and Technology Implementation Group will be working towards the completion of the 'GP Linkage Project' standards. The Privacy Committee will work on better methods of electronically recording information, based on recommendations from the Minister.

#### New energy targets

During 2000/01, NSW Health will be developing appropriate performance indicators which show reduction in energy consumption and work with health services to set targets for 2001/02 at a 15% reduction.

#### Funding models

By 2001, the Funding Models Implementation Group will have completed ED and ICU Funding Models and a position paper on Budget Holding will be developed for implementation. During 2001, a feasibility study to trial a single state/commonwealth budget in a nominated Area Health Service will commence.

#### Peak Purchasing Council

During 2000/01, appropriate policies and guidelines will be developed for implementation throughout NSW Health on e-initiatives and purchasing power.

**Each day...***3,600 people**are admitted for**inpatient care,**17,800 people**spend the day in**a hospital bed,**60,300 non-**inpatient services**are provided and**4,700 people**attend our**Emergency**Departments.*

**NSW Health is large and complex. It is made up of the NSW Department of Health, metropolitan and rural Area Health Services, the Children's Hospital at Westmead, Corrections Health Service and the Ambulance Service of NSW.**

**The NSW health system**

The NSW Department of Health has responsibility for funding public hospitals and community health services, for public health and health promotion and for some aspects of long-term and community care. It also has a variety of regulatory responsibilities including those relating to private hospitals, nursing homes, public and environmental health.

NSW Health provides a comprehensive range of health and health related services covering health protection, health promotion and education, health screening, diagnosis, treatment, emergency transport, acute care, rehabilitation, continuing care for chronic illness, counselling, support and palliative care. Services are provided in a wide range of settings from primary care posts in the remote outback to metropolitan based tertiary health centres. What binds us together is a shared commitment to our common purpose –

**Better Health Good Health Care**

Around 100,000 people work in or directly with NSW Health. This number does not include the many dedicated volunteers and voluntary organisations. This community support is highly valued.

**The NSW Department of Health**

The NSW Department of Health, through health services and other key stakeholders, is responsible for providing the people of New South Wales with better health and good health care. It provides advice and leadership on health issues, while being responsive to the health concerns of the community and overarching responsibilities for the performance of NSW Health.

**Department responsibilities**

The Department has statewide responsibilities for policy development, system-wide planning, performance monitoring and the management of health issues. Major responsibilities are:

**Statutory**

- supporting the statutory role of the Minister for Health, including the provision of advice to the Minister of the day on health matters and other secretarial functions
- supporting the Minister in the preparation of the Government's Legislative Program for the Health portfolio
- licensing, regulatory and enforcement functions directed at ensuring compliance with Acts administered by the Department

**Development of policy**

- development of system-wide policy including inter-government relations and funding strategies
- representation of NSW Health to the public including fostering partnerships with consumer, community, professional and other bodies
- intelligence gathering on medical research, advancement, service delivery and technology

## Management of public health issues

- managing emerging health risks
- improving public health through regulation, health promotion and other public health measures such as vaccination campaigns

## System-wide planning

- system-level planning including business, services, resources and workforce planning

## Health and health system performance monitoring

- improving health of the people of NSW by monitoring and acting on information about health, well being and levels of disease in the community
- improving health system performance through the development and monitoring of Performance Agreements and the use of other incentive schemes
- management and monitoring of physical infrastructure including major facility and technology items
- overseeing the Ambulance Service (through Ministerial delegation) and the administration of the Health Professional Registration Boards

### NSW Health services comprise...

210	General Public Hospitals
15	Approved Multi Purpose Services
280	Community Health Centres
500	Early Childhood Health Centres
15	Nursing Homes

## Departmental divisions

The Department is administered through six main divisions (see *Organisational Chart page 16*)

### Operations

- Finance and Commercial Services
- Information and Asset Services
- Performance Management
- Employee Relations
- Nursing
- Legal and Legislative Services

### Policy

- Aboriginal Health
- Centre for Mental Health
- Health Services Policy
- Statewide Services Development
- Structural and Funding Policy
- Government Relations
- Government Action Plan for Health

### Public Health and Chief Health Officer

- Public Health Division Business Unit
- Counter Disaster and Olympic Planning
- Epidemiology and Surveillance
- Health Promotion
- Health Protection
- Drug Programs Bureau
- Oral Health
- Pharmaceutical Services
- Private Health Care
- Research and Clinical Policy

### Executive and Corporate Support

- Executive Support
- Corporate Computing Services
- Corporate Administrative Services
- Corporate Records Services
- Corporate Personnel Services

### Health Public Affairs

- Department Issues Management
- Communications
- Media Issues Management
- Information Services and Publishing
- Community Relations

### Internal Audit

*Each week...  
we have  
750 more  
admissions  
than in 1994/95.*

*Each year...*

*1.3 million*

*inpatients are*

*admitted in*

*NSW hospitals*

*with more than*

*22 million*

*occasions of*

*service provided.*

### **NSW Minister for Health**

The NSW Minister for Health is responsible for the provision of health services within NSW. Under the *Health Administration Act* 1982, the Minister formulates policies to promote, protect, maintain, develop and improve the health and well-being of the people of NSW to the optimum level given the financial and other resources available to the State. The Minister is also responsible for Acts of Parliament relating to health. The Honourable Craig Knowles MP was appointed Minister for Health in 1999.

### **Public health organisations**

The *Health Services Act* 1997, collectively described Area Health Services and other legal entities in the NSW Public Health System as public health organisations.

Currently, there are 17 Area Health Services covering the whole of New South Wales. In addition, the Ambulance Service, Corrections Health Service and the Children's Hospital at Westmead operate as separate entities within their respective fields. There are also affiliated health organisations run by religious or charitable bodies who have services and facilities that are formally recognised under the *Health Services Act* as part of the Public Health System.

Area Health Services play a major role in the planning, delivery and co-ordination of local services, resource management and the maintenance of a balance between treatment and prevention services generally within their geographic area. They are responsible for providing services such as public health, community health, public hospitals, psychiatric hospitals and nursing homes, community support services, domiciliary nursing and other outreach programs. Some Areas also have inter-Area or statewide roles.

### **Health Administration Corporation as the employer**

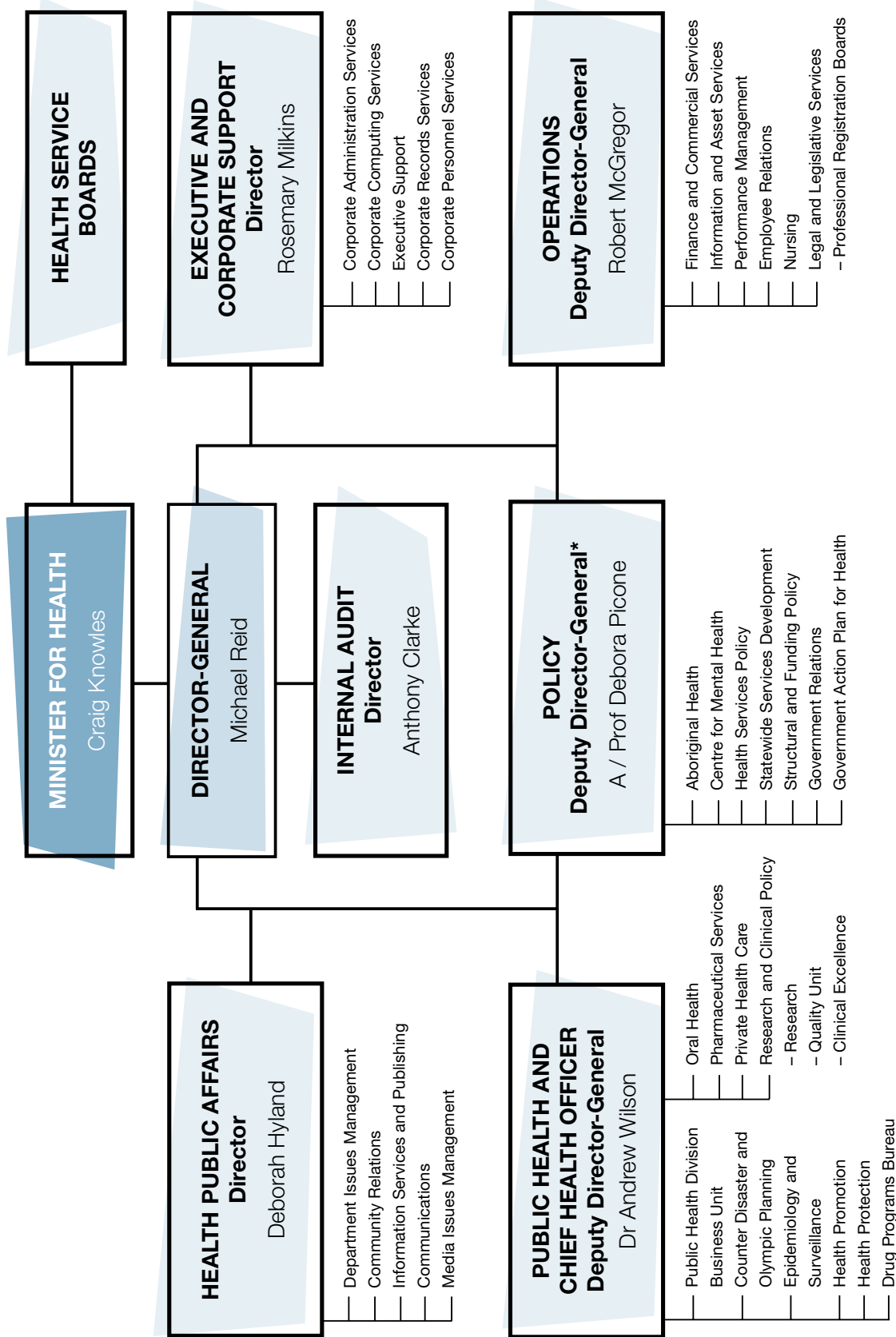
The Director-General, as the Health Administration Corporation, has a pivotal workforce relations role in the NSW health system. The Corporation is taken to be the employer of health system staff in relation to the negotiation and determination of wages and other conditions of employment, as well as other industrial matters.

### **Operational management**

The core roles listed above are critically dependent on the work undertaken by Departmental staff on the financial allocation process, development of information systems, workforce relations, human resource management and other support functions such as legal, audit and administration.

- 1788** The NSW public hospital system began with the establishment of The Colonial Medical Service. This was essentially a hospital medical service for convicts. When the transportation of convicts to NSW ceased in 1841, convict hospitals were handed over to civilian control. While the Government exercised little control over their operations, it did provide some financial assistance.
- 1850's** Public health administration began and was concerned with sanitation and infectious diseases.
- 1881** The first Board of Health was established in NSW as a specific response to the smallpox epidemic.
- 1896** The first *Public Health Act* was introduced in NSW.
- 1929** *The Public Hospitals Act* brought the regulation and quality assurance of hospitals under Government control. The *Act* also established the Hospitals' Commission of NSW, which operated separately from the Board of Health.
- 1960s** Developments in service provision lead to recognition of the need to integrate hospital care with public and community health. Decentralisation of the administration of health also commenced at this time, with regional offices of the Commission established throughout the State.
- 1973** The NSW Health Commission was established, bringing State psychiatric hospitals, community health services and public health programs under the administration of a single statutory authority – the same body as that responsible for public hospitals.
- 1982** The NSW Health Department was established under the *Health Administration Act* to create a simpler, more efficient organisational structure able to meet the changing needs of the community.
- 1986** Area Health Boards were established in the Sydney, Newcastle and Wollongong regions of the State. They replaced a large number of individual hospital boards. This enabled greater autonomy and authority to be transferred to the local administration.
- 1988** The number of Area Health Services was reduced from 23 to ten.
- 1990** The *Ambulance Service Act* 1990 came into effect replacing the *1976 Act*. Under this new *Act* ambulance staff are referred to as employees of the 'Ambulance Service of NSW'.
- 1993** The six country health regions were expanded into 23 District Health Services. Administrative savings were redirected to areas of patient care in country NSW.
- 1995** Eastern Sydney and Southern Sydney Area Health Services were amalgamated to form the new South Eastern Sydney Area Health Service, reducing the number of metropolitan Area Health Services to nine.
- 1996** Eight Rural Health Services formed replacing 23 District Health Services. The national Australian Red Cross Blood Service (ARCBS) was established to integrate State and Territory transfusion services.
- 1/7/1998** The *Health Services Act* 1997 came into effect. The *Act* replaces the *Public Hospitals Act* 1929 and the *Area Health Services Act* 1986. The *Act* gives statutory recognition to the important role of health promotion and education, community health and environmental health services. Areas have a responsibility for this in addition to providing treatment services. Rural Health Services now have the same status as Metropolitan Area Health Services and their corporate names now have the word 'Area' before 'Health Service'.
- 1999** The functions of the NSW Blood Transfusion Service (NSWBTS) were transferred to ARCBS, effective as of 1 July 1999.

# Organisational chart



\* Dr Tim Smyth was Deputy Director -General, Policy, until April 2000

\*A/Professor Debora Picone was acting Deputy Director- General, Policy, from April 2000, until her appointment to the position in July 2000

## MINISTER FOR HEALTH

Craig Knowles MP

Appointed Minister for Health in April 1999.

## DIRECTOR-GENERAL

Michael Reid

Michael Reid was appointed Director-General in March 1997. Michael has an extensive background in health sector policy, planning and administration.

## PUBLIC HEALTH AND CHIEF HEALTH OFFICER

DEPUTY DIRECTOR-GENERAL

Dr Andrew Wilson

Dr Andrew Wilson has a background in clinical epidemiology and public health medicine. In addition to directing policy, planning and operational aspects of all areas of public health, his portfolio responsibilities include medical training and education.

## POLICY

DEPUTY DIRECTOR-GENERAL\*

A/Professor Debora Picone \*

*(acting Deputy Director-General, Policy from April 2000 – permanent July 2000)*

With a background in nursing and health administration, Debora has a strong interest in health service development and planning, clinical leadership and community based models of care.

Dr Tim Smyth\*

*(in position until April 2000)*

Dr Tim Smyth was appointed Deputy Director General, Policy in July 1997. With a background in medicine, law and business administration, Tim has a strong interest and expertise in health system reform, intersectoral approaches to improving services for children with specific needs, mental health and strategic planning.

## OPERATIONS

DEPUTY DIRECTOR-GENERAL

Robert McGregor

Robert McGregor has extensive experience at senior management level in the NSW public sector, having occupied four chief executive officer positions in the past ten years.

## INTERNAL AUDIT

DIRECTOR

Anthony Clarke

Anthony Clarke was appointed Director, Audit in 1990 and has extensive auditing, financial, administrative and investigation experience in the NSW public health system. Anthony is responsible for the internal audit functions of the Department and the coordination of internal auditing and performance review of internal audit units in NSW Health. He is also responsible for the Staff Records Management Unit, which undertakes employment screening for NSW Health and assessments and investigations in regard to child protection and other legislation.

## HEALTH PUBLIC AFFAIRS

DIRECTOR

Deborah Hyland

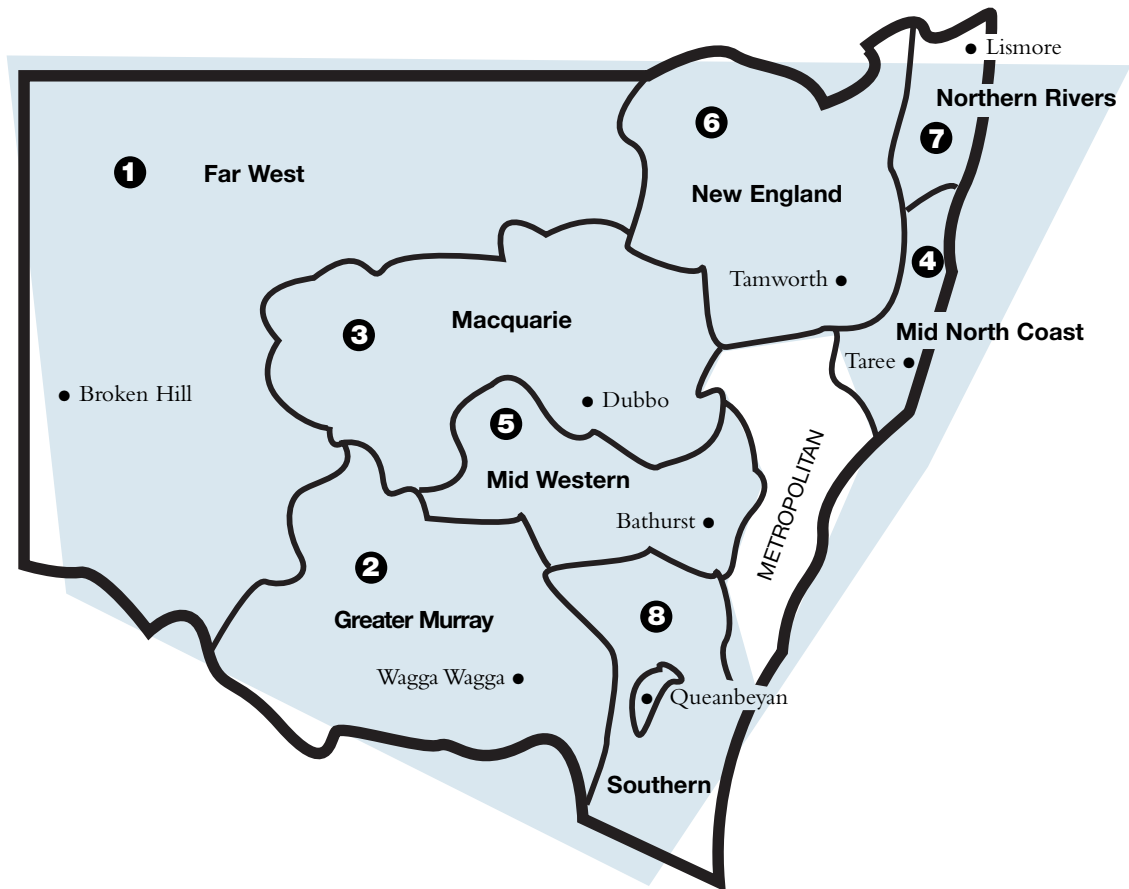
Deborah Hyland has a background in nursing and health administration. She is responsible for Departmental issues management, media management, community relations, information services and communications co-ordination across NSW Health. She is also responsible for ministerial liaison in matters requiring whole of Department action.

## EXECUTIVE AND CORPORATE SUPPORT

DIRECTOR

Rosemary Milkins

Rosemary Milkins joined NSW Health in 1997, after spending over twenty years in various parts of the education portfolio. Rosemary has an extensive background in policy advice, corporate planning, media, ministerial liaison and strategic issues management.



**1 Far West Area Health Service**

Tel. (08) 8080 1333 Fax. (08) 8088 1064

*Local Government Areas*

City of Broken Hill, Shires of Balranald, Brewarrina, Bourke, Central Darling, Wentworth, Walgett, the Unincorporated Area

**2 Greater Murray Area Health Service**

Tel. 6921 5588 Fax. 6921 5856

*Local Government Areas*

Albury, Berrigan Bland, Carrathool, Conargo, Coolamon, Cootamundra, Corowa, Culcairn, Deniliquin, Griffith, Gundagai, Hay, Holbrook, Hume, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut, Urana, Wagga Wagga, Windouran

**3 Macquarie Area Health Service**

Tel. 6881 2222 Fax. 6881 2225

*Local Government Areas*

City of Dubbo, Shire of Bogon, Cobar, Coolah, Connabarabran, Coonamble, Gilgandra, Mudgee, Narromine, Warren, Wellington

**4 Mid North Coast Area Health Service**

Tel. 6551 5111 Fax. 6552 1798

*Local Government Areas*

Cities of Coffs Harbour and Greater Taree, Municipality of Hastings, Shires of Bellingen, Great Lakes, Gloucester, Kempsey, Nambucca

**5 Mid Western Area Health Service**

Tel. 6339 5500 Fax. 6339 5521

*Local Government Areas*

Cities of Bathurst, Greater Lithgow and Orange, Shires of Blayney, Cabonne, Cowra, Evans, Forbes, Lachlan, Oberon, Parkes, Rylstone, Weddin

**6 New England Area Health Service**

Tel. 6768 3222 Fax. 6766 6638

*Local Government Areas*

Cities of Armidale and Tamworth, Municipalities of Glenn Innes, Shires of Barraba, Bingara, Boggabri, Dumaresq, Gunnedah, Guyra, Inverell, Manilla, Moree Plains, Narrabri, Nundle, Parry, Quirindi, Severn, Tenterfield, Uralla, Walcha, Yallaroi

**7 Northern Rivers Area Health Service**

Tel. 6620 2100 Fax. 6621 7088

*Local Government Areas*

Cities of Grafton and Lismore, Municipalities of Casino, Shires of Ballina, Byron, Copmanhurst, Kyogle, Maclean, Nymboida, Tweed, Richmond River and Ulmarra

**8 Southern Area Health Service**

Tel. 6299 6199 Fax. 6299 6363

*Local Government Areas*

Cities of Goulburn and Queanbeyan, Shires of Bega Valley, Bombala, Boorowa, Cooma-Monaro, Crookwell, Eurobodalla, Gunning, Harden, Mulwaree, Snowy River, Tallaganda, Yarrowlumla, Yass, Young

**Statewide Services**

**Ambulance Service**

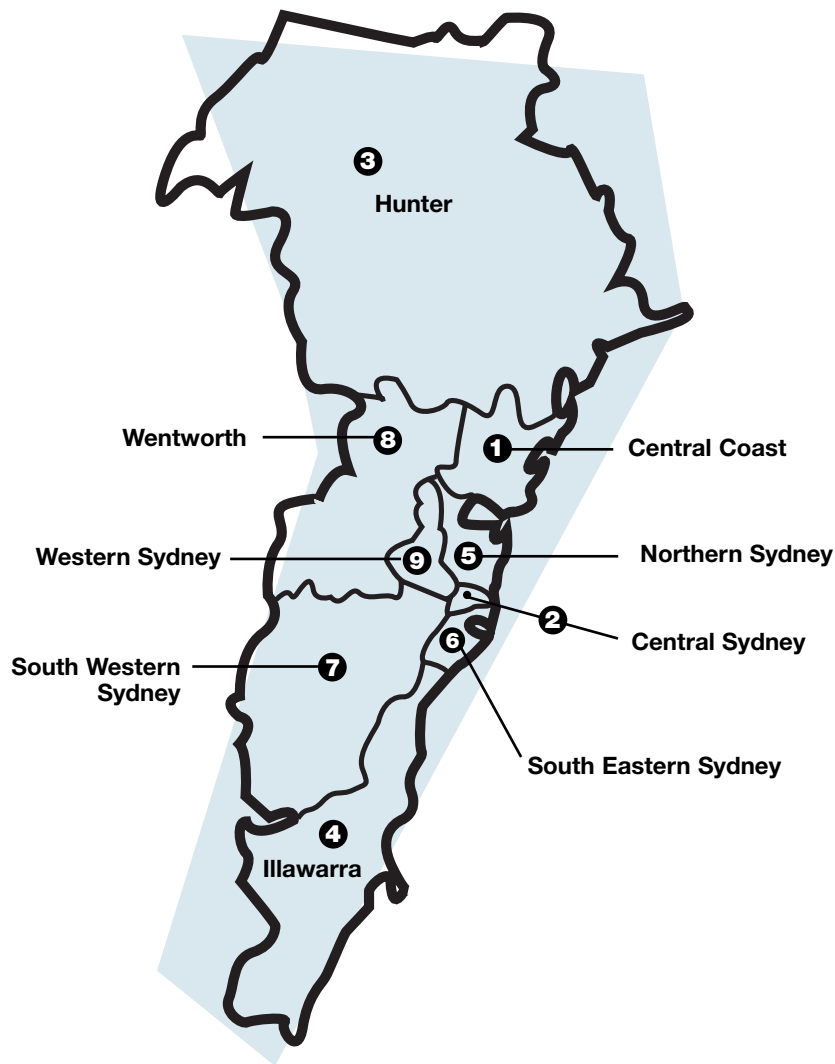
Tel. 9320 7777 Fax. 9320 7800

**Corrections Services**

Tel. 9289 2977 Fax. 9311 3005

**The Children's Hospital at Westmead**

Tel. 9845 0000 Fax. 9845 3489



**1 Central Coast Area Health Service**

Tel. 4320 2111 Fax. 4325 0566  
*Local Government Areas*  
 Wyong, Gosford

**2 Central Sydney Area Health Service**

Tel. 9515 9600 Fax. 9515 9611  
*Local Government Areas*  
 Ashfield, Burwood, Canterbury, Concord, Drummoyne, Leichhardt, Marrickville, Strathfield, Sydney Western (Central Sydney portion of Sydney and South Sydney LGAs)

**3 Hunter Area Health Service**

Tel. 4921 4960 Fax. 4921 4969  
*Local Government Areas*  
 Cessnock, Dungog, Lake Macquarie, Maitland, Merriwa, Murrurundi, Muswellbrook, Newcastle, Port Stephens, Scone, Singleton

**4 Illawarra Area Health Service**

Tel. 4275 5111 Fax. 4276 1447  
*Local Government Areas*  
 Kiama, Shellharbour, Shoalhaven, Wollongong

**5 Northern Sydney Area Health Service**

Tel. 9926 8418 Fax. 9926 6025  
*Local Government Areas*  
 Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Manly, Mosman, North Sydney, Ryde, Warringah, Willoughby, Pittwater

**6 South Eastern Sydney Area Health Service**

Tel. 9382 9898 Fax. 9382 9891  
*Local Government Areas*  
 Sydney City (part), Woollahra, Waverley, South Sydney (part), Randwick, Botany, Rockdale, Kogarah, Hurstville, Sutherland

**7 South Western Sydney Area Health Service**

Tel. 9828 5700 Fax. 9828 5704  
*Local Government Areas*  
 Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wollondilly, Wingecarribee

**8 Wentworth Area Health Service**

Tel. 4734 2120 Fax. 4734 3734  
*Local Government Areas*  
 Blue Mountains, Hawkesbury, Penrith

**9 Western Sydney Area Health Service**

Tel. 9845 7000 Fax. 9689 2041  
*Local Government Areas*  
 Auburn, Baulkham Hills, Blacktown, Holroyd, Parramatta

**A/Prof Debora Picone** (appointed July 2000) **Dr Tim Smyth** (until April 2000) *Deputy Director-General*

*In April 2000, the Minister announced a record \$107.5 Million increase in recurrent expenditure for mental health services over the next three years. Areas which have been traditionally under-resourced will receive the largest increases.*

**The key role of the Division is to develop statewide policies for improving and maintaining the health of the people of NSW.**

### **Function within NSW Health**

To liaise and consult with government departments, health services, non-government organisations and key stakeholders to develop statewide policies and plans which facilitate equitable access, effectiveness and efficiency of health services.

### **Branches**

- Aboriginal Health Branch
- Centre for Mental Health
- Health Services Policy Branch
- Statewide Services Development Branch
- Structural and Funding Policy Branch

### **Goals**

- develop strategic policies, innovative service delivery models and programs to improve equity, access and health outcomes for targeted population groups
- develop policies that give direction to primary and community based services, including non-government organisations
- develop, manage and coordinate NSW Health policy and planning activities in relation to acute health services for which there are statewide implications; this role encompasses infrastructure (capital) planning for NSW
- enhance the profile and funding for mental health services
- establishment of collaborative partnerships to enhance delivery of mental health care
- improving the Health of Aboriginal and Torres Strait Islander People and Communities in NSW

### **Major achievements**

- development of the NSW Strategic Framework to Advance the Health of Women
- development and publication of *Gender Equity in Health Principles* to guide the development of policies and the delivery of services within the NSW public health system which are responsive to the needs of men and women
- development and publication of the *General Practice Policy* which brings together the major policy directions affecting general practice and outlines future directions for collaboration between general practice and the NSW public health system
- Asset Acquisition Program (AAP) detailing NSW Health's current and proposed new capital works for 2000/01, providing a balance of future capital needs against the anticipated level of capital funds (funds were also provided for several key projects in rural NSW)
- acute inpatient activity projections to 2011 were released to Area Health Services
- enhanced profile and funding for mental health services, with an announcement by the Minister in April 2000 of a record \$107.5 Million increase in recurrent expenditure for mental health services over the next three years
- improved delivery of mental health programs through the 'School-Link' program with development of a joint training curriculum for education and mental health staff, initially targeting adolescent depression
- release of 'Episode Funding Guidelines' in June 2000
- completion of 1998/99 Hospital Cost Data Collection and release of Costs of Care Standards

- negotiation of revised funding agreement with Department of Veterans Affairs
- establishment and support of Funding Models Implementation Group
- joint launch of the 'NSW Aboriginal Health Strategic Plan' on 6 October 1999
- ten agencies have been funded to establish Aboriginal Otitis Media programs

- introduction of a reporting framework to measure progress towards implementation of the 'NSW Aboriginal Health Strategic Plan' by 17 Area Health Services
- managing within the resource reductions applied through the administrative levy to free up resources for front line health services
- provision of support to continue and sustain implementation of the Otitis Media

*In 1999/2000*

*\$ 1.2 Million*

*was spent on*

*Aboriginal Family*

*Health initiatives.*

## Challenges during the year

- implementation of the new *Children and Young Persons (Care and Protection) Act 1998* by NSW health services and workers in late 2000
- coordination of the Government Action Plan for Health with specific responsibility for Emergency Department Implementation Group, Intensive Care Implementation Group, Rural Health Implementation Group, Metropolitan Services Implementation Group, NSW Clinical Council and External Review and Evaluation Committees
- the Area of Need Program has been a successful rural employment strategy for the Department – enabling placement of overseas-trained conditionally registered medical practitioners in positions that are not able to recruit local medical graduates
- supporting the work of the Health Council, particularly in its review of funding arrangements for NSW Health
- providing quality mental health care and funding to Area Health Services to locate mental health nurses in Emergency Departments to provide emergency specialist consultation and support
- response to the challenge of the tragic outcome of suicide has included a statewide training program for health staff to facilitate implementation of circular 98/31 – *Policy Guidelines for the Management of Patients with Possible Suicidal Behaviour* for NSW Health staff and staff in private hospital facilities

## Future initiatives

- development of a primary and community health care reinvestment strategy to complement the acute care initiatives being undertaken in accordance with the Government Action Plan for Health
- finalisation and launching of a new policy for the Program of Appliances for Disabled People
- development of a residential aged care policy for the NSW health system and a framework for the provision of residential aged care in NSW in collaboration with the Commonwealth
- selected Specialty Services Plans (SSSP) – a range of specialist health services and technologies planned on a statewide basis
- refine Episode Funding arrangements introduced on 1 July 2000, through involvement of clinicians and managers in the health system
- develop funding models for Intensive Care and Emergency Department services
- reviewing the Resource Distribution Formula to ensure the needs of rural communities and mental health programs are addressed
- 'Healthier People – Getting in Early, A Framework for Early Intervention and Prevention in Mental Health for Young People in NSW'
- continue implementation of 'NSW Aboriginal Health Strategic Plan'
- develop and implement budget holding and single fund holder funding models

*“A first for Australia...public hospital waiting times and waiting lists are now on the Internet, so that patients and their doctors can explore the latest data available, to help reduce waiting times for booked admissions to public hospitals in NSW.”*

**The key role of the Division is to manage operational aspects of health services delivery in NSW.**

### Function within NSW Health

Operations Division is made up of six main areas and has many functions within the health system. Such functions include:

- coordination of capital investment within the NSW health system through the development and implementation of statewide Information and Asset Management programs
- provision strategic and practical advice on industrial relations matters impacting on NSW Health
- provision and support of appropriate information processing and telecommunications infrastructure
- development and maintenance of the Department's corporate databases
- provision of nursing leadership for the State and a professional interface between the Minister, the Director-General, Health Department and the public, private and academic sectors of the Nursing profession
- provision of Area and Statewide Health Service Performance Agreements, Multi Purpose Services, Aged Care Assessment Teams, the NSW Isolated Patients' Travel and Accommodation Assistance Scheme, Hospital in the Home, screening programs and Home and Community Care
- work on the Patient Access Strategy, to improve patient management and benchmarking.

### Branches

- Employee Relations Division
- Finance and Commercial Services Division
- Information and Asset Services Division
- Legal and Legislative Services Division
- Nursing Branch
- Performance Management Division

**Robert McGregor** Deputy Director-General

### Goals

- ensure Health Services and Statewide Services are accountable for their performance and effectiveness
- advise the Minister, Director-General and Deputy Director-General, Operations, on the allocation of the health system's resources and distribute the available financial resources in an equitable manner, providing an appropriate balance between changing demands and needs for health services
- apply contemporary Information Management principles and techniques to current and emerging business issues

### Major achievements

- major modules of Health Information Exchange implemented by all Area Health Services
- establishment of the Ministerial Standing Committee on the Nursing Workforce
- development and coordination of implementation strategies arising from the recommendations of the Ministerial Advisory Committee on Smaller Towns
- public hospital waiting times and waiting lists are now on the Internet, so that patients and their doctors can explore the latest data available, to help reduce waiting times for booked admissions to public hospitals in NSW and be better informed to make choices about treatment
- release of the 'National Online Strategies' with substantial NSW Health (IASD) input
- completion of the development of the NSW Health Property and Heritage Information System
- development of Public/Private Partnerships program for major capital infrastructure projects
- completed the design and development of the Community Health Information System (CHIS)
- implemented Year 2000 (Y2K) strategy and contingency plans

- achievement of the \$445 Million Asset Acquisition Program
- enhanced planning, coordination and monitoring of NSW 'Winter 2000 Strategy', designed to improve system performance during the peak in demand of winter in the year 2000
- commenced service planning for the approved Multi Purpose Services sites
- production of formal review of career promotional material for nursing
- approval in principle of 13 Nurse Practitioner positions, nursing pro-active consultative processes and communication, eg. Peak Nursing Forums, Nursing Branch updates, Customer Survey

### Challenges during the year

- maintenance of a skilled nursing workforce
- driving the development of two systems, one for waiting times on the HealthWeb and the other for reporting of ambulance diversions data, available beds and emergency department data
- introduction of Strategic Asset planning processes on an Area-wide basis
- promotion of nursing as an attractive career choice
- progression of the implementation of Nurse Practitioner Services
- support for the Ministerial Advisory Committee on Smaller Towns has been resource intensive as the Committee's terms of reference included many site visits to rural areas and completion of its report within six months
- provision of prompt and timely data to working groups and implementation groups, formed according to the recommendations of the *Health Council Report*
- managing within the resource reductions applied through the administrative levy to free up resources for front line health services

### Future initiatives

- implementation of Nurse Practitioner Services in Rural/Remote NSW
- review of performance indicators and reporting for Health Services to ensure alignment with major priorities of the NSW health system
- introduction of budget holding by Health Services
- NSW Health telecommunications strategy
- universal patient identifier
- Data Centre Consolidation Strategy
- Nursing Workforce Research Project
- statewide Ministerial media/promotional campaign for nursing as a career option
- extension of the Nursing Scholarship Fund to include postgraduate and Indigenous Nurse streams
- redevelopment of 34 small rural hospitals across NSW, which will improve access and the quality of health and aged care services to residents in rural NSW
- introduction of Home and Community Care Minimum Data Set (HACC MDS) and its implementation across Health HACC Services in 300 different sites
- active participation in the development of the quality indicators and the associated Web site
- development of policy and technical specifications of system for improving the quality of ambulance diversions data
- monitoring of episode funding
- provision of support and timely information to various working groups and implementation groups as part of the Government Action Plan for Health

*"The redevelopment of 34 small rural hospitals across NSW will improve access and the quality of services to residents in rural areas."*

*More than 8,500  
NSW residents  
aged 65 years  
and over were  
interviewed as  
part of NSW  
Older People's  
Health Survey.*

**Public Health Division seeks to improve health for the people of NSW adding years to life and quality life to years.**

### Function within NSW Health

The Public Health Division coordinates effective public health service planning and management of the overall health service. It responds to major incidents or disasters in NSW, monitors health, identifies adverse trends and evaluates the impact of health services. The Division is also responsible for the design and delivery of policies on drug treatment services and improving health through measures which prevent disease and/or modify its determinants. It looks at measures to improve the quality and effectiveness of clinical care and provide relevant and timely advice on clinical care issues.

### Branches

- Counter Disaster and Olympic Planning Branch
- Drug Programs Bureau
- Epidemiology and Surveillance Branch
- Health Promotion Branch
- Health Protection Branch

#### Units

- *Environmental Health*
- *Food*
- Oral Health Branch
- Pharmaceutical Services Branch
- Private Health Care Monitoring Branch
- Research and Clinical Policy Centre
- Clinical Excellence Branch
- Quality Branch
- Research and Development Policy Branch
- Business Unit

**Dr Andrew Wilson** *Deputy Director-General*

### Goals

- work with communities and organisations in our society
- promote and protect health
- prevent injury, ill health and disease

### Major achievements

- published the 2000 edition of the *Report of the Chief Health Officer on the Health of the People of NSW* in hard copy and electronic forms
- established a local IT initiative consortium for an information system for oral health (ISOH) encompassing all 17 Area Health Services and Corrections Health
- interviewed more than 8,500 NSW residents aged 65 years and over as part of 'NSW Older People's Health Survey'
- indications of an interruption in measles transmission in NSW – as there were no reports of measles during September 1999. This is the first month since 1991, (when the *Public Health Act's* enhanced notification began) and most likely the first month since colonial times, that measles has not occurred in NSW
- distribution of all the vaccines on the National Health and Medical Research Council immunisation schedule directly to all service providers in NSW
- evaluation of the mass media information campaign on Hepatitis C showed a significant increase in awareness and improved knowledge of the disease
- introduction of the 'Smoke Free Workplace Policy', which aims to prohibit smoking in all health service buildings, vehicles and property controlled by NSW Health by September 2002

- NSW Cancer Council was funded to implement phase 2 of 'Slip Slop Slap' and 'Save Your Skin' – the 'Seymour the Snowman' campaign, increasing recall from 37% up to 61% and increasing 'correct' or 'acceptable' sun protection measures taken by parents from 51% to 67%
- development and implementation of a data and intelligence base for the surveillance of alcohol and related harm research project. This is a collaborative research project between NSW Health, NSW Police, the Bureau of Crime Statistics and Research and the National Drug Research Institute
- changes to the approach to private health regulating functions have streamlined complaints investigations and improved targeted inspections of facilities
- successfully developed the NSW Drug Treatment Services Plan and established the basis for its implementation
- completed implementation of the recommendations following on from the Wallis Lakes Taskforce
- introduced the Pharmacy Incentive Scheme to recruit pharmacies to participate in the Methadone Program
- completed assessments for the 2000/01 funding round for stream 1 and stream 2 research infrastructure grants
- completed eight projects under the Aboriginal Environmental Health 'Housing for Health' Program
- introduction of direct delivery of vaccines to General Practitioners which has contributed significantly to an increase in vaccine coverage among all target populations
- implementation of the Statewide Clinical Practice Improvement Program
- introduction of point of sale tobacco advertising legislation

### Challenges during the year

- managing within the resource reductions applied through the administrative levy to free up resources for front line health services
- development of the Olympic Health Support functions for the Olympic and Paralympic Games
- implementing Drug Summit initiatives

### Future initiatives

- introduction of the new *Public Health Act* following the review process
- enhancing our partnership with local government
- implementing the strategic direction initiatives listed in *Healthy People 2000-2005*
- conduct a statewide survey of the health of NSW children in 2001
- further expansion and development of systems for on-line analysis and reporting of population health data
- oral health reforms
- implementing the Drug Treatment Services Plan and a revision of the drug treatment system in New South Wales
- medical training and education restructure
- development of the Research and Development Resource Plan

*The 'Slip Slop Slap' Campaign increased the number of 'correct' or 'acceptable' sun protection measures taken by parents from 51% to 67%.*

Deborah Hyland *Director*

*The Plan It Right*

*for Party Night*

*Campaign during*

*December 1999*

*provided NSW*

*Health excellent*

*media coverage*

*on how to stay*

*safe for one of*

*the biggest*

*celebrations ever.*

**Health Public Affairs aims to provide a point of contact for the people of NSW to access information about public health issues and the activities of NSW Health.**

## Function within NSW Health

Health Public Affairs coordinates the preparation and dissemination of all forms of information between NSW Health, the community and other key players in health and health related matters.

## Branches

- Department Issues Management
- Communications Branch
- Community Relations
- Information Services and Publishing
- Media Issues Management

## Goals

- develop and implement communication strategies to raise awareness of health issues in the community and specific target groups by a variety of mediums including electronic publishing and publications translated into various languages
- coordinate and consult with Department and Area Health Services staff on statewide health issue campaigns, media launches, community consultations, special events and sponsorship activities
- assist community access to information through Freedom of Information and via the Department's switchboard
- manage media enquiries and interviews with NSW Health staff members. Advise the public of major health issues and disease outbreaks, through media releases and media conferences

## Major achievements

- evaluation of Health Councils in Rural NSW
- establishment of the Consumer and Community Participation Implementation Group as part of the Government Action Plan for Health
- development of a series of messages 'on hold' for the NSW health system – targeted to the seasons, eg. sun safety during the summer months
- organised elections for staff elected positions on Area Health Service Boards
- production and wide distribution of materials relating to the *Government's Action Plan for Health* including the *NSW Health Council Report*, *NSW Ministerial Advisory Committee on Health Services in Smaller Towns*, highlights, summaries and spokespeople's kits
- coordinated the development of improved information for consumers on the NSW HealthWeb, including doctors' Waiting Times information
- event management of the inaugural *Baxter Better Health Good Health Care Awards*, October 1999
- conducted 'Plan It Right for Party Night' campaign in December 1999. NSW Health received excellent media coverage on how to stay safe for one of the biggest celebrations ever
- conducted 'Hep C Understanding is the Answer' Campaign in March 2000
- conducted 'Nursing, Join the Team' and 'Make a Difference' Campaigns in June 2000
- planning for media management during the Sydney Olympic 2000 Games
- completed 89 Freedom of Information requests, 40% more than 1998/1999, with 182 third party consultations – more than double last year
- production and dissemination of over 170 Departmental publications, including the *Annual Report*

## Challenges during the year

- preparation for Y2K and the Olympics
- managing events, publications and committee processes arising from the Government Action Plan for Health
- managing within the resource reductions applied through the administrative levy to free up resources for front line health services
- the large number and complexity of Freedom of Information requests

## Future initiatives

- the *Report of the Consumer and Community Participation Implementation Group* will be finalised by November 2000 – subject to a consultation process to obtain community input before it is finalised in mid 2001
- improvement to the Department's lists of health and community organisations
- evaluation of the NSW HealthWeb in terms of accessibility, currency and usability issues around the site's structure
- expansion of the NSW HealthWeb and HealthNet by design of sites for performance and 'plain Englishing' health information with the development of better access throughout the health system for disadvantaged groups
- NSW Health and partners will conduct 'Quality in Health Care Week' for the first time. The week aims to showcase significant quality initiatives in health and to inform the community of the commitment of all those involved in delivery of health services.

- development of better links with media, particularly ethnic and trade media to promote better understanding of health and health issues
- conduct a Forum for Health Councils and other Advisory Groups by February 2001
- the *Smoke-free Environmental Act 2000* campaign will be undertaken to ensure that both proprietors and the community are aware of the new *Act*
- promotion of the Government Action Plan and implement effective strategies to engage employees and community members through better understanding of health issues
- development of a style guide for Departmental publications and other resources
- implementation of orientation for Area Board members in early 2001

*There were 89 Freedom of Information requests completed this year – which is 40% more than 1998/1999.*

*The refurbishment to office areas has improved OH&S and disabled facilities within the Department.*

**The strategic direction of the Division is to provide integrated corporate services to management and staff of the Department and provide executive support to the Minister and Director-General.**

### **Function within NSW Health**

The Executive and Corporate Support Division comprises four main Units that have many functions within the health system. Functions include:

- provision of high quality, strategic, coordinated advice and information for the Minister and the Director-General in relation to matters of significant interest to the public, Parliament, Cabinet, Health Care Complaints Commission, Coroner, Ombudsman, central agencies and various ministerial councils
- preparation of matters for the Minister's use in Parliament and responses to parliamentary questions
- provision of support services to the 1,000 users of the Department's computer network and management of the local area network (LAN) infrastructure and e-mail services
- provision of administrative services in the areas of purchasing, equipment disposal, travel, building management, transport, security accommodation and maintenance of conference rooms
- development of Departmental human resource policies, recruitment and staffing programs and payment of Departmental salaries and allowances
- provision of support and guidance to staff on all human resource issues
- provision of records management, mailroom services, circulars and the servicing of subpoenas for the Department

### **Branches**

- Executive Support Unit
- Corporate Computing Services Unit
- Corporate Administrative Services Unit
- Corporate Personnel Services Unit
- Corporate Records Services Unit

### **Goals**

- provide integrated corporate services to Departmental management and staff
- emphasise staff and stakeholder needs
- provide leadership and direction in the efficient use of resources

### **Major achievements**

- organised new fleet management system
- improved OH&S and disabled facilities
- organised Area Health Service partnership for purchasing
- improved pay advice slips
- job evaluation improvements
- Olympic staffing strategy
- staff line email access
- improved help desk system
- advances in network service
- internet access control
- Y2K transition
- broader service charter
- development of long term IT solutions
- HealthQuest review
- Ombudsman/ICAC principles
- high quality Ministerial/Council briefings
- Ministerial / briefing training programs
- implementation of TRIM

- faster dissemination of Department Circulars
- circulars posted on HealthWeb/HealthNet
- approval of functional disposal schedule DA25
- compliance with provisions of the *State Records Act 1998*
- restructure and centralisation of Corporate Records Services
- identification and management of old regional records

### Challenges during the year

- ensured strategic, appropriate and faultless advice was provided within extremely short deadlines
- ensured that the requirements of the Minister's Office were met
- identified solutions to allow a trial of the electronic document management system
- analysed complaints and issues referred from the Health Care Complaints Commission to identify possible trends and areas of contention
- coordinated refurbishment of the Department's North Sydney premises
- standardised the desktop operating environment
- ensured smooth transition into year 2000
- negotiated staffing arrangements for the Olympic period
- implemented TRIM for electronic document and records management
- managing within the resource reductions applied through the administrative levy to free up resources for front line health services

### Future initiatives

- review of ministerial processes and product quality
- development of processes for handling privacy issues
- governance of HealthQuest and MAP
- investigation of the use of electronic briefing request forms
- development of a training plan
- streamlining job evaluation
- implementation of the Progress Review and Development (PRAD) Program
- implementation of on-line recruitment and employee self-service
- implementation of the Disaster Recovery Plan
- implementation of Windows 2000 standards for clients, database development and servers
- development of policies and procedures for Service Management
- Gladesville Wide Area Network
- implementation of the Divisional Web site
- electronic requisitions
- waste management
- revising the Records Procedure Manual
- promoting the use of Records Web site
- implementation of disposal programs
- improvements to the mail service

*A purchasing partnership was developed with Area Health Services.*

*Audit Branch is responsible for reviewing the performance of Internal Audit Units in Area Health Services and other NSW Health organisations.*

**The role of Audit Branch is to provide a constructive, protective and comprehensive internal audit service to management to assist in the discharge of the responsibilities of the Director-General and all other levels of management in regard to accountability and the performance of the Department.**

### **Function within NSW Health**

Internal Audit Division comprises two main Branches that have many functions within the health system. Functions include:

- conducting comprehensive internal audits of Departmental Divisions and Branches, affiliated health organisations and statutory health corporations – accountable to the Director-General and the Audit Committee
- reviewing the performance of Internal Audit Units in Area Health Services and other NSW Health organisations.
- conducting special investigations, inquiries and special audits in the NSW Public Health System, at the request of the Minister, Director-General and ICAC
- responsibility to the Director-General for matters of investigation, allegation management and assessment of persons employed in or applying to be employed in the health system – who have been charged or convicted with patient and/or child abuse
- coordination of the criminal record checking process for the NSW health system, including health related private organisations
- developing policy and procedures for the implementation of criminal record checks.

### **Branches**

- Audit Branch
- Staff Records Management Unit

### **Goals**

- continue development of good working and professional audit relationships with clients in NSW Health
- increase awareness of the importance of risk management and project management in IT Projects and the management of information systems
- increase awareness of Office of Information Technology Guidelines in NSW Health
- increase knowledge and sharing of information amongst internal audit managers particularly in regard to technology and emerging issues
- increase the audit resources applied to performance/operational auditing

### **Major achievements**

#### **Audits**

Major audits conducted in 1999/2000 were:

- Mid Western Area Health Service – Lithgow Community Health Centre
- Greater Murray Area Health Service – Review of Financial Management
- Ambulance Service of NSW – tendering for vehicles
- Mid Western Area Health Service – Lyndon House
- Central Sydney Area Health Service – tender for fire equipment
- Southern Area Health Service – Crookwell Hospital
- Central Sydney Area Health Service – E-mail usage
- Mid Western Area Health Service – Uralba Retirement Village
- Southern Area Health Service – Kenmore Hospital

- New England Area Health Service
  - Glen Innes Hospital
- South Eastern Sydney Area Health Service
  - sponsorship
- Central Sydney Area Health Service
  - tendering baby photo service
- NSW Schools Canteen Association
- Northern Sydney Area Health Service
  - Radiation Oncology
- South Eastern Sydney Area Health Service
  - St Vincent's Hospital
- Statewide Year 2000
- Patient Administration Systems Implementation
- Purchasing/Payables
- The New Tax System Implementation
- Private Health Care Branch
- Accounts Branch
  - Department of Health
- Corrections Health Service
- Health Promotion Funds
- Laboratory Notification of Infectious Diseases
- Counter Disaster Planning
- Department of Veterans' Affairs
  - fees
- Pharmaceutical Services Branch
- Area Health Service
  - Codes of Conduct
- National Mental Health Program
- Non-Core Funding
  - management of special projects

### Challenges during the year

- ensuring adequate audit coverage of the State-wide Y2K Project
- addressing issues surrounding the implementation of patient administration systems
- managing within the resource reductions applied through the administrative levy to free up resources for front line health services

### Future initiatives

- continue to strengthen the quality of internal audit work in NSW Health through the progressive implementation of the Quality Assurance Reviews of internal audit units
- continue improvement in the quality of internal auditing services being provided to the Department of Health, Health Services and the senior executive of NSW Health by ensuring greater compliance with Standards for the Professional Practice of Internal Auditing and best practice
- improve the alignment of audit work to the strategic direction and goals of NSW Health to provide more value added services to our clients
- conduct a comprehensive state-wide audit of the Employee Relations Information Systems (ERIS)
- conduct data security audits of the Health Information Exchange System

*The Unit  
co-ordinates  
the criminal  
record checking  
process for the  
NSW Health  
System.*

<b>Other activities</b>	
Criminal Record Checks Processed	89,308
Risk Assessment Reviews	786
Investigations	26

*“ The care, compassion and professionalism of the staff was stunning...”*  
satisfied patient

**CCAHS aims to promote and enhance the health and well-being of people on the Central Coast.**

**Goal**

- to provide quality health care in partnership with the community and other health care providers

**Major achievements**

- admissions were 63,688 which was 8.7% above target
- non admitted patient occasions of service increased 20% above target to 863,233
- OH&S was improved through extensive efforts of all staff and resulted in the premium shortfall being successfully reduced by 66%
- the new Long Jetty Community Health Building was opened in September
- the Environmental Health Plan was completed in conjunction with local Councils
- statewide Quality Health Care Awards were won for the ‘Quality Ageing Strategy’ and a computerised ‘Sterilising Tracking System’
- the Cancer Care Appeal successfully raised \$1.1m due to widespread community and business support
- the refurbished Woy Woy Rehab Unit was opened in June
- Gosford Hospital’s Endoscopy Ward refurbishments were completed
- the Equipment Loan Service was opened in April
- the Audiology Clinic with expanded facilities and state of the art equipment was opened in December

*There were 593 letters of appreciation this year.*

**Challenges during the year**

Significant pressures were placed on the system as bed occupancies increased by 3% to 96.8%. These pressures should be reduced in the future however, due to the increased funding announced by the NSW Government and proposed redevelopments planned for Gosford and Wyong Hospitals.

**Future initiatives**

- implementation of the Government Action Plan for Health
- additional funding for improvements to local health facilities was announced in the State Government’s Capital Works budget. Projects announced include:
  - development of a 15 bed detoxification unit at Wyong Hospital
  - a new acute inpatient mental health facility at Wyong Hospital and improvements to the mental health facility at Gosford Hospital
  - continuation of work on Community Health Centres in Lake Haven, Erina and Wyong
  - proposed redevelopment of Gosford and Wyong Hospitals.

Central Coast residents will benefit from the additional funding, as it acknowledges the need for expanded health facilities for the rapidly growing population, especially in the areas of mental health, detoxification and community health.

**Dr Diana Horvath** *Chief Executive Officer*

**CSAHS aims to work with the people of Central Sydney to promote, protect and maintain their level of wellbeing, provide quality specialist services, professional health education and foster research.**

## Goals

- CSAHS strives to work as a health care organisation whose achievements set standards that are emulated by others
- ensure the improvement and maintenance of mental health and well being
- ensure the improvement of health at both population and clinical levels through initiatives in health promotion and the Health Priority Areas – cardiovascular disease, diabetes, cancer, asthma and injury
- ensure the protection of health through the management of health risks associated with the environment, infectious diseases and food safety
- ensure the improvement in health of Aboriginal people in collaboration with Aboriginal communities
- provide the direction for ensuring equity of access to services and the provision of appropriate models of care
- involve local communities in the planning of health services

## Major achievements

- a Clinical Quality Council was established to oversee and further improve high standards of care
- the Resource Transition Program (RTP) continues to redevelop all major facilities and work towards providing the infrastructure necessary for high quality health care
- Gloucester House, RPAH was reconfigured and Levels 2 to 6 (inclusive) were refurbished and occupied
- the design and documentation for RPAH is approximately 98% complete
- the new Assessment and Emergency Department at the United Dental Hospital (UDH) was completed in April and the administration area was completed in May
- Year 2000 passed uneventfully and preparations commenced for the Olympics

*“ The partnership between strong clinical leadership and responsible management has been the key to our success in 1999/2000”*

*Dr Diana Horvath (CEO)*

## Challenges during the year

- preparation for Y2K, the GST and the Olympics
- CSAHS communities experience significant problems of homelessness, increased use of drugs, alcohol and mental illness. There are also high rates of unemployment, with many low income families and associated socio-economic related health risks.

## Future initiatives

- progressive implementation of the Government Action Plan for Health
- progressive implementation of the RTP
- continued focus on clinical governance
- the relocation of services from Rachel Forster Hospital

*The 'Better Health Project' marked the largest involvement ever of the community in a health decision-making process in the Hunter.*

**HAHS aims to improve the health of the people of the Hunter and those referred to us through other groups.**

### **Goals**

- achieve our vision and mission
- meet all benchmarks set by the Department of Health
- increase community involvement in health decision making and planning
- maintain and improve efficient and effective health services
- provide a safe environment for the people we care for and our staff
- provide accessible services
- strive for excellence and innovation
- promote research and development
- maintain a customer focus
- develop partnerships with key groups

### **Major achievements**

- Hunter Health's first major community consultation, 'The Better Health Project', allowed people to have their say on the future of health services in the Newcastle and Lake Macquarie areas
- implementation of an after hours service through the 'Maitland After Hours Primary Care Trial' has had a positive impact on the Emergency Department at Maitland Hospital by decreasing after hours workloads by 65% since its commencement
- establishment of the Quality Council
- reduction of lost time injuries by 40% compared to last financial year
- construction began on the purpose built premises to house the Mater Institute

### **Challenges during the year**

- improving the health of socially deprived communities
- reduction of workplace injury and workers compensation costs

### **Future initiatives**

- implementation of the Government Action Plan for Health
- implement 'Hunter Mental Health Plan 2000-2004' with a focus on identifying community mental health needs and responding to them appropriately
- develop a model for management of chronic cardiac and respiratory disease, as well as cancer, with a focus on primary care
- implement the 'Aboriginal Health Plan 2000-2002' and roll-out a flexible delivery program for Aboriginal Cultural Awareness training throughout the Hunter
- consult the community in relation to the 'Hunter Rural Health Strategy 2000-2004'

**Dr Tony Sherbon** (appointed March 2000) **Ian Southwell** (until Feb 2000) *Chief Executive Officer*

**The primary purpose of the IAHS is to promote, protect and maintain the health of the Illawarra community including the Local Government Areas of Wollongong, Shellharbour, Kiama and Shoalhaven.**

## Goals

- become self sufficient in secondary level care (non teaching hospital)
- improve the health of the population through prevention programs
- build a culture of excellence through research and development, teaching and education
- improve the quality of our services by reviewing our outcomes and processes

## Major achievements

- admission targets achieved
- formal Aboriginal health partnership established
- improved management of hospital activity winter peaks by reducing unnecessary transfer of patients to Sydney for care
- development of an electronic communication system between hospitals and GPs
- development of an Acute Geriatric Service with the appointment of a Director
- continued the development of research and teaching links with the University of Wollongong and the University of New South Wales

- improved ambulatory care and early intervention into medical admissions
- achieved a range of public health performance targets
- strengthened the partnership between Mental Health Services and other services including Drug and Alcohol, Aboriginal Medical Services and divisions of General Practice

## Challenges

- improved performance on elective surgery access will be required in 2000/2001

## Future initiatives

- implementation of the Government Action Plan for Health
- completion of the Area Health Plan for 2000 to 2006
- improved obstetric services to Shellharbour Hospital and improved medical staff coverage for Shoalhaven District Memorial Hospital
- improved intensive care services at Shoalhaven District Memorial Hospital with the appointment of Director of Intensive Care
- expanded dialysis and diabetes services
- establishment of a permanent cardiac pacemaker implementation service at Wollongong Hospital

*"The establishment of a stand-alone, single point of entry to all local drug and alcohol services was a major initiative of the Illawarra /Shoalhaven Drug Summit in September 1999".*

**Dr Stephen Christley** *Chief Executive Officer*

*Refresher  
programs for  
registered  
nurses received  
outstanding  
demand.*

**NSAHS is committed to improving the community's health by providing quality health care services that are both accessible and efficient.**

**Goals**

- monitor health status and promote healthy lifestyles
- implement disease prevention and early intervention programs
- target groups with poorer health status
- ensure services are available when needed
- align waiting times with benchmark standards
- ensure that services are appropriate, based on best practice and focussed on patients' needs
- ensure that investment decisions are informed by best practice principles and monitored by benchmarking and developing partnerships with other agencies

**Major achievements**

- Macquarie Hospital was accredited using the Australian Council on Healthcare Standards Evaluation and Quality Improvement Program and National Mental Health Standards. This was the first time in Australia that the accreditation processes were integrated for a psychiatric hospital. Reporting of quality of care indicators now occurs in all clinical networks and hospitals.
- Northern Sydney Health became a registered training organisation and implemented several Vocational Education and Training Accreditation Board (VETAB) training programs.

- Ryde Community Mental Health Centre was opened in September 1999
- strategic plans were developed and implemented for suicide prevention, community health, detoxification services, hepatitis C and human resources
- clinical networks were established for obstetrics, paediatrics, clinical access, intensive care, emergency services and diabetes.

**Challenges during the year**

- networking constraints created delays in some information systems projects
- the diversity of organisational structures has created delays in developing GP partnerships

**Future initiatives**

- implementation of the Government Action Plan for Health
- planning is underway for aged care and rehabilitation services, acute care services framework, sexual health services and an Aboriginal employment strategy
- plans for episode funding for acute services, a diabetes strategy, a research and development plan, a quality council framework and an area quality strategy will proceed
- the health service will reinvestigate nursing recruitment and retention and develop relevant plans

**Deborah Green** *Chief Executive Officer*

**The aims and objectives of SESAHS are centered around providing better health and good health care to the community.**

## Goals

- innovation in health service delivery
- demonstration of leadership and management
- development of cooperative partnerships
- achievement of efficient economic performance

## Major achievements

- development of the ‘Organisational Journey’ document which outlines the future move towards enhanced clinical governance
- successfully prepared information technology to meet Year 2000 requirements
- reduction of access blocks in Emergency Departments, including the Area-wide Life Threatening Occurrence (LTO) notification system, by the refinement of winter bed strategies
- Area-wide implementation of new mental health triage guidelines for Emergency Departments
- Development of a strategic partnership with Australian Quality Council
- ‘Active Eurobodalla Campaign’ which brought together multiple agencies and service providers to improve the health and well being of the Eurobodalla community
- Queanbeyan launch of the ‘Koori Maternity Access’ Program
- participation in ongoing Accreditation processes, with two sites re-Accredited for three years (Garrawarra Centre and Calvary Hospital) and one site Royal Hospital for Women, gaining Accreditation for the first time

## Challenges during the year

- better utilisation and improved capital stock
- meeting Y2K requirements
- introduction of FBT and GST
- ensuring staffing levels are adequate to meet the high demands for emergency services and intensive care beds
- reporting on community consultation
- arbitration of cross-border funding arrangements
- enhancing the working relationships between the Area Health Service and medical practitioners to improve communications and the management of change

## Future initiatives

- implementation of the Government Action Plan for Health, locally
- addressing inter-agency collaboration resulting in improved health outcomes
- implementation of one-off and recurrent strategies to manage costs as demand for our health services continues to grow
- Primary Care Nursing Review
- development of a standard psychiatric assessment process
- undertaking an Area Health Service-wide workplace climate survey
- improve bed management – patient management strategies
- increase focus on nursing personnel recruitment and retention

*During the year the Area was successful in winning four of the inaugural Baxter Better Health, Good Health Care Awards.*

**Ian Southwell** (appointed Dec 1999) **Ken Brown** (until Oct 1999) *Chief Executive Officer*

*'Operation Safe Haven' provided screening, clinical support and counselling to Kosovar and East Timorese refugees*

**The primary aim of SWSAHS is to promote, protect and maintain the health of the community.**

**Goals**

- work with the community and staff to develop a shared sense of responsibility and direction
- work in partnership with other agencies to improve health
- ensure that health services are accessed by the people of South Western Sydney according to need
- fairly allocate and make the best use of existing and new resources
- develop effective and efficient health services which focus on improved health outcomes
- attract, develop and retain the best staff
- become a learning and teaching organisation

**Major achievements**

- advisory committees were established with business plans and reporting obligations to the Board
- Liverpool Hospital was selected by SOCOG as an Olympic support hospital
- successful Y2K change over across all of SWSAHS with no adverse events
- development and implementation of culturally sensitive care programs including improved standards of care for people of non-English speaking backgrounds

- establishment of the Tobacco Technical Action Group to work with sectors to develop strategic directions and priorities for tobacco control
- 'Operation Safe Haven' successfully coordinated a range of service teams to provide screening, clinical support and counselling to Kosovar and East Timorese refugees

**Challenges during the year**

- winter issues
- increasing service demands
- attracting and retaining appropriately qualified clinical staff
- 'Operation Safe Haven'
- establishing drug and alcohol services

**Future initiatives**

- reforms in line with the Government Action Plan for Health including:
  - consumer participation
  - clinical governance
  - clinical participation
  - chronic care
- 'Winter Strategy' and service plan
- networking plan
- best practice and quality improvement
- reduction of long wait patient numbers

**Dr Greg Stewart** (appointed Aug 2000) **Dr Elizabeth Barrett** (until May 2000) *Chief Executive Officer*

**WAHS aims to promote, protect and maintain the health within the Blue Mountains, Penrith and Hawkesbury Local Government areas.**

## Goals

- improve Aboriginal health
- reduce hospital waiting times
- improve access to health services for disadvantaged groups
- achieve best practice standards in population-based and clinical health services
- provide equitable distribution of resources to services within the Area

## Major achievements

- progressed the Stage 2 redevelopment of Nepean Hospital
- awarding of first Aboriginal Medical Scholarship by an Area Health Service in NSW
- continued successful operations with the Hawkesbury District Health Service Ltd in accordance with the Services Agreement between the two parties
- establishment of an Aboriginal Health infrastructure
- commissioning of the Women's and Children's Block
- completion of the 'Falls Prevention Project' with Blue Mountains Council
- opening of the purpose built Day Only Unit at Blue Mountains District Anzac Memorial Hospital
- Area-wide implementation of Suicide Prevention Strategy
- expansion of 'Penrith Food Project' to other Local Government areas
- development of asthma education program for children and families

## Challenges during the year

- the Area was without a neurosurgeon for almost a year due to a national shortage of neurosurgeons
- the development application for the relocation of the St Marys Methadone Clinic was refused by Penrith Council – the original concerns expressed by local residents have now been addressed by other means

## Future initiatives

- implementation of the Government Action Plan for Health
- completion of 'Area Clinical Services Plan 2000-2006'
- implementation of Community Participation Strategy
- introduction of Chronic and Complex Program
- roll-out of 'Families First' and ENACT initiatives
- implementation of Quality Framework and UPI
- establishment of a systematic approach to consumer/community participation
- refinement of the episode funding process

*Wentworth Area Health Service awarded the first Aboriginal Medical Scholarship to be offered by an Area Health Service in NSW.*

*Mt Druitt Food  
Project has been  
established to  
improve access  
to healthier food  
choices for  
people in the  
Mt Druitt area.*

**WSAHS aims to service the community through health advancement and the provision of accessible, quality health care.**

### **Goals**

- pursuit of excellence in health care delivery and health advancement
- efficient resource management and promotion of research and teaching
- development of staff skills throughout the organisation
- increased opportunities for staff involvement in decision making
- the maintenance of a safe working environment

### **Major achievements**

- 'Mt Druitt Food Project' has been established to improve access to healthier food choices for people in the Mt Druitt area. The Project supports the development of school based interventions including healthy canteens and breakfast programs, the development of Aboriginal Community Food Gardens and local food policy development. Linked components of the project include food preparation sessions for Aboriginal women within Blacktown LGA.
- official opening of the new Blacktown Hospital by Premier Bob Carr on 29 June 2000
- silver medal successes in two international film festivals for the Education Centre Against Violence video production *Big Shame – a study of child sexual assault in the Aboriginal Community*. *Big Shame* and its companion video *Who's the Loser?*, which portrays the impact of family violence, have generated huge interest and demand from groups across Australia

### **Challenges during the year**

- barriers to achievement of targets in Aboriginal health have been perpetuated by the turnover in management staff amongst the three organisations – WSAHS, WAHS and Daruk – coupled with the inability to employ suitable staff in identified positions, particularly an Aboriginal Employment Officer
- high admission rates from the Emergency Departments in both Blacktown and Westmead
- delays in processes were experienced due to concentration on the Y2K convergence and the introduction of new information technology

### **Future initiatives**

- implementation of the Government Action Plan for Health
- best practice guidelines for naltrexone-assisted detoxification and naltrexone supported abstinence maintenance to be developed by December 2000
- introduction of an antenatal day stay assessment unit to prevent unnecessary overnight admissions and provide choice for pregnant women and their families

**Heather Gray** *Chief Executive Officer*

**FWAHS aims to be recognised as a centre of excellence in the provision of remote health care.**

## Goals

- ensuring services are accessible and appropriate to the needs of the population
- achieving and maintaining optimum standards of patient care and services
- using planning, management and quality control measures to ensure the most effective and efficient use of resources
- working in a collaborative and coordinated way with other service providers for maximum health gain
- establishing and maintaining an appropriate balance in the provision and use of health protection, promotion, education and treatment services

## Major achievements

- establishment of Regional Aboriginal Health Forum with ATSIC Murdi Paaki Regional Council, Aboriginal Community Controlled Health Services and other government agencies
- progress towards introduction of nurse practitioners in several sites across the Area – FWAHS is leading the State in this initiative
- Baxter Award for ‘Goodooga Market Garden Project’

## Challenges during the year

FWAHS has the difficult task of delivering health services in the remotest parts of the state. The Area has continued to progress a range of strategic initiatives including recruitment and retention of medical and nursing staff for remote areas.

## Future initiatives

- implementation of the Government Action Plan for Health
- major initiatives to improve recruitment and retention of staff across the Area
- MPS developments for Collarenebri, Brewarrina and Lightning Ridge, plus redevelopment of Bourke Health Service
- provision of terminal server technology to enable single Area-wide data point for core applications such as WinPas, payroll and other priority databases
- further expansion of the information technology (IT) network to include Lightning Ridge, Brewarrina and Balranald
- renegotiate pathology and radiology contracts
- review pharmacy services across the Area
- implement the Integrated Mental Health project
- implementation of a standardise Area-wide data collection system for mental health and counselling services
- work towards capacity for employee self service and electronic forms processing for payroll and other functions

*FWAHS is leading the State in the initiative to introduce nurse practitioners in several sites across the Area.*

**Karyn McPeake** *Chief Executive Officer*

*With a population of over 257,000 the Greater Murray Health Service is the largest rural health service within NSW Health on a population basis.*

**GMAHS provides a wide range of services and facilities for health care in hospital, community and home based settings to the communities of South Western NSW. It has the largest occupation of any rural Area health service within NSW Health.**

**Goals**

- promote healthy social and physical environments and strengthen prevention and early intervention programs
- ensure fairer access to services for Aboriginal people through developing partnerships
- improved access to specialist services for all people living in rural areas
- increased focus on community involvement in the planning and delivery of health services
- improve financial performance and progression of comprehensive planning approach linking service planning, asset management, information management and technology systems and service redevelopment

**Major achievements**

- overall increase in services provided in the Aboriginal Health Program
- significant increase in Mental Health services
- establishment of Greater Murray clinical school, provision of facilities at Albury Base Hospital and at Wagga Wagga Base Hospital
- development of partnership with Central Sydney Area Health Service for provision of Mental Health services
- completion of West Wyalong Hospital and Wagga Wagga Special Care Nursery

- significant reductions in Worker's Compensation insurance premiums as a result of Area claims and injury management programs
- establishment of regular consultation forums with medical officers

**Challenges during the year**

Attracting suitably qualified staff into the area has been difficult although strong recruitment drives were initiated. Flexible work practices have been introduced to encourage retention of staff.

**Future initiatives**

- implementation of the Government Action Plan for Health
- development of three year Area Health Plan including enhanced clinician and community involvement
- introduction of theatre services at West Wyalong and Finley Hospitals
- enhancement of drug and alcohol services
- negotiation on innovative service models for small rural communities including Berrigan and Henty
- development of Priority Health Care Programs for Aboriginal Diabetes and Asthma
- continued investigation of opportunities for coordinated management of services for Albury and Wodonga
- implementation of the IM & T strategy including an integrated approach linked to service priorities and clinical needs
- consolidation of Area support services in Wagga Wagga
- implementation of guided self-assessment and executive training with the Australian Quality Council

**Debra Thoms** (appointed Oct 2000) **Ray Fairweather** (until July 2000) *Chief Executive Officer*

**MAHS aims to work in partnership with the community to optimise health.**

## Goals

- improve on primary health care
- provide leadership and management
- maintain strategies for health improvement
- provide resource management
- maintain strategies for safe practice
- provide an environment continuum of service
- strive for justice, quality service, integrity, respect, excellence, participation, empowerment and commitment in our partnership with the community

## Major achievements

- The Asthma Management Planning Service (AMPS), a shared care approach to asthma, won the Healthier People category in the *Baxter Better Health, Good Health Care Awards 1999*. AMPS is expanding to include additional communities, with work commencing in Dubbo and Coonabarabran.
- FISCH – a Friendly Information System for Community Health, was released in 2000. FISCH is a computer data base which assists staff in tracking client progress. It is such a success it has been adopted by NSW Health as the database of choice for all Mental Health Services across the state until the release of a state-based system.

- Several major capital works projects reached milestones.
  - stage 2 of Dubbo Base Hospital redevelopment which consists of new emergency, intensive care, paediatric and imaging departments
  - stage 2 of the Mudgee redevelopment
  - completion of the Multi Purpose Health Service in Warren
  - planning began for Multi Purpose Health Services in Gilgandra and Coolah

## Challenges during the year

- recruitment and retention of staff, in particular medical, nursing and allied health
- continuing efficient service delivery for rural and remote communities

## Future initiatives

- implementation of the Government Action Plan for Health
- chronic disease initiatives in cardiovascular disease, cancer and respiratory disease will be the major focus for 2000 – 2001
- more than \$2 million in special projects for Mental Health, Drug and Alcohol and Child, Adolescent and Family Health services are planned

*The FISCH system is such a success it has been adopted by NSW Health as the database of choice for all Mental Health Services across the state.*

**Terry Clout** (appointed Oct 2000) **Robert Gore** (until Aug 2000) *Chief Executive Officer*

*“Achieving better health and good health care in partnership with the Mid North Coast community.”*

**The Board and Staff of the MNCAHS have a vision of being partners with the people of the Mid North Coast in achieving better health and good health care. Our mission is to promote, improve and care for the health of our community.**

**Goals**

- improve the health of our community, in particular disadvantaged groups
- improve quality of care
- improve equity of access to appropriate resources in order to maximise health outcomes
- manage resources efficiently and effectively to maximise value for money
- work with the community

**Major achievements**

- continued good progress of capital works programs at Taree and Coffs Harbour
- completed joint Mid North Coast Aboriginal Health Plan with Durri AMS and Biripi AMS
- established Local Health Planning Advisory Committees
- completed Clinical Services Strategy for Acute Care following extensive stakeholder and community consultation
- opened a limited care dialysis unit at Port Macquarie Health Centre
- accreditation of all Area hospitals by Australian Council on Healthcare Standards

**Challenges during the year**

- identifying and introducing disinvestment and reinvestment strategies
- infrastructure limitations on developing services more fully
- impact of an organisational restructure
- implementing GST and FBT

**Future initiatives**

- implementation of the Government Action Plan for Health
- commission Taree Mental Health Unit
- establish Area Quality Council
- extend partnerships with other organisations on drug and cardiac rehabilitation programs
- centralise, consolidate and streamline financial accounting and reporting systems
- implement the new Area organisational structure
- develop services on an Area-wide basis
- develop local acute services and primary health and extended care plans
- expand telemedicine as a tool for service delivery

**Martin Bowles** *Chief Executive Officer*

**MWAHS is committed to meeting the health needs of its population, in partnership with the community and other government and non-government agencies.**

## Goals

- prevent illness by management of environmental health risks
- fulfill statutory responsibilities under the *Public Health Act*, *Food Act* and related legislation
- ensure effective health promotion in schools through the Health Promoting Schools Framework
- promote the development of a community in which older people can lead satisfying and productive lives that maximise independence and well-being

## Major achievements

- ongoing programs for monitoring water quality, legionella sampling in hospitals, enforcement of tobacco control legislation and arbovirus control
- establishment of an Active Interagency Advisory group
- Aged Care Advisory Committee established with representatives from community, clinicians and management
- service realignment of St Vincent's Hospital Bathurst
- completion of Emergency Services renovations at Bathurst and Orange
- completion of New Lithgow Hospital

- completion of Lithgow's Three Tree Lodge
- construction and opening of the Macquarie Care Centre
- completion of Cowra X-Ray Department refurbishment
- refurbishment and extension Murrumbidgee Community Health Centre

## Challenges during the year

- continuation of pressures to increase both the acute inpatient unit and community mental health services due to higher number of referrals and high levels of acuity
- shortage of mid to long term accommodation for patients who require rehabilitation in a secure setting
- difficulties in recruiting specialist staff
- community opposition to service realignment
- unresolved issues between Commonwealth and State Aged Care building codes
- need for improved information technology base coupled with the relative remoteness of some facilities
- retaining optimal nursing and medical staff at rural sites

## Future initiatives

- implementation of the Government Action Plan for Health
- Telehealth psychiatry service to be upgraded including new sites at Orange Base Hospital, Parkes District Hospital and Condobolin
- development of Sexual Health/NSP Staff Professional Development Plan
- improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill

*Mid Western provides a wide range of health services that reflect the needs of the community.*

Stuart Schneider *Chief Executive Officer*

*Aboriginal Health is a major issue for New England Health as more Aboriginal people live in the New England Health Area than any other Health Area in the state.*

**NEAHS aims to provide the mixture of health services required to provide better health for the people of New England in the most effective and efficient manner possible.**

### **Goals**

- improve the health status of the people and communities it serves by providing appropriate clinical and population health services
- encourage staff and community consultation
- encourage more Aboriginal people to use the services of New England Health

### **Major achievements**

- major improvements are either underway or in the planning stage in health facilities in Armidale, Tamworth, Narrabri, Moree, Tenterfield, Walcha, Boggabilla, Nundle, Moree and Inverell
- adoption of a policy offering services from outside locations that are more culturally acceptable to Aboriginal people. Services such as baby health, women's health, general health assessments and diabetes education are now offered from Primary Healthcare Posts

### **Challenges during the year**

- Aboriginal health is a major issue as more Aboriginal people live in the New England Health Area than any other health Area in the State (and the health status of Aboriginal people is considerably lower than the rest of the community)
- finding solutions to encourage and retain trained medical and other suitably qualified health personnel

### **Future initiatives**

- implementation of the Government Action Plan for Health
- the New England Public Health Unit is currently producing demographic profiles for the New England Health area and its three sectors based on the *Australian Bureau of Statistics* 1996 Census data
- a 'Mortality Report' detailing major causes of death is also nearing completion

**Chris Crawford** (appointed July 2000) **Dr Tony Sherbon** (until Mar 2000) *Chief Executive Officer*

**NRAHS aims to meet the health needs of its communities by delivering high quality, equitable health care in partnership with others.**

## Goals

- recognise and value staff and provide opportunities for development

## Major achievements

- completely or substantially achieved 90% of targets for the year
- redevelopment of Grafton Base Hospital to provide an expanded and refurbished Emergency Department, a high dependency unit and a new and expanded renal unit
- construction began on the Area Detoxification Service and a new community health centre was opened for business at the isolated community of Iluka
- a joint health research Institute was established together with Southern Cross University
- implementation of the 'Families First' program, offering home visits to every newborn

## Challenges during the year

- Changes to roles at Casino and Coraki Hospitals were implemented in conjunction with staff and community consultations. As a result, the rehabilitation service at Coraki was relocated to a more central unit and beds reduced in both hospitals. A number of staff were redeployed to nearby hospitals and resources were redirected to expanding community health services.
- An employment review was conducted which identified longer term casual and temporary employees and offered them permanent employment.
- Following extensive preparation, NRAHS experienced a trouble free Y2K transition into the Year 2000.

## Future initiatives

- implementation of the Government Action Plan for Health
- construction and redevelopment of the Tweed Heads District Hospital
- opening of an innovative community based Detoxification Service in early 2001
- improvements in management of chronic illnesses
- strengthened partnerships with community and other government agencies to improve delivery of health care
- implementation of improved acute care funding models

*“ An increasing number of renal patients in the Northern Rivers can now dialyse close to home and receive training and support for home dialysis in their local district”.*

*The 'Active**Eurobodalla'**Campaign aims**to improve the**health and well**being of the**Eurobodalla**community.*

**SAHS believes that in rural areas health needs can only be met by working together, sharing skills, facilities and recognising one's inter-dependence.**

### **Goals**

- improve the health of our residents
- improve equity and access
- improve quality of care and service through better practice
- reduce the inequities in the health status of our residents

### **Major achievements**

- 'Active Eurobodalla' Campaign, which brought together multiple agencies and service providers to improve the health and well being of the Eurobodalla community
- Strategic Performance Management and Planning System – design and implementation of an Area-wide system to develop and implement plans and monitor the strategic performance of the organisation
- Queanbeyan launch of Koori Maternity Access Program

### **Challenges during the year**

- identifying an internal source of funds for the proposed research project for teaching and training
- development of performance contracts that make Area Health Services accountable for the health of the population within its boundaries
- reporting on community consultation
- arbitration
- managing our re-deployment program

### **Future initiatives**

- implementation of the Government Action Plan for Health
- enhancing the working relationships between SAHS and medical practitioners to improve communications and the management of change
- Primary Care Nursing Review
- development of a standard psychiatric assessment process

**Greg Rochford** *Chief Executive Officer*

**As an integral part of the health care system, the Ambulance Service provides responsive, high quality services in emergency clinical care, rescue and patient transport, through quality of service, organisational performance, valuing our people and meeting community needs.**

### Goals

- improve on response times
- increase efficiency and provide the best in emergency transport including pre-hospital care in transit
- undertake research into relevant aspects of service delivery
- ensure equity of access to our services for the entire community
- work with relevant media organisations to promote health and prevent injury by providing information about illness, health risks, unsafe behaviour and hazardous circumstances

### Major achievements

- opening of the Medical Retrieval Unit
- establishment of the Professional Standards and Conduct Unit
- establishment of the Executive Support Unit
- implementation of the core Computer Aided Dispatch functions
- establishment of revised financial management and reporting processes
- planning for the Olympic Games
- improved financial result
- progression on the revised Executive structure
- review of the Standard Operational Policies and Procedures Manual
- maintained excellent response to major incidents and events including the Glenbrook train accident and the 2000 new year celebrations

### Challenges during the year

- planning an effective service during the Olympic and Paralympic Games with the additional population of approximately 500,000
- organisational change at the Headquarters of the ASNSW
- management of industrial tensions

### Future initiatives

- implementation of the Government Action Plan for Health
- rural and metropolitan service teams will be established
- continued improvements in budget performance will be pursued
- Medical Priority Dispatch System (MPDS) will be introduced to assist with call prioritisation
- reliable performance and utilisation indicators will be developed
- a revised clinical training program will be agreed on
- staffing and clinical skills profiles will be set for Patient Transport and Ambulance Officers
- all managers at the Area/Operations Centre level and equivalent will complete Management Assessment Programs linked to Personal Development Plans and Annual Performance Agreements
- an Asset Strategic Plan will be re-established for rolling maintenance of building and the CAD and communications infrastructure

*“...We must ensure that we stay at the forefront of improvements to care, at both a clinical and technological level. We must be able to respond to changing needs of the community.”*

Medical Director of the Ambulance Service

Dr Richard Matthews *Acting Chief Executive Officer*

*A Statement of Apology and Renewal to Aboriginal People from Corrections Health Service was read at the Annual General Meeting. We hope it will improve working relationships with the Aboriginal community and encourage staff to provide a more culturally appropriate service to Aboriginal and Torres Strait Islander inmates.*

**Corrections Health Service aims to improve the health of people in the NSW correctional system to an optimal level and maintain that status by providing the same standard and quality of care as that available to the wider community.**

### **Goals**

- provide the best possible health care to achieve maximum health gains
- continuously review services to achieve best practice standards
- provide leadership and collaborate with staff in health service planning

### **Major achievements**

- operated within its allocated budget for the fifth consecutive year
- seven new clinics were opened and a number of existing clinics were refurbished
- a comprehensive orientation program has been developed to assist new staff
- the CHS Code of Conduct was launched to guide staff on ethical behaviour in their daily work
- detoxification services were improved, the Methadone Maintenance Program was enhanced and research trials were developed for new drug therapies

- the Court Liaison Service is providing early intervention mental health services at Sydney and Parramatta Local Courts
- continuation of the Drug Court Program in response to positive outcomes
- existing specialist hepatitis clinics were expanded and introduced to new sites
- the Nurse Practitioner Project has continued to develop

### **Challenges during the year**

- delays in the implementation of the NSW Aboriginal Mental Health Policy have been created by an inability to recruit to the position, Head of Aboriginal Health Unit
- the complete information technology infrastructure upgrade bringing CHS into line with acceptable industry standards

### **Future initiatives**

- implementation of the Government Action Plan for Health
- the Inmate Health Survey first conducted in 1996 will be repeated in 2001
- access to HealthNet to assist clinicians in their work is a priority for 2000/01
- Well Men Clinics for sentenced inmates over 30 years will be established at a number of correctional centres
- inpatient detoxification services will be expanded to Parklea, Grafton and Bathurst Correctional Centres
- the Graduate Certificate in Corrections Health Nursing by Distance Education will be offered to staff in 2001 through the NSW College of Nursing

**Kim Oates** *Chief Executive Officer*

**The Children's Hospital at Westmead is committed to providing children with the best medical care and personal support, as well as an environment in which total healing can take place.**

## Goals

- 'better health for children – excellence in child health care'
- promote the interests and needs of all children
- educate and inform the community about good health and injury prevention
- continually improve clinical services with increased emphasis on an evidence-based approach to care, education and enhancing our research base

## Major achievements

- launched the *Charter for Physical Activity for Children and Youth*, which has been endorsed by major sporting and educational bodies in the state, with negotiations under way to launch on a national basis
- 'Child Health Pays' Conference was attended by a range of community leaders and highlighted advances in the care of extremely ill children to illustrate how an investment in child health now, will save health dollars further down the track when children become healthy adults
- launched the first 'Paediatric Institute for Neuromuscular Research in Australia' in collaboration with the University of Sydney
- established the first family-centred service for childhood obesity in a 'Family Weight Management' Program

- the Vincent Fairfax Pain Unit, the only comprehensive multidisciplinary paediatric pain unit in Australia, was accredited by the Australian and New Zealand College of Anaesthetists for training in paediatric pain medicine
- the Vector Production Facility, within the Gene Therapy Unit, successfully produced clinical grade (FDA approved) vector supernatant

## Challenges during the year

- Performance targets set for the Emergency Department were difficult to reach for children presenting with less urgent requirements, particularly during the winter months.
- A shortfall of 1,349 admissions is represented primarily by improvements in protocols for treatment of children in the Oncology and Sleep Unit, which allowed them to be treated as outpatients.

## Future initiatives

- implementation of the Government Action Plan for Health
- continue our networking strategy in the Greater West of Sydney to increase the confidence of parents in using paediatric units in closer district hospitals
- establish a dedicated Cardiac High Dependency Unit networked to central monitoring
- development of a research facility through the 'Cures for Kids Capital Campaign' where we expect significant gains to be made in achieving our objective of raising a minimum of \$20 million

*... from the laboratory bench to the child's bedside ... a combination that turns research into medicine...*

*More than \$1.8 Billion will be provided for rural and regional health services in NSW. This represents a 47% increase in rural and regional funding for health services since 1995.*

**NSW Health is the major provider of health services to the NSW public. As a matter of public policy, and under agreements with the Commonwealth, these services are largely provided at no charge to the users.**

User charges are minimal and where they are levied they need not closely reflect costs (eg. bed day charges). Because of these financial arrangements, the Department's performance measurement is best reflected in the net cost of providing those services. For the year ending 30 June 2000, this net cost was \$6,177M compared with \$6,079M in 1998/99.

The State Government increased its annual allocation to the NSW Health Department from the Consolidated Fund by \$249.4M or 4.4% to \$5,901M in 1999/2000. The State Government's contributions include Commonwealth assistance of \$2,066M (\$1,983M in 1998/99), a 4.2% increase.

Consolidated funds are used to meet both recurrent and capital expenditures, and are accounted for after Net Cost of Service is calculated in order to determine the movement in accumulated funds for the year.

Government funding does not include depreciation and certain other non-cash expenditures, for example, the movement in employees' leave provision, which is funded on an 'as you go' basis. This means that the Department can expect to realise a decrease in each year's movement in accumulated fund

unless these non-cash expenses are offset by Government funding for capital purposes.

While capital funding is shown as revenue, capital expenditure is not treated as an expense: by its nature, it is reflected in the Statement of Financial Position. The amount the Department receives from year to year for capital purposes varies in line with its capital works program but does influence the size of any annual movement in accumulated funds. The Accumulated Funds in the Statement of Financial Position has increased by \$22M and this is reflected in the Operating Statement.

The Operating Statement identifies that Total Expenses for 1999/2000 amounted to \$7.164 billion or \$19.574M per day which is a 2.7% increase over 1998/99. Measured against the reported budget this represents an increase of \$168 Million. However, the budget does not include the following significant items covered by Treasury's supplementation:

- Health Service Reforms, Escalation of Australian Health Care Agreement and Award Escalation. . . . . \$99M
- Expenses sourced from Property, Plant and Equipment Budget . . . . . \$39M
- Crown Acceptance of Employee Entitlements . . . . . \$6M

Further disclosure of the Department's budgetary performance is disclosed in Note 38 of the Financial Statements.

### Financial summary

	1999/2000 Result \$M	Increase on previous year	
		\$M	%
Expenses	7,164	186	2.7
Revenues	974	72	8.0
Net Cost of Services	6,177	99	1.6
Excess of Capital Expenditure over Depreciation	73 (23.9%)		
Net Assets	4,868	156	3.3
Recurrent/Capital Appropriations	5,901	249	4.4

Source: Finance and Commercial Services Division, 2000

## Expenses

- \$4,431M for salaries and employee related expenses (\$4,309M in 1998/99)
- \$64M for food (\$62M in 1998/99)
- \$540M for drugs, medical and surgical supplies (\$508M in 1998/99)
- \$52M for fuel, light and power (\$48M in 1998/99)
- \$291M for visiting medical staff (\$299M in 1998/99)

Full details are included in the financial statements and supporting notes. It should also be noted that revenues increased markedly in 1999/2000 largely due to the reversal of previous asset decrements at South Eastern Sydney Area Health Service.

## Forward years

During the year the Minister obtained the Budget Committee's endorsement to a 3 year budget certainty for Health Services.

On 8 March 2000, the Minister made a number of financial announcements including:-

- 3 year certain budgets for all Health Services (including growth)
- elimination of rural Health Services operating loans with the Department
- introduction of Episode Funding from 1 July 2000
- specific funding for chronic care, emergency departments, intensive care and best practice.

The NSW Health Net Cost of Services budget for 2000/01 is \$6.535 Billion which is an increase of \$452M or 7.4% over the 1999/2000 Budget.

## Total expenses

The total expenses budget is \$7.417 Billion, up from the \$6.938 Billion budget in 1999/2000 with the Consolidation Fund appropriation increasing by \$414M to \$5.891 Billion.

The increase provided enables the direction of funding to the Health population growth and priority areas whilst, at the same time maintaining services in established areas. The increases are consistent with the 8 March 2000 announcement.

### 1999/2000 Performance against net cost of service budgets

Health Service	1999/2000 Budget	Variation from Budget	
	\$M	\$M	%
Central Sydney Area Health Service	556.2	(11.8)	(2.1)
Northern Sydney Area Health Service	523.9	(2.0)	(0.4)
Western Sydney Area Health Service	626.3	(0.3)	(0.1)
Wentworth Area Health Service	256.5	(1.6)	(0.6)
South Western Sydney Area Health Service	568.8	(9.8)	(1.7)
Central Coast Area Health Service	227.8	(2.1)	(0.9)
Hunter Area Health Service	496.1	(3.0)	(0.6)
Illawarra Area Health Service	281.8	1.4	0.5
South Eastern Sydney Area Health Service	677.1	13.1	1.9
<b>Metropolitan Subtotal</b>	<b>4,214.5</b>	<b>(16.1)</b>	<b>(0.4)</b>
Northern Rivers Area Health Service	215.7	(0.3)	(0.1)
Mid North Coast Area Health Service	221.3	(0.5)	(0.2)
New England Area Health Service	160.1	2.1	1.3
Macquarie Area Health Service	109.8	1.0	0.9
Mid Western Area Health Service	187.5	2.2	1.2
Far West Area Health Service	68.3	(1.6)	(2.3)
Greater Murray Area Health Service	203.0	0.4	0.2
Southern Area Health Service	154.0	(0.5)	(0.3)
<b>Rural Subtotal</b>	<b>1,319.7</b>	<b>2.8</b>	<b>0.2</b>
Ambulance Service of NSW	196.0	4.4	2.2
The Children's Hospital at Westmead	75.5	(7.2)	*(9.5)
Corrections Health	33.1	0	0
<b>Sub total</b>	<b>304.6</b>	<b>(2.8)</b>	<b>(0.9)</b>
Issued Budgets	5,838.8	(16.1)	(0.3)

\*Brackets denote favourability

Source: Financial and Commercial Services Division, 2000

\* The favourable variation reported by the Children's Hospital at Westmead relates principally to unexpected donations to the Hospital's Special Purpose and Trust Fund Account.

**Two year comparison and percentage increase of initial Health Services net cash allocations**

Health Service	1999/00 \$000	1998/99 \$000	Increase	
			\$000	%
Central Sydney Area Health Service	548,915	529,320	19,595	3.7
Northern Sydney Area Health Service	455,821	435,589	20,232	4.6
Western Sydney Area Health Service	491,143	472,613	18,530	3.9
Wentworth Area Health Service	187,749	177,929	9,820	5.5
South Western Sydney Area Health Service	441,221	417,093	24,128	5.8
Central Coast Area Health Service	176,011	168,029	7,982	4.8
Hunter Area Health Service	423,632	404,158	19,474	4.8
Illawarra Area Health Service	214,030	204,275	9,755	4.8
South Eastern Sydney Area Health Service	717,999	685,578	32,421	4.7
<b>Subtotal</b>	<b>3,656,521</b>	<b>3,494,584</b>	<b>161,937</b>	
Northern Rivers Area Health Service	183,967	176,744	7,223	4.1
Mid North Coast Area Health Service	158,721	152,194	6,527	4.3
New England Area Health Service	133,574	127,665	5,909	4.6
Macquarie Area Health Service	86,125	83,079	3,046	3.7
Mid Western Area Health Service	145,654	138,002	7,652	5.5
Far West Area Health Service	50,013	47,573	2,440	5.1
Greater Murray Area Health Service	178,710	172,398	6,312	3.7
Southern Area Health Service	121,249	115,954	5,295	4.6
<b>Subtotal</b>	<b>1,058,013</b>	<b>1,013,609</b>	<b>44,404</b>	
<b>Total Areas</b>	<b>4,714,534</b>	<b>4,508,193</b>	<b>206,341</b>	
The Children's Hospital at Westmead	104,311	97,655	6,656	6.8
Ambulance Service	145,782	135,313	10,469	7.7
Corrections	26,436	21,633	4,803	22.2
<b>Total</b>	<b>4,991,063</b>	<b>4,762,794</b>	<b>228,269</b>	<b>4.8</b>

Note: These figures reflect annual Net Cash Allocations for 1998/99 and 1999/2000

**The Operating Statement for total expenses**

Expenses Include	1999/2000 \$M	1998/99 \$M	1997/98 \$M	1996/97 \$M
Salaries and employee related expenses	4,431	4,309	4,017	3,628
Food	64	62	65	61
Drugs, medical and surgical supplies	540	508	451	420
Fuel, light and power	52	48	53	56
Visiting medical staff	291	299	287	261

Source: Finance and Commercial Services Division, 2000

## CERTIFICATE OF ACCOUNTS

Pursuant to Section 45(F) of the Public Finance and Audit Act 1983, I state that:-

- (i) the financial statements of the NSW Health Department parent entity for the year ended 30 June 2000 have been prepared in accordance with the requirements of applicable Australian Accounting Standards and other mandatory professional requirements, Consensus Views, the requirements of the Public Finance and Audit Act 1983, and its regulations and Financial Reporting Directions published in the Financial Reporting Code for Budget Dependent Agencies or issued by the Treasurer under section 9(2)(n) of the Act and the requirements of the Health Administration Act 2000, and its regulations.

Where there are inconsistencies between the above requirements, the legislative provisions have prevailed; Statements of Accounting Concepts are used as guidance in the absence of applicable Accounting Standards and other mandatory professional legislative requirements.

- (ii) the financial statements present fairly the financial position and transactions of the Department.
- (iii) there are no circumstances which would render any particulars in the accounts to be misleading or inaccurate.

In respect of the consolidated financial statements:

- (i) the financial statements for the NSW Health Department and its controlled entities for the year ended 30 June 2000 have been prepared in accordance with applicable Australian Accounting Standards and other mandatory professional requirements, the requirements of the Public Finance and Audit Act, 1983, and its regulations and the Financial Reporting Directions published in the Financial Reporting Code for Budget Dependent Agencies or issued by the Treasurer under Section 9(2)(n) of the Act and the requirements of the Health Administration Act 2000, and its regulations.

Where there are inconsistencies between the above requirements, the legislative provisions have prevailed;

Statements of Accounting Concepts are used as guidance in the absence of applicable Accounting Standards and other mandatory professional requirements.

- (ii) the financial statements present fairly the financial position and transactions of the Department and its controlled entities.
- (iii) there are no circumstances which would render any particulars in the consolidated accounts to be misleading or inaccurate.



Michael Reid  
Director-General

October 2000



BOX 12 GPO  
SYDNEY NSW 2001

## INDEPENDENT AUDIT REPORT

### DEPARTMENT OF HEALTH

To Members of the New South Wales Parliament and the Director-General

#### Scope

I have audited the accounts of the Department of Health for the year ended 30 June 2000. The financial report includes the consolidated financial statements of the consolidated entity comprising the Department and the entities it controlled at the year's end or from time to time during the financial year.

The Director-General is responsible for the financial report consisting of the statements of financial position, operating statements, statements of cash flows, program statement - expenses and revenues and summary of compliance with financial directives, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament and the Director-General based on my audit as required by sections 34 and 45F(1) of the *Public Finance and Audit Act 1983* (the Act). My responsibility does not extend to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

My audit has been conducted in accordance with the provisions of the Act and Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates.

In addition, other legislative and policy requirements, which could have an impact on the Department of Health's financial report, have been reviewed on a cyclical basis. For this year, the requirements examined comprised compliance with:

- core business activities being in accordance with approved program descriptions;
- key provisions of Part 2 of the *Public Sector Management Act 1988* and Parts 2, 3, 4, 5 and 6 of the *Public Sector Management (General) Regulation 1996*; and
- the Premier's Department, SES Guidelines in respect of the Director-General's contract.

These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the requirements of the Act, Accounting Standards and other mandatory professional reporting requirements, in Australia, so as to present a view which is consistent with my understanding of the Department's and the economic entity's financial position, the results of their operations and their cash flows.

The audit opinion expressed in this report has been formed on the above basis.

#### Audit Opinion

In my opinion, the financial report of the Department of Health complies with section 45E of the Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Department and the economic entity as at 30 June 2000 and the results of their operations and their cash flows for the year then ended.

R J Sendt  
Auditor-General

SYDNEY  
24 October 2000

# Operating Statement for the year ended 30 June 2000

Financials

Actual 2000 \$000	Parent Budget 2000 \$000	Actual 1999 \$000		Notes	Consolidated		
					Actual 2000 \$000	Budget 2000 \$000	Actual 1999 \$000
			<b>Expenses</b>				
			Operating Expenses				
73,167	73,510	63,332	Employee Related	3	4,430,697	4,339,341	4,308,748
297,192	298,584	232,072	Other Operating Expenses	4	1,706,718	1,643,890	1,666,901
2,307	2,318	1,535	Maintenance	5	193,508	181,190	189,071
6,131	5,680	5,680	Depreciation and Amortisation	6	304,821	313,824	316,287
5,656,402	5,523,610	5,485,877	Grants and Subsidies	7	517,247	506,391	485,188
8,016	8,016	7,049	Finance Costs	8	11,113	11,113	11,116
-----	-----	-----	Other Expenses	9	-----	-----	1,068
<b>6,043,215</b>	<b>5,911,718</b>	<b>5,795,545</b>	<b>Total Expenses</b>		<b>7,164,104</b>	<b>6,995,749</b>	<b>6,978,379</b>
			<b>Revenues</b>				
95,637	124,326	100,102	Sale of Goods and Services	10	678,153	675,117	690,520
948	944	3,358	Investment Income	11	24,680	23,543	21,457
2,820	2,809	2,933	Grants and Contributions	12	150,115	148,028	142,667
16,338	6,810	6,273	Other Revenue	13	121,475	53,687	47,388
<b>115,743</b>	<b>134,889</b>	<b>112,666</b>	<b>Total Revenues</b>		<b>974,423</b>	<b>900,375</b>	<b>902,032</b>
19,345	-----	(208)	Gain /(Loss) on Sale of Non Current Assets	14	12,260	-----	(2,218)
<b>5,908,127</b>	<b>5,776,829</b>	<b>5,683,087</b>	<b>NET COST OF SERVICES</b>	<b>34</b>	<b>6,177,421</b>	<b>6,095,374</b>	<b>6,078,565</b>
			<b>Government Contributions</b>				
5,587,504	5,480,308	5,344,529	Recurrent Appropriation	16	5,587,504	5,488,837	5,344,529
313,922	291,918	307,514	Capital Appropriation	16	313,922	292,257	307,514
-----	-----	(2,422)	Asset Sale Proceeds transferred to the Crown Entity		-----	-----	(132,448)
5,467	6,390	6,390	Acceptance by the Crown Entity of Employee Entitlements and Other Liabilities	17	297,555	303,160	295,898
<b>5,906,893</b>	<b>5,778,616</b>	<b>5,656,011</b>	<b>Total Government Contributions</b>		<b>6,198,981</b>	<b>6,084,254</b>	<b>5,815,493</b>
<b>(1,234)</b>	<b>1,787</b>	<b>(27,076)</b>	<b>MOVEMENT IN ACCUMULATED FUNDS</b>		<b>21,560</b>	<b>(11,120)</b>	<b>(263,072)</b>

The accompanying notes form part of these Financial Statements

## Statement of Financial Position as at 30 June 2000

Actual 2000 \$000	Parent Budget 2000 \$000	Actual 1999 \$000		Notes	Consolidated		
					Actual 2000 \$000	Budget 2000 \$000	Actual 1999 \$000
			<b>ASSETS</b>				
			<b>Current Assets</b>				
6,141	3,819	15,794	Cash	33	66,923	66,294	76,298
59,007	36,697	40,804	Investments	19	284,095	264,083	273,025
24,422	11,756	6,756	Receivables	20	127,629	113,567	110,939
-----	-----	-----	Inventories	21	59,258	57,630	56,762
<b>89,570</b>	<b>52,272</b>	<b>63,354</b>	<b>Total Current Assets</b>		<b>537,905</b>	<b>501,574</b>	<b>517,024</b>
			<b>Non-Current Assets</b>				
115,676	116,176	119,439	Land and Buildings	22	5,387,544	5,252,180	5,138,514
5,545	5,996	7,030	Plant and Equipment	22	577,444	607,123	618,927
26,894	26,894	78,239	Investments	19	61,202	39,048	39,048
-----	-----	-----	Receivables	20	4,234	2,310	2,310
-----	-----	-----	Other		5,301	-----	-----
<b>148,115</b>	<b>149,066</b>	<b>204,708</b>	<b>Total Non-Current Assets</b>		<b>6,035,725</b>	<b>5,900,661</b>	<b>5,798,799</b>
<b>237,685</b>	<b>201,338</b>	<b>268,062</b>	<b>Total Assets</b>		<b>6,573,630</b>	<b>6,402,235</b>	<b>6,315,823</b>
			<b>LIABILITIES</b>				
			<b>Current Liabilities</b>				
82,888	67,468	105,557	Accounts Payable	24	324,082	324,219	289,279
47,038	47,038	51,000	Borrowings	25	62,309	62,000	74,282
5,895	5,578	4,076	Employee Entitlements	26	534,599	534,567	506,337
23,550	-----	-----	Other	27	28,537	23,318	-----
<b>159,371</b>	<b>120,084</b>	<b>160,633</b>	<b>Total Current Liabilities</b>		<b>949,527</b>	<b>944,104</b>	<b>869,898</b>
			<b>Non-Current Liabilities</b>				
58,987	58,987	85,651	Borrowings	25	95,789	95,284	124,002
1,501	1,420	2,718	Employee Entitlements	26	620,926	620,900	568,856
-----	-----	-----	Other	27	39,177	40,894	40,894
<b>60,488</b>	<b>60,407</b>	<b>88,369</b>	<b>Total Non-Current Liabilities</b>		<b>755,892</b>	<b>757,078</b>	<b>733,752</b>
<b>219,859</b>	<b>180,491</b>	<b>249,002</b>	<b>Total Liabilities</b>		<b>1,705,419</b>	<b>1,701,182</b>	<b>1,603,650</b>
<b>17,826</b>	<b>20,847</b>	<b>19,060</b>	<b>Net Assets</b>		<b>4,868,211</b>	<b>4,701,053</b>	<b>4,712,173</b>
			<b>EQUITY</b>	28			
30,140	30,140	30,140	Reserves		589,332	454,690	454,690
(12,314)	(9,293)	(11,080)	Accumulated Funds		4,278,879	4,246,363	4,257,483
<b>17,826</b>	<b>20,847</b>	<b>19,060</b>	<b>Total Equity</b>		<b>4,868,211</b>	<b>4,701,053</b>	<b>4,712,173</b>

The accompanying notes form part of these Financial Statements

# Cash Flow Statement for the year ended 30 June 2000

Financials

Actual 2000 \$000	Parent Budget 2000 \$000	Actual 1999 \$000		Notes	Consolidated		
					Actual 2000 \$000	Budget 2000 \$000	Actual 1999 \$000
			<b>Cash flows from operating activities</b>				
			<b>Payments</b>				
(245,484)	(224,716)	(214,943)	Employee Related		(4,231,196)	(4,113,707)	(4,049,839)
(5,656,402)	(5,523,610)	(5,485,877)	Grants and Subsidies		(517,247)	(506,391)	(485,188)
(8,016)	(8,016)	(7,049)	Finance Costs		(11,113)	(11,113)	(11,116)
(321,334)	(338,991)	(198,178)	Other		(1,845,418)	(1,778,493)	(1,822,971)
<b>(6,231,236)</b>	<b>(6,095,333)</b>	<b>(5,906,047)</b>	<b>Total Payments</b>		<b>(6,604,974)</b>	<b>(6,409,704)</b>	<b>(6,369,114)</b>
			<b>Receipts</b>				
87,324	119,326	100,151	Sale of Goods and Services		663,447	665,239	681,737
1,246	944	3,180	Interest		24,750	23,543	21,344
9,846	9,619	9,734	Other		175,317	196,450	181,659
<b>98,416</b>	<b>129,889</b>	<b>113,065</b>	<b>Total Receipts</b>		<b>863,514</b>	<b>885,232</b>	<b>884,740</b>
			<b>Cash flows from government</b>				
5,637,548	5,480,308	5,344,529	Recurrent Appropriation		5,637,548	5,488,837	5,344,529
313,922	291,918	307,514	Capital Appropriation		313,922	292,257	307,514
-----	-----	(2,422)	Asset Sale Proceeds transferred to the Crown Entity		-----	-----	(132,448)
178,386	157,800	158,938	Cash Reimbursements from the Crown Entity		178,386	157,800	158,938
(26,494)	-----	-----	Repayment to Consolidated Fund - lapsed appropriation		(26,494)	-----	-----
<b>6,103,362</b>	<b>5,930,026</b>	<b>5,808,559</b>	<b>Net cash flows from government</b>		<b>6,103,362</b>	<b>5,938,894</b>	<b>5,678,533</b>
<b>(29,458)</b>	<b>(35,418)</b>	<b>15,577</b>	<b>Net cash flows from operating activities</b>	<b>34</b>	<b>361,902</b>	<b>414,422</b>	<b>194,159</b>
			<b>Cash flows from investing activities</b>				
18,868	-----	2,511	Proceeds from Sale of Land and Buildings, Plant and Equipment		78,067	56,810	181,950
33,142	55,452	5,433	Proceeds from Sale of Investments		-----	-----	19,279
-----	-----	-----	Advance Repayments Received		-----	-----	-----
(1,494)	(1,383)	-----	Purchases of Land and Buildings, Plant and Equipment		(377,558)	(449,178)	(380,438)
-----	-----	(1,875)	Purchases of Investments		(37,446)	(353)	-----
(85)	-----	(2,254)	Other		-----	-----	-----
<b>50,431</b>	<b>54,069</b>	<b>3,815</b>	<b>Net cash flows from investing activities</b>		<b>(336,937)</b>	<b>(392,721)</b>	<b>(179,209)</b>
			<b>Cash flows from financing activities</b>				
20,641	20,641	14,343	Proceeds from Borrowings and Advances		20,641	20,641	21,000
(51,267)	(51,267)	(30,000)	Repayment of Borrowings and Advances		(53,160)	(52,346)	(37,460)
<b>(30,626)</b>	<b>(30,626)</b>	<b>(15,657)</b>	<b>Net cash flows from financing activities</b>		<b>(32,519)</b>	<b>(31,705)</b>	<b>(16,460)</b>
<b>(9,653)</b>	<b>(11,975)</b>	<b>3,735</b>	<b>Net increase/(decrease) in cash</b>		<b>(7,554)</b>	<b>(10,004)</b>	<b>(1,510)</b>
15,794	15,794	12,059	Opening Cash and Cash Equivalents		284,945	284,945	286,455
<b>6,141</b>	<b>3,819</b>	<b>15,794</b>	<b>Closing cash and cash equivalents</b>	<b>33</b>	<b>277,391</b>	<b>274,941</b>	<b>284,945</b>

The accompanying notes form part of these Financial Statements



## Summary of Compliance with Financial Directives for the year ended 30 June 2000

	2000				1999			
	Recurrent Appropriation \$000	Expenditure/Net Claim on Consolidated Fund \$000	Capital Appropriation \$000	Expenditure/Net Claim on Consolidated Fund \$000	Recurrent Appropriation \$000	Expenditure \$000	Capital Appropriation \$000	Expenditure \$000
<b>Original Budget Appropriation Expenditure</b>								
Appropriation Act	5,476,726	5,428,243	291,918	291,918	5,227,315	5,227,315	292,819	292,819
Additional Appropriations	670	670	339	339	-----	-----	-----	-----
s24 PF&AA - transfers of functions between departments	500	500	-----	-----	-----	-----	-----	-----
s26 PF&AA - Commonwealth specific purpose payments	10,941	10,941	-----	-----	75,600	75,600	-----	-----
	<b>5,488,837</b>	<b>5,440,354</b>	<b>292,257</b>	<b>292,257</b>	<b>5,302,915</b>	<b>5,302,915</b>	<b>292,819</b>	<b>292,819</b>
<b>Other Appropriations Expenditure</b>								
Treasurer's Advance	35,732	34,232	-----	-----	6,375	6,375	-----	-----
Section 22 - expenditure for certain works and services	145,335	140,335	22,465	22,465	35,419	35,419	14,695	14,695
Transfers from another agency (s26 of the appropriation Act)	(923)	(923)	(800)	(800)	(180)	(180)	-----	-----
	<b>180,144</b>	<b>173,644</b>	<b>21,665</b>	<b>21,665</b>	<b>41,614</b>	<b>41,614</b>	<b>14,695</b>	<b>14,695</b>
<b>Total Appropriations [Subtotal 2] Expenditure</b>								
Net Claim on Consolidated Fund [Total 1]	<b>5,668,981</b>	<b>5,613,998</b>	<b>313,922</b>	<b>313,922</b>	<b>5,344,529</b>	<b>5,344,529</b>	<b>307,514</b>	<b>307,514</b>
<b>Amount drawn down against Appropriation [Total 3]</b>		<b>5,637,548</b>		<b>313,922</b>		<b>5,344,529</b>		<b>307,514</b>
<b>Liability to Consolidated Fund * [Total 4]</b>		<b>23,550</b>		-----				

The Summary of Compliance is based on the assumption that Consolidated Fund moneys are spent first (except where otherwise identified or prescribed).

\* [The 'Liability to Consolidated Fund' represents the difference between the 'Amount Drawn' down against 'Appropriation' and the 'Total Expenditure / Net Claim on Consolidated Fund'].

### 1. The NSW Health Department reporting entity

a The NSW Health Department economic entity comprises all the operating activities of the NSW Ambulance Service; Area Health Services constituted under the *Health Services Act, 1997*; the Children's Hospital at Westmead and the Corrections Health Service and all Central Administration units of the Department.

The reporting economic entity is based on the control exercised by the Department, and, accordingly, encompasses Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or donor, are nevertheless controlled by the entities referenced above.

b In addition to the consolidated results, the Department's financial statements also include results for the parent entity, denoted in note 1(a) as Central Administration.

c The consolidated accounts are those of the consolidated entity comprising the Department of Health (the parent entity) and its controlled entities. In the process of preparing the consolidated financial statements for the economic entity, consisting of the controlling and controlled entities, all inter entity transactions and balances have been eliminated.

### 2. Summary of significant accounting policies

The NSW Health Department's financial statements are a general purpose financial report which has been prepared on an accruals basis and in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements, the requirements of the *Public Finance and Audit Act 1983* and Regulations and the Financial Reporting Directions published in the *Financial Reporting Code for Budget Dependent Agencies* or issued by the Treasurer under section 9(2)(n) of the *Act*.

Where there are inconsistencies between the above requirements, the legislative provisions have prevailed.

Statements of Accounting Concepts are used as guidance in the absence of applicable Accounting Standards, other mandatory professional reporting requirements and legislative requirements. Except for certain investments and land and buildings, plant and equipment, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency. The accounting policies adopted are consistent with those of the previous year.

Other significant accounting policies used in the preparation of these financial statements are as follows:

#### a Employee entitlements

Wages and Salaries, Annual Leave, Long Service Leave, Sick Leave and On-Costs.

Liabilities for wages and salaries, annual leave, vesting sick leave and related on-costs are recognised and measured as the amount unpaid at the reporting date at current pay rates in respect of employees' services up to that date.

Long service leave measurement is based on the remuneration rates at year end for all employees with five or more years of service. It is considered that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement. The value of Long Service Leave Liability attached to Central Administration areas is assumed by the Crown Entity and the Department accounts for this liability as having been extinguished resulting in non-monetary revenue described as 'Acceptance by the Crown Entity of employee entitlements and other liabilities'.

Employee leave entitlements are dissected between the 'Current' and 'Non Current' components on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the entitlements accrued in the future.

The outstanding amounts of workers' compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee entitlements to which they relate have been recognised.

#### b Superannuation benefits

The Department's liability for superannuation is assumed by the Crown Entity. The Department accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown Entity of employee entitlements and other liabilities'.

The superannuation expense for the financial year is determined by using the formulae specified in the Treasurer's Directions. The expense for certain superannuation schemes (ie *Basic Benefit* and *First State Super*) is calculated as a percentage of the

employees' salary. For other superannuation schemes (ie *State Superannuation Scheme* and *State Authorities Superannuation Scheme*), the expense is calculated as a multiple of the employees' superannuation contributions.

**c Insurance**

The Department's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self insurance for Government agencies. The expense (premium) is determined by the Fund Manager based on experience.

**d Revenue recognition**

Revenue arising from the sale of goods, the provision of services and the use of NSW Health assets is recognised when:

- i the Department or its controlled entities have passed control of the goods or other assets to the buyer
- ii the Department or its controlled entities control a right to be compensated for services rendered
- iii the Department or its controlled entities control a right relating to the consideration payable for the provision of investment assets
- iv it is probable that the economic benefits comprising the consideration will flow to the entity
- v the amount of the revenue can be measured reliably.

*Parliamentary appropriations and contributions from other bodies*

From this financial year there is a change in accounting policy for the recognition of parliamentary appropriations. Parliamentary appropriations are generally recognised as revenues when the agency obtains control over the assets comprising the appropriations/contributions. Control over appropriations and contributions is normally obtained upon the receipt of cash.

An exception to the above is when appropriations are unspent at year end. In this case, the authority to spend the money lapses and generally the unspent amount must be repaid to the Consolidated Fund in the following financial year. As a result, unspent appropriations are now accounted for as liabilities rather than revenue.

The effect of this change for the year ending 30 June 2000 is that \$23.998 million which is the amount owing to the Consolidated Fund is accounted for as a current liability and not as a revenue as previously. The liability is disclosed in Note 27 as part of 'other current liabilities'. The amount will be repaid and the liability will be extinguished next financial year.

It is impracticable to restate the comparatives for this change in accounting policy, as agencies were not required to determine any final amount owed to the Consolidated Fund for the year ending 30 June 1999.

*Patient fees*

Patient fees are derived from chargeable inpatients and non-inpatients on the basis of rates charged in accordance with approvals communicated in the Government Gazette.

*Use of hospital facilities*

Specialist doctors with rights of private practice are charged a facility fee for the use of hospital facilities at rates determined by the NSW Health Department. Facility fees are based on fees collected.

**e Research and development costs**

Research and development costs are charged to expense in the year in which they are incurred.

**f Acquisition of assets**

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Department. Cost is determined as the fair value of the assets given as consideration plus the costs incidental to the acquisition.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition.

Fair value means the amount for which an asset could be charged between a knowledgeable, willing buyer and a knowledgeable, willing seller in an arm's length transaction.

**g Plant and equipment**

Individual items of plant and equipment costing \$5,000 and above are capitalised.

**h Depreciation**

Buildings, plant and equipment have been depreciated from not later than the month following acquisition.

Depreciation is provided on a straight line basis against all depreciable assets so as to write off the depreciable amount of each depreciable asset as it is consumed over its useful life to the NSW Health Department. Land is not a depreciable asset.

## Notes to and forming part of the financial statements for the year ended 30 June 2000

Details of the depreciation rates for major asset categories are as follows:

Buildings	2.5%
Electro medical equipment	
– costing less than \$200,000	10.0%
– costing more than or equal to \$200,000	12.5%
Computer equipment	20.0%
Computer software	20.0% to 33.3%
Office equipment	10.0%
Plant and machinery	10.0%
Furniture, fittings and furnishings	5.0%

### i Revaluation of non current assets

Buildings and improvements, plant and equipment and infrastructure assets (excluding land) are valued based on the estimated written down replacement cost of the most appropriate modern equivalent replacement facility having a similar service potential to the existing asset. Land is valued on an existing use basis.

Land and buildings are revalued every 5 years by independent valuation.

Where assets are revalued upward or downward as a result of a revaluation of a class of non-current physical assets, the NSW Health Department restates separately the gross amount and the related accumulated depreciation of that class of assets.

The recoverable amount test has not been applied as the NSW Health Department is a not-for-profit entity whose service potential is not related to the ability to generate net cash inflows.

### j Leased assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and benefits.

Where a non-current asset is acquired by means of a finance lease, the asset is recognised at its fair value at the inception of the lease. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

Operating lease payments are charged to the Operating Statement in the periods in which they are incurred.

### k Investments

Marketable securities and deposits are valued at cost unless specifically stated in Note 19. Non marketable securities are brought to account at cost.

For non-current investments, revaluation increments are credited directly to the asset revaluation reserve. Revaluation decrements are recognised in the Operating Statement except to the extent that the decrement reverses an increment previously credited to the asset revaluation reserve, in which case it should be debited to the asset revaluation reserve.

Interest revenues are recognised as they accrue.

### l Inventories

Inventories are stated at the lower of cost and net realisable value. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

Obsolete items are disposed of in accordance with instructions issued by the NSW Health Department.

### m Trust funds

The Department's controlled entities receive monies in a trustee capacity for various trusts as set out in Note 30. As the controlled entities perform only a custodial role in respect of these monies and because the monies cannot be used for the achievement of NSW Health's objectives, they are not brought to account in the financial statements.

### n Administered activities

The Department administers, but does not control, certain activities on behalf of the Crown Entity. It is accountable for the transactions relating to those administered activities but does not have the discretion, for example, to deploy the resources for the achievement of the Department's own objectives.

Transactions and balances relating to the administered activities which are confined to revenues only are not recognised as Departmental revenue but are disclosed in the accompanying schedules as 'Administered Revenues'.

### o Administrative restructuring

The transfer of net assets between agencies as a result of administrative restructuring is treated as a direct adjustment to the operating balance of 'Accumulated Funds'.

**p Financial instruments**

Financial instruments give rise to positions that are a financial asset of either the NSW Health Department or its counterparty and a financial liability (or equity instrument) of the other party. For the NSW Health Department these include cash at bank, receivables, investments, accounts payable and borrowings.

In accordance with Australian Accounting Standard AAS33, Presentation and Disclosure of Financial Instruments, information is disclosed in Note 39 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

Classes of instruments recorded at cost and their terms and conditions at balance date are as follows:

*Cash*

Accounting policies – Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.

Terms and conditions – Monies on deposit attract an effective interest rate of between 3.7% and 6.5%.

*Receivables*

Accounting policies – Receivables are carried at nominal amounts due less any provision for doubtful debts. A provision for doubtful debts is recognised when collection of the full nominal amount is no longer probable.

Terms and conditions – Accounts are generally issued on 30 day terms.

*Investments*

Accounting policies – Investments reported at cost include both short term and fixed term deposits, exclusive of Hour Glass funds invested with Treasury Corporation. Interest is recognised in the Operating Statement when earned. Shares are carried at cost with dividend income recognised when the dividends are declared by the investee.

Terms and conditions – Short term deposits have an average maturity of 30 to 75 days and effective interest rate of 2.0% to 6.6% as compared to 2.0% to 6.5% in the previous year. Fixed term deposits have a maturity of up to 5 years and effective interest rates of 4.8% to 8.0% as compared to 4.6% to 9.6% in the previous year.

*Accounts payable*

Accounting policies – Accounts Payable are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Health Service.

Terms and conditions – Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received.

*Borrowings*

Accounting policies – Bank overdrafts and loans are carried at the principal amount. Interest is charged as an expense as it accrues. Finance Lease Liability is accounted for in accordance with Australian Accounting Standard, AAS17.

Terms and conditions – Bank overdraft interest is charged at the bank's benchmark rate.

Classes of instruments recorded at market value comprise:

*Treasury Corporation Hour Glass Investments*

Accounting policies – Treasury Corporation Hour Glass investments are stated at the lower of cost and net realisable value. Interest is recognised when earned.

Terms and conditions – Deposits have a maturity of up to 3 years with effective interest rates of 5.0% to 11.8%. This compares with interest rates of 3.0% to 12.0% in the previous year.

There are no classes of instruments which are recorded at other than cost or market valuation.

All financial instruments including revenue, expenses and other cash flows arising from instruments are recognised on an accruals basis.

**q Proceeds on sale of motor vehicles**

The 1998/99 proceeds of sale of motor vehicles associated with Treasury negotiated leases of motor vehicles were lodged to the credit of State Treasury. Such remittances were deducted from Government contributions in the 1998/99 Operating Statement.

**r Goods and Services Tax (GST)**

Commitments existing at 30 June 2000 are reported inclusive of the GST of 10% which has effect from 1 July 2000.

Additionally, contingent assets have been disclosed for amounts equivalent to any available input tax credits, which represents the GST that is expected to be recoverable from the Australian Taxation Office.

## Notes to and forming part of the financial statements for the year ended 30 June 2000

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>3. Employee Related Expenses</b>		
		Employee related expenses comprise the following specific items:		
59,276	48,919	Salaries and Wages	3,494,474	3,364,389
3,907	3,836	Superannuation Entitlements	295,995	293,344
1,292	2,291	Long Service Leave	103,160	118,241
4,402	3,887	Recreation Leave	337,848	344,492
-----	-----	Nursing Agency Payments	27,379	24,050
-----	-----	Other Agency Payments	6,586	2,726
790	575	Workers Compensation Insurance	161,755	157,609
3,500	3,824	Payroll Tax and Fringe Benefits Tax	3,500	3,897
<b>73,167</b>	<b>63,332</b>		<b>4,430,697</b>	<b>4,308,748</b>
		<b>4. Other Operating Expenses</b>		
299	8,867	Visiting Medical Officers	290,923	299,007
2,968	2,835	Drug Supplies	246,257	232,350
30,384	24,774	Medical and Surgical Supplies	293,287	275,438
-----	-----	Special Service Departments	125,305	118,426
87,101	69,696	Cross Border Charges	87,101	69,696
90	46	Domestic Charges	77,575	73,915
-----	-----	Food Supplies	63,870	62,409
231	348	Fuel, Light and Power	52,100	47,912
16,356	13,482	Computer Related Expenses	38,593	31,538
3,003	3,245	Travel Related Costs	69,481	73,270
2,113	2,051	Postal and Telephone Costs	47,502	46,364
9,297	11,377	Staff Related Costs	24,544	23,826
61,708	55,132	Insurance	71,086	66,030
4,935	4,214	Rental, Rates and Charges	24,418	26,330
2,006	2,215	Printing and Stationery	33,211	32,658
38,089	-----	Forgiveness of Health Service Debt	-----	-----
-----	-----	Sundry Operating Expenses	93,093	90,825
38,612	33,790	General Expenses	68,372	96,907
<b>297,192</b>	<b>232,072</b>		<b>1,706,718</b>	<b>1,666,901</b>
		<b>(a) Forgiveness of Health Service Debt</b>		
38,089	-----	Forgiveness of Health Service Debt	-----	-----

In 1999/2000 the Minister for Health approved the release of several Area Health Services from their obligation to effect repayment on operating loans of \$38.1 million in previous years. This abnormal item is referenced above.

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>4. Other Operating Expenses (continued)</b>		
		<b>(b) Sundry Operating Expenses comprise:</b>		
----	----	Aircraft Expenses (Ambulance)	22,173	19,410
----	----	Contract for Patient Services	64,219	64,581
----	----	Isolated Patient Travel and Accommodation Assistance Scheme	6,701	6,834
----	----		<b>93,093</b>	<b>90,825</b>
		<b>(c) General Expenses include:</b>		
1,548	1,343	Advertising	9,551	9,969
284	301	Books and Magazines	8,027	7,615
		Consultancies		
2,354	2,949	– Operating Activities	14,714	13,936
5,976	7,368	– Capital Works	8,527	8,064
350	104	Courier and Freight	6,416	6,183
180	160	External Auditors Remuneration	2,733	2,266
5,358	4,499	Health Professional Registration Board Expenses	5,358	4,499
393	269	Legal Expenses	4,701	3,445
----	----	Membership/Professional Fees	2,692	2,351
----	309	Payroll Services	476	1,559
39	----	Provision for Bad and Doubtful Debts	13,363	12,515
		Fees/other benefits paid to Health Service Board members excluding payments made in the nature of normal employee salary or payments made in accordance with conditions applied to Visiting Medical Officers in general are disclosed in Annual Reports of the Health Services concerned. Payments made statewide, eg. for travel, total \$120,000 only.		
		<b>5. Maintenance</b>		
2,307	1,535	Repairs and Routine Maintenance	119,968	108,085
----	----	Other		
----	----	Renovations and Additional Works	15,883	15,685
		Replacements and Additional Equipment less than \$5,000	57,657	65,301
<b>2,307</b>	<b>1,535</b>		<b>193,508</b>	<b>189,071</b>

## Notes to and forming part of the financial statements for the year ended 30 June 2000

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>6. Depreciation and Amortisation Expense</b>		
640	193	Depreciation – Buildings	170,707	188,515
2,868	2,864	Depreciation – Plant and Equipment	130,471	124,129
2,623	2,623	Amortisation	3,643	3,643
<b>6,131</b>	<b>5,680</b>		<b>304,821</b>	<b>316,287</b>
		<b>7. Grants and Subsidies</b>		
51,076	45,788	Payments to the Red Cross Blood Transfusion Service	51,076	45,788
-----	-----	Operating Payments to Other Affiliated Health Organisations	326,297	324,332
-----	-----	Capital Payments to Affiliated Health Organisations	34,586	18,533
6,833	6,897	Grants-		
1,540	1,616	External Research	12,067	11,325
8,245	7,304	NSW Institute of Psychiatry	1,540	1,616
24,339	23,351	National Drug Strategy	8,245	7,304
5,555,644	5,394,664	Non Government Voluntary Organisations	67,711	61,107
8,725	6,257	Payments to Controlled Health Entities	-----	-----
		Other Payments	15,725	15,183
<b>5,656,402</b>	<b>5,485,877</b>		<b>517,247</b>	<b>485,188</b>

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>8. Finance Costs</b>		
8,016	7,049	Finance Lease Interest Charges	11,113	10,725
-----	-----	Interest	-----	391
<b>8,016</b>	<b>7,049</b>		<b>11,113</b>	<b>11,116</b>
		<b>9. Other Expenses</b>		
-----	-----	Revaluation of Investments	-----	1,068
-----	-----		-----	<b>1,068</b>
		<b>10. Sale of Goods and Services</b>		
		Sale of Goods and Services comprise the following:		
-----	-----	Patient Fees	223,035	221,725
-----	-----	Staff-Meals and Accommodation	14,056	14,261
-----	-----	Use of Hospital Facilities	76,469	74,531
37,263	41,139	Department of Veterans' Affairs Agreement Funding	222,553	196,276
-----	-----	Ambulance Non Hospital User Charges	21,998	18,539
23,580	24,992	Motor Accident Authority Third Party Receipts	23,580	24,992
-----	-----	Car Parking	10,703	10,516
-----	-----	Child Care Fees	4,022	3,890
-----	-----	Commercial Activities	15,861	15,459
146	-----	Fees for Medical Records	3,295	2,978
-----	141	Lease and Rental Income	10,244	9,846
-----	-----	Non Staff Meals	13,638	13,579
-----	-----	Linen Service Revenues – Non Health Services	6,062	6,069
-----	-----	Sale of Prosthesis	15,820	14,204
-----	-----	Services Provided to Non NSW Health Organisations	6,317	7,363
11,793	15,041	Revenue from Health Service Asset Sales	-----	-----
4,706	4,713	Computer Support Charges – Health Services	-----	-----
18,149	14,076	Other	10,500	56,292
<b>95,637</b>	<b>100,102</b>		<b>678,153</b>	<b>690,520</b>
		<b>11. Investment Income</b>		
847	2,951	Interest	24,130	19,402
101	407	Other	550	2,055
<b>948</b>	<b>3,358</b>		<b>24,680</b>	<b>21,457</b>

## Notes to and forming part of the financial statements for the year ended 30 June 2000

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>12. Grants and Contributions</b>		
----- 2,820	----- 2,933	University Commission grants Grants	1,565 89,985	1,415 87,412
-----	-----	Other		
-----	-----	Wholesale and Retail Trade	164	-----
-----	-----	Manufacturing	295	-----
-----	-----	Finance, Property and Business Services	516	105
-----	-----	Public Administration	235	1,368
-----	-----	Community Services	6,397	3,947
-----	-----	Recreation, Personal and Other Services	50,958	48,420
<b>2,820</b>	<b>2,933</b>		<b>150,115</b>	<b>142,667</b>
		<b>13. Other Revenue</b>		
		Other Revenue comprises the following:		
9,500	76	Adjustment of Asset Values	81,747	420
-----	-----	Commissions	604	672
-----	-----	Conference and Seminar Fees	412	270
5,358	5,349	Health Professional Registration Fees	5,358	5,349
-----	-----	Sale of Merchandise, Old Wares and Books	1,331	3,872
1,480	848	Sundry Revenue	32,023	36,805
<b>16,338</b>	<b>6,273</b>		<b>121,475</b>	<b>47,388</b>
		<b>14. Gain/(Loss) on Sale of Non Current Assets</b>		
11,393 (1,282)	3,774 (1,055)	Property, Plant and Equipment Less Accumulated Depreciation	150,628 (74,233)	367,307 (183,139)
<b>10,111</b> (29,456)	<b>2,719</b> (2,511)	<b>Written Down Value</b> Less Proceeds from Sale	<b>76,395</b> (88,655)	<b>184,168</b> (181,950)
<b>19,345</b>	<b>(208)</b>	<b>Gain/(Loss) on Sale of Non Current Assets</b>	<b>12,260</b>	<b>(2,218)</b>

**15. Conditions on Contributions**

	<b>Purchase of Assets \$000</b>	<b>Health Promotion Education and Research \$000</b>	<b>Other \$000</b>	<b>Total \$000</b>
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date	16,128	32,321	17,519	65,968
Aggregate of Contributions recognised as revenues during the financial year which were specifically provided for expenditure over a future period	14,416	12,538	15,107	42,061
Revenues recognised in previous years which were obtained for expenditure in the current financial year	7,324	23,574	10,431	41,329
Total Amount of unexpended Contributions as at Balance Date	56,650	111,939	81,041	249,630

Comment on restricted assets appears in Note 23

**16. Appropriations**

	2000 \$000	1999 \$000
<b>Recurrent appropriations</b>		
Total recurrent drawdowns from Treasury (per Summary of Compliance)	5,637,548	5,344,529
Less: Repayment of Prior Year Consolidated Fund Monies	(26,494)	-----
Less: Liability to Consolidated Fund (per Summary of Compliance)	(23,550)	-----
<b>Total</b>	<b>5,587,504</b>	<b>5,344,529</b>
Comprising:		
Recurrent appropriations (per Operating Statement)	5,587,504	5,344,529
<b>Total</b>	<b>5,587,504</b>	<b>5,344,529</b>
<b>Capital appropriations</b>		
Total capital drawdowns from Treasury (per Summary of Compliance)	313,922	307,514
<b>Total</b>	<b>313,922</b>	<b>307,514</b>
Comprising:		
Capital appropriations (per Operating Statement)	313,922	307,514
<b>Total</b>	<b>313,922</b>	<b>307,514</b>

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>17. Acceptance by the Crown Entity of Employee Entitlements and Other Liabilities</b>		
		The following liabilities and/or expenses have been assumed by the Crown Entity or other government agencies:		
3,907	3,836	Superannuation	295,995	293,344
1,292	2,291	Long Service Leave	1,292	2,291
268	263	Payroll Tax	268	263
<b>5,467</b>	<b>6,390</b>		<b>297,555</b>	<b>295,898</b>

### 18. Programs/Activities of the Agency

<b>Program 1.1</b> Objective	<b>Primary and Community Based Services</b> To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.
<b>Program 1.2</b> Objective	<b>Aboriginal Health Services</b> To raise the health status of Aborigines and to promote a healthy life style.
<b>Program 1.3</b> Objective	<b>Outpatient Services</b> To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.
<b>Program 2.1</b> Objective	<b>Emergency Services</b> To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.
<b>Program 2.2</b> Objective	<b>Overnight Acute Inpatient Services</b> To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.
<b>Program 2.3</b> Objective	<b>Same Day Acute Inpatient Services</b> To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.
<b>Program 3.1</b> Objective	<b>Mental Health Services</b> To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.
<b>Program 4.1</b> Objective	<b>Rehabilitation and Extended Care Services</b> To improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.
<b>Program 5.1</b> Objective	<b>Population Health Services</b> To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.
<b>Program 6.1</b> Objective	<b>Teaching and Research</b> To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>19. Investments</b>		
		<b>Current</b>		
-----	-----	Treasury Corporation - Hour Glass	96,122	99,892
7,400	-----	Other Loans and Deposits	187,647	167,416
-----	3,201	Shares	326	5,717
		Other		
51,607	37,603	- Intra Health Loans	-----	-----
<b>59,007</b>	<b>40,804</b>		<b>284,095</b>	<b>273,025</b>
		<b>Non Current</b>		
-----	-----	Treasury Corporation - Hour Glass	1,742	-----
-----	-----	Other Loans and Deposits	53,103	37,531
3,201	-----	Shares	6,357	1,517
		Other		
23,693	78,239	- Intra Health Loans	-----	-----
<b>26,894</b>	<b>78,239</b>		<b>61,202</b>	<b>39,048</b>
<b>85,901</b>	<b>119,043</b>	<b>Total Investments</b>	<b>345,297</b>	<b>312,073</b>

## Notes to and forming part of the financial statements for the year ended 30 June 2000

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>20. Receivables</b>		
		<b>Current</b>		
----	----	(a) Sale of Goods and Services	104,552	88,141
23,836	5,460	Other Debtors	28,657	25,826
686	1,396	- Prepayments	11,658	13,447
<b>24,522</b>	<b>6,856</b>	<b>Sub Total</b>	<b>144,867</b>	<b>127,414</b>
(100)	(100)	Less Provision for Doubtful Debts	(17,238)	(16,475)
<b>24,422</b>	<b>6,756</b>		<b>127,629</b>	<b>110,939</b>
		(b) Bad debts written off during the year		
----	----	- Sale of Goods and Services	9,330	11,206
39	----	- Other	1,769	2,863
<b>39</b>	<b>----</b>		<b>11,099</b>	<b>14,069</b>
		<b>Non Current</b>		
----	----	(a) Sale of Goods and Services	----	----
----	----	Other Debtors	4,234	2,310
		- Prepayments		
		<b>Sub Total</b>	<b>4,234</b>	<b>2,310</b>
		Less Provision for Doubtful Debts	----	----
			<b>4,234</b>	<b>2,310</b>
		(b) Bad debts written off during the year		
----	----	- Sale of Goods and Services	509	1,110
----	----	- Other	992	122
			<b>1,501</b>	<b>1,232</b>
		Sale of Goods and Services includes:		
----	----	Patient Fees – Compensable	25,473	24,896
----	----	Patient Fees – Ineligibles	11,838	13,276
----	----	Patient Fees – Other	24,570	24,845
		<b>21. Inventories</b>		
		Current – Finished Goods at cost		
----	----	Drugs	22,105	19,341
----	----	Medical and Surgical Supplies	26,401	26,313
----	----	Food Supplies	2,619	2,729
----	----	Engineering Supplies	2,449	2,458
----	----	Other including Goods in Transit	5,684	5,921
			<b>59,258</b>	<b>56,762</b>

**22. Property, Plant and Equipment**

<b>Parent</b>	<b>Land \$000</b>	<b>Buildings \$000</b>	<b>Leased Buildings \$000</b>	<b>Plant and Equipment \$000</b>	<b>Total \$000</b>
Balance 1 July 1999					
At Valuation date 30 April 1999	53,307	25,082	-----	-----	<b>78,389</b>
At Cost	135	528	52,462	23,973	<b>77,098</b>
Capital Expenditure/Donations	9,500	-----	-----	1,494	<b>10,994</b>
Disposals	(10,000)	-----	-----	(1,393)	<b>(11,393)</b>
Balance at 30 June 2000					
At Valuation date 30 April 1999	52,807	25,082	-----	-----	<b>77,889</b>
At Cost	135	528	52,462	24,074	<b>77,199</b>
<b>Total</b>	<b>52,942</b>	<b>25,610</b>	<b>52,462</b>	<b>24,074</b>	<b>155,088</b>
Depreciation					
Balance 1 July 1999					
At Valuation date 30 April 1999	-----	36	-----	-----	<b>36</b>
At Cost	-----	17	12,022	16,943	<b>28,982</b>
Charge for the year [see note 2(h)]	-----	640	2,623	2,868	<b>6,131</b>
Adjustment for disposals	-----	-----	-----	(1,282)	<b>(1,282)</b>
Balance at 30 June 2000					
At Valuation date 30 April 1999	-----	676	-----	-----	<b>676</b>
At Cost	-----	17	14,645	18,529	<b>33,191</b>
<b>Total</b>	<b>-----</b>	<b>693</b>	<b>14,645</b>	<b>18,529</b>	<b>33,867</b>
Carrying Amount at 30 June 2000					
At Valuation date 30 April 1999	<b>52,807</b>	<b>24,406</b>	-----	-----	<b>77,213</b>
At Cost	<b>135</b>	<b>511</b>	<b>37,817</b>	<b>5,545</b>	<b>44,008</b>
<b>Total</b>	<b>52,942</b>	<b>24,917</b>	<b>37,817</b>	<b>5,545</b>	<b>121,221</b>

Land and Buildings for the parent entity were valued by the State Valuation Office independently of the Department on 30 April 1999.

Plant and Equipment is recognised on the basis of depreciated replacement cost.

## Notes to and forming part of the financial statements for the year ended 30 June 2000

### 22. Property Plant and Equipment (Continued)

Consolidated	Land \$000	Buildings \$000	Leased Buildings \$000	Plant and Equipment \$000	Total \$000
Balance 1 July 1999					
At Valuation	568,605	4,488,680	-----	191,404	5,248,689
At Cost	331,485	2,200,187	93,257	1,207,060	3,831,989
Capital Expenditure/Donations	10,258	272,554	-----	100,850	383,662
Disposals	(33,957)	(39,972)	-----	(76,699)	(150,628)
Reclassifications	(8,096)	(1,108)	-----	9,204	-----
Valuation Increments/Adjustments	106,587	559,261	-----	-----	665,848
Balance at 30 June 2000					
At Valuation	650,735	5,007,969	-----	114,705	5,773,409
At Cost	324,147	2,471,633	93,257	1,317,114	4,206,151
<b>Total</b>	<b>974,882</b>	<b>7,479,602</b>	<b>93,257</b>	<b>1,431,819</b>	<b>9,979,560</b>
Depreciation					
Balance 1 July 1999					
At Valuation	-----	2,014,720	-----	155,929	2,170,649
At Cost	-----	514,002	14,978	623,608	1,152,588
Charge for the year [see note 2(h)]	-----	170,707	3,643	130,471	304,821
Writeback on disposals	-----	(18,600)	-----	(55,633)	(74,233)
Transfer on Revaluation	-----	460,747	-----	-----	460,747
Balance at 30 June 2000					
At Valuation	-----	2,593,574	-----	100,296	2,693,870
At Cost	-----	548,002	18,621	754,079	1,320,702
<b>Total</b>	<b>-----</b>	<b>3,141,576</b>	<b>18,621</b>	<b>854,375</b>	<b>4,014,572</b>
Carrying Amount at 30 June 2000					
At Valuation	<b>650,735</b>	<b>2,414,395</b>	<b>-----</b>	<b>14,409</b>	<b>3,079,539</b>
At Cost	<b>324,147</b>	<b>1,923,631</b>	<b>74,636</b>	<b>563,035</b>	<b>2,885,449</b>
<b>Total</b>	<b>974,882</b>	<b>4,338,026</b>	<b>74,636</b>	<b>577,444</b>	<b>5,964,988</b>

Land and Buildings include land owned by the NSW Health Department and administered by either the Department or its controlled entities.

Land and Buildings for the parent entity were valued by the State Valuation Office independently of the Department on 30 April 1999. Valuations for each of the Health Services are also performed regularly within a five year cycle.

Plant and Equipment is predominately recognised on the basis of depreciated replacement cost.

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>23. Restricted Assets</b>		
		The Department's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.		
----	----	Specific Purposes	83,694	80,430
----	----	Perpetually Invested Funds	5,548	5,737
----	----	Research Grants	47,749	41,828
----	----	Private Practice Funds	29,270	26,906
----	----	Other	83,369	71,935
----	----		<b>249,630</b>	<b>226,836</b>

Major categories included in the Consolidation are:

Category	Brief Details of Externally Imposed Conditions
Specific Purposes Trust Funds	Donations, contributions and fundraisings held in trust for the benefit of specific patient, Department and/or staff groups
Perpetually Invested Trust Funds	Funds invested in perpetuity. The income therefrom used in accordance with donor' or trustees' instructions for the benefit of patients and/or in support of hospital services.
Research Grants	Specific research grants.
Private Practice Funds	Staff specialists participating in Rights of Private Practice Schemes.

## Notes to and forming part of the financial statements for the year ended 30 June 2000

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>24. Accounts Payable</b>		
		<b>Current</b>		
51,690	28,669	Creditors	259,305	202,200
-----	-----	Interest	163	36
576	-----	Other Creditors		
10,605	-----	- Capital Works	21,281	32,585
20,017	76,888	- Other	43,333	54,458
		- Intra Health Liability	-----	-----
<b>82,888</b>	<b>105,557</b>		<b>324,082</b>	<b>289,279</b>
		<b>25. Borrowings</b>		
		<b>Current</b>		
-----	-----	Bank Overdraft	15,271	22,938
47,038	51,000	Other Loans and Deposits	47,038	51,344
<b>47,038</b>	<b>51,000</b>		<b>62,309</b>	<b>74,282</b>
		<b>Non Current</b>		
3,603	30,000	Other Loans and Deposits	3,603	30,031
55,384	55,651	Finance Leases [See note 29(d)]	92,186	93,971
<b>58,987</b>	<b>85,651</b>		<b>95,789</b>	<b>124,002</b>
		<b>Repayment of Borrowings</b> (Excluding Finance Leases)		
47,038	51,000	Not later than one year	62,309	74,282
3,603	30,000	Between one and two years	3,603	30,031
<b>50,641</b>	<b>81,000</b>	<b>Total Borrowings at face value</b> (Excluding Finance Leases)	<b>65,912</b>	<b>104,313</b>

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>26. Employee Entitlements</b>		
		<b>Current</b>		
4,042	2,062	Recreation Leave	370,009	349,515
-----	-----	Long Service Leave	62,898	65,672
		Other		
1,853	2,014	Accrued Salaries and Wages	101,628	91,075
-----	-----	Sick Leave	64	75
<b>5,895</b>	<b>4,076</b>	Aggregate employee entitlements	<b>534,599</b>	<b>506,337</b>
		<b>Non Current</b>		
1,501	2,718	Recreation Leave	52,381	48,025
-----	-----	Long Service Leave	567,752	520,020
		Other		
-----	-----	Sick Leave	793	811
<b>1,501</b>	<b>2,718</b>	Aggregate employee entitlements	<b>620,926</b>	<b>568,856</b>
		<b>27. Other Liabilities</b>		
		<b>Current</b>		
-----	-----	Income in Advance	4,987	-----
23,550	-----	Liability to Consolidated Fund	23,550	-----
<b>23,550</b>	<b>-----</b>		<b>28,537</b>	<b>-----</b>
		<b>Non Current</b>		
-----	-----	Income in Advance	39,177	40,894
-----	-----		<b>39,177</b>	<b>40,894</b>

Income in advance has been received as a consequence of Health Services entering into agreements for the provision and operation of private health facilities and car parks.

## Notes to and forming part of the financial statements for the year ended 30 June 2000

### 28. Equity

	Parent		Parent		Parent		Consolidated		Consolidated		Consolidated	
	Accumulated Funds		Asset Revaluation Reserve		Total Equity		Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000
Balance at the beginning of the Financial Year	(11,080)	15,996	30,140	-----	19,060	15,996	4,257,483	4,520,555	454,690	417,760	4,712,173	4,938,315
Movement in Accumulated Funds for Year	(1,234)	(27,076)	-----	-----	(1,234)	(27,076)	21,560	(263,072)	-----	-----	21,560	(263,072)
Increment on Revaluation of:												
Land	-----	-----	-----	9,937	-----	9,937	-----	-----	106,587	17,303	106,587	17,303
Buildings and Improvements	-----	-----	-----	20,203	-----	20,203	-----	-----	26,267	19,627	26,267	19,627
Investments	-----	-----	-----	-----	-----	-----	-----	-----	1,624	-----	1,624	-----
Transfers to/from Revaluation Reserves	-----	-----	-----	-----	-----	-----	(164)	-----	164	-----	-----	-----
<b>Balance at end of Financial Year</b>	<b>(12,314)</b>	<b>(11,080)</b>	<b>30,140</b>	<b>30,140</b>	<b>17,826</b>	<b>19,060</b>	<b>4,278,879</b>	<b>4,257,483</b>	<b>589,332</b>	<b>454,690</b>	<b>4,868,211</b>	<b>4,712,173</b>

Parent			Consolidated	
2000	1999		2000	1999
\$000	\$000		\$000	\$000
<b>29. Commitments for Expenditure</b>				
<b>(a) Capital Commitments</b>				
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts				
597,950	513,143	Not later than one year	597,950	513,143
536,968	498,805	Between one and two years	536,968	498,805
481,049	740,952	Between two and five years	481,049	740,952
79,608	-----	Later than five years	79,608	-----
<b>1,695,575</b>	<b>1,752,900</b>	<b>Total Capital Expenditure Commitments (including GST)</b>	<b>1,695,575</b>	<b>1,752,900</b>
<b>(b) Other Expenditure Commitments</b>				
Aggregate other expenditure contracted for at balance date but not provided for in the accounts				
-----	-----	Not later than one year	12,172	7,514
-----	-----	Between one and two years	1,189	877
-----	-----	Between two and five years	1,867	718
-----	-----	Later than five years	11	-----
-----	-----	<b>Total Other Expenditure Commitments (including GST)</b>	<b>15,239</b>	<b>9,109</b>
<b>(c) Operating Lease Commitments</b>				
Commitments in relation to non cancellable operating leases are payable as follows:				
6,058	5,418	Not later than one year	51,250	40,176
6,133	4,978	Between one and two years	48,660	32,654
16,856	13,947	Between two and five years	111,772	53,263
24,200	25,415	Later than five years	107,727	77,627
<b>53,247</b>	<b>49,758</b>	<b>Total Operating Lease Commitments (including GST)</b>	<b>319,409</b>	<b>203,720</b>

These operating lease commitments are not recognised in the financial statements as liabilities.

## Notes to and forming part of the financial statements for the year ended 30 June 2000

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>29. Commitments for Expenditure</b>		
		<b>(d) Finance Lease Commitments (including GST)</b>		
7,078	7,263	Not later than one year	10,689	11,107
8,161	7,699	Between one and two years	11,757	11,571
27,539	25,980	Between two and five years	38,382	37,581
70,996	74,261	Later than five years	110,066	117,823
<b>113,774</b>	<b>115,203</b>	<b>Total Finance Lease Commitments</b>	<b>170,894</b>	<b>178,082</b>
(51,936)	(59,552)	Less: Future Financing Charges	(68,702)	(84,111)
(6,454)	-----	Less: GST Component	(10,006)	-----
<b>55,384</b>	<b>55,651</b>	<b>Finance Lease Liabilities</b>	<b>92,186</b>	<b>93,971</b>
55,384	55,651	Non-Current	92,186	93,971
<b>55,384</b>	<b>55,651</b>		<b>92,186</b>	<b>93,971</b>
		<b>(e) Contingent Asset related to Commitments for Expenditure</b>		
		The total "Expenditure Commitments" above includes input tax credits of \$165.4 million in relation to the Parent Entity and \$194.6 million in relation to the NSW Health Department that are expected to be recoverable from the Australian Taxation Office.		

**30. Trust Funds**

The NSW Health Department's controlled entities hold Trust Fund monies of \$117.3 Million which are used for the safe keeping of patients monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Department or its controlled entities cannot use them for the achievement of their objectives. The following is a summary of the transactions in the trust account.

	Patients Trust		Refundable Deposits		Private Practice Trust Funds		Total Trust Funds	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000
Cash Balance at the beginning of the financial year	3,355	3,895	15,856	16,360	85,438	62,186	104,649	82,441
Receipts	8,226	8,104	17,162	8,295	126,912	110,810	152,300	127,209
Expenditure	(7,649)	(8,644)	(18,785)	(8,799)	(113,235)	(87,558)	(139,669)	(105,001)
Cash Balance at the end of the financial year	3,932	3,355	14,233	15,856	99,115	85,438	117,280	104,649

### 31. Contingent Liabilities (Parent and Consolidated)

#### a. Claims on Managed Fund

Since 1 July 1989, the NSW Health Department has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Department all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implications. The costs relating to such exceptions are to be absorbed by the Department. As such, since 1 July 1989, no contingent liabilities exist in respect of liability claims against the Department. A Solvency Fund (now called Pre-Managed Fund Reserve) was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Department.

#### b. 1995/96 Workers Compensation Hindsight Adjustment

When the New Start (to the) Treasury Managed Fund was introduced in 1995/96 hindsight adjustments in respect of Workers Compensation (three years from commencement of Fund Year) and Motor Vehicle (eighteen months from commencement of Fund Year) became operative.

A hindsight adjustment has now been effected for the 1996/97 year and resulted in an increase of \$6.0 Million in the Net Cost of Services result.

A contingent liability/asset may now exist in respect of the 1997/98 and 1998/99 Workers Compensation Fund years.

The Treasury Managed Fund provides estimates as at 30 June each year and the latest available, viz those advised as at 30 June 1999 estimate that an asset of \$16.5 Million is applicable.

This estimate however is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of 2000.

#### c. Third Schedule Organisations

Based on the definition of control in Australian Accounting Standard AAS24, Affiliated Health Organisations listed in the Third Schedule of the *Health Services Act 1997* are only recognised in the Department's consolidated Financial Statements to the extent of cash payments made.

However, it is accepted that a contingent liability exists which may be realised in the event of cessation of health service activities by any Affiliated Health Organisation. In this event the determination of assets and liabilities would be dependent on any contractual relationship which may exist or be formulated between the administering bodies of the organisation and the Department.

**32. Charitable Fundraising Activities**

**Fundraising Activities**

The consolidation of fundraising activities by health services under Departmental control is shown below.

Income received and the cost of raising income for specific fundraising, has been audited and all revenue and expenses have been recognised in the financial statements of the individual health services. Fundraising activities are dissected as follows:

	<b>Income Raised \$000's</b>	<b>Direct Expenditure* \$000's</b>	<b>Indirect Expenditure+ \$000's</b>	<b>Net Proceeds \$000's</b>
Appeals (Consultants)	333	28	.....	305
Appeals (In House)	21,851	2,171	1,627	18,053
Fetes	114	38	1	75
Raffles	101	19	2	80
Functions	4,293	463	29	3,801
	26,692	2,719	1,659	22,314
Percentage of Income	100%	10.2%	6.2%	83.6%

\* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc

+Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

<b>The net proceeds were used for the following purposes:</b>	<b>\$000's</b>
Purchase of Equipment	9,542
Purchase of Land and Buildings	1,232
Research	4,524
Purchase through General Fund	7,016
Held in Special Purpose and Trust Fund Pending Purchase	22,314

## Notes to and forming part of the financial statements for the year ended 30 June 2000

Parent			Consolidated	
2000 \$000	1999 \$000		2000 \$000	1999 \$000
		<b>33. Cash and Cash Equivalents</b>		
		For the purposes of the Statement of Cash Flows, cash includes cash and bank overdraft. Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:		
6,141	15,794	Cash	66,923	76,298
----	----	Bank Overdraft	(15,271)	(22,938)
----	----	Current Investments	225,739	231,585
<b>6,141</b>	<b>15,794</b>	<b>Closing Cash and Cash Equivalents (per Statement of Cash Flows)</b>	<b>277,391</b>	<b>284,945</b>
		<b>34. Reconciliation Of Net Cost Of Services To Net Cash Flows to Operating Activities</b>		
(29,458)	15,577	Net Cash Used on Operating Activities	361,902	194,159
(6,131)	(5,680)	Depreciation	(304,821)	(316,287)
(5,467)	(6,390)	Acceptance by the Government of Employee Entitlements and Other Liabilities	(297,555)	(295,898)
(602)	(937)	(Increase)/ Decrease in Provisions	(80,332)	(121,949)
7,078	(708)	Increase / (Decrease) in Prepayments and Other Assets	15,823	6,006
22,584	(35,196)	(Increase)/ Decrease in Creditors	(49,377)	(24,846)
19,345	(208)	Net Loss/ (Gain) on Sale of Property, Plant and Equipment	12,260	(2,218)
(5,611,054)	(5,344,529)	Recurrent Appropriation	(5,611,054)	(5,344,529)
(313,922)	(307,514)	Capital Appropriation	(313,922)	(307,514)
----	2,422	Asset Sale Proceeds transferred to the Crown Entity	----	132,448
9,500	76	Other	89,655	2,063
<b>(5,908,127)</b>	<b>(5,683,087)</b>	<b>Net Cost of Services</b>	<b>(6,177,421)</b>	<b>(6,078,565)</b>
		<b>35. Non Cash Financing and Investing Activities</b>		
----	----	Assets Received by Donation	7,908	3,131
----	----		<b>7,908</b>	<b>3,131</b>

### 36. 1999/2000 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to health services. Services provided include:  
 Chaplaincies and Pastoral Care – Patient and Family Support  
 Pink Ladies/Hospital Auxiliaries – Patient Services, Fund Raising  
 Patient Support Groups – Practical Support to Patients and Relatives  
 Community Organisations – Counselling, Health Education, Transport, Home Help and Patient Activities

**37. Unclaimed Monies**

Unclaimed salaries and wages of Health Services are paid to the credit of the Department of Industrial Relations and Employment in accordance with the provisions of the *Industrial Arbitration Act 1940*, as amended.

All money and personal effects of patients which are left in the custody of Health Services by any patient who is discharged or dies in the hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of Health Services.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

### 38. Budget Review

#### Net Cost of Services

The actual Net Cost of Services of \$6.177 billion exceeded budget by \$82 million, ie a variation of only 1.3%. The variation is comprised of:

	<b>\$M</b>
Expenses covered by Treasury supplementation but not in initial budget, eg. Health Service Reforms, Escalation of Australian Health Care Agreement guaranteed by State Treasury and Award Escalation	99
Expenses sourced from increase in Capital Allocation	26
Other capital expenses sourced from Property, Plant & Equipment budget	13
Increased Cross Border Charges	17
Recognition of 'Crown' assets	(10)
Revaluation of Land and Buildings	(72)
Crown Acceptance of Employee Entitlements	6
Other unfavourability	3
<b>Total</b>	<b>82</b>

#### Assets and Liabilities

'Cash' and 'Investments' have increased by \$43 million from the budget expectation. This resulted from:

Commonwealth and other Protected Allocations not expended in 1999/2000 and therefore held as Other Current Liabilities	24
Capital Projects carried forward to 2000/01	14
Other variations	5
	<b>43</b>
'Land & Buildings' and 'Plant & Equipment' increased by \$106 million as a result of:	
Asset Revaluations effected in 1999/2000	119
The expensing of several capital projects	(13)
Reduced depreciation	9
Expenditures to be carried forward to 2000/01	(14)
Other	5
	<b>106</b>

#### Cash flows

- 1999/2000 payments exceeded the budget by \$195 Million, such amount relating principally to Treasury supplementation of \$157 Million plus a variation of \$22 Million in Cash Reimbursements from the Crown and \$39 Million in capital items expensed.
- 1999/2000 receipts were \$22 Million less than budget. This principally relates to the increase in Accounts Receivable.
- The movement in Cash Flows from Government results from supplementation provided after the Budget was formulated. The Summary of Compliance with Financial Directives refers.
- The Purchases of 'Land and Buildings' and 'Plant and Equipment' is \$72 Million less than the initial budget. Principally, this results from the increased expensing of Capital sourced projects as shown in the Net Cost of Services Result (\$39 Million), the degree of donated assets included in the program (\$8 Million) and the retention of cash to be expended in 2000/01 in accordance with revised programs of expenditure (\$14 Million).
- Investments have increased by \$37 Million largely as a result of the retention of cash for use in the 2000/01 program and the increase in proceeds from asset sales.

**39. Financial Instruments**

**a) Interest Rate Risk**

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. The Department of Health's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Statement of Financial Position date of 30 June 2000 are as follows.

Financial Instruments	Floating interest rate		1 year or less		Fixed interest rate maturing in: Over 1 to 5 years		More than 5 years		Non-interest bearing		Total carrying amount as per the of Statement Financial Position	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000
<b>Financial Assets</b>												
Cash	65,783	74,907	----	----	----	----	----	----	1,140	1,391	66,923	76,298
Receivables	----	----	----	----	----	----	----	----	121,275	113,249	121,275	113,249
Shares	----	----	----	----	3,482	3,201	----	----	3,201	4,033	6,683	7,234
Treasury Corp. Investments	93,922	38,911	2,200	60,981	----	----	----	----	----	----	96,122	99,892
Other Loans and Deposits	19,240	19,777	149,278	150,816	47,414	22,469	15,972	13,586	8,846	1,500	240,750	208,148
<b>Total Financial Assets</b>	<b>178,945</b>	<b>133,595</b>	<b>151,478</b>	<b>211,797</b>	<b>50,896</b>	<b>25,670</b>	<b>15,972</b>	<b>13,586</b>	<b>134,462</b>	<b>120,173</b>	<b>531,753</b>	<b>504,821</b>
<b>Financial Liabilities</b>												
Borrowings-Bank Overdraft	15,271	22,938	----	----	----	----	----	----	----	----	15,271	22,938
Borrowings-Other	142,827	175,346	----	----	----	----	----	----	----	----	142,827	175,346
Accounts Payable	----	----	----	----	----	----	----	----	324,082	289,279	324,082	289,279
<b>Total Financial Liabilities</b>	<b>158,098</b>	<b>198,284</b>	<b>----</b>	<b>----</b>	<b>----</b>	<b>----</b>	<b>----</b>	<b>----</b>	<b>324,082</b>	<b>289,279</b>	<b>482,180</b>	<b>487,563</b>

### 39. Financial Instruments

#### b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract/ or financial position failing to discharge a financial obligation thereunder. The Department of Health's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position.

#### Credit Risk by classification of counterparty

	Governments		Banks		Patients		Other		Total	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000
Financial Assets										
Cash	1,140	1,391	65,783	74,907	-----	-----	-----	-----	66,923	76,298
Receivables	-----	-----	-----	205	104,552	88,141	16,723	24,903	121,275	113,249
Shares	3,201	3,201	-----	-----	-----	-----	3,482	4,033	6,683	7,234
Treasury Corp. Investments	96,122	99,892	-----	-----	-----	-----	-----	-----	96,122	99,892
Other Loans and Deposits	-----	-----	240,750	208,148	-----	-----	-----	-----	240,750	208,148
<b>Total Financial Assets</b>	<b>100,463</b>	<b>104,484</b>	<b>306,533</b>	<b>283,260</b>	<b>104,552</b>	<b>88,141</b>	<b>20,205</b>	<b>28,936</b>	<b>531,753</b>	<b>504,821</b>

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables from this source totalled \$11.838 million at balance date.

#### c) Net Fair Value

As stated in Note 2(p) all financial instruments are carried at Net Fair Value, the values of which are reported in the Statement of Financial Position.

#### d) Derivative Financial Instruments

The Departments of Health holds no Derivative Financial Instruments.

## END OF AUDITED FINANCIAL STATEMENTS

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## Addresses and telephone numbers of NSW Health Department and Selected Services

### NSW Health Department

#### North Sydney Office

73 Miller Street  
North Sydney NSW 2060  
(Locked Bag 961  
North Sydney 2059)  
Tel. 9391 9000  
Fax. 9391 9101

*Director-General* Mr Michael Reid

*Business hours* 9.00am – 5.30pm  
Monday to Friday

#### Foveaux Street Site

28 Foveaux Street  
Surry Hills NSW 2010

*Business hours* 9.00am to 5.30pm  
Monday to Friday

#### Gladesville Hospital Site

Victoria Road  
Gladesville NSW 2111

*Business hours* 7.00am to 5.30pm  
Monday to Friday

#### Better Health Centre – Publications Warehouse

(Locked Mail Bag 5003,  
Gladesville NSW 2111)

Tel. 9816 0452  
Fax. 9816 0492

*Business hours* 8.00am to 4.00pm  
Monday to Friday

#### Health Professionals Registration Boards

Level 2  
28 Foveaux Street  
Surry Hills NSW 2010  
PO Box K599, Haymarket  
NSW 1238)

Tel. 9219 0222  
Fax. 9281 2030

*Director* Mr Jim Tzannes

*Business hours* 8.30am to 4.30pm  
Cashier services close at 4.30pm  
Monday to Friday

### Pharmaceutical Services Branch Building

29 Gladesville Hospital Site  
Victoria Road  
Gladesville NSW 2111  
(PO Box 103, Gladesville 1675)

General enquiries  
Tel. 9879 3214  
Fax. 9859 5165

#### Methadone Program

Tel. 9879 5246  
Fax. 9859 5170

Enquiries relating to authorities to  
prescribe other drugs of addiction

Tel. 9879 5239  
Fax. 9859 5175

*Chief Pharmacist & Director*

Mr John Lumby

*Business hours* 8.30am to 5.30pm  
Monday to Friday

### Environmental Health Branch Administration Building,

Gladesville Hospital Site  
Victoria Road  
Gladesville NSW 2111  
(PO Box 798, Gladesville 1675)

Tel. 9816 0373  
Fax. 9816 0377

*Manager* Dr Stephen Corbett

*Business hours* 8.30am to 5.00pm  
Monday to Friday

### Food Branch

Unit 20B, Gladesville Hospital Site  
Victoria Road  
Gladesville NSW 2111  
(PO Box 798, Gladesville  
NSW 1675)

Tel. 9816 0268  
Fax. 9817 7596

*Manager* John McMahan

*Business hours* 9.00am to 5.00pm  
Monday to Friday

### Selected Services

#### NSW Multicultural Health Communication Service

Level 1, North Block  
Sydney Hospital  
Macquarie Street  
Sydney NSW 2000  
(GPO Box 1614, Sydney  
NSW 2000)

Tel. 9382 7516

Fax. 9382 7517

*Manager* Iлона Lee

*Business hours* 8.30am to 5.00pm  
Monday to Friday

#### The NSW Institute of Forensic Medicine

50 Parramatta Road  
Glebe NSW 2037  
(PO Box 90, Glebe NSW 2037)

Tel. 8584 7800 (24hrs)

Fax. 9552 1613

*Director* Professor John Hilton

*Business hours* 8.30am to 4.30pm  
Monday to Friday

*Mortuary hours:* 24 hour service  
(50 Arundel Street, Glebe 2037)

Includes all hospitals and health services which are partially or wholly funded by NSW Health

### Central Coast Area Health Service

Gosford Hospital  
Holden Street  
Gosford NSW 2250  
(PO Box 361 Gosford)  
Tel. 4320 2111 Fax. 4325 0566

*Business hours* 8.30am – 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Jon Blackwell

#### Local Government Areas

Wyong, Gosford

#### Public Hospitals

Gosford Hospital  
Woy Woy Hospital  
Wyong Hospital  
Long Jetty Health Care Centre

### Central Sydney Area Health Service

RPA Campus  
Missenden Road, Building 11,  
Camperdown NSW 2050  
Tel. 9515 9600 Fax. 9515 9611

*Business hours* 8.30am – 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Dr Diana Horvath AO

#### Local Government Areas

Ashfield, Burwood, Canterbury,  
Concord, Drummoyne, Leichhardt,  
Marrickville, Strathfield, Sydney  
Western (Central Sydney portion of  
Sydney and South Sydney LGAs)

#### Public Hospitals

Balmain Hospital  
Canterbury Hospital  
Concord Repatriation General Hospital  
Dame Edith Walker Hospital  
Royal Prince Alfred Hospital  
Rachel Forster Hospital  
King George V Memorial Hospital  
for Mothers and Babies  
Rozelle Hospital  
Thomas Walker Hospital (Rivendell)  
United Dental Hospital

#### Other services

Centre for Education and Information  
on Drugs and Alcohol (CEIDA)  
CSAHS Health Care Interpreter Service

Division of General Practice  
Division of Population Health  
HealthQuest  
NSW Institute of Forensic Medicine  
Tresillian Family Care Centre

### Hunter Area Health Service

Lookout Road  
New Lambton Heights NSW 2305  
(Locked Bag No 1)

Tel. 4921 4960 Fax. 4921 4969  
24 hour Hunter Healthlink  
1800 063635

*Business hours* 8.00am – 5.30pm  
Monday to Friday

*Chief Executive Officer*  
Professor Katherine McGrath

#### Local Government Areas

Cessnock, Dungog, Lake Macquarie,  
Maitland, Merriwa, Murrurundi,  
Muswellbrook, Newcastle, Port  
Stephens, Scone, Singleton

#### Public Hospitals

Belmont District Hospital  
Cessnock District Hospital  
Denman Hospital  
Dungog and District Hospital  
James Fletcher Hospital  
John Hunter Hospital  
John Hunter Children's Hospital  
Kurri Kurri District Hospital  
Maitland Hospital  
Merriwa District Hospital  
Morisset Hospital  
Muswellbrook District Hospital  
Royal Newcastle Hospital  
Scott Memorial Hospital  
Singleton District Hospital  
Wilson Memorial, Murrurundi  
Hospital  
Newcastle Mater Misericordiae  
Hospital

#### Public Aged Care Facilities

Allandale Aged Care Facility  
Muswellbrook Nursing Home  
Wallsend Nursing Home

#### Polyclinics

Nelson Bay  
Toronto

### Illawarra Area Health Service

33 Five Islands Road  
Port Kembla NSW 2505  
(Private Bag No. 3)  
Tel. 4275 5111 Fax. 4276 1447

*Business hours* 8.30am – 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Dr Tony Sherbon

#### Local Government Areas

Kiama, Shellharbour, Shoalhaven,  
Wollongong

#### Public Hospitals

Bulli District Hospital  
Coledale District Hospital  
David Berry Hospital  
Kiama Hospital and Community  
Health Service  
Milton-Ulladulla Hospital  
Port Kembla Hospital  
Shellharbour Hospital  
Shoalhaven District Memorial Hospital  
Wollongong Hospital

### Northern Sydney Area Health Service

c/- Royal North Shore Hospital  
Pacific Highway  
St Leonards NSW 2065

Tel. 9926 8418 Fax. 9926 6025

*Business hours* 8.00am – 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Dr Stephen Christley

#### Local Government Areas

Hornsby, Hunters Hill, Ku-ring-gai,  
Lane Cove, Manly, Mosman, North  
Sydney, Ryde, Warringah, Willoughby,  
Pittwater

#### Public Hospitals

Macquarie Hospital  
Hornsby Ku-ring-gai Hospital  
Manly Hospital  
Mona Vale Hospital  
Royal North Shore Hospital  
Ryde Hospital  
Greenwich Hospital  
– (part of Hope Healthcare)  
Neringah hospital  
– (part of Hope Healthcare)  
Royal Rehabilitation Centre, Sydney

## Profiles of metropolitan and rural Area Health Services

### **Public Nursing Homes**

Graythwaite Nursing Home  
– (part of Hope Healthcare)  
St Catherine's Villa

### **Other services**

Kolling Institute  
Sydney Dialysis Centre

### **South Eastern Sydney Area Health Service**

Primrose House  
Cnr Russell Avenue and Malua Street  
Dolls Point NSW 2219  
(PO Box 430 Kogarah 1485)

Tel. 9382 9898 Fax. 9382 9891

*Business hours* 8.30am – 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Deborah Green

### **Local Government Area**

Sydney City (part), Woollahra,  
Waverley, South Sydney (part),  
Randwick, Botany, Rockdale,  
Kogarah, Hurstville, Sutherland.

### **Public Hospitals**

Sydney Hospital and Sydney  
Eye Hospital  
– (including The Langton Centre)  
Sydney Children's Hospital, Randwick  
Prince of Wales and Prince Henry  
Hospitals  
The Royal Hospital for Women  
The St George Hospital  
The Sutherland Hospital

### **Affiliated Health Organisations**

Calvary Hospital  
St Vincent's Hospital Sydney Ltd  
Sacred Heart Palliative Care Service  
War Memorial Hospital (Waverley)

### **Public Nursing Homes**

Garrawarra Centre for Aged Care  
SESAHS also has administrative  
responsibility for the Gower Wilson  
Memorial Hospital on Lord Howe  
Island and Area-wide community  
health services and programs.

### **Other services**

Eastern Sydney Scarba Service  
Early Intervention Program

### **South Western Sydney Area Health Service**

Eastern Campus  
Liverpool Hospital  
Elizabeth Street  
(Locked Mail Bag 7017)  
Liverpool BC 1871

Tel. 9828 5700 Fax. 9828 5704

*Business hours* 8.30am – 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Ian Southwell

### **Local Government Areas**

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

### **Public Hospitals**

Bankstown - Lidcombe Hospital  
Bowral District Hospital  
Camden Hospital  
Campbelltown Hospital  
Fairfield Hospital  
Liverpool Hospital

### **Public Nursing Homes**

Queen Victoria Memorial Home  
(Thirlmere)  
Carrington Centennial Hospital

### **Third Schedule Institutions**

Braeside (part of Hope Healthcare)  
Carrington Centennial Hospital  
Karitane

### **Wentworth Area Health Service**

Nepean Hospital Campus  
Derby Street  
(PO Box 63)

Penrith NSW 2751

Tel. 4734 2120 Fax. 4734 3734

*Business hours* 8.30am – 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Dr Greg Stewart

### **Local Government Areas**

Blue Mountains, Hawkesbury, Penrith

### **Public Hospitals**

Nepean Hospital  
Springwood Hospital  
The Blue Mountains District ANZAC  
Memorial Hospital  
Tresillian Wentworth

In addition the Area Health Service  
contracts with Hawkesbury District  
Health Service Ltd for the provision of  
public health services in the Hawkesbury.

### **Public Nursing Homes**

Governor Phillip Nursing Home  
Bodington Red Cross Hospital,  
Wentworth Falls (run by Catholic  
Health Care)

### **Western Sydney Area Health Service**

Level 3

Dental Clinical School  
Westmead Hospital  
Cnr Darcy and Hawkesbury Roads  
Westmead NSW 2145

Tel. 9845 7000 Fax. 9689 2041

*Business hours* 8.30am – 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Alan McCarroll

### **Local Government Areas**

Auburn, Baulkham Hills, Blacktown,  
Holroyd, Parramatta

### **Public Hospitals**

Auburn Hospital  
Blacktown Hospital  
Cumberland (part of Greater Parramatta  
Mental Health Service)  
Mt. Druitt Hospital  
Westmead Hospital

### **Affiliated Health Organisations**

Lottie Stewart and St Joseph's Hospitals

### **Far West Area Health Service**

PO Box 457

Broken Hill 2880

Tel. (08) 8080 1333 Fax. (08) 8088 1715

*Business hours* 9.00am – 5.00pm (CST)  
Monday to Friday

*Chief Executive Officer*  
Heather Gray

### **Local Health Services**

Balranald Health Service  
Bourke Health Service  
Brewarrina Health Service  
Broken Hill Health Service  
Collarenebri Health Service  
Goodoonga Health Service  
Lightning Ridge Health Service

Menindee Health Service  
Ivanhoe Health Service  
Tibooburra Health Service  
Walgett Health Service  
Wentworth Health Service  
Wilcannia Health Service

### **Other Public Health Facilities**

Dareton Primary Care and  
Community Health Centre  
Wanaaring Nursing Service  
White Cliffs Nursing Service

### **Greater Murray Area Health Service**

Locked Mail Bag 10  
Wagga Wagga 2650

Tel. 6921 5588 Fax. 6921 5856

*Business hours* 8.30am – 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Karyn McPeake

### **Local Government Areas**

Albury, Berrigan Bland, Carrathool,  
Conargo, Coolamon, Cootamundra,  
Corowa, Culcairn, Deniliquin,  
Griffith, Gundagai, Hay, Holbrook,  
Hume, Jerilderie, Junee, Leeton,  
Lockhart, Murray, Murrumbidgee,  
Narrandera, Temora, Tumbarumba,  
Tumut, Urana, Wagga Wagga, Wakool  
and Windouran.

### **Public Hospitals**

Albury Base Hospital  
Barham Koondrook Soldiers'  
Memorial Hospital  
Batlow District Hospital  
Berrigan War Memorial Hospital  
Coolamon-Ganmain Hospital  
Cootamundra Hospital  
Corowa Hospital  
Culcairn Multi Purpose Service  
Deniliquin Hospital  
Finley Hospital  
Griffith Base Hospital  
Gundagai District Hospital  
Hay Hospital  
Henty District Hospital  
Hillston District Hospital  
Holbrook Hospital  
Jerilderie District Hospital  
Junee District Hospital  
Leeton District Hospital  
Lockhart and District Hospital  
Narrandera District Hospital

Temora and District Hospital  
Tocumwal Hospital  
Tumbarumba Multi Purpose Service  
Tumut (including Adelong Subsidiary)  
Urana Multi Purpose Service  
Wagga Wagga Base Hospital(including  
The Rock and Tarcutta  
Community Centres)  
West Wyalong and District Hospital  
(including Ungarie)  
Affiliated Health Organisations  
Mercy Hospital, Albury

### **Macquarie Area Health Service**

PO Box M61  
Dubbo 2830

Tel. 6881 2222 Fax. 6881 2225

*Business hours* 8.30am – 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Debra Thoms

### **Local Government Areas**

City of Dubbo, Shire of Bogan,  
Cobar, Coolah, Coonabarabran,  
Coonamble, Gilgandra, Mudgee,  
Narromine, Warren and Wellington.

### **Public Hospitals**

Baradine Multi-Purpose Service  
Cobar District Hospital  
Coolah District Hospital  
Coonabarabran District Hospital  
Coonamble District Hospital  
Dubbo Base Hospital  
Dunedoo War Memorial Hospital  
Gilgandra District Hospital  
Gulgong District Hospital  
Gulgong District Hospital  
Mudgee District Hospital  
Narromine District Hospital  
Nyngan District Hospital  
Trangie Multi-Purpose Service  
Warren Multi-Purpose Service  
(currently being developed)  
Wellington District Hospital

### **Affiliated Health Organisations**

Lourdes Hospital, Dubbo

### **Mid North Coast Area Health Service**

PO Box 1044  
Taree 2430

Tel. 6551 5111 Fax. 6552 1798

*Business hours* 8.30am – 5.00pm

Monday to Friday

*Chief Executive Officer*  
Terry Clout

### **Local Government Areas**

Cities of Coffs Harbour and Greater  
Taree, Municipality of Hastings, Shires  
of Bellingen, Great Lakes, Gloucester,  
Kempsey and Nambucca.

### **Public Hospitals**

Bellingen River District Hospital  
Bulahdelah District Hospital  
Coffs Harbour Base Hospital  
Dorrigo Multi-Purpose Service  
Gloucester Soldiers'  
Memorial Hospital  
Macksville and District Hospital  
Manning Base Hospital  
Port Macquarie Base Hospital  
Kempsey District Hospital  
Wauchope District Memorial Hospital  
Wingham and District War  
Memorial Hospital

### **Mid Western Area Health Service**

PO Box 143  
Bathurst 2795

Tel. 6339 5500 Fax. 6339 5521

*Business hours* 8.30am – 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Mr Martin Bowles

### **Local Government Areas**

Cities of Bathurst, Greater Lithgow  
and Orange, Shires of Blayney,  
Cabonne, Cowra, Evans, Forbes,  
Lachlan, Oberon, Parkes, Rylstone  
and Weddin.

### **Public Hospitals**

Bathurst Base Hospital  
Blayney District Hospital  
Bloomfield Hospital  
Canowindra Soldiers'  
Memorial Hospital  
Condobolin District Hospital  
Cowra District Hospital  
Cudal War Memorial Hospital  
Eugowra Memorial Hospital  
Forbes District Hospital  
Grenfell Hospital  
Lake Cargelligo Hospital  
Lithgow District Hospital

## Profiles of metropolitan and rural Area Health Services

Molong District Hospital  
Oberon Hospital  
Orange Base Hospital  
Parkes District Hospital  
Peak Hill Hospital  
Portland District Hospital  
Rylstone District Hospital  
Tottenham Hospital  
Tullamore Hospital  
Trundle Hospital

### **Affiliated Health Organisations**

St Vincent's Hospital Bathurst

### **New England Area Health Service**

PO Box 83  
Tamworth 2340  
Tel. 6768 3222 Fax. 6766 6638  
*Business hours* 8.00am - 5.00pm  
Monday to Friday  
*Chief Executive Officer*  
Stuart Schneider

### **Local Government Areas**

Cities of Armidale and Tamworth, Municipalities of Glen Innes, Shires of Barraba, Bingara, Boggabri, Dumaresq, Gunnedah, Guyra, Inverell, Manilla, Moree Plains, Narrabri, Nundle, Parry, Quirindi, Severn, Tenterfield, Uralla, Walcha and Yallaroi.

### **Public Hospitals**

Armidale Hospital  
Barraba and District Hospital  
Bingara and District Hospital  
Boggabri District Hospital  
Glen Innes District Hospital  
Gunnedah District Hospital  
Guyra District War Memorial Hospital  
Inverell District Hospital  
Manilla District Hospital  
Moree District Hospital  
Narrabri District Hospital  
Prince Albert Memorial Hospital (Tenterfield)  
Quirindi Hospital  
Tamworth Base Hospital  
Tingha Hospital  
Vegetable Creek Hospital (Emmaville)  
Walcha District Hospital  
Warialda District Hospital  
Wee Waa District Hospital  
Werris Creek District Hospital

### **Northern Rivers Area Health Service**

Locked Bag 11  
Lismore 2480  
Tel. 6620 2100 Fax. 6621 7088

*Business hours* 8.30am - 5.00pm  
Monday to Friday

*Chief Executive Officer*  
Chris Crawford

### **Local Government Areas**

Cities of Grafton and Lismore, Municipality of Casino, Shires of Ballina, Byron, Copmanhurst, Kyogle, Maclean, Pristine Waters, Tweed and Richmond River and Ulmarra.

### **Public Hospitals**

Ballina District Hospital  
Byron District Hospital  
Campbell (Coraki) Hospital  
Casino and District Memorial Hospital (including Bonalbo Subsidiary)  
Grafton Base Hospital  
Kyogle Memorial Hospital  
Lismore Base Hospital (including Nimbin Subsidiary)  
Maclean District Hospital  
Mullumbimby and District War Memorial Hospital  
Murwillumbah District Hospital  
Tweed Heads District Hospital  
Urbenville and District  
Multi-Purpose Service

### **Southern Area Health Service**

PO Box 1845  
Queanbeyan 2620  
Tel. 6299 6199 Fax. 6299 6363

*Business hours* 8.30am - 5.30pm  
Monday to Friday

*Chief Executive Officer*  
Mr Kieran Gleeson

### **Local Government Areas**

Cities of Goulburn and Queanbeyan; Shires of Bega Valley, Bombala, Boorowa, Cooma-Monaro, Crookwell, Eurobodalla, Gunning, Harden, Mulwaree, Snowy River, Tallaganda, Yarrowlunla, Yass and Young.

### **Public Hospitals**

Batemans Bay District Hospital

Bega District Hospital  
Bombala Hospital  
Boorowa District Hospital  
Braidwood Multi-Purpose Service  
Cooma Hospital  
Crookwell District Hospital  
Delegate Multi-Purpose Service  
Goulburn Health Service  
Kenmore District Hospital  
Moruya District Hospital  
Murrumburrah-Harden District Hospital  
Pambula District Hospital  
Queanbeyan Hospital  
Yass District Hospital  
Young District Hospital

### **Affiliated Health Organisations**

Mercy Care Centre ,Young  
St John of God Hospital, Goulburn

### **Ambulance Service of NSW**

Balmain Road  
Rozelle NSW 2039  
PO Box 105  
Rozelle NSW 2039  
Tel. 9320 7777 Fax. 9320 7800  
*Business hours* 9.00am to 5.00pm  
Monday to Friday  
*Chief Executive Officer*  
Greg Rochford

### **Corrections Health Service**

Long Bay Hospital  
Long Bay Correctional Complex  
Anzac Parade  
Malabar NSW 2036  
Tel. 9289 2977 Fax. 9311 3005  
*Business hours* 8.30am to 5.00pm  
Monday to Friday  
*Acting Chief Executive Officer*  
Dr Richard Matthews

### **The Children's Hospital at Westmead**

Hawkesbury Road  
Westmead NSW 2145  
Tel. 9845 0000 Fax. 9845 3489  
*Business hours* 8.30am to 5.00pm  
Monday to Friday  
Hospital: 24 hour service  
*Chief Executive Officer*  
Professor Kim Oates

<b>Position title</b>	<b>Director-General</b>
<b>Name</b>	<b>Michael Reid</b>
<b>Total remuneration</b>	<b>SES 8 (\$305,955)</b>
<b>Performance payment</b>	
<b>Period in position</b>	<b>3 years</b>
<b>Strategic initiatives</b>	
<ul style="list-style-type: none"> <li>● Provided coordinated advice to the Minister on the full range of NSW Health activities.</li> <li>● Oversighted liaison with Cabinet Office and Premiers Department. Achieved all of the significant milestones contained in the 'Service and Resource Allocation' agreement with Treasury and was successful in NSW Health's negotiation of three year budget certainty.</li> <li>● Maintained a system of Performance Agreements with Health Services that significantly aided assessment of performance and implementation of government policy.</li> <li>● Provided strategic advice and support for the NSW Health Council and the Sinclair Committee and the subsequent establishment of a Government Action Plan to formulate and implement appropriate policy responses.</li> <li>● Continued implementation of the Government Social Justice Directions Initiatives particularly in respect to the Health and Equity System.</li> <li>● Chaired the NSW Health Olympic Committee to prepare for the Sydney 2000 Olympic Games.</li> </ul>	

### **Management accountabilities**

- Provided leadership and direction in planning and delivering comprehensive and coordinated health services throughout the State within the budget allocated by Treasury.

<b>Position title</b>	<b>Deputy Director-General Operations</b>
<b>Name</b>	<b>Robert McGregor</b>
<b>Total remuneration</b>	<b>SES 6 (\$204,848)</b>
<b>Performance payment</b>	<b>\$10,000</b>
<b>Period in position</b>	<b>3 years</b>
<b>Strategic initiatives</b>	
<p>Provided strategic advice to the Director-General on significant financial and operational issues in the health system. Led consultation and liaison with Health Unions on key employee relations issues.</p>	

### **Management accountabilities**

Provided effective advice on strategies for management of operational activities of the health system. Developed and monitored implementation of budget processes and strategies. Improvement of employee relations across the health system.

<b>Position title</b>	<b>Deputy Director-General Policy</b>
<b>Name</b>	<b>Dr Tim Smyth*</b>
<b>Total remuneration</b>	<b>SES 7 (\$249,643)</b>
<b>Performance payment</b>	<b>\$7,565</b>
<b>Period in position</b>	<b>3 yrs 9 months (until April 2000)</b>

### **Strategic initiatives**

- Development and launch of joint Commonwealth NSW Aboriginal Health Strategic Plan.
- Strategic advice and support to NSW Health Council.
- Negotiations with Commonwealth Department of Health and Aged Care on rural Residential Aged Care.
- Strategic Directions 1998-2003 biennial update.
- Extension of agreement with Department of Veterans Affairs with significant price increase achieved.
- Launch of Child Health policy.
- Commencement of strategic review of child protection service planning.
- Successful completion of review of Aeromedical Services in NSW.

\* Associate Professor Debora Picone appointed August 2000

## Performance Statements for NSW Health Senior Executive (SES 5 and above)

### Management accountabilities

- Favourable budget result.
- Maintaining momentum in mental health, especially improving the interface with Emergency Department services.
- Implementation of additional ICU capacity across NSW.
- Representation of Department of Health at Legislative Council Adoption Inquiry.
- Successful arbitration of funding dispute with ACT Department of Health and Community Care.

<b>Position title</b>	<b>Chief Health Officer and Deputy Director, General Public Health</b>
<b>Name</b>	<b>Dr Andrew Wilson</b>
<b>Total remuneration</b>	<b>SES 6 (Medical) (\$215,295)</b>
<b>Performance payment</b>	<b>\$10,000</b>
<b>Period in position</b>	<b>3 years</b>

### Strategic initiatives

In 1999-2000 I have overseen the development of the first public health strategic plan 'Healthy People 2000-2005', roll out of the second round of the research infrastructure program, development of the Olympic public health response and the broader counter-disaster preparedness, development of the new oral health program, establishment of the direct vaccine distribution centre, and roll-out of the health component of the Government Plan of Action on Drugs. Represented NSW Health at key state and national public health fora including chairing the National Public Health Partnership.

### Management accountabilities

Public Health Division activity has increased across all areas and the Division. Managed Public Health Division operational and program budgets, participated in development of national performance benchmarking on public health expenditure funds.

<b>Position title</b>	<b>General Manager, Finance and Commercial Services</b>
<b>Name</b>	<b>Ken Barker</b>
<b>Total remuneration</b>	<b>SES 5 (\$187,205 + \$10,000)</b>
<b>Performance payment</b>	<b>\$9,000</b>
<b>Period in position</b>	<b>6 years</b>

### Strategic initiatives

- High level of participation in funding negotiations with Treasury and central agencies over 3 years budget certainty and related issues as announced by Minister on 8 March 2000.
- Financial oversight of estimates for Drug Summit initiatives for NSW Health.
- Financial co-ordination/monitoring of NSW Health with consolidated financial result on budget (after allowing for approved supplementations).
- Responsible coordinator of the introduction of the New Tax System in NSW Health from 1 July 2000.
- Reform of NSW Health Peak Purchasing Council.
- Procedures established to monitor energy consumption.

### Management accountabilities

All statutory and other reporting requirements were observed. High level financial management and commercial services advice provided to Minister, Director-General and Senior Executive of Department together with relevant financial strategic advice to Health Services' Chief Executive Officers and their staff.

<b>Position title</b>	<b>General Manager, Information and Asset Services</b>
<b>Name</b>	<b>David Gates</b>
<b>Total remuneration</b>	<b>SES 5 (\$176,845)</b>
<b>Performance payment</b>	<b>\$5,305</b>
<b>Period in position</b>	<b>6 years</b>

### Strategic initiatives

- Completed strategic frameworks for Information Management, Supply Chain Reform and Patient/Clinical Information.
- Successful implementation of the Health Information Exchange and Y2K Projects.
- Developed the framework for a new Public-Private Infrastructure Partnership Program.

- Championed the Rural Health Information Forum and initiatives.
- Chaired the ANZ Health Chief Information Officers Forum and represented the Forum, and NSW Health, on the National Health Information Management Advisory Council.

### Management accountabilities

- Achieved full expenditure of capital and divisional budgets.
- Managed successfully all Divisional and external reporting requirements.
- Achieved completion of the Divisional realignment.

<b>Position title</b>	<b>CEO, Ambulance Service of NSW</b>
<b>Name</b>	<b>Mr Greg Rochford</b>
<b>Total remuneration</b>	<b>SES 5 (\$169,937)</b>
<b>Performance payment</b>	<b>\$9,000</b>
<b>Period in position</b>	<b>10 months</b>

### Strategic initiatives

- Progressed revision of the State Executive Structure.
- Improved financial result in 1999/2000.
- Implemented core Ambulance Computer Aided Dispatch (AmbCAD) functions.
- Established revised financial management and reporting processes.
- Established Professional Standards and Conduct Unit.
- Implemented the review of ASNSW Standard Operating Policies and Procedures.
- Olympic Games planning.
- Medical Retrieval Unit Opened.

<b>Position title</b>	<b>CEO, Central Coast Health</b>
<b>Name</b>	<b>Jon Blackwell</b>
<b>Total remuneration</b>	<b>SES 5 (\$169,937)</b>
<b>Performance payment</b>	<b>\$10,000</b>
<b>Period in position</b>	<b>3 years</b>

### Strategic initiatives

Area Quality Healthcare Council established. Year 2000 Project successfully completed. NSW Government strategy for the Methadone Program implemented. Project Feasibility Plan for the major redevelopments of Gosford and Wyong Hospitals progressed. Long Jetty Community Health Building opened. Cancer Services extended into the Wyong Shire. Cancer Care Fundraising Appeal raised over \$1.1M. Quality Ageing Strategy implementation progressed.

### Management accountabilities

Financial Performance on budget. Activity targets were exceeded by 8.7% for Admissions and 20% for NAPOOS. Fully achieved over 80% of Business Plan targets. Member of the NSW Health Department Policy Development Committee and the NSW Health Clinical Council. Co-chair of the Metropolitan Planning Implementation Group. Chair of the Central Coast Regional Coordination Management Group and the Central Coast Aged Care Strategy Steering Committee.

<b>Position title</b>	<b>CEO, Central Sydney Area Health Service</b>
<b>Name</b>	<b>Dr Diana Horvath AO</b>
<b>Total remuneration</b>	<b>SES 7 (\$259,329)</b>
<b>Performance payment</b>	<b>\$12,000</b>
<b>Period in position</b>	<b>7 years</b>

### Strategic initiatives

- Significant progress made with planning and implementing CSAHS's \$375 Million capital asset program with the expenditure allocation target of \$57.1 Million for 1999/2000 being met. Projects include the progressive redevelopment of Royal Prince Alfred Hospital, the renovation of the Institute of Rheumatology & Orthopaedics, the planning and redevelopment of Concord Hospital and the ANZAC Foundation, the relocation of Central Sydney Supply Service's store to the Concord Hospital site and continued refurbishment at United Dental Hospital.

## Performance Statements for NSW Health Senior Executive (SES 5 and above)

- Developed clinical quality initiatives through the Clinical Quality Council.
- Upgraded and continued implementation of clinical information systems.
- Completed a review of research development in CSAHS.
- Implemented the Tobacco Control Strategy.
- Finished the Mental Health Plan.
- Completed the Aboriginal and Torres Strait Islander Employment Strategy.
- Supported health outcomes and promotion initiatives.
- Developed initiatives in Cancer Services.
- Implemented initiatives in youth health.
- Met day-surgery targets.
- Achieved goals set in the Bed Management Plan.
- Finished year 2000 project planning and rectification.
- Initiated staff training in child protection, and prevention and early intervention for mental health services and suicide.
- Commenced a review of CSAHS's quality framework.
- Chair, Australian Medical Disaster Coordination Group (reports to AHMAC).
- Chair, Clinical Systems Steering Committee for NSW Health.
- Member, Macquarie University Council.

### **Management accountabilities**

- Achieved a favourable net cost of services and accrual budget result.
- Repaid loan in full to NSW Health.
- No trade creditors over 45 days.
- Met audit requirements.
- Debt recovery performance achieved to the satisfaction of NSW Health.
- Improved revenue collection.
- Maintained Australian Council on Healthcare Standards accreditation status for all hospitals.
- All capital works milestones achieved.
- Continued implementation of energy and waste management initiatives in accordance with Government policy.

<b>Position title</b>	<b>Deputy CEO, Central Sydney Area Health Service</b>
<b>Name</b>	<b>Michael P Wallace</b>
<b>Total remuneration</b>	<b>SES level 5 (\$177,535)</b>
<b>Performance payment</b>	<b>\$11,000</b>
<b>Period in position</b>	<b>7 years</b>

### **Strategic initiatives**

- Continued to progress the implementation of the CSAHS capital asset plan (the Resource Transition Program), including:
  - The decommissioning of RPA and the redevelopment of the new clinical services block
  - The refurbishment of the Queen Elizabeth II building, RPA and the commissioning of the Institute of Rheumatology and Orthopaedics
  - Progression of the Concord Hospital redevelopment with approval of the development application by Concord Council and approval of the conservation management plan by the Heritage Council
  - Continued upgrades to United Dental Hospital with the completion of the new assessment and emergency department and progression of infrastructure services
  - Ongoing planning for Croydon site and community health services
  - The realisation of assets, as approved by the CSAHS board.
- Consultation and liaison with Macquarie Health Services to further progress the Prince Alfred private hospital.
- Achieved savings through CSAHS's tendering and procurement practices.
- Continued upgrades to CSAHS's IT infrastructure and systems including the HNA Millennium system and PathNet.

### **Management accountabilities**

- Met financial management targets.
- Implemented cost-saving initiatives and controls to achieve favourable net cost of services.
- Capital works milestones attained.
- Improved revenue collection performance.
- Debt recovery achieved to the satisfaction of NSW Health.
- Implemented CSAHS's performance management system.

- Continued risk management initiatives.
- Maintained implementation of EEO strategies, particularly with respect to Aboriginal and Torres Strait Islanders.
- Completed CSAHS's Y2K initiatives in accordance with Office of Information Technology requirements.

**Position title** CEO, Greater Murray Area Health Service  
**Name** Karyn McPeake  
**Total remuneration** SES 5 (\$169,938)  
**Performance payment** \$5,100  
**Period in position:** 1 year

### Strategic initiatives

- Development of integrated health service models for small rural communities.
- Increased involvement of community and clinicians in Area planning processes as demonstrated in Berrigan and Hay consultation processes.
- Working with UNSW in establishing the Greater Murray Clinical School.

### Management accountabilities

- Improvement in achievements in the performance agreement - 77% in 1998/99 to 90% in 1999/2000.
- Improvements in service delivery in mental health and aboriginal health as demonstrated by an increase in occasions of service.
- Improvement in OH&S performance, including the introduction of an injury management program.
- Improvement in Health Service's overall financial position.

**Position title** CEO, Hunter Area Health Service  
**Name** Prof Katherine M McGrath  
**Total remuneration** SES 7 (\$254,353)  
**Performance payment** \$7,630  
**Period in position** 2 years

### Strategic initiatives

Newcastle Strategy consultation. Tomaree Peninsula needs assessment. Healthy Communities project at Windale and Booragul. Multi Purpose Service consultation at Denman. After Hours Primary Care Trial at Maitland. Allied Health Service review and

restructure. Guidelines for Clinical Competence assessment. Clinical Council established. Community involved in prioritisation of service enhancement.

### Management accountabilities

Activity targets achieved. Financial performance on budget. New corporate plan developed. Business plan targets 90% achieved. Introduction of new funding model for year 2000/01. Restructure of Human Resources with elevation to membership of senior executive. Major improvement in occupational health and safety performance. Member of the following NSW Health Committees – Information Management Committee, Strategic Direction Steering Committee, Models of Chronic Care Committee.

**Position title** CEO, Illawarra Area Health Service  
**Name** Ian Southwell  
**Total remuneration** SES 6 (\$199,961)  
**Performance payment** \$6,060  
**Period in position** 4 years (until March 2000)

### Strategic initiatives

- Commenced extensive Community consultation over the compilation of an Area Health Plan.
- Established Joint Director of Research position with the University of Wollongong.
- Progressed major Capital Works at Wollongong Hospital and Shoalhaven District Memorial Hospital.
- Oversaw improved links between Mental Health Services and General Practitioners.
- Established new models of care in Drug and Alcohol Services.

### Management accountabilities

- Oversaw improved financial position towards the end of the financial year.
- Established Clinical Council.
- Exceeded activity targets.
- Oversaw the implementation of the IAHS Bed Management Plan.
- Achieved targets in Infectious Diseases, Food Safety and Environmental Health.
- Established Area Quality Council with improved outcome reporting to the IAHS Board.
- Improved day of surgery admission rate.

## Performance Statements for NSW Health Senior Executive (SES 5 and above)

**Position title** CEO, Illawarra  
Area Health Service

**Name** Dr A Sherbon

**Total remuneration** SES 6 (\$174,890)

**Performance payment**

**Period in position** 3 months (appointed March 2000)

### Strategic initiatives

- Commenced extensive Community consultation over the compilation of an Area Health Plan.
- Established Joint Director of Research position with the University of Wollongong.
- Progressed major Capital Works at Wollongong Hospital and Shoalhaven District Memorial Hospital.
- Oversaw improved links between Mental Health Services and General Practitioners.
- Established new models of care in Drug and Alcohol Services.

### Management accountabilities

- Oversaw improved financial position towards the end of the financial year.
- Established Clinical Council.
- Exceeded activity targets.
- Oversaw the implementation of the IAHS Bed Management Plan.
- Achieved targets in Infectious Diseases, Food Safety and Environmental Health.
- Established Area Quality Council with improved outcome reporting to the IAHS Board.
- Improved day of surgery admission rate.

**Position title** CEO, Northern Rivers  
Area Health Service

**Name** Dr A Sherbon\*

**Total remuneration** SES 5 (\$168,254)

**Performance payment** \$5,100

**Period in position** 3yrs 9 months (until March 2000)

### Strategic initiatives

- Commenced cross border patients flow reversal with the commissioning of Renal Medicine Services at Tweed Heads.
- Completed critical care planning for the Area.
- Streamlined rehabilitation service provision with the relocation of Rehabilitation Services from Coraki to St Vincent Hospital Lismore.
- Completed community consultation over the future of health care services in the Byron Bay Mullumbimby District.
- Finalised detailed planning for the construction of a residential Detoxification Unit in Lismore.

### Management accountabilities

- Met all activity and waiting time targets.
  - Completed project definition plan for the Tweed Heads Stage 3 Development.
  - Improved the financial position of the Area and met budgetary targets.
  - Renegotiated improved prices for Ophthalmology Services Contract with St Vincent's Hospital, Lismore.
  - Completed Asset Strategic Planning for the Area.
  - Year 2000 information technology targets met.
- Admissions targets and day surgery benchmarks were exceeded. A cross border agreement was established between NRAHS and Queensland for renal dialysis services. Where utilization rates showed significant variation from the state average, local action was implemented to increase efficiency. Health information systems, plan, equipment and technology were rendered year 2000 compliant. A Human Resources Manual incorporating best practice recruitment and selection guidelines was developed.

\* Chris Crawford appointed July 2000

**Position title** CEO Northern Sydney Area Health Service

**Name** Dr Stephen Christley

**Total remuneration** SES 7 (\$237,767)

**Performance payment** \$7,130

**Period in position** 3 years

### Strategic initiatives

Commenced Area-wide planning for future Acute Care Services, completed Strategic Plan for Community Health Services. Preliminary Strategic Resource Plan submitted to NSW Health Department.

- Healthier People

Targets achieved for asthma, injury, health promotion, diabetes; lead Area in developing mental health partnerships with general practitioners; all waiting time targets met.

- Fairer Access

Appointed Aboriginal Health project officer and Aboriginal Employment Coordinator.

- Better Value

Finalised Area management structure for corporate services, including cleaning, waste management, food services, fleet management, human resources, facilities and engineering.

**Position title** CEO, South Eastern Sydney Area Health Service

**Name** Deborah Green

**Total remuneration** SES 7 (\$237,767)

**Performance payment** \$7,130

**Period in position** 3 years

### Strategic initiatives

- Consistent progress achieved on all performance targets.
- Development of 'Organisational Journey' document outlining the future move towards enhanced clinical governance.
- Successfully prepared for information technology requirements to meet Year 2000 requirements.
- Clinical Governance System and Audit implemented to improve quality of clinical service delivery.
- Refinement of Winter Bed Strategies to reduce Access Block in Emergency Departments, including Area-wide LTO notification system.

- Significant progress in terms of capital development and service planning including completion and openings of St George Research and Education Centre, the POW Kiloh Centre, and ongoing planning for the \$79M redevelopment of Sutherland Hospital, the St George Day Surgery Unit and the Spinal and Rehabilitation Unit at POW.
- Implementation of CIAP (Clinical Information Access Program) throughout the Area.
- Introduction of internet-based recruitment and advertising.
- Network 2000, a new pathology reporting system throughout the Area was introduced in collaboration with the Illawarra Area Health Service.
- Improved co-ordination of clinical service delivery with inter-agencies.
- Area-wide implementation of new Mental Health Triage guidelines for Emergency Departments.
- Aboriginal and Torres Strait Islander trainees and other Aboriginal training positions have been identified and recruited to throughout the year.

### Management accountabilities

- Improved revenue collection initiatives were addressed including revised arrangements for DVA patients.
- A number of initiatives were identified and assessed to assist in debt minimisation.
- Successful preparation to deal with introduction of GST and FBT.
- Internal and external auditing requirements were completed.
- Accreditation status of facilities maintained.

**Position title** Deputy CEO, South East Sydney Health

**Name** Barry Shepherd

**Total remuneration** SES 5 (\$178,571)

**Performance payment** \$9,000

**Period in position** 5 years

### Strategic initiatives

- Completion of the Prince of Wales Psychiatry Unit and Memorial Garden.
- Achieved milestones in relation to the St Vincent's Hospital and the Sutherland Hospital Redevelopment and the Prince of Wales Spinal and Rehabilitation Unit.
- Completion of the St George Education Centre.

## Performance Statements for NSW Health Senior Executive (SES 5 and above)

- Completion of new accommodation at the Garrawarra Centre.
- Ongoing restructure of engineering and energy services at the Randwick Campus and St George Hospital.
- Overseeing the continued transfer of clinical services from Prince Henry Hospital to Prince of Wales Hospital.
- Negotiating on the future of the Prince Henry Hospital site at Little Bay with Landcom and NSW Health.
- Ongoing negotiations on the future of the Royal South Sydney site with Landcom and NSW Health.

### Management accountabilities

- The continued monitoring of catering services across the AHS.
- Actively ensuring the timely completion and accuracy of all Ministerial correspondence.
- Overseeing State Government and Nursing Home Initiatives.
- Negotiating and evaluating legal and contractual agreements across the AHS.

<b>Position title</b>	<b>CEO, South Western Sydney Area Health Service</b>
<b>Name</b>	<b>Ken Brown</b>
<b>Total remuneration</b>	<b>SES Level7 (\$251,833)</b>
<b>Performance payment</b>	<b>\$12,000</b>
<b>Period in position</b>	<b>Retired 1 October 1999</b>

### Strategic initiatives

- undertook the development of a comprehensive suite of strategic service and operating plans.
- established 12 Health Advisory Groups to advise on clinical standards, health outcomes and service priorities.
- provided coordinated advice to the Board, Department of Health and Minister on a full range of health related activities and the Health Council reform agenda, including clinical governance, service networking, community participation and improved management of patients.
- forged closer linkages with other government agencies operating in Sydney's South West.

- initiated strategic planning action for the development of major projects to provide enhanced research and mental health capacity within the Area.

### Management accountabilities

- provided leadership and direction in planning and delivering comprehensive and coordinated health services in South West Sydney.
- achieved a favourable budget result, whilst delivering record levels of activity, with every hospital below industry benchmark costs per case weighted admission.
- Y2K successfully negotiated.
- Area Operations Plan published, identifying service strategies to 2006.
- Partnership Agreement and Memorandum of Understanding signed with Tharawal Aboriginal Corporation and Partnership Committee established.
- chest pain and acute asthma guidelines introduced into all emergency departments.

<b>Position title</b>	<b>CEO, South Western Sydney Area Health Service</b>
<b>Name</b>	<b>Ian Southwell</b>
<b>Total remuneration</b>	<b>SES 7 (\$237,767)</b>
<b>Performance payment</b>	
<b>Period in position</b>	<b>7 months</b> (appointed Dec 1999)

### Strategic initiatives

Undertook the development of a comprehensive suite of strategic service and operating plans. Established 12 Health Advisory Groups to advise on clinical standards, health outcomes and service priorities.

- Provided coordinated advice to the Board, Department of Health and Minister on a full range of health related activities and the Health Council reform agenda, including clinical governance, service networking, community participation and improved management of patients.
- Forged closer linkages with other government agencies operating in Sydney's South West.
- Initiated strategic planning action for the development of major projects to provide enhanced research and mental health capacity within the Area.

### Management accountabilities

- Provided leadership and direction in planning and delivering comprehensive and coordinated health services in South West Sydney.
- Achieved a favourable budget result, whilst delivering record levels of activity, with every hospital below industry benchmark costs per case weighted admission.
- Y2K successfully negotiated.
- Area Operations Plan published, identifying service strategies to 2006.
- Partnership Agreement and Memorandum of Understanding signed with Tharawal Aboriginal Corporation and Partnership Committee established.
- Chest pain and acute asthma guidelines introduced into all Emergency Departments.

<b>Position title</b>	<b>Deputy CEO, South Western Sydney Area Health Service</b>
<b>Name</b>	<b>Colin Froud</b>
<b>Total remuneration</b>	<b>SES 5 (\$175,118)</b>
<b>Performance payment</b>	<b>\$9,000</b>
<b>Period in position</b>	<b>4 years</b>

### Strategic initiatives

Major capital works in Macarthur advanced to budget and time line. Information management and electronic health record strategies updated and adopted. Mental health service needs updated and approval to adolescent facilities gained. Key performance indicators refined for operational assessment and quality measurement consistent with the NSW Health Quality Framework achieved.

### Management accountabilities

Achieved performance targets agreed with the Department of Health in service development, quality assurance, financial management and activity indicators. Audit requirements achieved and unqualified accounts received. Successfully implemented enhancement programs and winter strategies. Rolled out office productivity tools to area-wide network of over 3000 users. Goals of 1999 'Human Resources Plan' achieved for year 1.

<b>Position title</b>	<b>CEO Western Sydney Area Health</b>
<b>Name</b>	<b>Alan McCarroll</b>
<b>Total remuneration</b>	<b>SES 7 (\$238,873)</b>
<b>Performance payment</b>	<b>\$7,170</b>
<b>Period in position</b>	<b>3 years</b>

### Strategic initiatives

- Healthier People  
Future Initiatives – Strategies developed and supported by partnerships to address driveway fatalities and injuries involving young children.  
Development of innovative programs targeting health priority areas.
- Fairer Access  
Future Initiatives – Continuation of the strengthening of the Partnership Agreement with Daruk Aboriginal Medical Service.
- Quality Health Care  
Future Initiatives – Continuation of evidence based clinical pathways development for acute and post acute services.
- Better Value  
Future Initiatives – Implementation of a management information tool (Clinical Activity Reporting System – CARS) based on current clinical activity.

## Three year comparison of key items of expenditure

Expenses	2000		1999		1998		Increase / Decrease compared to previous year	
	\$000	% Total Expense	\$000	% Total Expense	\$000	% Total Expense	2000	1999
<b>Employee Related Expenses</b>								
Salaries and Wages	3,531,939	49.30	3,395,062	40.65	3,225,368	49.67	4.03	5.26
Long Service Leave	103,160	1.44	118,241	1.69	101,271	1.56	-12.75	16.76
Annual Leave	337,848	4.72	344,492	4.94	303,751	4.68	-1.93	13.41
Workers Comp. Insurance	161,755	2.26	157,609	2.26	132,400	2.04	2.63	19.04
Superannuation	295,995	4.13	293,344	4.20	254,274	3.92	0.90	15.37
<b>Other Operating Expenses</b>								
Food Supplies	63,870	0.89	62,409	0.89	64,763	1.00	2.34	-3.63
Drug Supplies	246,257	3.44	232,350	3.33	212,003	3.26	5.99	9.60
Medical and Surgical Supplies	293,287	4.09	275,438	3.95	238,868	3.68	6.48	15.31
Special Service Departments	125,305	1.75	118,426	1.70	119,963	1.85	5.81	-1.28
Fuel, Light and Power	52,100	0.73	47,912	0.69	52,959	0.82	8.74	-9.53
Domestic Charges	77,575	1.08	73,915	1.06	69,545	1.07	4.95	6.28
Other Sundry/General Operating Expenses	557,401	7.78	557,444	7.99	490,079	7.55	-0.01	13.75
Visiting Medical Officers	290,923	4.06	299,007	4.28	286,643	4.40	-2.70	4.31
Maintenance	193,508	2.7	189,071	2.71	158,123	2.44	2.35	19.57
Depreciation	304,821	4.25	316,287	4.53	293,186	4.51	-3.63	7.88
Grants and Subsidies								
Payments to Third Schedule and other Contracted Hospitals	411,959	5.75	388,653	5.57	369,469	5.69	6.00	5.19
Other Grant Payments	105,288	1.47	96,535	1.38	94,943	1.46	9.07	1.68
Finance Costs	11,113	0.16	11,116	0.16	11,580	0.18	-0.03	-4.01
Other Expenses	-	-	1,068	0.02	14,416	0.22	-100.00	-92.59
<b>Total Expenses*</b>	<b>7,164,104</b>		<b>6,978,379</b>		<b>6,493,604</b>		<b>2.66</b>	<b>7.47</b>

\* Includes Cross Border Charges, Insurance, Rental Expenses, Postal Expenses, Rates and Charges and Motor Vehicle Expenses.

Source: Finance and Commercial Services Division, 2000

# Selected data for Area Health Services

## A. Key performance indicators for NSW Public Hospital Services for the year ended 30 June 2000 State Summary – all programs by Area Health Service

Area	Admissions <sup>1</sup>	Daily Average of Inpatients <sup>2</sup>	Same day as % of total Admission	Average Length of Stay (days) <sup>3</sup>		Caseflow Rate <sup>4</sup>	Non-Admitted Patient Services <sup>1,5</sup>	Emergency Department Attendances <sup>6</sup>	Average Available Beds	Bed Occupancy Rate (%) <sup>7</sup>	Average Staff Employed (EFT) <sup>8</sup>	Expenses (Accrual Basis) (\$'000)
				Overall, including Same Day Admission	Overnight Acute							
Central Sydney	133,651	1,568	45.7	4.4	5.9	74.7	1,843,712	109,190	1,791	87.7	8,504	776,049
Northern Sydney	112,036	1,676	43.1	5.6	5.8	57.1	2,075,657	104,128	1,903	88.1	7,598	687,030
Western Sydney	128,695	1,599	44.7	4.7	5.0	71.9	1,920,883	121,110	1,786	89.4	8,265	766,646
Wentworth	49,743	641	28.8	5.6	4.9	56.5	660,766	42,966	714	89.8	2,676	289,228
South Western Sydney	131,211	1,582	37.0	4.6	4.8	68.0	2,184,250	188,423	1,799	88.0	7,101	646,154
Central Coast	63,723	651	42.1	3.8	5.0	90.9	863,249	74,988	673	96.6	2,819	263,608
Hunter	105,686	1,835	37.4	6.5	5.7	48.4	1,398,679	154,834	2,077	88.3	6,859	601,851
Illawarra	70,439	737	47.2	4.0	5.1	83.1	999,257	98,931	803	91.8	3,381	315,065
South Eastern Sydney	166,697	2,119	44.0	4.8	6.0	67.3	3,140,656	224,904	2,351	90.1	11,281	1,032,138
<b>Total Metropolitan</b>	<b>961,881</b>	<b>12,408</b>	<b>41.9</b>	<b>4.9</b>	<b>5.4</b>	<b>66.2</b>	<b>15,087,109</b>	<b>1,119,474</b>	<b>13,897</b>	<b>89.3</b>	<b>58,484</b>	<b>5,377,769</b>
Northern Rivers	59,872	738	32.7	4.7	4.9	64.3	772,566	112,131	870	84.8	2,788	243,024
Mid North Coast	49,118	500	30.3	4.9	5.0	58.2	645,204	72,313	623	80.2	2,048	243,625
New England	45,088	589	33.4	4.9	4.5	55.7	522,519	67,154	785	75.0	2,289	203,234
Macquarie	28,859	434	31.7	5.6	4.4	45.0	319,454	19,726	609	71.2	1,519	132,507
Mid Western	42,098	697	32.1	6.2	4.6	45.2	639,319	63,747	905	77.1	2,606	231,050
Far West	12,043	154	30.9	4.7	4.1	49.9	263,476	26,018	234	65.9	805	78,905
Greater Murray	54,052	874	32.4	6.0	4.5	47.2	774,648	72,431	1,104	79.2	2,765	253,187
Southern	32,615	624	25.8	7.2	4.8	37.9	596,562	80,215	859	73.7	2,077	175,081
<b>Total Rural Areas</b>	<b>323,745</b>	<b>4,609</b>	<b>31.4</b>	<b>5.5</b>	<b>4.7</b>	<b>50.2</b>	<b>4,533,748</b>	<b>513,735</b>	<b>5,988</b>	<b>77.1</b>	<b>16,896</b>	<b>1,560,613</b>
Corrections Health	1,200	113	0.0	34.4	11.2	9.5	1,914,423	0	126	89.8	384	33,779
The Children's Hospital at Westmead	26,151	227	41.3	3.2	4.9	105.5	526,239	38,772	248	91.8	1,896	177,763
<b>Total Other</b>	<b>27,351</b>	<b>340</b>	<b>39.4</b>	<b>4.5</b>	<b>5.3</b>	<b>73.2</b>	<b>2,440,662</b>	<b>38,772</b>	<b>373</b>	<b>91.1</b>	<b>2,280</b>	<b>211,542</b>
<b>Total NSW</b>	<b>1,312,977</b>	<b>17,357</b>	<b>39.2</b>	<b>5.1</b>	<b>5.2</b>	<b>61.6</b>	<b>22,061,519</b>	<b>1,671,981</b>	<b>20,258</b>	<b>85.7</b>	<b>77,661</b>	<b>7,149,924</b>
1998/99 Total	1,347,774	17,958	39.2	5.1	5.3	59.9	21,419,883	1,446,082	21,222	84.7	78,327	6,871,445
1997/98 Total	1,346,041	18,407	38.7	5.2	5.4	57.6	21,868,193	1,716,239	21,965	83.8	77,878	5,967,899
1996/97 Total	1,315,198	18,663	37.6	5.4	5.5	55.1	21,144,518	1,629,261	22,496	83.0	76,412	5,446,171
1995/96 Total	1,328,195	19,442	35.6	5.6	5.6	53.3	20,810,160	1,617,009	23,536	82.5	75,951	5,249,302
1994/95 Total	1,273,963	19,701	33.8	5.9	-	50.4	20,188,780	1,565,043	23,910	82.4	74,432	4,910,477
1993/94 Total	1,239,711	20,011	31.9	6.1	-	48.1	19,283,498	1,615,212	24,425	81.9	73,782	4,631,361

1 Includes services contracted to private sector.

2 Daily average of inpatients = (Total occupied bed days excluding unqualified baby bed days) / 366

3 Average length of stay = (Total occupied bed days) / (Number of separations)

4 Caseflow rate = (Total admissions excluding Private contracted admissions and unqualified babies) / (Available beds)

5 Includes dental patient flows. Data in 1998/99 and 1999/00 are not comparable to those in previous years due to changes in definition in NAPS in the Emergency Care Services Program (Program 4).

6 Data reported in DOHRS. Data in 1998/99 and 1999/00 are not comparable to those in previous years due to changes in definition, namely, occasions of service for patients admitted to ward through emergency departments are no longer counted as NAPS.

It is estimated that emergency department attendances increased by 2.1% in 1998/99 over 1997/98 but decreased by 0.8% in 1999/00 over 1998/99.

7 Bed occupancy = (Total occupied bed days excluding unqualified baby bed days) / (Number of available days)

8 Equivalent full time, excludes overtime hours; includes SP & T staff from 1996/97 onward. Does not include staff from Ambulance or Central Administration.

Source: DOHRS as at 18th July 2000

## Selected data for Area Health Services

B. Number of available beds in public hospitals and nursing homes by Area Health Service for the year ended 30 June 2000

Area	General Hospitals Care Units	Nursing Home	Community Residential	Other Units	Total Beds
Central Sydney	1,527	0	29	235	1,791
Northern Sydney	1,467	90	150	197	1,903
Western Sydney	1,311	66	84	325	1,786
Wentworth	524	170	21	0	714
South Western Sydney	1,511	194	94	0	1,799
Central Coast	652	0	5	16	673
Hunter	1,351	458	47	221	2,077
Illawarra	749	0	50	4	803
South Eastern Sydney	2,119	225	0	7	2,351
<b>Total Metropolitan</b>	<b>11,211</b>	<b>1,203</b>	<b>478</b>	<b>1,005</b>	<b>13,897</b>
Northern Rivers	757	69	8	35	870
Mid North Coast	560	36	11	17	623
New England	785	0	0	0	785
Macquarie	463	102	44	0	609
Mid Western	675	42	16	172	905
Far West	234	0	0	0	234
Greater Murray	969	56	23	55	1,104
Southern	567	105	82	104	859
<b>Total Rural Areas</b>	<b>5,010</b>	<b>410</b>	<b>185</b>	<b>383</b>	<b>5,988</b>
Corrections Health	0	0	0	126	126
The Children's Hospital at Westmead	248	0	0	0	248
<b>Total Other</b>	<b>248</b>	<b>0</b>	<b>0</b>	<b>126</b>	<b>373</b>
<b>Total NSW</b>	<b>16,469</b>	<b>1,612</b>	<b>664</b>	<b>1,514</b>	<b>20,258</b>
1998/99 Total	17,187	1,806	686	1,543	21,222
1997/98 Total	17,765	1,933	654	1,614	21,965
1996/97 Total	18,157	2,101	569	1,669	22,496
1995/96 Total	19,017	2,149	528	1,843	23,536
1994/95 Total	19,020	2,406	492	1,992	23,910
1993/94 Total	19,170	2,659	402	2,194	24,425

Source: DOHRS as at 6th September 2000

# Private Hospital Activity Levels for the year ended 30 June 2000

	Average Licensed Bed	Total Admissions				Same Day Admissions				Daily Average		Bed Occupancy	
		Number	% variation on last year	Market Share	% variation on last year	Number	% variation on last year	Market Share <sup>1</sup> %	% variation on last year	Number	% variation on last year	% <sup>2</sup>	% variation on last year
Central Sydney	430	46,856	-3.0	26.0	-3.1	33,928	-1.9	35.7	-3.8	346	-5.1	68.0	2.5
Northern Sydney	1,645	146,794	7.3	56.8	4.7	83,253	10.6	63.3	4.4	1,386	3.4	80.5	3.3
Western Sydney	372	46,695	3.6	26.6	4.6	27,545	1.7	32.4	2.9	274	2.5	65.2	8.0
Wentworth <sup>3</sup>	299	20,924	3.0	32.9	5.5	8,667	8.0	40.5	11.4	223	-0.6	74.5	-1.6
South Western Sydney	272	33,894	15.7	20.5	13.3	21,455	7.5	30.7	5.0	167	18.3	52.7	19.0
Central Coast	300	24,112	14.4	28.0	12.5	13,512	23.0	34.8	18.2	211	6.5	68.4	5.2
Hunter	460	49,201	5.2	31.9	7.5	28,662	7.8	42.0	8.8	396	5.0	82.4	5.9
Illawarra	278	28,577	10.9	29.1	10.5	17,230	14.3	34.7	13.3	222	8.7	72.0	8.8
South Eastern Sydney	1,135	125,695	5.1	43.3	4.3	73,764	6.1	51.0	4.2	975	0.5	77.8	-0.2
<b>Total Metropolitan<sup>1</sup></b>	<b>5,191</b>	<b>522,748</b>	<b>6.0</b>	<b>34.9</b>	<b>5.7</b>	<b>308,016</b>	<b>7.3</b>	<b>43.1</b>	<b>5.7</b>	<b>4,201</b>	<b>2.8</b>	<b>75.0</b>	<b>3.6</b>
Northern Rivers	105	16,114	18.5	21.4	15.9	12,160	21.6	39.1	13.9	89	7.6	67.2	13.6
Mid North Coast <sup>4</sup>	408	32,163	4.3	45.3	3.0	13,724	9.4	52.6	4.5	296	-0.6	70.4	-2.9
New England	91	6,137	3.5	12.2	4.8	2,541	3.1	14.7	-0.3	57	1.4	62.6	1.8
Macquarie	55	3,990	-6.3	12.1	-6.0	2,364	-6.3	20.5	-9.2	25	-16.0	45.8	-11.5
Mid Western	116	8,725	15.6	17.2	16.3	4,410	13.5	24.6	7.1	76	16.7	64.0	15.1
Greater Murray	179	23,427	4.3	30.3	10.5	14,281	-1.4	45.1	9.4	156	6.0	72.5	-4.5
Southern	0	1,387	4.7	4.1	6.8	1,387	4.7	14.1	12.7	4	5.6	n.a.	n.a.
<b>Total Rural Areas<sup>1</sup></b>	<b>954</b>	<b>91,943</b>	<b>7.0</b>	<b>22.8</b>	<b>8.0</b>	<b>50,867</b>	<b>7.7</b>	<b>34.1</b>	<b>6.8</b>	<b>702</b>	<b>3.0</b>	<b>67.5</b>	<b>0.4</b>
<b>Total NSW<sup>1</sup></b>	<b>6,145</b>	<b>614,691</b>	<b>6.2</b>	<b>32.3</b>	<b>6.1</b>	<b>358,883</b>	<b>7.4</b>	<b>41.5</b>	<b>5.9</b>	<b>4,903</b>	<b>2.8</b>	<b>73.8</b>	<b>3.1</b>
<b>Total 1999</b>	<b>6,111</b>	<b>582,916</b>	<b>4.1</b>	<b>30.6</b>	<b>2.8</b>	<b>333,630</b>	<b>3.8</b>	<b>39.2</b>	<b>1.5</b>	<b>4,762</b>	<b>0.1</b>	<b>72.0</b>	<b>1.3</b>
<b>Total 1998</b>	<b>6,073</b>	<b>560,211</b>	<b>3.0</b>	<b>29.8</b>	<b>0.5</b>	<b>321,649</b>	<b>5.6</b>	<b>38.6</b>	<b>0.3</b>	<b>4,759</b>	<b>4.4</b>	<b>71.1</b>	<b>2.1</b>

1 Market share calculations include The Children's Hospital at Westmead in the Metropolitan Areas, Far West in the Rural Areas and both in Total NSW. Private hospital market share includes public admissions contracted to private sector.

2 Bed occupancy rate in the private hospitals cannot be compared directly with that in the public hospitals as it is based on licensed beds rather than available beds.

3 Includes Hawkesbury Private Hospital.

4 Includes Port Macquarie Base Hospital.

Source: DOHRS as at 16th August 2000

## Emergency Department performance by Area Health Service

Area Health Service	Number of Attendances	Derived 1999/00 performance benchmarks for NSW <sup>1</sup>					
		99%	80%	67%	71%	75%	85%
		Triage 1 Resuscitation	Triage 2 Emergency	Triage 3 Urgent	Triage 4 Semi-Urgent	Triage 5 Non-Urgent	Access Block
		% treated in 2 minutes	% treated in 10 minutes	% treated in 30 minutes	% treated in 60 minutes	% treated in 120 minutes	% admitted within 8 hrs of seen by doctor
Central Sydney	93,015	100	84	53	60	81	77
Northern Sydney	118,620	99	73	65	71	89	72
Western Sydney	111,085	98	63	58	55	80	66
Wentworth	53,046	98	76	47	60	91	73
South Western Sydney	154,837	100	87	68	68	92	83
Central Coast	74,941	100	46	55	58	85	85
Hunter	116,566	99	78	69	66	92	74
Illawarra	86,443	100	82	79	78	91	75
South Eastern Sydney	186,599	100	81	54	60	89	67
The Children's Hospital at Westmead	38,579	97	95	49	49	85	87
<b>Total Metropolitan</b>	<b>1,033,731</b>	<b>99</b>	<b>75</b>	<b>61</b>	<b>63</b>	<b>88</b>	<b>75</b>
Northern Rivers	47,049	96	73	67	71	90	94
Mid North Coast	42,880	99	80	75	78	91	99
New England	34,217	98	72	69	71	90	99
Macquarie	26,125	100	99	73	78	91	96
Mid Western	59,755	95	83	86	88	96	97
Far West	20,772	75	86	87	88	96	99
Greater Murray	74,379	98	78	76	76	87	92
Southern	15,106	95	88	70	78	92	100
Port Macquarie	17,498	87	56	56	64	90	87
<b>Total Rural</b>	<b>337,781</b>	<b>96</b>	<b>77</b>	<b>73</b>	<b>77</b>	<b>92</b>	<b>95</b>
<b>TOTAL</b>	<b>1,371,512</b>	<b>99</b>	<b>76</b>	<b>63</b>	<b>67</b>	<b>89</b>	<b>79</b>
TOTAL for 1998/99	1,381,937	97	78	64	67	89	82
TOTAL for 1997/98	1,305,845	97	75	66	69	91	83
TOTAL for 1996/97	1,240,460	92	73	68	73	93	85

1 Performance benchmarks are set at the Area level and aggregated to the State level using 1998/99 attendances.

Data in this table are based on the EDDC hospitals only, that is, hospitals submitted data to the Emergency Department Data Collection, except Deniliquin and Sydney Eye Hospital. The increase in total attendances over time is partly due to the inclusion of new EDDC hospitals.

Source: Emergency Department Data Collection, 2000

# Hospital statistics for the State of NSW 1998/1999

The following data is provided under the Commonwealth/NSW Medicare Agreement under Part 1 of Schedule J. Please note that due to changes in reporting requirements to the Commonwealth, this data is based on separations of service and not admissions. Data for 1999/2000 was unavailable at the time of printing and will be reported at a later date.

	Separations	Weighted Separations	Day Separations	Weighted Day Separations	Bed days
<b>A. RECOGNISED HOSPITALS (excluding Public Patients under contract to private facilities)</b>					
Total Recognised Hospitals					
Public Patients	1,051,228	1,079,093	436,110	229,858	4,034,007
Private Patients	138,366	157,431	56,422	28,167	576,653
Other Private Patients	50,115	68,917	17,890	11,465	309,518
Compensable Patients	13,102	18,593	3,487	2,435	67,244
Medicare Ineligible Patients	6,411	8,935	1,936	990	30,826
Nursing Home Type Patients	2,897	4,535	4	4	324,628
Not stated	1,760	2,430	350	244	32,733
<b>Total Recognised Hospitals</b>	<b>1,263,879</b>	<b>1,339,934</b>	<b>516,199</b>	<b>273,163</b>	<b>5,375,609</b>
<b>B. i) PRIVATE HOSPITAL FACILITIES (excluding Private Day Hospital Facilities)</b>					
Public Patients treated under contract w/priv. sector	19,430	19,148	6,839	4,329	71,150
Private Patients	336,918	353,610	166,439	103,780	1,149,592
Other Private Patients	46,160	64,606	17,155	11,149	238,387
Compensable Patients	20,429	22,007	8,756	7,058	53,899
Ineligible Patients	2,168	2,598	1,363	1,011	5,253
Nursing Home Type Patients	3	2	-	-	4
Not stated	18,112	14,930	11,189	7,325	29,614
<b>Total Private Hospital Facilities</b>	<b>443,220</b>	<b>476,902</b>	<b>211,741</b>	<b>134,652</b>	<b>1,547,899</b>
<b>ii) PRIVATE DAY HOSPITAL FACILITIES</b>					
Public Patients treated under contract w/priv. sector	2,857	3,705	2,856	3,705	2,857
Private Patients	109,241	61,092	107,690	60,385	109,241
Other Private Patients	6,717	4,586	6,563	4,525	6,717
Compensable Patients	1,393	1,043	1,392	1,042	1,393
Ineligible Patients	726	363	726	363	726
Nursing Home Type Patients	4	2	4	2	4
Not stated	2,483	1,081	2,472	1,075	2,483
<b>Total Private Day Hospital Facilities</b>	<b>123,421</b>	<b>71,872</b>	<b>121,703</b>	<b>71,097</b>	<b>123,421</b>
<b>iii) TOTAL PRIVATE HOSPITAL FACILITIES</b>					
Public Patients treated under contract w/priv. sector	22,287	22,853	9,695	8,034	74,007
Private Patients	446,159	414,702	274,129	164,164	1,258,833
Other Private Patients	52,877	69,192	23,718	15,674	245,104
Compensable Patients	21,822	23,050	10,148	8,100	55,292
Ineligible Patients	2,894	2,960	2,089	1,374	5,979
Nursing Home Type Patients	7	4	4	2	8
Not stated	20,595	16,012	13,661	8,400	32,097
<b>Total Private Hospital Facilities</b>	<b>566,641</b>	<b>548,773</b>	<b>333,444</b>	<b>205,748</b>	<b>1,671,320</b>
<b>C. TOTAL STATE</b>					
Public Patients	1,051,228	1,079,093	436,110	229,858	4,034,007
Public Patients treated under contract w/priv. sector	22,287	22,853	9,695	8,034	74,007
Private Patients	584,525	572,133	330,551	192,332	1,835,486
Other Private Patients	102,992	138,109	41,608	27,139	554,622
Compensable Patients	34,924	41,643	13,635	10,535	122,536
Ineligible Patients	9,305	11,896	4,025	2,364	36,805
Nursing Home Type Patients	2,904	4,539	8	5	324,636
Not stated	22,355	18,442	14,011	8,644	64,830
<b>TOTAL FOR STATE</b>	<b>1,830,520</b>	<b>1,888,708</b>	<b>849,643</b>	<b>478,910</b>	<b>7,046,929</b>
<b>TOTAL 1997/98</b>	<b>1,810,212</b>	<b>1,863,432</b>	<b>831,112</b>	<b>464,778</b>	<b>7,093,001</b>
<b>TOTAL 1996/97</b>	<b>1,747,090</b>	<b>1,753,829</b>	<b>783,535</b>	<b>445,379</b>	<b>7,046,303</b>
<b>D. OTHER SERVICES ( Non - Inpatients Occasions of Service )<sup>1</sup></b>					
Casualty & Emergency Services	2,484,695				
<b>Outpatient Services - Individual</b>		<b>Other Non - Admitted Patient Services</b>			
Diagnostic Services	1,866,292	Individual Community Health Services	5,639,575		
Other Medical/Surgical Services	4,891,688	Individual Outreach Services	123,801		
Mental Health Services	162,337	Group CH/Outreach Services	424,687		
Drug and Alcohol Services	877,508				
Dental Services	830,773				
Pharmacy Services	442,398				
Group Outpatient Services	54,145				

<sup>1</sup> Data extracted from DOHRS

Source: Inpatient Statistics Collection 1998/99

## PUBLIC HEALTH OUTCOME FUNDING AGREEMENT 1999/2000 - Commonwealth/NSW Contributions

Health Service	HIV/AIDS		Womens Health		{2} Alternative Birthing		{2} Female Genital Mutilation		{3} Cervical Cancer		{4} Breast Cancer		National Drug Strategy		{5} National Immunisation		Grand total	
	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's
Central Sydney	1,368	1,368	288	300	0	0	0	0	25	25	1,691	1,691	19	19	0	0	3,391	3,403
Northern Sydney	547	547	82	71	0	0	0	0	25	25	1,734	1,734	212	212	0	0	2,600	2,589
Western Sydney	547	547	177	96	0	0	194	0	25	25	2,026	2,026	93	93	0	0	3,062	2,787
Wentworth	328	328	31	0	0	0	0	0	25	25	0	0	103	103	0	0	487	456
South Western Sydney	438	438	134	75	0	0	0	0	25	25	0	0	322	322	0	0	919	860
Central Coast	55	55	99	57	0	0	0	0	25	25	0	0	99	99	0	0	278	236
Hunter	224	224	28	27	0	0	0	0	25	25	1,560	1,560	35	35	0	0	1,872	1,871
Illawarra	268	268	117	15	0	0	0	0	25	25	0	0	141	141	0	0	551	449
South Eastern Sydney	1,809	1,809	225	85	0	0	0	0	25	25	1,366	1,366	213	213	0	0	3,638	3,498
Northern Rivers	219	219	281	31	0	0	0	0	25	25	0	0	76	76	0	0	601	351
Mid North Coast	164	164	90	16	0	0	0	0	25	25	0	0	3	3	0	0	282	208
New England	109	109	117	27	0	0	0	0	25	25	398	398	3	3	0	0	652	562
Macquarie	55	55	27	98	0	0	0	0	25	25	750	750	95	95	0	0	952	1,023
Mid Western	27	27	70	75	0	0	0	0	25	25	0	0	28	28	0	0	150	155
Far Western	44	44	31	0	0	0	0	0	25	25	0	0	12	12	0	0	112	81
Greater Murray	44	44	53	52	0	0	0	0	25	25	0	0	3	3	0	0	125	124
Southern	44	44	97	95	0	0	0	0	25	25	0	0	3	3	0	0	169	167
Corrections Health	164	164	0	0	0	0	0	0	0	0	0	0	351	351	0	0	515	515
<b>Total - AHS's</b>	<b>6,454</b>	<b>6,454</b>	<b>1,947</b>	<b>1,120</b>	<b>0</b>	<b>0</b>	<b>194</b>	<b>0</b>	<b>425</b>	<b>425</b>	<b>9,525</b>	<b>9,525</b>	<b>1,811</b>	<b>1,811</b>	<b>0</b>	<b>0</b>	<b>20,356</b>	<b>19,335</b>
<b>Total - NGO</b>	<b>5,443</b>	<b>5,443</b>	<b>643</b>	<b>643</b>	<b>233</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>670</b>	<b>670</b>	<b>2,325</b>	<b>2,325</b>	<b>2,791</b>	<b>2,791</b>	<b>0</b>	<b>0</b>	<b>12,105</b>	<b>11,872</b>
<b>Total - Other</b>	<b>0</b>	<b>0</b>	<b>123</b>	<b>123</b>	<b>389</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>625</b>	<b>625</b>	<b>2,035</b>	<b>2,035</b>	<b>4,073</b>	<b>4,073</b>	<b>20,484</b>	<b>0</b>	<b>27,729</b>	<b>6,856</b>
<b>Grand Total</b>	<b>11,897</b>	<b>11,897</b>	<b>2,713</b>	<b>1,886</b>	<b>622</b>	<b>0</b>	<b>194</b>	<b>0</b>	<b>1,720</b>	<b>1,720</b>	<b>13,885</b>	<b>13,885</b>	<b>8,675</b>	<b>8,675</b>	<b>20,484</b>	<b>0</b>	<b>60,190</b>	<b>38,063</b>

{1} Figures shown represent 1999/2000 contributions only and do not include rollovers from 1998/99.

State contributions in excess of the previous cost sharing arrangements are not included.

{2} Program fully funded by the Commonwealth

{3} NGO share represents NSW share of funding for the NSW Pap Test Register.

{4} Funding is provided to AHS for the operation of Screening Assessment Services (SAS).

Each SAS may provide screening to other AHS residents

{5} Commonwealth funding is for purchase of vaccines on the National Health & Medical Research Council Immunisation Schedule (NHMRC)

Source: NSW Health Department, 2000

**The commitment to improved quality and availability of mental health information continued for 1999/2000.**

During 1999/2000, the Centre for Mental Health began the development of the Mental Health Clinical Care and Prevention Model for Mental Health Services (MH-CCP). This model suggests appropriate levels of service and predicts the associated resource requirements needed for a series of population groups according to age and disease severity based on available local and international epidemiological evidence.

Categories in the model follow National Survey groupings. Data collected as a result of the Mental Health Information Development Program (MHIDP) will enable evaluation of actual service utilisation by clients with defined clinical severity with the type and amount of service suggested by the MH-CCP.

Implementation of the Commonwealth Funded MHIDP, began in December 1999. The project aims to ensure the availability of information about mental health clients and services which will support evidence based clinical practice and the provision of equitable, efficient and effective mental health services to consumers. Achievements up to June 2000 include the appointment of Departmental and Area project staff, selection of interim systems, definition of the initial minimum dataset items, commencement of a mental health data dictionary and a coded register of mental health service units. A strategy for providing unique client identifiers at State level while complying with NSW Privacy legislation will be developed. Areas have begun submitting business plans to attract funding for technical infrastructure.

The National Survey of Mental Health Services (NSMHS), which is used to monitor the National Mental Health Strategy, was repeated in October 1999 for 1998/99, the first year of the Second National Mental Health Plan. Audited data from the 1998/99 NSMHS was supplied on time to the Department of Health and Aged Care and will inform the revision of the resource distribution formula for mental health. Publication of the report on the 1997/98 Survey by the Commonwealth is expected by November. This report evaluated progress over the 5 years of the First National Mental Health Plan.

Mental health data from various sources is used to inform reports to the Council of Australian Governments (COAG), NSW Treasury, NSW Health – Finance and Performance Committees, indicators for the Premier, and monitoring performance agreements for mental health between Areas and the Department. These reports are constantly evolving as data quality is actively addressed to improve the indicators covered with the increasing sophistication of methods for measuring health and health system performance.

A Census of all clients resident in Mental Health facilities at 30 June 2000 was conducted in July 2000. Data from the Census will be combined with Inpatient Statistics data and NSMHS data to demonstrate inter area flows for mental health inpatient services. Some units have used the special extract report from patient administration systems that was made available this year to produce the Census electronically.

**Data sources**

All bed data and some of the activity data in the attached tables are based on a paper collection specifically for the 1999/2000 *Annual Report* from psychiatric hospitals and units. These data are combined with data on admissions, transfers and same day patients from DOHRS where the facility can be identified in DOHRS. Data for 1998/99 is from the 1998/99 *Department of Health Annual Report*. Efforts are continuing to improve identification of all mental health activity through changes to the DOHRS system and to hospital reporting practices.

Reported bed numbers represent the availability for use on one particular day only (30 June) and do not indicate general availability over the whole year. Available beds do not refer to empty beds but to beds that can physically be used and where there are staff to service them, whether they are occupied or not. Beds may be temporarily unavailable for occupancy due to renovations or temporary lack of staff.

### Psychiatric hospitals

Over 1999/2000, there was an apparent overall reduction of 26 available beds in stand alone psychiatric hospitals.

The Currawong ward of James Fletcher, Morisset, was converted from extended care to a special purpose neuropsychiatric ward resulting in a reduction of 8 beds. Resources associated with these beds were redirected into essential community mental health services.

While Argyle Villa in Kenmore Hospital is gazetted for 6 beds, only 4 of these beds were actually available in both 1998/99 and 1999/2000 due to space restrictions. The total of 54 available beds reported in 1998/99 should also have been 52 so bed numbers have not actually changed over the 12 month period.

Cumberland Hospital reported two extra available beds while Bloomfield has 18 beds not currently in use.

As at 30 June 2000, the 1,012 beds in Psychiatric Hospitals were 86% occupied with 872 patients in residence. A further 78 patients were reported as being on leave resulting in 94% of beds being committed to current patients.

Beds identified as drug and alcohol beds located on the campus of a psychiatric hospital (Cumberland and Rozelle Hospitals) are not available for the admission of psychiatric patients and are excluded from this report.

### Child and adolescent units

With the exception of the eight gazetted beds in Redbank House, which do not close, child and adolescent units generally run for only four out of five weekdays with special programs during school holidays.

There has been an increase of 19 available beds in child and adolescent units as at 30 June 2000. Arndell increased its available bed numbers for family admissions from five to ten in October 1999. There are no overnight admissions of individual children. Rivendell reopened 14 of its beds previously closed due to renovations.

### Co-located gazetted units in general hospitals and other units (*child and adolescent units not included*)

Co-located bed numbers show a net decrease of 53 beds over the total for 1998/99. Twenty-eight of these were temporarily unavailable due to renovations at Blacktown (5) and Prince of Wales (23). The loss of 10 beds in the Illawarra is explained in more detail below. Ward 24 of Concord Hospital, which had 22 gazetted beds, closed on 17 December 1999.

Bed numbers at the Coffs Harbour Unit were increased by four to 13 during 1999/2000. Gissing House at Wagga Wagga reported three extra beds used for high dependency patients. These are extra beds over the actual ward bed establishment of 14.

Ward restructures in Shellharbour and Illawarra Regional (Port Kembla) resulted in ten co-located beds from Lakeview House being moved into a community residential setting. The ten bed Mirrabook Unit at Port Kembla (Illawarra Regional Hospital) was moved to Shellharbour Hospital and was combined with the remaining ten Lakeview beds to form a new acute Mirrabook Unit.

Renovations at the Prince of Wales Psychiatric Units have resulted in the amalgamation of all its beds into a new psychiatric unit with bed numbers reduced from 69 to 46. At the completion of the renovations, however, bed numbers will be restored to their original number of 69 beds by June 2001.

Over the 12-month period, 19,711 overnight admissions occurred in all units, an increase of 9%. Direct admissions alone do not reflect the true utilisation of the psychiatric units. As in 1999, both admissions and transfers in, have been included to give a better indication of the actual utilisation in co-located units. There were 8,116 same day admissions to public psychiatric units reported for 1999/2000. The increase in overnight admissions combined with a decrease in bed numbers would imply a shorter length of stay in these units. DOHRS measures are actually indicating that this is the case in Rural Units.

Current occupant numbers were available for all reported units this year. There were 758 patients occupying 789 beds giving an overall occupancy of 96% on 30 June 2000.

### **Private hospitals**

Thirteen private hospitals authorised under the *Mental Health Act*, provided inpatient and same day psychiatric services during 1999/2000. The number of authorised private hospitals increased by one to 13 in 1999/2000 as a new psychiatric ward was opened at the Mayo Private Hospital in February 2000. These hospitals reported 519 available psychiatric beds at 30 June 2000. Overnight admissions were the same as last year (1998/99) while same day services decreased by 11% to 12,855. This represents 48% of all same day services provided by dedicated psychiatric inpatient units both public and private.

Beds in Port Macquarie Base Hospital are public non-gazetted beds provided within a private hospital.

### **Public sector ambulatory mental health services**

In the public sector, ambulatory includes all same day inpatient admissions (except Electro Convulsive Therapy – ECT) as well as non-admitted services in accordance with the National Survey of Mental Health Services definitions. Occasions of service for non-admitted patients in the mental health budget program increased by 9% to 1.85 Million in the twelve months to June 1999/2000, with 1.5 Million recorded as being delivered in the community. Same day services also increased over the same period by 8% to 13,871.

Based on reports from community mental health services for June 2000 there were 33,900 active clients and 1,434 or 4.2% of clients on community orders. Around 30,418 individuals were seen by 1,518 direct care mental health staff across NSW and of these, 853 were referred to inpatient care by the reporting services. A reduction of 22% in the number of individuals seen by the mental health staff is probably due to substantial under-reporting from some Area Health Services.

The ability to accurately count individual clients will improve as Area level client identifiers and methods of reporting client level data are introduced as part of the Mental Health Information Development Program.

## Public psychiatric hospitals with beds gazetted under the Mental Health Act 1990

Hospital / Unit	Available beds as at 30/6/99			Available beds as at 30/6/99			In residence		Admitted in 12 mths to 30/6/00		On leave as at 30/6/00	Deaths in 12 mths to 30/6/00
	gaz	non gaz	tot	gaz	non gaz	tot	as at 30/6/99	as at 30/6/00	Over Night	Same Day		
Rozelle Psychiatric	172	40	212	180	32	212	168	167	1,275	43	11	9
Gladesville / Macquarie Hospital	171		171	171		171	160	156	332	0	6	3
Cumberland Psychiatric	228		228	230		230	222	192	1,475	36	24	0
James Fletcher - Morisset <sup>1</sup>	114	22	136	102	26	128	126	125	91	0	6	0
James Fletcher - Newcastle	86		86	68	18	86	74	80	1,463	74	11	0
Bloomfield Psychiatric <sup>2</sup>	130	21	151	112	21	133	120	108	926	67	17	17
Kenmore Psychiatric <sup>3</sup>	54		54	52		52	48	44	59	0	3	4
<b>1999/00 Total</b>	<b>955</b>	<b>83</b>	<b>1,038</b>	<b>915</b>	<b>97</b>	<b>1,012</b>	<b>918</b>	<b>872</b>	<b>5,621</b>	<b>220</b>	<b>78</b>	<b>33</b>
1998/99 Total				955	83	1,038		918	5,837	251	78	46
1997/98 Total						1,095		919	6,404	266	24	44
1996/97 Total						1,163		1,019	8,415	228	72	42
1995/96 Total						1,273		1,093	8,668		93	72

1 James Fletcher Hospital Morisset site - ward restructure has resulted in a reduction of 8 beds

2 Bloomfield Psychiatric - Ward restructure has resulted in the unavailability of 18 beds

3 Kenmore Psychiatric - 2 beds unavailable

Source: Centre for Mental Health, 2000

# Public psychiatric hospitals with beds gazetted under the Mental Health Act 1990

Hospital / Unit	Available beds		In residence		Admitted in 12 mths to 30/6/00		On leave	Deaths in 12 mths to
	as at 30/6/99	as at 30/6/00	as at 30/6/99	as at 30/6/00	Over Night	Same Day	as at 30/06/00	30/06/00
Albury/Wodonga Private	6	6	1	0	63	0	0	0
Evesham	42	36	21	33	438	586	0	0
Lingard	25	25	20	18	370	893	2	0
Northside Clinic	94	88	71	79	1,130	2,079	3	0
Port Macquarie Base <sup>1</sup>	10	10	10	10	292	17	1	0
South Pacific	33	33	22	21	422	0	0	0
St Edmund's	31	39	16	26	531	1,124	0	0
St John of God Burwood	86	86	53	56	1,145	2,010	3	1
St John of God Richmond <sup>2</sup>	89	89	68	51	907	1,846	7	0
Sydney Private Clinic	34	33	19	29	462	921	0	0
Wandene	30	30	25	29	457	957	0	0
Wesley Private	38	38	25	25	467	2,422	0	1
Mayo Private Clinic <sup>3</sup>		6		5	27	0	0	0
<b>Total 1999/00</b>		<b>519</b>		<b>382</b>	<b>6,711</b>	<b>12,855</b>	<b>16</b>	<b>2</b>
Total 1998/99	518	518	351	351	6,711	14,407	1	3
Total 1997/98		503		363	7,804	14,566	4	4
Total 1996/97		517		363	6,845	11,938	2	3
Total 1995/96		520		350	5,933	11,395	7	1

1 Port Macquarie Base beds are non gazetted public psychiatric beds within a private hospital

2 St John of God Richmond also provides contract psychiatric services for public patients

3 The authorised beds in the Mayo Private Hospital were licensed as from 13 February 2000

Source: Centre for Mental Health, 2000

## Public psychiatric hospitals with beds gazetted under the Mental Health Act 1990

Hospital / Unit	Available beds as at 30/6/99			Available beds as at 30/6/99			In residence		Admitted in 12 mths to 30/6/00		On leave as at 30/06/00	Deaths in 12 mths to 30/06/00
	gaz	non gaz	tot	gaz	non gaz	tot	as at 30/6/99	as at 30/6/00	same Night	over Day		
Albury Base - Nolan House	16		16	16		16	15	16	404	130	4	0
Armidale Hospital	8		8	8		8	8	8	431	25	0	0
Bankstown Hosp - 2D		20	20		20	20	19	20	473	4	0	0
Bankstown Hosp - Banks House	30		30	30		30	21	26	582	25	0	2
Blacktown - Bungarabee House	30		30	25		25	27	22	656	20	0	0
Broken Hill Base - Special Care Suite	2		2	2		2	2	0	167	7	0	0
Campbelltown Hosp - Waratah House	30		30	30		30	18	24	623	24	5	3
Coffs Harbour Hosp - Psych Unit	9		9	13		13	16	13	424	40	1	0
Concord Hospital - Ward 34&24 <sup>1</sup>	44		44	22		22	29	14	427	4,347	5	0
Dubbo Base - Special Care Suite	2		2	2		2	2	2	112	2	0	0
Gosford District Hosp - Mandala Clinic	30		30	30		30	29	28	936	140	0	0
Goulburn Base - Chisholm Ross	20		20	20		20	16	14	451	0	1	0
Greenwich Hospital - Riverglen Unit	10	10	20	10	10	20	20	20	462	11	3	0
Hornsby & Ku-ring-gai Hospital - Lindsay Madew Unit	25		25	25		25	24	24	530	99	2	0
Illawarra Regional Hospital - Mirrabook Unit <sup>2</sup>	10		10				9	0	305	6	0	0
Kempsey District		4	4		4	4	4	3		131	7	
Lismore Base - Richmond Unit	25		25	25		25	27	28	1,457	240	3	0
Liverpool Hosp - Psych Unit	30		30	30		30	26	29	784	16	0	2
Long Bay Prison Hospital - All Psych units	60	29	89	59	30	89	87	85	554	0	0	0
Maitland Hospital - Psych Unit	24		24	24		24	26	16	809	20	7	0
Manly District - East Wing General	20		20	12	8	20	20	20	881	4	1	1
Manly District - East Wing Psychogeriatric	5	5	10	5	5	10	8	7	209	0	0	1
Nepean Hospital - Piala Unit	30		30	30		30	30	28	786	88	4	0
Prince of Wales - Psychiatric Units <sup>3</sup>				46		46	41	935	80	6	0	0
Prince of Wales - Adult Psychiatry	55		55				53	44				
Prince of Wales - Neuropsychiatric Institute		4	4				0					
Prince of Wales - Psychogeriatric		10	10				5					
Royal North Shore - Cummins Unit	20		20	20		20	15	20	429	10	2	1
Royal Prince Alfred - Missenden Unit	40		40	40		40	39	39	896	30	0	0
Shellharbour Hosp - Eloura Unit	34		34	34		34	33	29	1,219	201	2	1
Shellharbour Hosp - Lakeview House <sup>4</sup>	20		20				20	0	184	0	0	0
Shellharbour Hosp - Mirrabook Unit <sup>5</sup>				20		20	18	34	34	0	2	0
St George - Pacific House	18		18	18		18	18	17	550	16	2	0
St Joseph's Auburn - Psychogeriatric	15		15	15		15	13	15	157	0	0	0
St Vincents - Caritas	27		27	27		27	27	24	639	51	1	0
Sutherland Hospital - Psych Unit	22		22	22		22	21	18	512	38	3	0
Tamworth Base - Banksia Unit	15		15	15		15	13	14	492	27	2	0
Wagga Wagga Base - Gissing House	14		14	14	3	17	18	11	419	11	0	0
Westmead - Adult Acute Unit	12		12	12		12	13	13	587	2,392	0	0
Westmead - Psychogeriatric Unit	8		8	8		8	8	8	64	5	0	0
<b>1999/00 Total (excl C&amp;A)</b>				<b>709</b>	<b>80</b>	<b>789</b>		<b>758</b>	<b>19,711</b>	<b>8,116</b>	<b>56</b>	<b>11</b>
<b>1998/99 Total (excl C&amp;A)</b>	<b>760</b>	<b>82</b>	<b>842</b>				<b>779</b>		<b>18,156</b>	<b>7,482</b>	<b>26</b>	<b>13</b>
<b>Child &amp; Adolescent Units</b>												
Royal North Shore - Arndell <sup>6</sup>		5	5		10	10	4	0	253	1,565	0	0
Thomas Walker - Rivendell <sup>6</sup>		10	10	0	24	24	11	0	210	1,670	0	0
Westmead - Redbank House <sup>7</sup>	8	14	22	8	14	22	16	16	318	2,300	0	0
<b>1999/00 Total Child and Adolescent</b>	<b>8</b>	<b>29</b>	<b>37</b>	<b>8</b>	<b>48</b>	<b>56</b>	<b>16</b>	<b>781</b>	<b>5,535</b>	<b>0</b>	<b>0</b>	
<b>1998/99 Total Child and Adolescent</b>	<b>8</b>	<b>29</b>	<b>37</b>	<b>8</b>	<b>29</b>	<b>37</b>	<b>31</b>	<b>31</b>	<b>857</b>	<b>7,263</b>	<b>0</b>	<b>0</b>
<b>1999/00 Total all Units</b>				<b>717</b>	<b>128</b>	<b>845</b>		<b>774</b>	<b>20,492</b>	<b>13,651</b>	<b>56</b>	<b>11</b>
<b>1998/99 Total all Units</b>	<b>768</b>	<b>111</b>	<b>879</b>	<b>768</b>	<b>111</b>	<b>879</b>	<b>810</b>	<b>810</b>	<b>18,792</b>	<b>12,567</b>	<b>26</b>	<b>13</b>
<b>1997/98 Total all Units</b>				<b>751</b>	<b>169</b>	<b>920</b>		<b>820</b>	<b>17,798</b>	<b>14,764</b>	<b>15</b>	<b>19</b>
<b>1996/97 Total</b>				<b>709</b>	<b>193</b>	<b>902</b>		<b>683</b>	<b>14,324</b>	<b>13,329</b>	<b>12</b>	<b>7</b>
<b>1995/96 Total</b>				<b>685</b>				<b>599</b>	<b>12,593</b>	<b>8,640</b>	<b>21</b>	<b>9</b>

1 Ward 24 of Concord Hospital closed on 17/12/1999

2 Moved to Shellharbour Hospital prior to 30 June 2000

3 New Psych Unit - beds were unavailable due to closure and renovation of psych units of POW

4 Closed prior to 30 June 2000

5 Mirrabook Unit - moved to Shellharbour Hospital (from Illawarra Regional Hospital) in a ward previously known as Lakeview House

6 Bed numbers shown were actually unavailable at midnight on 30 June as the units closed at 3pm on the day when beds and residents were recorded

7 Redbank House includes Acute, Adolescent Program and Child and Family Units

### Passage of the Health Legislation Amendment Act 1999

- repeals the Pathology Laboratories Accreditation Act 1981
- makes miscellaneous amendments to the following Acts relating to health and associated matters:
  - Dental Technicians Registration Act 1975
  - Health Services Act 1997
  - Human Tissue Act 1983
  - Nurses Act 1991
  - Optometrists Act 1930
  - Pharmacy Act 1964
  - Physiotherapists Registration Act 1945
  - Poisons and Therapeutic Goods Act 1966
  - Public Health Act 1991

### Passage of the Medical Practice Amendment Act 2000

- amends the Medical Practice Act 1992 to make further provision for the registration of medical practitioners and the professional practice of medical practitioners
- cognate amendments to certain other Acts

### Regulations

The following new regulation was made:

- Public Health (Tobacco) Regulation 1999

### Amending regulations

- Food (General) Amendment (Premises) Regulation 2000
- Medical Practice Amendment (Benchtop and Portable Sterilisers) Regulation 2000
- Nurses (General) Amendment Regulation 2000
- Nurses (General) Amendment (Nurse Practitioners) Regulation 1999
- Nursing Homes Amendment (Fees) Regulation 1999
- Poisons and Therapeutic Goods Amendment (Methadone) Regulation 1999
- Poisons and Therapeutic Goods Amendment (Methadone) Regulation 2000
- Poisons and Therapeutic Goods Amendment (Miscellaneous) Regulation 1999
- Private Hospitals and Day Procedure Centres Amendment (Fees) Regulation 1999
- Public Health Amendment (Fees) Regulation 1999
- Public Health (Tobacco) Regulation 1999
- Public Health (Tobacco) Amendment Regulation 1999

### Significant judicial decisions

There were no significant judicial decisions for the purposes of the Report during this period.

NSW Health recognises that the health of women is determined by a range of factors including social (eg. gender), economic, environmental as well as biological factors. Women's health outcomes are improved through a range of approaches in collaboration with a number of agencies, working towards the same objectives.

NSW Health continues to administer and implement the National Women's Health Program (NWHP), the Alternative Birthing Services Program and the Female Genital Mutilation program in accordance with the Public Health Outcome Funding Agreement (PHOFA).

The objectives outlined in the NSW Government Action Plan for Women were addressed during 1999/2000 as outlined below.

### Objective 1

#### Reducing violence against women

The NSW Health Domestic Violence Policy was reviewed in 1999/2000 and will be finalised with the inclusion of relevant aspects of the 2000 inter-agency child protection guidelines.

The regional Violence Prevention Strategy involves a partnership between the Attorney General's Department, NSW Police Service and Department of Community Services and NSW Health. NSW Health participation involves the implementation and support of the 17 Regional Violence Prevention Specialists' plans and a contribution of \$465,000 to the Strategy. Additional Area Health Service staff are involved in regional initiatives aimed at reducing violence.

The 1999/2000 allocation of one-off NWHP grants included two violence prevention strategies :

- Cumberland Women's Health Centre Anti-Violence Project (\$85,000)
- Violence Prevention Strategies in the Illawarra region (\$55,000)

### Objective 2

#### Promoting workplaces that are equitable, safe and responsive to all aspects of women's lives

The Gender Equity in Public Institutions (GEPI) research project involves a partnership between Sydney University, Premier's Department, NSW Health, Department for Women, Department of Industrial Relations, Department of Education and Training and the Director of Equal Opportunity in Public Employment (ODEOPE). The project aims to examine the impact of gender on policy development, diffusion and implementation in the public sector.

### Objective 6

#### Improve the health and quality of life of women in NSW

The 1999/2000 allocation of one-off NWHP grants included the following initiatives:

- **Strengthening the support networks for women in socially disadvantaged communities**  
South Western Sydney Area Health Service received funding for this project, which is designed to improve the mental health of socially isolated women, in partnership with Department of Housing, Bankstown Council and the Bankstown Women's Health Centre.  
*Value of grant* \$150,000 over 3 years.
- **The Strong Women's Project**  
Macquarie Area Health Service received funding for this project which is being conducted in partnership with Department of Technical and Further Education, Department of Housing and the Dubbo Aboriginal Medical Service. The project aims to strengthen supports and access to health care services for Aboriginal women to improve outcomes in diabetes, cardiovascular disease and maternal and infant outcomes.  
*Value of grant* \$100,000 over 3 years.
- **Building Self Esteem and Social Networks for Adolescents**  
Mid North Coast Area Health Service received funding to work with the Departments of Education and Community Services and Aboriginal organisations to improve self esteem in Aboriginal girls, address risk taking behaviour, and provide positive peer support and job skills training.

**The Disability Policy Framework reflects the NSW Government's commitment to improve the opportunities of people with disabilities to share fully in community life.**

Under section 9 of the *NSW Disability Services Act* 1993, NSW Government agencies are required to develop Disability Action Plans which details initiatives to ensure services are accessible to people with disabilities.

In 1998, NSW Health and the NSW Ageing and Disability Department worked together to develop the NSW Government Disability Policy Framework. The Framework outlines the planning framework for the development of Disability Action Plans and requires all agencies to submit a Plan to the Ageing and Disability Department on a triennial basis, beginning in December 1999.

The NSW Health Department's Disability Action Plan 2000–2002 focuses on its core business and functions. It reflects and builds on the principles of the Department's Strategic Directions for Health 1998–2003, Corporate Plan 1998–2003, the Equity Management Plan and the NSW Government Disability Policy Framework.

The planning process is an evolving one, designed to produce cumulative improvements for people with disabilities. Within the planning frameworks of the NSW Department of Health, emphasis is placed on:

- addressing accessibility of the organisation to people with disabilities as members of the general public and workforce
- workforce representation

This will be achieved through the implementation of a number of key strategies in the following priority areas:

- physical access
- promoting positive community attitudes
- employment and training of staff
- information about services
- complaints procedures.

The Plan was developed in consultation with managers and staff of the NSW Department of Health. A number of key strategies were drawn from existing corporate planning processes where broader consultations with various committees and groups within the Department were undertaken. Further consultation with staff and consumers will assist implementation of the Plan.

All Area Health Services, the Ambulance Service of NSW, the Children's Hospital at Westmead and the Corrections Health Service have also developed Disability Action Plans.

## Number of staff employed in the NSW Public Health System

### Full Time Equivalent

	1999/2000	1998/99	1997/98	1996/97	1995/96
Medical	5,969	5,751	5,720	5,613	5,586
Nursing	33,356	33,303	32,974	32,357	32,201
Administration and Clerical	10,608	10,860	10,921	10,717	10,665
Hospital Employees – Housekeeping & Cleaning, Dietary & Food Preparation, Maintenance, etc	14,774	15,230	15,092	14,810	14,739
Hospital Employees – Technical	2,242	2,106	2,178	2,137	2,127
Ambulance Uniformed Officers	2,585	2,524	2,385	2,323	2,165
Other – Dental, Health Professionals, Trades Staff	11,980	11,963	11,946	11,722	11,665
<b>Total</b>	<b>81,514</b>	<b>81,737</b>	<b>81,216</b>	<b>79,679</b>	<b>79,148</b>

All figures are as at 30 June

Source: DOHRS Reports, 30 June 2000

### Full Time Equivalent

Full Time Equivalent (FTE) indicates the number of full time equivalent staff for which funding has been expended.

It includes any person:

- paid by the reporting entity as an employee (including apprentices, trainees and temporary staff)
- employed by another agency whose salary is paid by the reporting entity but recouped from that other agency – whose services were available to be used by the reporting entity
- employed as a contractor who was actually engaged in patient care (eg. contracted nursing staff).

Source: Finance and Commercial Services, 2000

### NSW Health Department

Representation of Women within levels	1996/97	1997/98	1998/99	1999/2000
Below CO1 total staff	1	nil	nil	nil
Below CO1 female staff	1	nil	nil	nil
per cent total female staff				
Below CO1	0.24	nil	nil	nil
CO1 - CO7/8 total staff	89*	125	112	101
CO1 - CO7/8 female staff	72*	94	83	71
per cent total female staff				
CO1 - CO7/8	16.99*	20.26	17.36	16.67
A&C Grade 1-2 total staff	20*	17	19	19
A&C Grade 1-2 female staff	14*	13	13	15
per cent total female staff				
A&C Grade 1-2	3.31*	2.8	2.72	3.31
A&C Grade 3-5 total staff	109	93	94	90
A&C Grade 3-5 female staff	71	57	65	61
per cent total female staff				
A&C Grade 3-5	16.74	12.28	13.6	13.46
A&C Grade 6-9 total staff	241	254	270	235
A&C Grade 6-9 female staff	135	143	159	140
per cent total female staff				
A&C Grade 6-9	31.84	30.82	33.26	30.90
A&C Grade 10-12 total staff	266*	286	273	304
A&C Grade 10-12 female staff	96	140	139	146
per cent total female staff				
A&C Grade 10-12	22.64	30.17	29.08	32.22
A&C>Grade 12				
(non SES) total staff	10*	21	23	18
A&C> Grade 12				
(non SES) female staff	3*	10	12	11
per cent total female staff (non SES)				
> Grade 12	0.95*	2.16	2.51	2.42
SES total staff	30	31	30	31
SES female staff	9	7	7	9
SES per cent total female staff	2.12	1.51	1.46	1.98
<b>Total Staff</b>	<b>766</b>	<b>827</b>	<b>821</b>	<b>798</b>
<b>Total Female Staff</b>	<b>424</b>	<b>464</b>	<b>478</b>	<b>453</b>

Representation and recruitment of Aboriginal employees, employees with a physical disability and employees from a non-English speaking background

	1996/97	1997/98	1998/99	1999/2000
Total employees	766	827	821	798
Recruited during year	205	175	364	159
Aboriginal people	11	17	26	19
Recruited during year	3	4	5	0
People with disabilities	31	35	49	45
Recruited during year	31	5	5	3
People from NESB	193	210	242	240
Recruited during year	40	28	26	17

Source: Executive and Corporate Support, 2000

## Number of Registered Health Professionals in NSW

	1996/97	1997/98	1998/99	1999/2000
Chiropractors	1058	1080	893	923
Chiropractors and Osteopaths	101	212	218	226
Dental Technicians	622	618	607	629
Dental Prosthetists	392	387	395	390
Dentists	3904	3931	3923	3,975
Enrolled Nurses	16477	16343	16311	16,136
Medical Practitioners	22863	23395	23853	24,401
Optical Dispensers	1332	1329	1332	1,351
Optometrists	1224	1260	1336	1,372
Osteopaths	297	409	208	208
Pharmacists	6593	6692	6847	6,977
Physiotherapists	4960	5134	5327	5,495
Podiatrists	638	657	655	658
Psychologists	4948	5592	6086	6,266
Registered Nurses	74659	74895	75205	76,162
<b>Total</b>	<b>*140,068</b>	<b>141,934</b>	<b>143,196</b>	<b>145,169</b>

Please note that figures for Dentists, Medical practitioners and Pharmacists have been provided by their individual Boards.

\* For the years 95/96 and 97/98 the individual category (a) Chiropractors and (b) Osteopaths has included those registered as chiropractors and osteopaths.

The number of registered health professionals 1999/2000 – as at 30/06/2000

Source: Health Professional Registration Boards, 2000

**Corporate Personnel Services is responsible for developing human resources policies for Department of Health staff and providing support and guidance to managers and staff on all human resource issues.**

Issues may include conditions of employment, training, grievance resolution, organisational change, workers compensation and rehabilitation.

## **Major achievements for the year**

- implementation of an effective redeployment and support service for excess and displaced officers
- enhanced procedures for managing workers compensation
- continued implementation of job analysis and evaluation programs
- streamlined recruitment processes
- implementation of recruitment and selection training programs for staff
- development of an annual training calendar
- establishment of 'staff line' to facilitate more effective response times
- revised training program for the Progress Review and Development Scheme
- more comprehensive pay advice slips issued

## **Equal Employment Opportunity (EEO)**

### **EEO Advisory Committee**

- developed and circulated the Department's EEO Management Plan 1998/2000 to all staff
- coordinated the Plan's implementation from a strategic viewpoint
- includes the Director of Employment Equity, the Training and Equity Officer and representatives from ODEOPE, employee organisations, management and the EEO groups

A new Training and Equity Officer was appointed to continue implementation of the EEO plan and to assist staff and managers throughout the Department.

## **Spokeswomen's program**

The Spokeswomen's program continued to promote the interests and career development of women.

## **Job evaluation**

Job analysis and evaluation programs continued to be implemented within the Information and Asset Services Division and other Divisions as vacancies arose. A number of training programs for Job Analysts and Job Evaluators were conducted.

## **Organisational change**

A new redeployment process was developed and implemented with considerable success in placing excess and displaced officers within the Department and other government agencies.

## **Career development and quality initiatives**

### **The Margaret Samuel Memorial Scholarship for Women**

The Scholarship is designed to assist female officers in the Department up to and including Clerk Grade 7/8, to pursue tertiary studies in an area which is relevant to the Department's functions. Areas may include health and general administration, finance, human resources, information technology and law. The scholarship was awarded to three staff and presented by the Director-General.

### **Management Skills Program for senior non-SES staff**

Planning for this program was completed. The program will cover topics such as people management, strategic management, computer-based technologies, resource management, managing in an ethical environment and women in leadership.

**Monthly Departmental Staff Quality Service Awards (SQSA)**

Peita Shirvington	Health Promotion	SQSA	Jul-Sep 99
Paul Bakovic	Accounts	Commendation	Jul-Sep 99
Trevor King	Records Management Centre	Commendation	Jul-Sep 99
Kerryl McGrath	Health Promotion	Commendation	Jul-Sep 99
David Pallot	Records Management Centre	Commendation	Jul-Sep 99
Terry Boyd	Records Management Centre	SQSA	Oct-Dec 99
Cindy Jones	Health Public Affairs	Commendation	Oct-Dec 99
Don Peterson	Computing and Telecommunication	Commendation	Oct-Dec 99

**Employee of the Year 1999**

- Andre Fong | Accounts Payable Supervisor, Clerk Grade 4, Accounts, Finance and Commercial Services

**Margaret Samuel Memorial Scholarship – 1999**

The following recipients each received \$1000

- Heather Simon | Project Officer, Performance Management
- Melissa Langhorn | Policy Analyst, Environmental Health
- Rhoda Case | Review/Support Officer, Executive Support

**Mr Noel Alex** Health Service Manager, Hunter Area Health Service, *Training in Bowe Passat Linen System, Germany and UK*. General Fund.

**Ms Dianne Ayers** Manager Clinical Systems, NSW Health Department, attend the *Healthcare Information & Management Systems Society Conference, USA*. General Fund.

**Ms Deborah Best** AIDS and Infectious Diseases, NSW Health Department, attend the *27th Annual Education Conference & International Meeting of the Association for Professionals in Infection Control & Epidemiology, USA*. General Fund.

**Ms Bernadette Dagg** NSW Coordinator, Early Psychosis, attend the *Second International Conference on Early Psychosis, USA*. General Fund.

**Ms Tracey Edwards** Cytogenetics Unit, Hunter Area Pathology Service, attend the *25th Annual Meeting of the Association of Genetic Technologists and visit to Mayo Clinic, USA*. General Fund.

**Two Environmental Officers** NSW Health Department, attended *training on vessel sanitation program, Centre for Disease Control, USA*. General Fund.

**Mr David Gates** General Manager, Information and Asset Services, NSW Health Department, attend *UK Health Computing 2000 Conference & post conference education tour, UK*. General Fund.

**Ms Catherine Katz** Manager, Government Relations, NSW Health Department, *Commonwealth Study Tour, USA*. General Fund.

**Mr Denis Nosworthy** Area Director Information Services, South Western Sydney Area Health Service, to attend the *Healthcare Information & Management Systems Society Conference, USA*. General Fund.

**Mr Ross O'Donoghue** Director Health Protection, NSW Health Department to attend the *Australian and New Zealand Health Leadership Program, Module 2, New Zealand*. General Fund.

**Ms Leanne O'Shannessy** Deputy Director Legal & Legislative Services, NSW Health Department, to attend the *Telemed 99 conference, and visit 3 Telemedicine projects, UK*. General Fund.

**Mr Edwin Pearse** Director Structural & Funding Policy Branch, NSW Health Department, to attend the *Healthcare Conference 2000 at Stanford University, USA*. General Fund

**Ms Alison Pryor** Senior Social Worker, South Western Sydney Area Health Service, to attend the *Pan American Congress of Psychological and Behavioural Oncology, Recognition and Treatment of Distress in Cancer, USA*. General Fund.

**Ms Maureen Robinson** Director, Quality Branch, NSW Health Department, to attend the *5th European Forum on Quality Improvement in Healthcare, Amsterdam and to undertake consultations with personnel from the UK National Health Service, UK*. General Fund.

**Dr Nitin Saksena** Senior Hospital Scientist, Western Sydney Area Health Service, present a paper at the *7th Conference on Retroviruses & Opportunistic Infections, USA*. General Fund.

**Professor Rodney Scott** Director, Cytogenetics & Molecular Genetics, Hunter Area Health Service, to attend the *American Society of Human Genetics, 49th Annual Meeting*. General Fund.

**Mr David Small** Senior Advisor, Multicultural Health, NSW Health Department attend the *3rd Houston International Community Health Summit & site visits to the Texas Department of Health, USA*. General Fund.

**Mr George Smith** District Manager, Ambulance Service of NSW to attend the *Chemical Biological & Radiological Live Agent Training in conjunction with the Australian Defence Forces, Canada*. General Fund.

**Ms Sandra Sunjic** Manager, Drug Courts Program, South Western Sydney Area Health Service, to attend, present and conduct a *workshop at the American Methadone Treatment Association Conference, USA*. General Fund.

**Ms Amanda Wheeler** Central Coast Area Health Service, to attend the *2nd International Conference on Child and Mental Health, Kuala Lumpur*. General Fund.

**Mr Peter Williams** Information and Data Services, NSW Health Department, *ISO Working Group Meeting, New Zealand*. General Fund.

**Dr Andrew Wilson** Deputy Director-General, Policy and Chief Health Officer, NSW Health Department, to attend the *Public Health Leadership Institute Program workshop, USA*. General Fund.

### Corporate commitment

NSW Health is committed to meet the Government's energy management requirements as established in the Government Energy Management Policy (GEMP).

### Planning

NSW Health has a statewide energy manager and each Health Service has an Area energy manager.

Accountability, responsibilities and corporate goals have been established in all Health Services to enable compliance with the Government's energy management policy.

### Implementation

NSW Health is introducing strategies to reduce energy consumption and greenhouse gas emissions.

- NSW Health has entered into five Energy Performance Contracts involving six Area Health Services at Greater Murray, Macquarie, Mid Western, Western Sydney, Illawarra and Northern Sydney. These contracts will in total provide for capital upgrades of \$5.5 Million to achieve greenhouse savings of 9,799 tonnes per annum. Under the contracts recurrent cost savings from energy efficiency gains are guaranteed.
- The Ministry of Energy and Utilities has recognised the achievement of the Hunter Area Health Service in reducing energy consumption by 25% in 1998/99 compared to consumption levels in 1995/96 for hospitals and other healthcare buildings. Hunter Area Health Service has made use of three forms of free energy – solar, waste heat and atmospheric heat.
- NSW Health conducts meetings with Area Health Service Energy Managers and circulates appropriate data and other information on energy management programs.

### Performance against goals

The first annual returns for energy consumption and costs were provided by all Health Services for the 1998/99 year. The data was evaluated against the 1995/96 baseline year by the Ministry of Energy and Utilities for the purposes of measuring progress towards the energy targets.

Obtaining the 1995/96 baseline data was prepared on the best available data at the time of preparation. It is expected that in future reporting periods a more accurate reflection of energy management trends will be available as data will be collected during the year.

The Ministry of Energy and Utilities 1998/99 *Annual Report* has identified data collection as a cause of differences between 1995/96 and 1998/99.

Notwithstanding the differences, NSW Health is a major consumer of energy, with the key statistics being:

- total energy consumption for NSW Health in 1998/99 was 4,876,447 gigajoules (GJ)\* or 25.7% of all energy consuming agencies
- hospitals used 3,478,831 GJ
- community health centres, ambulance stations and nursing homes etc. used 125,303 GJ
- linen services, stand alone food services etc. used 455,560 GJ
- transport services consumed 804,049 GJ of petrol, diesel and aviation fuel.
- office buildings, which included lighting, office equipment etc., consumed 12,175 GJ.

Action is now in place to determine indicators, which relate measures such as service provision, floor space and staff to access improved utilisation in accordance with GEMP.

It is advised that a normal household (excluding transport) consumes 49.6 GJ per year. Therefore, NSW Health (excluding transport) in 1998/99 consumed the equivalent of 82,000 households normal annual energy.

### Future direction

- 1999/2000 data is now being collated by the Ministry for Energy and Utilities for reporting back to NSW Health for comparative analysis.
- NSW Health is to develop performance indicators to measure efficiency trends in energy consumption (as distinct to raw consumption data).
- NSW Health will continue to review opportunities for the application of Energy Performance Contracts and to fund energy saving capital upgrades and other energy management improvement solutions.

\* Electricity, gas, petrol, or any other fuel is measured in different units. In order to aggregate energy consumption, it is necessary to convert the different energy units to a common unit. The customary common unit is the gigajoule.

Goal	Health Service	Project title and description	Achievements for 1999/2000
<i>Healthier People</i>	CCAHS	A mental health for CALD clients is planned for late Nov with TMHC and STARTTS presenting	Training has been conducted for 100 staff with direct patient contact and additional training is scheduled.
	CHS	Vietnamese mental health needs	Major research project underway.
	CSAHS	Mental Health	Development of a cultural assessment guide for mental health.
	SESAHS	Language Services	Early Intervention Services were also offered to recently arrived refugees in the Eastern and Southern parts of South East Health.
	SWSAHS	Men and Depression Project	Raise awareness of depression issues in men from identified groups. Challenge the myths surrounding Depression. Promote positive help-seeking behaviour in men.
	SWSAHS	Training of Khmer workers on mental health	Raised awareness of mental health within the Khmer community. Community education in the Khmer community on mental health. Development of training package for Khmer workers.
	WSAHS	Gambling project for Chinese community	Funding application successful and projects have commenced. Support provided to the Australian Chinese Community Association to gain funds to commence.
	SWSAHS	Cervical Screening Project: Liverpool HP support the Area CSC to target NESB communities within the Liverpool LGA to increase uptake of cervical screening	Awareness raising sessions conducted for Timorese, Spanish, Arabic, Farsi, and Assyrian communities, at Seniors Group (with mixed population groups that included NESB women). Recruitment to well women's clinics. Project with Macedonian, Bosnian, Serbian, Croatian communities looking at awareness raising, including a large media component. 3 Women's Health Expos conducted in Macarthur, Fairfield and Bankstown. Target groups included NESB women. 4 Outreach clinic services held in Liverpool, Warwick Farm, Heckenberg, and Cecil Hills.
	WSAHS	Cervical Screening Awareness Program for Women from the Former Yugoslavia	Recruitment and training of bilingual community educators to increase cervical screening rates for women from Former Yugoslavia.
	WSAHS	Arabic Speaking Women's Project; Project targeting under and unscreened women in Auburn, Parramatta, Holroyd and Blacktown LGA's	Collaborative initiatives with Arabic speaking GP's, BreastScreen Western and Midlink Menopause Service Development of Arabic cervical screening education package; Collaborative Community Education; -24 presentations; Collaborative recruitment to cervical screening during BSW van location at Auburn LGA - 80 women screened. Community education and outreach-9 events -300 packages distributed. GP combined education sessions - 6 sessions and 44 women attending. Academic detailing of 20 GP's in Auburn and Blacktown areas.
	SWSAHS	Establishment of additional service components at DISC	Home Detox Support Project targeting Young Indo-Chinese in Fairfield LGA.
	WSAHS	Pacific Islander Youth Project to increase use of Youth Health Services by young people from NES Backgrounds	Team project targeting young people from Pacific Island backgrounds, who were also clients of Juvenile Justice. This group was conducted twice through 1999/2000. The group ran for 10 weeks.
	CSAHS	Portuguese Alcohol Project	Information sessions held, posters developed. Responsible Drinking campaign held, evaluation report written, resources developed, articles published in Portuguese, radio messages broadcast.
	CSAHS	Marrickville Walk Wise Project - primarily targeting older NESB people walking in Marrickville including groups	Implementation phase II. Single map development & published to newsletter 70,000 readership, Complete signage of walk wise for parks and routes.
	CSAHS	Parenting	Improving access to Tresillian services for the Arabic community (bilingual staff member hired, use of radio and press).
	IAHS	Implementation of Talking Better Health Program with Italian, Macedonian, Serbian, Spanish and Portuguese communities to facilitate participation in the planing and evaluation of IAHS services	Consumers have gathered and rallied around common issues and provided feedback to the IAHS on dental and hospital services. The Talking Better Health Program is a model for engaging people to work on common issues and build their confidence in addressing concerns.
SAHS	Women's Health Domestic Violence Project	Health promotion day held with Samoan community on domestic violence.	
SWSAHS	Child Protection Kit was developed. Partnership included Fairfield Bosnian, Serbian, Croatian, Macedonian and Slovenian Health Worker and the Bosnian Interagency Group	The Kit targets parents and includes information and discussion on discipline, child protection and notification to DOCS, guidelines for positive parenting. The process included focus groups on needs and awareness levels.	

## Ethnic Affairs Priority Statement

Goal	Health Service	Project title and description	Achievements for 1999/2000
Access to Services	SWSAHS	Thai Sexual Health Clinic	Utilised by Thai community. Conducted weekly.
	WSAHS	Health in Ethnic Media	Regular Arabic radio programs and media releases to increase knowledge in Arabic community about health issues and services. Assyrian Health Promotion Radio Program on Health Information, Prevention and Education.
	CHS	Vietnamese mental health needs	Major research project underway.
	IAHS	Consumer satisfaction surveys with health care providers at the Wollongong, Shellharbour, Bulli and Shoalhaven hospitals in relation to interpreting services.	Surveys were conducted with the key target groups and results analysed to improve services.
	NSAHS	Consultation with NESB Community Workers	Consultation with NESB community workers to determine their information needs, barriers to accessing health services in the Northern Sydney area and the experiences of NESB communities in accessing health services. Summary document distributed.
	SESAHS	Research Projects	Partnerships were established with the NSW Refugee Health Service to identify strategic directions for health care of refugees, and with the Deaf Society of NSW, to ascertain the health information needs of the deaf community in NSW. These will be completed in 2000/2001.
	SWSAHS	A retrospective study comparing the profiles of Anglo-Celtic and Other Ethnic cancer patients: breast, lung, colorectal and prostate. To ascertain whether or not there is a difference in stage at diagnosis between the two groups, as survival is influenced by stage at diagnosis. If a difference exists, then issues of access and survival arise	Completed the Breast cancer component. Presented at the Liverpool Health Service 2nd Annual Divisional Meeting.
	SWSAHS	An exploratory study: The relationship between acculturation, beliefs and attitudes, help-seeking preferences and health behaviours for Vietnamese cancer patients and significant others	The aim is to identify gaps in the delivery of culturally appropriate and effective services for ethnic cancer patients, to address the issues of access, quality health care, effective health care and better value for ethnic cancer patients. Completed the study. Paper presented in the Fifth World Congress of Psycho-oncology (2000). Paper presented in the Culture, Race and Community international conference (1999).
	SWSAHS	Miller Household survey - face to face interviews with residents in the Miller area to determine use of health services, key issues for the community and social capital present in the community	29.4% of people interviewed were born in NESB (Miller community 1996 Census 26%). Further analysis to be completed.
	SWSAHS	Service satisfaction survey among NESB patients	Patient satisfaction survey questionnaire translated into 6 languages and pilot study conducted.
	WSAHS	Promotion of Sexual Assault Services; Develop strategies to improve access to Sexual Assault Services for women from NESB communities who are victims of sexual assault	Distribution of multilingual information pertaining to sexual assault issues to the Migrant Resource Centre and the Mt Druiitt Ethnic Communities Agency.
	WSAHS	Menopause Across Cultures	Published literature review bibliography and summary of research findings of cross cultural menopause studies.
	WSAHS	Chinese Early Childhood Clinic Pilot.	Clinic trialled and made permanent.
	HAHS	Telemedicine Project for use of teleconferencing facilities for Hunter and NSW Rural Health Care Interpreter Services	Participated in the development of HAHS Telemedicine Project. Training in use of teleconferencing technology for staff. Successful trials conducted & two successful live sessions completed.
	NSAHS	Health Services in the Northern Sydney Area: An Information Guide for Newly Arrived Refugees and Migrants	Information on local health services collated in plain English for directory to be launched in 2001.
SESAHS	Publications	The Multicultural Health Unit published three directories (National Directory of Non-English Language Media; NSW Multilingual Health Practitioners Directory; and Multicultural Organisations and Services Directory) and a video called Therefore Choose Life: The Impact of Jewish Beliefs and Values on the Delivery of Healthcare. The publications keep with the Area's commitment to improving access to health information by consumers.	

Goal	Health Service	Project title and description	Achievements for 1999/2000
	SWSAHS	Postnatal stress and depression information booklet in Vietnamese	Booklet developed, launched and distributed.
	SWSAHS	Production of a video on renal disease for Arabic speaking patients	The video includes information on renal disease, transplant, choices for dialysis and practical healthy cooking/eating tips. To be finalised August 2000.
	SWSAHS	QI Coordinators produced a Brochure on Patient's Rights and Responsibilities	Preparations in place to translate into the top ten languages.
	SWSAHS	Promotion of Paediatric Outpatient Services to Chinese, Italian, Spanish and Vietnamese communities	This project used ethnic media (radio & newspaper) to inform target communities on services available. Radio interviews conducted with SBS Cantonese, Italian, Spanish and Vietnamese programs and some community radio stations. Articles in 4 Chinese newspapers, 1 Italian and 1 Spanish newspaper and 3 Vietnamese newspapers.
	SWSAHS	Bilingual GPs in Shared-Antenatal Care	Program expanded with 29 languages and dialects spoken by GPs; 35 participating GPs are female.
	SWSAHS	Awareness of Dementia In NESB Communities Project (state-wide). To establish Language Working Parties, develop and coordinate a workplan for each targeted language	A resource folder was developed for Polish, Chinese, German, Arabic, Spanish and Greek organisations on dementia services and issues, radio programs conducted. 'Help notes' for carers translated. A booklet 'Memory loss in Elderly Persons – Advice for Carers' was produced. A carer support group was established and evaluated.
	SWSAHS	Bilingual Community Education (BCE) Program in Women's Health: A peer education program implementing 4 community education programs New Healthy Women; Changing Lives – Keep your Balance; Living with Choices; and Women and Children growing together in a new country	The programs are targeted towards NES communities in SWSAHS with an emphasis on newly arrived and emerging communities as well as significant NESB Communities in SWSAHS. 30 BCE Programs run in community languages across SWSAHS covering the four programs. Languages included Arabic, Africans, Cantonese, Farsi, Khmer, Serbian, Spanish, Sudanese, Samoan, Somali, Tagalog, Vietnamese.
	SESAHS	Community Health Education Package for Health Practitioners and their consumers	In partnership with Sydney Hospital and the Eastern Sydney Division of General Practice, the Multicultural Health Unit developed a multilingual information package available on CD ROM.
	SWSAHS	The Food Share Project, Cabramatta is an innovative community development project initiated by the Fairfield Migrant Interagency, in partnership with Bosnian, Serbian, Croatian, Macedonian and Slovenian Health Worker, Fairfield Community Aid, Cabramatta Community Centre and local community members	Participants, in exchange for 2 hours of voluntary work receive food parcels of fresh fruit, vegetable and meat. Activities increase sense of community spirit, break down isolation, improve self-esteem and self worth and help family budget. After initial period community will take full ownership in running program. Distributed food and nutritional information according to local need. Community Members trained.
	CSAHS	Training in the use of Teleconferencing for Carer Support Groups. In partnership with the Alzheimer's Assoc. and CERA, training and supervision of bilingual staff in the use of teleconferencing over an 8 week program for small groups of carers of NESB	Ten bilingual workers (Cantonese, Greek and Italian speaking) completed the training and delivered an 8 week program under supervision.
	SWSAHS	Bilingual staff in mainstream health services research program, Report 1: Health communication between non-English speaking patients and bilingual staff within our health services. Report 2: Matching non-English speaking patients and bilingual staff within our wards or units. Report 3: Bilingual staff in mainstream health care: Policy development for NSW Health services	Development of a bilingual health staff communication strategy for NSW health services developed for Health Department. Reports in the Communicating across language and culture in the hospital system series (draft) are available through HRF. Development of language assessment tool to test staff's LOTE proficiency. Piloted and benchmarking occurred for Vietnamese and Cantonese. Funding received to test a further 4 languages. Collaborative industry grant developed with University of Western Sydney conducting a theoretical analysis of the nature of communication in health care settings.
	SWSAHS		Research conducted on roles of MH workers and differences in structures across AHSs. Paper in press AHR: 'Characteristics of bilingual communicators: issues of role delineation' Paper published: 'The importance of language assessment for bilingual staff in health services'.
	WSAHS	Recruitment and training of contract interpreters	54 new contract interpreters recruited to meet language demands. Professional development attended by contract interpreters: Basic induction and orientation, Haematology Seminar, Mental Health Review Tribunal Seminar, Ethics Workshop, Translation Workshop, Dementia Awareness, Medical Terminology and Interpreting in Specialist Health Care Areas.

# Ethnic Affairs Priority Statement

Goal	Health Service	Project title and description	Achievements for 1999/2000
	SWSAHS	Funding for Interpreters to implement Families First initiatives for NESB communities	Funding received for Vietnamese, Arabic and Serbian interpreters. Paper written by LHS to support appropriate funding of HCIS for this project.
	SWSAHS	Report on 'The Health Needs of Young People from non English speaking backgrounds and their Families'	A report was produced identifying the needs of NESB young people and their families in the Bankstown LGA.
	SWSAHS	Female Genital Mutilation Communication Strategy	Establish men's and women's working parties for 6 affected communities. Conducting focus groups. Identification of appropriate strategies for each community. Development of resource materials.
	SWSAHS	Health profile for NESB communities in SWS	Profile used to identify target populations for specific diseases and chronic illness. Profile provides a benchmark for the development of health gains and health maintenance.
	SWSAHS	Mental Health database	New database developed to capture information on NESB individuals and groups using services.
	WSAHS	Service Utilisation by NESB Groups of Aged Respite Service	Statistical report on the attendance of NESB clients at the Aged Respite Service in 1999. Data accessed through the CHESS program. Report to be completed in 2000.
	WSAHS	New Booking System	Development of new bookings and data management system for HCIS. As part of Consortium, adopted Y2K-compliant system in use at South Western Sydney AHS. System implemented from July 1999. Enhancements required were identified.
	SWSAHS	Sensitive Assessments for Ethnic Elderly Project (SAFE). Funded by the Commonwealth Department of Health and Family Services to develop a culturally appropriate assessment framework, for use by Aged Care Assessment Teams in NSW	Nine training sessions were conducted across NSW with 126 ACATs members participating in the training.

### Explanation of terms

ACAT	Aged Care Assessment Team
BSW	Bilingual Sessional Worker
CALD	Culturally and Linguistically Diverse
CERA	Centre for Education and Research on Ageing
CHESS	Community Health Enterprise Support System
CSC	Cervical Screening Coordinator
DISC	Drug Intervention Service Cabramatta
DOCS	Department of Community Services
GP	General Practitioner
HCIS	Health Care Interpreter Service
LGA	Local Government Area
NESB	Non-English Speaking Background
STARTTS	Services for the Treatment and Rehabilitation of Torture and Trauma Survivors
TMHC	Transcultural Mental Health Centre

## **The Year 2000 projects undertaken throughout NSW Health since June 1996 were completed successfully.**

As anticipated, the transitions through the New Year and Leap Year were achieved with very few isolated Y2K-related incidents encountered. All incidents proved to be minor, quickly rectified and without any adverse impact on the delivery of patient care.

The few incidents that did occur however, gave an insight into the widespread disruptions to critical services and patient care that would have eventuated in the absence of comprehensive rectification projects.

Year 2000 rectification projects were undertaken by all Area Health Services, the Children's Hospital at Westmead, the Corrections Health Service, the Australian Red Cross Blood Service (NSW) and the Department's central administration. They encompassed over 40,000 different models of equipment and several hundred computer software systems which were all potentially at risk. The few incidents that occurred reflected a very thorough and successful approach.

The approach was based on the internationally accepted five-stage approach of awareness, assessment (incorporating the OIT six-phase Y2K Business Risk Analysis Methodology), rectification, testing and implementation.

In addition to the rectification plans developed, detailed business continuity plans were developed for each facility to ensure that critical business services could continue to be provided in the event of a failure of critical resource services (such as power, water, gas, or sewerage) or other key resources (such as laboratory or imaging equipment).

Independent Year 2000 Business Risk Analysts certified the rectification plans and business continuity plans.

In collaboration with representatives from the health care supply industry and private hospitals, NSW Health has established a Health Care Supply Liaison Committee to ensure continuity of supply and the equitable distribution of critical supplies in the event that there should be a widespread shortage for any reason (not just the Year 2000 date issue). The Committee operates in collaboration with a national committee with regard to national supply chain issues affecting the health care industry.

Since 1 January 2000 project teams have maintained vigilance regarding possible undetected errors and the NSW Health Peak Purchasing Council has been continuously monitoring the supply chain to identify any possible Y2K issues that might affect supplies to facilities. To date, none have been detected.

The total cost of the NSW Health Year 2000 project was \$98 Million, of which \$20 Million represents local funds committed by several Areas. Expenditure during 1999/2000 amounted to \$39.5 Million.

As a result of the Year 2000 Project NSW Health has achieved a number of benefits:

- equipment and infrastructure has been rationalised, standardised and upgraded
- obsolete equipment and systems have been retired or replaced
- ongoing maintenance and support costs will be substantially reduced as a direct consequence of the rationalisation and standardisation
- asset registers have been brought up to date and are now accurate and complete
- Business Continuity Plans for each facility and Area will ensure that critical business services can continue to be provided in the event that key resources or services are not available for any reason (not just a Y2K failure)

- robust emergency power arrangements have been achieved by testing under load
- an effective Internet-based Health Incident Reporting and Information System has been developed and will be available for ongoing use with all types of emergency management incidents and major events
- an Intranet-based database of Information Management and Technology (IM&T) applications and interfaces has been developed and will be valuable in the future by assisting Areas to collaborate further in the development/acquisition and maintenance of IM&T applications and interfaces
- a number of communications networks have been established or reinforced between staff within Areas, in other Areas and in other organisations. These networks will be valuable in the future for designing and implementing revised processes and procedures
- many other improvements have been made to processes and procedures, such as contracts management, procurement and supply chain management, risk management, business continuity planning, and project management of Statewide and Area projects.

Action has been taken to ensure that these benefits are retained and realised.

A feature of the NSW Health Year 2000 project has been the high level of cooperation and collaboration achieved. There has been close collaboration between Area projects, enabling approaches and results to be extensively shared and costs to be minimised through avoiding the duplication of effort. The collaboration has been particularly effective within the various technical disciplines supporting equipment in use in facilities. Several Network Reference Groups (representing Biomedical Engineers, Hospital Engineers, Medical Imaging, Laboratories and Radiotherapy) proved most effective in identifying and resolving any issues.

All private sector hospital associations cooperated in several aspects of the project.

Collaboration with interstate Health agencies was also at a very high level. The Australia & New Zealand Health Y2K Consultative Committee proved to be a very effective group, with all States contributing openly and willingly in order to develop the most effective solutions and to avoid unnecessary duplication of effort. The benefits of this collaboration are ongoing, particularly with regard to common supply chain issues.

This statement is a Year 2000 disclosure statement for the purposes of the *Year 2000 Information Disclosure Act 1999*. A person may be protected by that act from liability for this statement in certain circumstances. The statement is authorised by David Gates, General Manager, Information & Asset Services, NSW Health Department.

The number of injuries occurring in NSW Department of Health workplaces continued to decline in the 1999/2000 reporting period. This trend has been assisted through Training and Safety Programs, coordinated by the Corporate Personnel Services Unit and the Department's Occupational Health and Safety Committee. Compared to other public service organisations, the Department maintained an outstanding record in the minimisation of injuries in the workplace and the promotion of health and safety programs.

Compensation claims No. of injuries	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Total 1999/2000	Total 1998/99	Total 1997/98
Per month	0	0	4	4	2	3	1	3	8	6	6	5	42	37	56
Occurring at work	0	0	3	2	1	2	0	2	5	4	4	2	25	23	31
Occurring to/from work/lunch time	0	0	1	2	1	1	1	1	3	2	2	3	17	14	11
Caused by falls	0	0	0	2	0	0	1	1	5	1	3	2	15	21	26
Caused by lifting	0	0	1	0	0	0	0	0	1	1	0	2	5	0	12
Caused by motor vehicles	0	0	1	1	1	1	0	0	0	1	0	0	5	2	4
Other causes	0	0	2	1	1	2	0	2	2	3	3	1	17	14	12

Note: Table refers to reported injuries.

Source: NSW Department of Health, 2000

**Within NSW Health the major insurance risks are workers compensation and public liability.**

Of the total workers compensation cost for 1999/2000 as at 30 June 2000, some 41% related to Nurses, 24% to Hotel Services, 9% to Ambulance, 9% to General Administration and 5% to Maintenance, with the remaining 12% spread amongst all other occupations.

Body Stress (manual handling) contributes around 51% of the cost, Slips and Falls 15%, Stress 13% and Hit by Objects 6%, with the remaining 15% spread amongst a number of agents.

In Legal liability cost, liability arising from Medical Treatment is around 83% of the total with Hepatitis C 11% and Slips and Falls 5%.

Potential liabilities are in the areas of clinical trials, joint ventures, collocations and all contracting out operations.

**Risk management initiatives**

NSW Health has a number of new and continuing initiatives under way to reduce risks. These include:

- early workers compensation injury management, previously run as pilots at Illawarra and Macquarie, are now established ongoing programs. Early injury management is now a legislative requirement and each Health Service and the Department must embrace it.
- the NSW Health Occupational Health and Safety Risk Management Steering Committee, under the Chair of the Deputy Director-General (Operations). As well as assuming new responsibilities this Committee replaced the Occupational Health and Safety (OH&S) Technical Advisory Committee.
- Numerical Profiles (auditing tools) for OH&S and Manual Handling.
- use of in-house doctors to treat staff injuries.
- no lift policies.
- commitment to Premier's Department Corporate Services Reform initiatives with NSW Health targets devolved to all health services.

As well, NSW Health Risk Management Coordinators meet twice a year for formal presentations, workshops and networking.

# Consultants used by the NSW Health Department

Consultant	\$ Cost	Purpose
Price Waterhouse Coopers	49,810	Professional Actuarial Services in relation to Report on Medical Indemnity arrangements for large claims Nursing and Health Services Research
Consortium	152,000	Recruitment and Retention: NSW Nursing Workforce Project
ERM Mitchell McCotter Pty Ltd	38,300	Redfern D&A Consultancy
Peach Advertising	71,145	Media Production for Hep C Campaign
Aquatech Pty Ltd	51,473	Sydney Water Audit
G Norman	51,910	Architectural Services – Aboriginal Environmental Health
Price Waterhouse Coopers	30,000	Report on NSW Govt Drug Expenditure
Toohar Gale & Associates	35,363	Procurement Feasibility Plan for Multi Purpose Program
Sirius Economics	58,700	Mercy Health Service Albury Procurement Feasibility Plan
Egis Consulting	52,755	Hunters Hill Environmental Audit/Remedial Action Plan
DSTC Consulting	68,750	HIRD Project to support management & maintenance of Community Health Codeset
Axis Technology	34,320	PAS Business Assessment
Y2K Integration	36,400	Y2K Assessments and Pilot Data Network
Sparke Helmore	121,393	Y2K legal risk advice
Axis Technology	57,000	Consultancy to generate area wide and statewide Y2K contingency plans (COSOPS)
LMC Consulting	32,400	Functional Specifications for Hospital Based Outpatient Services Information System
High Performance Healthcare	93,368	Telephone Support Consortium
Frances Waugh Department of Social Work, Uni of Sydney	31,504	To develop options for outcome indicators for Physical Abuse Neglect of Children (PANOC) services
Minter Ellison	41,663	Provide legal services re refinancing of infrastructure project
Ernst and Young	557,142	GST/FBT issues
KPMG	63,450	Emergency Department Service Planning
Price Waterhouse Coopers	34,080	Funding Proposals for Aero Medical Services
MARJSP Pty Ltd	48,130	SAS Programming Services
LAETA	49,750	Analysis of Hospital Cost Information
Dept. of Human Services, Melbourne	51,050	Cross Border Non-Admitted Patients Study

## Consultants used costing less than \$30,000

During the year 51 other consultancies were engaged involving expenditure of \$442,344 in total.

# Capital Works Programs

## Capital Works completed during 1999/2000

Capital Works	\$M	Completion Date	Capital Works	\$M	Completion Date
<b>Ambulance Service</b>			<b>New England AHS</b>		
Computer Aided Dispatch and associated building works	14.138	September 99	New England Anaesthetic Monitoring Equipment	0.83	October 99
Cooma New Ambulance Station	0.4	January 2000	Moree Hospital Co-location	0.8	February 2000
Conversion of Communications Network	13.9	June 2000	Armidale Hospital Re-development	5.3	June 2000
<b>Central Coast AHS</b>			<b>Northern Rivers AHS</b>		
Long Jetty CHC	1.8	July 99	Murwillumbah Hosp.		
Wyong Hospital Re-roofing	0.52	June 2000	Children's Ward	0.326	July 99
<b>Central Sydney AHS</b>			Iluka CHC	0.619	August 99
Nil			Grafton HDU/ED Refurbishment	0.575	January 2000
<b>Corrections Health Service</b>			Casino Community Mental Health	0.25	November 99
Long Bay ITC Clinic	0.7	December 99	Grafton Renal Dialysis Unit	0.4	August 99
Dental Clinics Upgrade	0.72	June 2000	<b>Northern Sydney AHS</b>		
<b>Greater Murray AHS</b>			Ryde Community Mental Health Centre	2.6	July 99
West Wyalong	6.5	September 99	<b>The Children's Hospital at Westmead</b>		
<b>Far West Health AHS</b>			Nil		
Bourke HS Upgrade Office	0.495	December 99	<b>South Eastern AHS</b>		
Broken Hill Health Service	32.2	March 2000	Sydney Eye Hospital	32.64	August 99
<b>Hunter AHS</b>			St George Education Centre	10.3	January 2000
Maitland Renal Dialysis Expansion	0.52	November 99	Garrawarra Nursing Home	11.8	June 2000
Morisset Hospital. Road Maintenance	0.505	October 99	<b>South Western Sydney AHS</b>		
Newcastle East CHC	0.8	April 2000	Nil		
Allandale Aged Care Facility	20.3	June 2000	<b>Southern AHS</b>		
<b>Illawarra AHS</b>			Nil		
Nil			<b>Western Sydney AHS</b>		
<b>Macquarie AHS</b>			Westmead Hospital Angiography	1.5	July 99
Trangie MPS	1.247	July 99	Westmead Institutes of Health	11.4	June 2000
Warren MPS	3.1	April 2000	<b>Wentworth AHS</b>		
<b>Mid North Coast AHS</b>			Nil		
Nil					
<b>Mid Western AHS</b>					
Lithgow Hospital Nursing Home	3.25	July 99			
Lithgow CHC	1.5	July 99			
Trundle MPS	1.373	July 99			
Bathurst Base Hospital Emergency Upgrade	0.65	November 99			
Cowra Hospital Re-development	1.7	December 99			
Macquarie Care Centre	4.8	April 2000			
Oberon MPS	3.2	March 2000			
			<b>Estimated total cost</b>	<b>\$193.7M</b>	

## Capital Works in progress during 1999/2000

Capital Works	\$M	Capital Works	\$M
<b>Ambulance Service of NSW</b>		<b>Northern Rivers AHS</b>	
Cooma New Ambulance Station	0.4	Casino Community Mental Health	0.25
Conversion of Communications Network	13.9	Grafton Renal Dialysis Unit	0.4
<b>Corrections Health Service</b>		Grafton HDU/ED Refurbishment	0.575
Long Bay Detoxification Unit	0.6	Illuka CHC	0.619
Long Bay ITC Clinic	0.7	Murwillumbah Hospital	
<b>Central Coast AHS</b>		Children's Ward	0.326
Long Jetty CHC	1.8	<b>Northern Sydney AHS</b>	
<b>Far West AHS</b>		Ryde Community Mental Health Centre	2.6
Bourke HS Upgrade Office	0.495	<b>South Eastern Sydney AHS</b>	
Broken Hill Health Service	32.2	Garrawarra Nursing Home	11.8
Lightning Ridge CMHC	0.41	St George Education Centre	10.3
<b>Greater Murray AHS</b>		<b>South Western Sydney AHS</b>	
West Wyalong	6.5	Macarthur Sector Strategy	100.5
<b>Hunter AHS</b>		<b>Wentworth AHS</b>	
Maitland Renal Dialysis Expansion	0.52	Blue Mountains Re-development	7.0
Morisset Hospital Road Maintenance	0.505	<b>Western Sydney AHS</b>	
Newcastle East CHC	0.8	Westmead Hospital Angiography	1.5
<b>Macquarie AHS</b>		Westmead Institutes of Health	11.4
Warren MPS	3.1	<b>Estimated total cost</b>	
<b>Mid Western AHS</b>		<b>\$226.5M</b>	
Bathurst Hosp. Emergency Upgrade	0.65		
Cowra Hospital Re-development	1.7		
Macquarie Care Centre	4.8		
Oberon MPS	3.2		
<b>New England AHS</b>			
New England Anaesthetic Monitoring Equipment	0.83		
Moree Hospital Co-location	0.8		
Armidale Hospital Re-development	5.3		

## Capital Works networks introduced during 1999/2000

Capital Works	\$M
Armidale Maternity Unit	0.400
Blue Mountains Hospital Hydrotherapy	0.950
Central Coast Detoxification Unit	3.072
Coledale	2.500
Drug Youth Treatment Western Sydney	0.900
Energy Smart Building Program	7.127
IM&T Strategy Stage 4	8.420
John Hunter Hospital Pathology	17.132
Maitland Renal Dialysis	0.520
MPS Stage 2	30.190
The Children's Hospital at Westmead Renal Treatment Centre	0.450
Rankin Park Refurbishment	4.700
Shoalhaven Hospital	28.109
St George Hospital Procedural Centre	5.000
SWSAHS Drug Youth Treatment	0.850
Sydney Children's Hospital Research Laboratories	1.500
Twin Hospital Program	2.000
WAHS Detoxification Unit	3.687
Water Testing	0.300
Westmead Hospital Procedural Centre	5.000
Wyong Hospital Re-roofing	0.522
<b>Estimated total cost</b>	<b>\$123M</b>

### Property disposals

- Eight (8) major property disposals were completed in 1999/2000
- Gross sales proceeds totalled \$41.5 Million in 1999/2000
- All eight properties disposed of in 1999/2000 were sold by public auction or tender process

### Management of heritage issues

A comprehensive review of the Department's Heritage Register (under section 170 of the *Heritage Act*) was finalised in the 1999/2000 financial year.

The review identified 660 heritage items within the Health property portfolio and the Department's computerised property register records this information along with related images such as drawings, site plans and photographs. Of these heritage items, 22 have been identified as being of State significance and are listed on the Heritage Office SHR (State Heritage Register).

'A Thematic History of NSW Health' was completed which provides a valuable record of Health's Heritage assets as well as a strong asset management tool. The Health Heritage Steering Committee continues to provide direction on heritage issues.

Source: Capital Works, NSW Health Department 2000

**During 1999/2000, the NSW Health Department received 80 new requests for information under the *Freedom of Information Act* of 1989 compared to 59 for the 1998/99 financial year. Overall the number of Freedom of Information (FOI) applications has increased by approximately 26%.**

Eleven FOI applications were carried over from the 1998/99 reporting period. Of the 80 requests received, 34 were granted in full, 18 granted in part, 23 refused and 13 transferred to other agencies. There were ten applications for internal reviews. Five were varied with five being upheld. Two applications have been carried forward to the next reporting period. During 1999/2000, seven cases were referred by applicants to the Office of the NSW Ombudsman.

There were no requests for amendment of records. There were no Ministerial Certificates issued and one appeal to the Administrative Decisions Tribunal.

There were 35 applications requiring 182 consultations with parties outside of the NSW Health Department. Processing FOI requests during 1999/2000 cost an estimated \$13,888 and fees received totalled \$6,623. The annual operating cost to the Department however, is approximately \$120,000, which is far in excess of the above amounts. This figure comprises the wages and general administration of operating resources in the FOI unit. The Department has a policy of keeping the cost of processing FOI application fees at a reasonable figure as a matter of principle, in order to assist FOI applicants.

There were ten requests, which were determined beyond the time limit as prescribed by the *Act*. This was mainly due to delays experienced when requesting and receiving payment of advance deposits. Late responses from third parties during consultation were also contributing factors.

There has been a 24% increase in the number of FOI applications of a personal nature received during the last 12 months and the number of non-personal requests has increased by approximately 43%.

Eighteen applications were received from Opposition Members of Parliament, which is an increase of 28% on the number of applications submitted the previous year.

The most significant FOI applications received by the Department related to reviews of health related legislation.

## Freedom of Information requests

These statistics are set out in accordance with the requirements of the *FOI Act of NSW* and in the format prescribed by the Premier's *FOI Procedure Manual*.

### New requests

FOI requests	Personal		Other		Total		% variance
	1998/99	1999/2000	1998/99	1999/2000	1998/99	1999/2000	
New requests (inc transferred in)	21	24	38	56	59	80	+26%
Brought forward	1	5	1	6	2	11	+550%
Total to be processed	22	29	39	62	61	91	+33%
Completed	15	21	29	55	44	76	+42%
Transferred out	4	8	5	5	9	13	+31%
Withdrawn	-	-	-	-	-	-	0%
Total processed	19	29	34	60	53	89	+40%
Ongoing (carried forward)	3	-	5	2	8	2	-400%

### Results of requests

Result of request	Personal		Other		Total		Total	
	1998/99	1999/2000	1998/99	1999/2000	1998/99	% of all	1999/2000	% of all
Applications								
Granted in full	8	12	9	22	17	39%	34	45%
Granted in part	6	6	14	12	20	45%	18	24%
Refused	1	3	6	20	7	16%	23	30%
Deferred	-	-	-	1	-	0%	1	1%
Completed	15	21	29	55	44	100%	76	100%

### Formal consultations

	Cases		Consultations	
	1998/99	1999/2000	1998/99	1999/2000
Number of requests requiring formal consultations	25	35	74	182

### Significant correction of personal records

Personal records amended	Personal 1999/2000	Other 1999/2000
All completed requests	- -	- -

Source: Health Public Affairs, 2000

### FOI requests granted in part or refused

Basis of disallowing or restricting access	Personal		Other		Total	
	1998/99	1999/2000	1998/99	1999/2000	1998/99	1999/2000
Section 19 (application incomplete, wrongly directed)	-	-	-	-	-	-
Section 22 (deposit not paid)	1	-	6	-	7	-
Section 25(1)(a1) (diversion of resources)	-	-	-	-	-	-
Section 25(1)(a) (exempt)	5	6	14	11	19	17
Section 25(1)(b), (c),(d) (otherwise available)	-	-	-	1	-	1
Section 28(1)(b) (documents not held)	1	-	-	-	1	-
Section 24(2) (deemed refused, over 21 days)	-	-	-	-	-	-
Section 31(4) (released to medical practitioner)	-	-	-	-	-	-
<b>Totals</b>	<b>7</b>	<b>6</b>	<b>20</b>	<b>12</b>	<b>27</b>	<b>18</b>

### Costs and fees of requests processed

Costs and Fees	Incurred Costs		FOI Fees Received	
	1998/99	1999/2000	1998/99	1999/2000
All completed requests	\$6448	\$13888	\$2889	\$6623

### Discount allowed

Type of discount	Personal		Other		Total		% variance
	1998/99	1999/2000	1998/99	1999/2000	1998/99	1999/2000	
Public interest	-	-	6	2	6	2	-300%
Financial hardship	2	1	-	2	2	3	+50%
Financial hardship (non-profit organisation)	-	-	-	-	-	-	0%
Under 18 yrs of age	-	-	-	-	-	-	0%
<b>Total</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>4</b>	<b>8</b>	<b>5</b>	<b>-37%</b>

Source: Health Public Affairs, 2000

## Days to process request

Elapsed time	Personal		Other		Total		Total	
	1998/99	1999/2000	1998/99	1999/2000	1998/99	% of all apps	1999/2000	% of all apps
0-21 days	13	6	17	27	30	57%	33	43%
22-35 days (consultation period)	5	12	13	21	18	34%	33	43%
over 35 days (extended consultation)	-	-	-	-	-	0%	-	0%
over 21 days (out of time determination)	-	3	-	7	-	0%	10	13%
over 35 days (out of time determinations)	1	-	4	-	5	9%	-	0%
<b>Total</b>	<b>19</b>	<b>21</b>	<b>34</b>	<b>55</b>	<b>53</b>	<b>100%</b>	<b>76</b>	<b>100%</b>

## Processing time

Processing hours	Personal		Other		Total	
	1998/99	1999/2000	1998/99	1999/2000	1998/99	1999/2000
0-10 hrs	15	19	26	49	41	68
11-20 hrs	-	1	2	2	2	3
21-40 hrs	-	-	1	2	1	2
Over 40 hrs	-	1	-	2	-	3

## Reviews and appeals

	1998/99	1999/2000
Number of internal reviews finalised	9	10
Number of Ombudsman's reviews	8	7
Number of ADT appeals finalised	-	-

## Grounds on which Internal Review requested

	Personal				Other			
	upheld		varied		upheld		varied	
	1998/99	1999/2000	1998/99	1999/2000	1998/99	1999/2000	1998/99	1999/2000
Access refused	-	-	-	-	-	-	-	1
Deferred	-	-	-	-	-	-	-	-
Exempt matter	1	1	1	1	-	2	6	1
Unreasonable charges	-	1	-	1	-	1	-	1
Charges unreasonably incurred	-	-	-	-	-	-	-	-
Amendment refused	-	-	1	-	-	-	-	-
Third party	-	-	-	-	-	-	-	-
<b>Total</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>-</b>	<b>3</b>	<b>6</b>	<b>3</b>

Source: Health Public Affairs, 2000

# Infectious Disease Notifications in NSW 1991-1999

Condition	Year of onset								
	1991	1992	1993	1994	1995	1996	1997	1998	1999
AIDS	439	429	468	534	463	350	199	165	90
Adverse event after immunisation	10	31	24	40	28	55	70	93	12
Arboviral infections (total)*	412	342	655	382	534	1,226	1,804	780	1,216
Barmah Forest virus infections*	6	6	25	40	271	172	186	133	246
Ross River virus infections*	299	324	597	330	236	1,030	1,597	584	954
NOS*	107	12	33	12	27	24	21	63	16
Botulism									1
Blood lead level >= 15ug/dl*							237	713	714
Brucellosis*	2	2	4	4	2	1	3	3	2
Chancroid									1
Chlamydia trachomatis infections*								562	2,465
Cholera*	1	0	1	0	1	3	1	1	2
Cryptosporidiosis*									
Food-borne illness (NOS)	2,748	253	106	213	270	211	255	1,130	121
Gastroenteritis (in an institution)	153	405	426	296	1,359	554	939	737	635
Giardiasis*								403	1,091
Gonorrhoea*	387	494	382	357	427	522	636	1,051	1,290
Invasive H. Influenzae type b infections (total)*	211	219	124	61	29	14	17	11	13
Epi-glottitis*	15	57	32	21	6	2	5	1	2
Meningitis*	47	104	53	17	11	4	3	3	3
Septicaemia*	11	26	24	12	8	3	1	4	6
NOS*	138	32	15	11	4	5	8	3	2
Haemolytic uraemic syndrome								3	6
Hepatitis A*	1,125	903	580	586	615	958	1,429	927	409
Hepatitis B: acute viral*	414	115	96	75	63	43	52	55	64
Hepatitis B: other*	1,095	3,169	3,646	4,088	4,114	3,602	3,242	3,043	3,604
Hepatitis C: acute viral*	22	28	23	22	33	19	19	102	80
Hepatitis C: other*	831	3,972	6,015	8,014	7,001	7,130	7,087	7,307	7,657
Hepatitis D*	0	8	12	19	19	9	11	3	13
Hepatitis E*	0	0	1	2	0	3	6	4	7
Hepatitis: acute viral (NOS)	56	16	5	1	2	3	1	2	0
HIV infection*	788	636	519	432	438	412	398	370	360
Legionnaires disease (total)*	37	104	66	60	75	74	33	46	41
L. longbeachae*	0	14	13	8	16	30	9	19	12
L. pneumophila*	16	80	34	30	35	34	18	22	22
NOS*	21	10	19	22	24	10	6	5	7
Leprosy	1	7	5	3	3	2	0	1	1
Leptospirosis*	29	21	16	14	6	33	33	50	55
Listeriosis*	11	13	12	10	14	22	23	28	22
Malaria*	202	164	164	184	96	203	173	161	198
Measles (total)	494	808	2,348	1,484	596	191	273	119	32
Laboratory confirmed cases*	20	76	460	302	138	35	98	19	13
Other	474	732	1,888	1,182	458	156	175	100	19
Meningococcal disease (total)	130	122	153	142	113	161	219	184	218
Meningitis	53	94	98	80	72	98	108	52	113
Septicaemia	17	18	43	41	26	40	65	76	70
NOS	60	10	12	21	15	23	46	56	35
Meningococcal disease - conjunctivitis								1	3
Mumps*	8	23	13	11	14	27	29	39	33
Mycobacterial infection: other than TB*	304	400	451	520	470	411	359	313	366
Pertussis*	49	217	1,533	1,408	1,370	1,157	4,251	2,312	1,414
Q Fever*	166	213	404	267	202	287	258	236	160
Rubella (total)*	61	326	1,186	233	2,376	635	153	78	46
Rubella*	60	326	1,184	229	2,375	630	153	78	45
Rubella (Congenital)*	1	0	2	4	1	5	0	0	1
Salmonella infections (total)*	1,174	805	980	1,101	1,366	1,224	1,698	1,813	1,447
Salmonella bovis moribificans infections*	19	21	32	24	15	13	25	41	22
Salmonella typhimurium infections*	196	232	291	457	547	581	934	857	669
NOS	959	552	657	620	804	630	739	915	756
Syphilis (total) *	585	881	742	981	840	665	514	607	526
New diagnoses*	3	5	14	52	172	110	85	68	183
NOS*	582	876	728	929	668	555	429	539	343
Tetanus	5	2	5	4	0	1	3	3	1
Tuberculosis*	412	424	390	393	443	411	422	385	484
Typhoid and paratyphoid*	58	28	37	35	39	45	33	27	37
Verotoxin - producing Escherichia coli infections*								2	0

\* Laboratory-confirmed cases only NOS = Not otherwise Specified

Following diseases have not been notified since 1991: Diphtheria\*, Granuloma inguinale\*, Lymphogranuloma venereum\*, Plague\*, Poliomyelitis\*, Rabies, Typhus\*, Viral haemorrhagic fever, Yellow fever

Source: AIDS and Infectious Diseases Branch, 2000

## Funding grants made by the NSW Health Department

### Research and Development Infrastructure Grants

To	Cost \$	Purpose
Institute for Research into Neoplastic Diseases of the Blood (Kanematsu Laboratories)	153,000	Support research into leukemia, lymphoma, myeloma and myeloproliferative diseases
Australian Centre for Agricultural Health and Safety Australia	200,000	Support research into injury and illness associated with life and work in agriculture
Australian Centre for Health Promotion (USyd) Australia	100,000	Support research into the effectiveness of health promotion practices
Australian Centre for Immunisation Research Australia	100,000	Support research into paediatric immunisation and vaccine-preventable diseases
Centenary Institute of Cancer Medicine and Cell Biology	890,000	Support immunology research into cancer, infection, allergy & autoimmune diseases
Centre for Education & Research in Ageing	200,000	Research into the ageing process and disorders of ageing
Centre of Health Economics and Research Evaluation (CHERE)	348,000	Research into the economic issues of health services policy
Centre for Health Equity Training Research Evaluation (CHETRE)	100,000	Research into equity and social health issues
Centre for Health Services Development (UOW)	100,000	Research into health services delivery and management
Centre for Hospital Management and Information Systems Research (UNSW)	70,000	Research into the costing of health services and design of health information systems
Centre for Immunology (St Vincents)	204,000	Research into diagnosis and treatment of diseases of the immune system eg asthma, allergy, HIV/AIDS
Centre for Nursing and Health Services Research	70,000	Support research on the health service delivery
Centre for Perinatal Services Research	70,000	Research into healthcare of mothers and infants
Centre for Thrombosis & Vascular Research	366,000	Research into the causation and treatment of blockages of blood vessels
Children's Medical Research Institute	703,000	Support research into childhood disease and disability
CRC for Asthma	150,000	Asthma Research
Curtin University	5,000	National Centre for Research into the Prevention of Drug Abuse
Garvan Institute	2,300,000	Support research on cancer, diabetes, osteoporosis, arthritis and obesity
Heart Research Institute	720,000	Support research into heart disease, particularly atherosclerosis
Ingham's Institute of Health Research	500,000	Special grant to match Mr Ingham's donation of \$2M
Institute for Magnetic Resonance Research	200,000	Research into the use of magnetic resonance for the detection, diagnosis and treatment of human diseases
Institute of Dental Health	100,000	Support research into diagnosis, treatment and prevention of caries periodontal diseases
Institute of Respiratory Medicine (RPA)	272,000	Research into causes, treatment and prevention of respiratory diseases eg. asthma, SIDS, sleep disorders
Kolling Institute of Medical Research	351,000	Research into the mechanisms of cell growth & communication with application on diseases such as diabetes & cancer
Macarthur Community-based Health Collaboration	70,000	Support research on models of community health and ambulatory and transitional care service delivery
Maternal Health Research Centre, Newcastle	193,000	Research into the health problems of pregnant women and to reduce perinatal illness
Melanoma & Skin Cancer Research Institute	423,000	Research into prevention & treatment of melanoma
Mood Disorders Unit (POW)	120,000	Research on mental health
Newcastle Institute of Public Health	260,000	Support public health and health services research
Northern Rivers Institute of Public Health	70,000	Support public health research
NSW Cancer Council	225,000	Cancer Research
Police Services	446,900	Drug and Alcohol Research
Prince of Wales Medical Research Institute	698,000	Research on brain and nervous system including Parkinson's and Alzheimer's disease
Society for Medical Research	12,000	Medical Research Week
Sydney University – Centre for Public Health & Nutrition	100,000	Nutrition Research Foundation
The Family Health Research Unit	70,000	Support research on aspects of service provision during pregnancy and the first year following birth
The Gilmore Centre for Rural Health Improvement (Wagga)	70,000	Support rural health research
University Newcastle – Health Services Research Group	90,000	Health Services Research
University of Sydney – Rehabilitation Research Centre	90,700	Spinal Research Grant
Victor Chang Cardiac Research Institute	285,000	Research into the causes, diagnosis and treatment of cardiovascular disease
Westmead Institutes of Health Research	916,000	Support research into the molecular pathogenesis of cancer, allergy and renal and immunology diseases

### Other Grants

To	Cost \$	Purpose
Australia & New Zealand College of Mental Health Nurses (NSW Branch)	49,500	Seeding Grant to fund skill development programs in Mental Health Nursing.
Institute of Nursing Executives of NSW & ACT	49,500	Seeding Grant to fund skill development programs in nursing management
NSW Midwives Association	49,500	Seeding Grant for the development and delivery of educational packages targeting certified midwives, particularly those working in rural areas
NCOSS	25,000	Funding for Consumer Forum
Public Interest Advocacy	16,000	Funding for Health Consumers Network Forum
Aboriginal & Torres Straight Islander Postgraduate Public Health Scholarships	58,480	Scholarships
Aust & NZ Food Authority	28,220	Contribution to Consultancy on Labelling of genetically modified foods
Aust Centre of Effective Health Care	117,000	Red Blood Cell Transfusion
Aust Centre and Network for promoting effective Health Care	500,000	Core Funding
Australian Dental Association	4,000	Contribution to the ADA stand at the 12th Home Show
Australian Dental Association	4,000	Sponsorship for Dental Week
Australian Doctors Trained Overseas	2,500	Administration Costs
Catholic Education Commission	220,000	Drug Education in NSW Catholic Schools
CEIDA	1,601,000	Core funding
CEIDA	47,560	Clinical policy for detox
CEIDA	10,000	Training needs review for Youth Health Services
CEIDA	640,000	NSW Quit Campaign
CEIDA	24,000	NDARC Cannabis Brief Intervention
Dept of Community Services	71,750	Staff Development
Dept of Corrective Services	305,710	D&A Intervention Program
Dept of Corrective Services	1,094,207	D&A Workers in Prison
Dept of Education and Training	1,271,980	Drug Education Team Project
Dept of Gaming and Racing	25,360	Contribution to ID cards
Family Drug Information	40,000	One-off emergency relief payment
Health & Aged Survey	10,000	Fruit & Vegetable Promotion (Sydney)
Kidsafe	95,000	NSW Playgrounds advisory committee
National Drug & Alcohol Research Centre	8,000	Heroin Forensic Hair Analysis
NSW Bureau of Crime Statistics	95,000	Alcohol & Crime
NSW Cancer Council	344,000	Performance Agreement
NSW Cancer Council – Kinds Env – TOB smoke	129,000	Protecting Children from Tobacco Smoke
NSW Cancer Council – School Survey	92,129	ASSAD Survey
NSW School Canteen Assoc	70,000	NSW School Canteen Strategy
NSW TAFE Commission	419,091	Services in TAFE Institutions
NSW Therapeutic Assessment Group	80,000	Guidelines for migraine & back pain
Pedestrian Council of Aust	10,000	Workshop for walk to work day
Pharmacy Guild	5,000	Contribution for production of 'An Outlook on Drugs and Kids'
The Children's Hospital at Westmead	1,000	Sponsorship for 3rd Annual Injury Prevention Symposium
Robinson Raymond	3,000	Aboriginal PHO Traineeship at Uni of Newcastle
Royal College of Physicians	12,500	Specialist Accreditation in Addictive Medicine
Royal College of Surgeons	15,000	Salary Costs
Royal College of Surgeons	19,900	Peer Review Program
Ryde City Council	4,500	Community Safety
Ryde Safe Communities	3,600	Sport Safety project
St Vincents Hospital – alcohol	10,000	Trial of Bupropion smoking sensation
Sydney Hospital	87,899	Organ and Tissue Funding Program
Ted Noffs Foundation	11,625	Sponsorship of Ted Noffs D&A Awards
Therapeutic Assessment Group	115,999	Investigation/evaluate new initiatives in Therapeutics
Transplant Aust	10,000	Sponsorship of the Transplant Games
Uni NSW Injury Risk Management	25,000	Provision of data reporting services
Uni of Sydney	5,000	Rock Eisteddfod
Uni of NSW	48,000	Phase One Methodology Project
Uni of NSW Injury Risk Management	14,648	Injury Study
Uni of Sydney	75,000	CADEMS
Uni of Sydney – Better Health Education in School	10,000	Australia Centre for Health Promotion
Uni of Sydney NHMRC Clinical Trials Centre	1,500	Contribution to Biostatistical Training Day
Uni of Technology, Sydney	15,000	Postnatal Outcomes Study
Warringah City Council	7,000	Designing of safety – SHOROC
Centre for Health Equity Training, Research and Evaluation (CHETRE)	500	Contribution to a one-day workshop on building the capacity of primary health care in NSW to address health inequity
The Gender Centre	500	To fund the printing and distribution of two posters that address issues faced by transgender people
The Department for Women		To provide boys with tools for self-expression which are non-aggressive and self-empowering through arts
The Machismo Project	50,000	To fund the rewriting and printing of the booklet Ethnic Health Services and Programs in NSW
Department of Education and Training	3,950	To undertake a research and analysis of international signs and symbols that can be used in the NSW health system
NSW Multicultural Health Communication Service	24,000	To develop a tool for assessing the proficiency of bilingual health professionals in 6 languages
NSW Multicultural Health Communication Service	24,000	To undertake a study on improving the capacity building of multicultural health workers
South Western Sydney Area Health Service	9,000	To provide GPs with a management model for people with dementia that encourages early intervention, on-going management and partnership with carers and other service providers
South Western Sydney Area Health Service	15,050	To support a statewide strategy on violence against women which operates by means of regional Violence Against Women officers and the Council of Violence Against Women
The Royal Australian College of General Practitioners	27,500	To upgrade the reprinting of pamphlets and other publication materials on violence against women
Attorney General's Department	443,289	To enable ongoing operation of Foundation
Department for Women	13,440	Telethon contribution
Australian Blood Cord Foundation	200,000	Purchase of Emergency Generator
Central Coast Cancer Care Association	50,000	
Garvan Institute	300,000	

## Non Government Organisations funded by the NSW Health Department

### Program

#### 48.1 Ambulatory, Primary and (General) Community Based Services

##### 48.1.1 Primary and Community Based Services

###### *Aboriginal Health*

Aboriginal Medical Service Co-op Ltd	\$244,125	Preventative health care and drug and alcohol services for Aboriginal community in the Sydney inner city area.
Aboriginal Health and Medical Research Council of NSW	\$663,600	Peak body advising State and Federal Governments on Aboriginal health matters and supporting Aboriginal community controlled health initiatives and one off for NARLA carnival medical supervision.
Armidale and District Services Inc	\$312,400	Dental services and education for Aboriginal communities in the New England and north west NSW areas.
Australian College of Health Service Executives	\$68,500	Coordinator for Australian Aboriginal Trainee Health Service Management Program 2 year project 1999/2000 - 2000/01 and one off for Trainee attendance at Health conference.
Biripi Aboriginal Corporation Medical Centre	\$246,300	Preventative health care, drug and alcohol, dental and Family Health Strategy services for Aboriginal community in the Taree area.
Bourke Aboriginal Health Service Ltd	\$70,958	Preventative health care, cervical cancer screening and drug and alcohol services for Aboriginal community in Bourke and surrounding areas.
Brewarrina Aboriginal Health Centre Ltd	\$33,080	Drug and alcohol services for Aboriginal community in the Brewarrina district.
Bulgarr Ngaru Medical Aboriginal Corporation	\$162,100	Dental Health Best Practice project for Aboriginal community in the Grafton area, Otitis Media coordinator and one off grant under the Aboriginal Family Health Strategy for the Goorie Intervention Program.
Centacare Wilcannia-Forbes	\$123,500	One-off grants under the Aboriginal Family Health Strategy for the Narromine Youth Project and Bourke Men's Business Project.
Croc Eisteddfod	\$30,000	One-off grant contribution to 1999 Moree Croc eisteddfod from AHB.
Cummeragunja Housing and Development Aboriginal Corporation	\$59,900	Preventative health services for Aboriginal community in the Moama/Echuca area.
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$156,300	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Sydney Western Metropolitan area
Deniliquin Council for Social Development Inc	\$23,000	One-off grant under the Aboriginal Family Health Strategy to implement a best practice model to increase access by the Aboriginal community to services dealing with family violence, child protection and sexual assault services.
Dubbo Emergency Accommodation Project Inc	\$30,000	Individual and group counselling, educational workshops, and training.
Durri Aboriginal Corporation Medical Service	\$257,550	Preventative health, drug and alcohol services and Dental Health Best Practice project for the Aboriginal communities in the Kempsey area and a one-off grant under the Aboriginal Family Health Strategy for the Goorie Galbans Aboriginal Family Intervention Program.
Eden Local Aboriginal Lands Council	\$60,000	Aboriginal Family Health Strategy Project.
Forster Local Aboriginal Lands Council	\$30,000	One-off grant under the Aboriginal Family Health Strategy for the prevention and management of family violence in Aboriginal families.
Illaroo Cooperative Aboriginal Corporation	\$28,650	Personal Care Worker for the Rose Mumbler Retirement Village.
Illawarra Aboriginal Medical Service	\$369,800	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Illawarra area.
Katungul Aboriginal Corporation Community and Medical Services	\$162,100	Dental Health Best Practice project and Otitis Media coordinator.
Lismore Family Support Service Inc	\$6,000	Anti violence service for Aboriginal men who use violence.
MDEA and Nureen Aboriginal Women's Cooperative	\$33,400	Counselling and support service for Koori women and children in stress from domestic violence.
Munjuwa Queanbeyan Aboriginal Corporation	\$39,300	Drug and alcohol project.
National Aboriginal Sports Corporation Aus	\$50,000	One-off grant for sporting initiatives for Aboriginal people through AHB.
Ngadrii Ngalliway (My Mother's Way) Inc	\$52,000	Aboriginal Family Health Strategy funding.
Bourke Family Support Service		
Ngaimpe Aboriginal Corporation	\$39,300	Grant for drug and alcohol treatment centre for men in the Central Coast area and NSW.
NSW Aboriginal Education Consultancy Group Inc	\$15,000	One-off grant contribution towards NSW Otitis Media Conference through AHB.
Orana Haven Aboriginal Corporation (Rehabilitation Centre)	\$39,300	Drug and alcohol services for Aboriginal community in Brewarrina.
Riverina Medical and Dental Aboriginal Corporation	\$645,000	Preventative health care, dental services, Otitis Media program and coordinator and Aboriginal Family Health Strategy to develop and implement family health education programs for Aboriginal community in the South Western area.

# Non Government Organisations funded by the NSW Health Department

South Coast Medical Service Aboriginal Corporation	\$48,600	Preventative health care and drug and alcohol services for Aboriginal community in the Nowra area.
Streetwise Comics Ltd	\$66,400	One-off grant for 'It's not Right' – a comic and education kit for young indigenous men on the subject of domestic violence.
Tharawal Aboriginal Corporation	\$148,850	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Campbelltown area.
The Oolong Aboriginal Corporation Inc	\$39,300	Drug and alcohol residential treatment services for Aboriginal clients.
Dubbo Aboriginal Medical Cooperative Ltd	\$5,000	One-off grant by Aboriginal Health Branch for preventative health services for Aboriginal community in the Dubbo area.
Walgett Aboriginal Medical Service Cooperative Ltd	\$196,400	Preventative health care and drug alcohol services for Aboriginal community in Walgett and surrounding areas and a one-off grant under the Aboriginal Family Health Strategy.
WAMINDA (South Coast Women's Health and Welfare Aboriginal Corp)	\$26,500	One-off grant under the Aboriginal Family Health Strategy to develop an education and training program for Aboriginal Community Workers covering family violence, sexual assault and child abuse issues.
Weigelli Centre Aboriginal Corporation	\$39,300	Grant for drug and alcohol counselling, retraining and education programs for Aboriginal people in the Cowra area.
Wellington Aboriginal Corporation Health Service	\$137,000	Drug and alcohol services, youth and family health strategy services for the Aboriginal community in Wellington.
Wollongong West Street Centre Inc	\$38,500	One-off grant under the Aboriginal Family Health Strategy for the prevention and management of family violence in Aboriginal families.
Yerin Aboriginal Health Services Inc	\$99,300	Health and medical services both at the Centre and on an outreach basis for Aboriginal people in the Wyong area.
Yoorana Gunya Aboriginal Family Violence Healing Centre Aboriginal Corporation	\$151,200	Aboriginal Family Health Strategy Project.
<b>Total</b>	<b>\$5,052,513</b>	

## Program

### 48.1 Ambulatory, Primary and (General) Community Based Services

#### 48.1.1 Primary and Community Based Services

##### AIDS

Aboriginal Medical Service Co-operative Ltd	\$138,100	HIV/sexual health community education and counselling service for the local Aboriginal community, and statewide where appropriate. Statewide distribution of condoms via Aboriginal Medical Services.
AIDS Council of NSW Inc	\$5,907,400	Community based education, prevention and support services for HIV infected people and those at high risk. Includes the Sex Worker Outreach Project (SWOP).
Awabakal Newcastle Aboriginal Co-op Ltd	\$39,469	HIV/sexual health awareness project for the local Aboriginal community.
Biripi Aboriginal Corporation Medical Centre	\$45,900	HIV/sexual health education project for Aboriginal communities in the mid North Coast to north coast area of NSW.
Bourke Aboriginal Health Service Ltd	\$23,550	HIV/sexual health awareness project for the Aboriginal communities of Bourke, Brewarrina and Engonnia.
Bulgarr Ngaru Medical Aboriginal Corporation	\$45,900	HIV/sexual health education project for Aboriginal communities in the mid North Coast area of NSW.
Coomealla Health Aboriginal Corporation	\$30,230	Aboriginal HIV/sexual health education project.
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$22,650	HIV/AIDS/sexual health education program and needle/syringe exchange service for Aboriginal communities in the Western Sydney and Wentworth Health areas.
Diabetes Australia – NSW	\$200,000	Provision of free needles and syringes to registrants of the National Diabetic Services Scheme resident in NSW.
Durri Aboriginal Corporation Medical Service	\$45,900	HIV/sexual health education project for Aboriginal communities in the North Coast area of NSW.
Hepatitis C Council of NSW	\$493,126	Information, support, referral and prevention services for people affected by Hepatitis C and one off grant for public awareness campaign.
Illawarra Aboriginal Medical Service	\$18,750	HIV/sexual health education and support service for Aboriginal communities in the Illawarra area.
Katungul Aboriginal Corporation Community and Medical Services	\$46,900	HIV/sexual health education and support project for Aboriginal communities in the Ulladulla - Eden area of the South Coast.
National Centre in HIV Social Research	\$42,100	Contribution towards the costs of the Sydney Gay Community Cohort Study.
NSW Users & AIDS Association Inc	\$970,720	Community based HIV/AIDS and Hepatitis C education, prevention, harm reduction information, referral and support services for illicit drug users.
Pharmacy Guild of Australia (NSW Branch)	\$1,976,352	Coordination of needle and syringe exchange scheme in retail pharmacies throughout NSW.

## Non Government Organisations funded by the NSW Health Department

Pius X Aboriginal Corporation	\$46,200	HIV/sexual health education and support service for the Aboriginal community in the Moree area.
PLWHA (NSW) Inc	\$409,300	Community-based education, information and referral support services for HIV infected people.
Rozelle Neighbourhood Centre Inc	\$234,190	Supported accommodation for HIV positive clients with special needs.
South Coast Medical Service Aboriginal Corporation	\$46,200	HIV/sexual health education and support project for the Shoalhaven Aboriginal community.
Tharawal Aboriginal Corporation	\$22,650	HIV/sexual health education and support service for Aboriginal communities in the Campbelltown area.
Walgett Aboriginal Medical Service Co-op Ltd	\$46,200	HIV/sexual health awareness project for the Walgett Aboriginal community.
Wellington Aboriginal Corporation Health Service	\$34,875	Aboriginal HIV/AIDS/sexual health project.
<b>Total</b>	<b>\$10,886,662</b>	

### Program

#### 48.1 Ambulatory, Primary and (General) Community Based Services

##### 48.1.1 Primary and Community Based Services

###### *Alternative Birthing Services*

Durri Aboriginal Corporation Medical Service	\$101,600	Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area.
Illawarra Aboriginal Medical Service	\$54,350	Provision of outreach ante/postnatal services to Aboriginal women in the Illawarra area.
Tharawal Aboriginal Corporation	\$54,350	Provision of outreach ante/postnatal services to Aboriginal women in the Campbelltown area.
Walgett Aboriginal Medical Service Co-op Ltd	\$24,188	Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area.
<b>Total</b>	<b>\$234,488</b>	

### Program

#### 48.1 Ambulatory, Primary and (General) Community Based Services

##### 48.1.1 Primary and Community Based Services

###### *Community Services*

Australian Association for the Welfare of Child Health Inc	\$106,200	Information and advice on the non-medical needs of children and adolescents in the health care system for families, parents and health professionals.
Council on the Ageing	\$19,040	OMNI – older men, new ideas mens health promotion through HSP.
NSW Association for Adolescent Health Inc	\$54,400	Provision of policy on adolescent health and promotion of adolescent health issues to the community and health professionals.
Food Anaphylactic Children Training and Support Association Inc	\$10,000	One-off grant for FACTS advisory service.
QMS (Quality Management Services) Inc	\$398,000	Implementation of Standards and Accreditation Program in health services and NGOs in NSW.
NSW Council of Social Service	\$134,400	Project grant for policy development in the areas of consumer participation, rural health, Health NGO's, community care, intergovernmental issues and promotion of non-acute services.
United Hospital Auxiliaries of NSW Inc	\$120,900	Coordination and central administration of the United Hospital Auxiliaries, spread throughout NSW.
University of Sydney – Postgraduate Committee in Medicine	\$18,700	Continuing medical education to improve the standard of perinatal care.
Western Sydney Intellectual Disability Support Group Inc	\$5,000	Grant to assist in the production of an oral history of Rydalmere Hospital.
<b>Total</b>	<b>\$866,640</b>	

# Non Government Organisations funded by the NSW Health Department

## Program

### 48.1 Ambulatory, Primary and (General) Community Based Services

#### 48.1.1 Primary and Community Based Services

##### *Dental Health*

Aust Dental Association	\$8,000	Sponsorship of Dental Week and International Home Show.
<b>Total</b>	<b>\$8,000</b>	

## Program

### 48.1 Ambulatory, Primary and (General) Community Based Services

#### 48.1.1 Primary and Community Based Services

##### *Drug and Alcohol*

Aboriginal Medical Service Co-op Ltd	\$257,050	Multi purpose Drug and Alcohol Centre.
Guthrie House (West's)	\$46,700	Drug Court Trial accommodation and treatment services.
Family Drug Support	\$40,000	Funding to operate a telephone support service grant through DPB.
Life Education NSW – Mobiles & Centres	\$1,634,000	A health oriented audio visual program for primary school children
Macquarie University Dept of Psychology	\$40,300	Specialist clinical studies courses on drug and alcohol dependence.
National D & A Research Centre	\$50,000	Cost analysis of methadone maintenance treatment study.
Network of Alcohol & Other Drugs Agencies Inc	\$165,642	Peak body for non government organisations providing alcohol and other drug services.
Odyssey House (McGrath Foundation)	\$30,821	Drug Court Trial accommodation and treatment services.
Ted Noffs Foundation	\$11,625	Sponsorship of Ted Noffs D&A awards through DPB.
The Oolong Aboriginal Corporation Inc	\$160,400	A residential drug and alcohol treatment and referral service for Aboriginal people.
Pharmacy Guild of Australia (NSW Branch)	\$765,000	Pharmacy incentive scheme methadone program in retail pharmacies throughout NSW & one off for production of 'An Outlook on Drugs and Kids'.
Phoebe House	\$5,100	Drug Court Trial accommodation and treatment services.
University of Sydney Health Education Unit	\$190,600	Provides consultancy, library resources, training and education to schools, universities, government departments, parents, community groups and others interested in drug/health education (Transferred to DET in 2000/01).
WADAC (Jarrah House)	\$1,300	Drug Court Trial accommodation and treatment services.
Wayback Committee	\$245,400	Drug Court Trial accommodation and treatment services.
We Help Ourselves	\$111,536	Drug Court Trial accommodation and treatment services.
Westmount Cooperative	\$109,900	Drug Court Trial accommodation and treatment services.
<b>Total</b>	<b>\$3,865,374</b>	

## Program

### 48.1 Ambulatory, Primary and (General) Community Based Services

#### 48.1.1 Primary and Community Based Services

##### *Health Promotion*

Aust Nutrition Foundation	\$100,000	One-off to establish the NSW Centre for Public Health Nutrition.
National Heart Foundation of Australia (NSW Division)	\$126,300	Program to promote awareness of the benefits and current recommendations for moderate intensity physical activity among all professional health workers.
<b>Total</b>	<b>\$226,300</b>	

## Program

### 48.1 Ambulatory, Primary and (General) Community Based Services

#### 48.1.1 Primary and Community Based Services

##### *Innovative Services for Homeless Youth*

CHAIN - Community Health for Adolescents in Need, Inc	\$247,208	Preventative, early intervention and primary health care to young homeless people and young people at risk of homelessness.
The Settlement Neighbourhood Centre (Muralappi Program)	\$71,053	A program providing culturally appropriate camps and living skills activities for young Aboriginal people in and around Redfern.
<b>Total</b>	<b>\$318,261</b>	

## Non Government Organisations funded by the NSW Health Department

### Program

#### 48.1 Ambulatory, Primary and (General) Community Based Services

##### 48.1.1 Primary and Community Based Services

###### *Mental Health*

Carers NSW Inc	\$50,000	One-off grant for caring for Older Peoples Mental Health Strategy (CFMH grant).
Deaf Society of NSW	\$3,000	One-off grant for the July 2000 International Symposium on Mental Health and Young Deaf People (CFMH grant).
Inspire Foundation	\$66,000	One-off grant for 'Reach Out Rural and Regional Roving Reporter Tour', a youth suicide prevention service (CFMH grant).
Mental Health Coordinating Council NSW	\$302,950	Peak organisation funded to support NGO sector efforts to provide efficient and effective delivery of mental health services.
Mental Illness Education – Aust (NSW) Inc	\$130,000	School based mental health awareness program (CFMH grant).
NSW Consumer Advisory Group (CAG)	\$126,000	Contribution to consumer input into mental health policy making process.
Society of St Vincent de Paul – Vincentian Village	\$129,000	Project funding for mental health workers at Vincentian Village, a service for homeless people in the inner city area.
The Peer Support Foundation Ltd	\$172,100	Social skills development program, providing education and training for youth, parents, teachers, undertaken in schools across NSW.
<b>Total</b>	<b>\$979,050</b>	

### Program

#### 48.1 Ambulatory, Primary and (General) Community Based Services

##### 48.1.1 Primary and Community Based Services

###### *National Women's Health*

Bankstown Women's Health Centre	\$76,500	Counselling and support services for women in the Bankstown area.
Breast Cancer Action Group	\$40,000	One off grant to assist in the development of a Breast Cancer Services directory.
CHAIN - Community Health for Adolescents in Need Inc	\$40,800	Preventative, early intervention and primary health care for babies and one-off grant for a young mothers support, education and playgroup.
Coffs Harbour Women's Health Centre Inc	\$51,000	Counselling support services and stress management clinics and to provide accessible health services to all women in the Coffs Harbour area.
Cumberland Women's Health Centre Inc	\$25,500	Health education, information referral and resourcing on a wide range of women's health issues for women in the Parramatta, Holroyd and Baulkham Hills areas and one-off grants for Aboriginal Women's holistic health camp.
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$53,300	Antenatal and postnatal outreach service for Aboriginal women.
Family Planning Association Health	\$377,400	Family planning services for NESB women in the Fairfield area and one-off grants for health promotion in sexual health for women with a disability and distance education program in sexual health and reproductive health for midwives and registered nurses.
Immigrant Women's Health Service Inc	\$142,800	Health education, promotion and information programs to immigrant and refugee women and one-off grant 'Gaining Control: Addressing emotional and social health issues among women from low socio-economic backgrounds' project.
Lismore & District Women's Health Centre Inc	\$51,000	Clinics on stress management, pain management, nurse practitioner programs, crisis counselling, an incest survivor group, media training for women program.
Mallee Sexual Assault Unit Inc	\$46,900	Counselling and support services to adult and child victims of sexual assault living in border communities.
NSW Rape Crisis Centre Inc	\$202,313	Counselling, information and support for survivors of rape, attempted rape, sexual abuse and harassment.
Older Women's Network Inc	\$129,700	A pilot project aimed at developing a health promotion and wellness model for older women living in rural areas.
SANDS (NSW) Inc	\$40,800	Support and information to women and families who have experienced miscarriage, stillbirth, neonatal death and infant death.
Women's Incest Survivors Network	\$7,500	Grant to assist in the publication and distribution of a newsletter.
<b>Total</b>	<b>\$1,285,513</b>	

### Program

#### 48.1 Ambulatory, Primary and (General) Community Based Services

##### 48.1.1 Primary and Community Based Services

###### *Palliative Care*

Sydney Adventist Hospital	\$44,135	Enhancement of cancer support centre services to palliative care clients and their carers.
<b>Total</b>	<b>\$44,135</b>	

### Program

#### 48.1 Ambulatory, Primary and (General) Community Based Services

##### 48.1.1 Primary and Community Based Services

###### *Rural Doctors Services*

NSW Rural Doctors Network – Cadetship	\$383,300	The Rural Medical Cadetship Program provides financial support for medical undergraduates in exchange for their agreement to work two years after graduation in rural NSW. The RDN plays a role in the integration of this Program with undergraduate, vocational training and post graduate rural programs.
NSW Rural Doctors Network Core Funding	\$431,900	The Rural Doctors' Network provides on-going support for rural and remote general practitioners through provision of access to quality, accredited continuing education and the development of professional networks. The RDN supports recruitment and retention of general practitioners and some other health professionals to rural and remote NSW.
NSW Rural Doctors Network Medical Undergraduate	\$154,300	The Rural Medical Undergraduates Program coordinates and supports undergraduate placements in rural hospitals and general practice and facilitates implementation of undergraduate activities with Universities and Rural Health Training units.
<b>Total</b>	<b>\$969,500</b>	

### Program

#### 48.1 Ambulatory, Primary and (General) Community Based Services

##### 48.1.1 Primary and Community Based Services

###### *Women's Health*

WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	\$139,500	Clinical, counselling and health education services for Aboriginal women and girls in the Shoalhaven area.
Women's Health NSW	\$126,300	Peak body for the coordination of policy, planning, service delivery, staff development, training, education and consultation between non government women's health services, the Department and other government and non government services.
<b>Total</b>	<b>\$265,800</b>	

Source: Finance and Commercial Services Division

- A Consumer Guide to NSW Policy Standards for Cardiac Rehabilitation – Recovering from Heart Problems through Cardiac Rehabilitation
- A Framework for Managing the Quality of Health Services in NSW – Annotated Bibliography
- Active Australia /International Year of Older Persons public education campaign to promote physical activity among older people NSW evaluation report
- Adult Action Plan – Summary
- Adult Alcohol Action Plan NSW 1998-2002
- Alcohol and other drugs for nursing practice in NSW – a framework for progress
- Alcohol and other drugs policy for nursing practice in NSW clinical guidelines
- Are You Waiting for Hospital Care
- At This Time – when someone you know has died by suicide
- Australian Community Based Health Service
- Benchmarking activities in the New South Wales Health System, 1998
- Better Practice Guidelines for Managing Appointments in Podiatry Services
- Better Practice Guidelines for Managing Speech Pathology Non Admitted Episodes of Care
- Board Orientation Manual
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- Cervical Cancer Screening in NSW – First Annual Statistical Report, 1997
- Clinical Information Access Project – Pre-Implementation Survey, March 1998
- Coping After a Suicide : information for families and friends
- Coping with Grief after Suicide
- Corporate Governance in Health – Better Practice Guide
- Corporate Plan
- Dementia – Answers to Common Questions About Memory Loss and Confusion, August 1999
- Discussion paper – the management of people with a co-existing mental health and substance use disorder
- Drinking Water and Public Health
- Ensuring Progress in Aboriginal Health
- Ethical Management of Health Information
- Future Directions in Public Health in New South Wales – a Consultation Paper
- Gender equity in health
- General Practice Policy
- Genetics Services and Counselling
- Gonorrhoea – What We Need To Know
- Guidelines for Health Workers – Contact with Perpetrators of Domestic Violence
- Guidelines for planning in NSW Health
- Guidelines to Improve the Collection of Aboriginality in the NSW Public Health System
- Head Lice: The Facts (brochure)
- Health councils in rural NSW – phase one evaluation, March- August 1999
- Health Improvement Response to Variations in Admission Rates
- Health Web Postcard
- Health Working as a Team – the way forward, NSW Government Action Plan for Health – Bulletin No. 1
- Health Working as a Team – the way forward, NSW Government Action Plan for Health – Bulletin No. 2
- Healthy Ageing and Physical Activity
- Healthy Aging and Physical Activity at a Glance
- Help Stop AIDS
- Hepatitis C – understanding is the answer
- Important questions for the community – review of the *Human Tissue Act* 1983 – Assisted Reproductive Technologies
- Indicators to Help Capacity Building in Health Promotion
- Infection Control Policy
- Information Management Strategy, 1999 - 2002
- Information Privacy Code of Practice – Pamphlet
- Lower Limb Ulcers in Diabetes – A Practical Guide to Diagnosis and Management
- Methadone treatment agreement
- Moving Forward in Mens Health
- MSA Salary Packaging Procedures Manual
- Multicultural Family Health Kit – Child and Adolescent Mental Health Issues
- National Codeset Project – Community Based Health Services: Australian Based Community Health Services National Data Dictionary
- National Codeset Project – Community Based Health Services: Final Report
- New South Wales Mothers and Babies, 1998
- New South Wales Public Health Bulletin, March 2000
- NSW Aboriginal Family Health Strategy Statewide Implementation Plan – Building and Co-ordinated Community Response
- NSW Department of Housing and NSW Health Department Joint Guarantee of Service for People with a Mental Illness
- NSW Framework for Maternity Services – Maternity Services Advisory Committee
- NSW Health Annual Report, 1998-1999

- NSW Health Budget Overview
- NSW Health Sexual Assault Services Policy and Procedure Manual (adult)
- NSW Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS) – guidelines for medical practitioners and specialists
- NSW Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS) – pamphlet
- NSW Manual for Prevention in Child and Adolescent Mental Health
- NSW Methadone Maintenance Program – Clinical Practice Guidelines
- NSW Ministerial Advisory Committee on Health Services in Smaller Towns – Report to the NSW Minister for Health
- NSW Otitis Media Strategic Plan for Aboriginal Children – Summary
- NSW Public Health Bulletin, April 1999
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- Profile of the Medical Workforce in NSW, 1996
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- Report on the Bosnian Radio Health Information Segments 'Na Putu Dobrom Zlatavliju' – On the Road to Good Health
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- Review of AIDS program funded supported housing services
- Review of HIV/AIDS care and treatment services in New South Wales
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- Review of the *Human Tissue Act* 1993 – Discussion Paper Organ and tissue donation use and post mortem examinations
- Review of the *Public Health Act* 1991 – Issues Paper, June 1999
- Service delivery guidelines – the management of people with a co-existing mental health and substance abuse disorder
- Skin Penetration Guidelines
- Smoke free workplace policy
- Smoke free workplace policy – implementation policy
- Spotlight on the NSW Drug Treatment Services Plan
- Statewide Complaints Data Collection – Coding Manual for Data Providers
- Strategic Directions in Refugee Health Care In NSW
- Strategic framework to advance the health of women
- Suicide, We Can Make A Difference – NSW Suicide Prevention Strategy – Whole Government Approach – Document
- Suicide, We Can Make A Difference – Summary – NSW Suicide Prevention Strategy – Whole Government Approach
- Suicide, We Can Make A Difference – Whole of Government Approach for NSW – Pamphlet
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- The 1998/99 health promotion in New South Wales Annual Report
- The Active Practice Project
- The DOHRS Glossary
- The Health and Welfare Needs of Female and Transgender Street-Based Sex Workers in New South Wales
- The Health of the People of New South Wales – Report of the Chief Health Officer 2000
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- Trainer's Manual – Training Program for Health Staff Collecting Patient Registration Information
- TS 16 – Reference document for a conventional cook chill food system
- TS 10 – Technical Series Standard Procedures for the Handling of Accountable Items in the Operating Suite – Fourth Edition
- Waiting times postcard
- What a Difference a day can make – Same Day Surgical and Endoscopic Procedures – Policy
- Working as a Team – rural summary
- Working Group for Mental Health Care in Emergency Departments – Final Report and Recommendations

## Significant circulars released by the NSW Health Department

Circular number	Circular title	Date created
CIR99/59	INFORMATION MANAGEMENT - Circular - Register of Patients - Inpatient Statistics Collection (ISC) - Private Hospitals and Private Day Procedure Centres - Separations dated from 1 July 1999	7/8/99
CIR99/60	INFORMATION MANAGEMENT - Circular - 1999 / 2000 DOHRS Reporting Requirements Activity Performance Returns	7/8/99
CIR99/61	PERSONNEL - Circular - Accessing Leave Entitlements and Flexible Work Arrangements to Observe Religious Duties	7/14/99
CIR99/62	PERSONNEL - Circular - Fringe Benefits Tax	7/20/99
CIR99/63	STATEWIDE SERVICES - Circular - Provision of Services Under the Pensioners Dentures Scheme by Private Dental Providers - Dental Practitioners and Dental Prosthetists	7/19/99
CIR99/64	FINANCIAL MANAGEMENT - Circular - <i>Health Services Act 1997</i> - Scale of Fees for Hospital and Other Health Services	7/19/99
CIR99/65	AUDIT MANAGEMENT - Circular - Ombudsman Amendment - <i>Child Protection and Community Services Act 1998</i> - Allegations of Child Abuse	7/26/99
CIR99/66	PERSONNEL - Circular - Access to Reduced Hours for Staff Including Managers and Supervisors Following Return from Maternity Leave	7/30/99
CIR99/67	INDUSTRIAL RELATIONS - Circular - Teachers - Non Government Early Childhood Service Centres Other Than Pre Schools - State Award	8/3/99
CIR99/68	FINANCIAL MANAGEMENT - Circular - Charges for Health Records and Medical Reports	8/6/99
CIR99/69	INDUSTRIAL RELATIONS - Circular - Visiting Medical Officers - Applicability of <i>Superannuation Guarantee Administration Act</i>	8/13/99
CIR99/70	INFORMATION MANAGEMENT - Circular - Process for Approval of New or Modified Data Collections	11/3/99
CIR99/71	EPIDEMIOLOGY AND SURVEILLANCE - Circular - Policy for Emergency Obstetric and Neonatal Referrals	9/1/99
CIR99/72	EPIDEMIOLOGY AND SURVEILLANCE - Circular - Policy for Emergency Paediatric Referrals	9/1/99
CIR99/73	EPIDEMIOLOGY AND SURVEILLANCE - Circular - Guideline for Antenatal Maternal Referral or Transfer: Known Congenital Anomalies likely to require surgery	9/2/99
CIR99/74	ASSET MANAGEMENT - Circular - Guidelines for Fire Safety in Health Care Facilities	9/10/99
CIR99/75	DISEASE PREVENTION - Circular - Management of Multi Drug Resistant Tuberculosis in NSW	9/10/99
CIR99/76	ALCOHOL AND OTHER DRUGS - Circular - The NSW Department of Health 1999 Smoke Free Workplace Policy	1/13/00
CIR99/77	FINANCIAL MANAGEMENT - Circular - <i>Public Health Act 1991</i> - Regulation Review of Fees/Charges	9/10/99
CIR99/78	RECORDS MANAGEMENT - Circular - General Disposal Authority 5 - Public Health Services: Patient/Client Records (GDA 5)	9/22/99
CIR99/79	HEALTH FUNDING - Circular - Day Only Arrangements - Amendments to the Type C (Exclusion) List	9/22/99
CIR99/80	FINANCIAL MANAGEMENT - Circular - <i>Health Services Act 1997</i> Scale of Fees for Hospital and Other Health Services	9/30/99
CIR99/81	EPIDEMIOLOGY AND SURVEILLANCE - Circular - Reciprocal Health Care Agreements - New Zealand	10/6/99
CIR99/82	EPIDEMIOLOGY AND SURVEILLANCE - Circular - Antenatal Card	10/6/99
CIR99/83	FLEET MANAGEMENT - Circular - Fringe Benefits Tax - Departmental Motor Vehicles	10/14/99
CIR99/84	STATEWIDE SERVICES - Circular - Oral Health Services - Activity Reporting	10/13/99
CIR99/85	PERSONNEL - Managing Overpayment of Salaries and Wages for Health Personnel and Public Hospital Employees	10/14/99
CIR99/86	EPIDEMIOLOGY AND SURVEILLANCE - Circular - Maternity Emergencies	10/21/99
CIR99/87	DISEASE PREVENTION - Circular - Infection Control Policy	10/19/99
CIR99/88	DISEASE PREVENTION - Circular - Health Care Workers Infected with HIV, Hepatitis B or Hepatitis C	10/22/99
CIR99/89	MEDICINES AND POISONS - Circular - Section 100 Highly Specialised Drugs Program	10/28/99
CIR99/90	CLINICAL PRACTICES - Safety Alert: Connecting Patients with Implantable Pacemakers to Patient Monitors	11/10/99
CIR99/91	DISEASE PREVENTION - Supply of Rifampicin Prophylaxis to Prevent Meningococcal Disease	11/22/99
CIR99/92	CLINICAL PRACTICES - Assessment of the Extinction of Life and the Certification of Death	11/25/99
CIR99/93	PERSONNEL - Mobility of Superannuation	12/6/99
CIR99/94	INDUSTRIAL RELATIONS - Public Hospital Nurses' (STATE) Award - Enrolled Nurse - Special Grade Classification Including Rates of Pay	10/17/99
CIR99/95	FOOD SAFETY - Control of Foodborne Listeriosis	12/8/99
CIR99/96	RECORDS MANAGEMENT - Use of Functional Disposal Authority (DA 25) by NSW Department of Health	12/9/99
CIR99/97	PERSONNEL - Clinical Training Grants for Postgraduate Year One and Two Medical Officers	12/15/99
CIR99/98	GOVERNMENT RELATIONS - Day Only Arrangements - Amendments to the Type C (Exclusion) List	12/15/99
CIR99/99	INFORMATION MANAGEMENT - Electronic Messaging Policy	12/22/99
CIR99/100	MEDICINES AND POISONS - Section 100 Highly Specialised Drugs Program	12/20/99
CIR99/101	CLINICAL PRACTICES - Hospital Procedures for Review and Reporting of Perinatal Deaths	12/16/99
CIR99/102	INFORMATION MANAGEMENT - Revision of Due Dates for Reporting of Data to NSW Health Department for December 1999 and January 2000	12/17/99
CIR99/103	PERFORMANCE MANAGEMENT - Guidelines for the Management of Extended Wait Patients - November 1999	12/16/99
CIR99/104	INDUSTRIAL RELATIONS - Public Hospital Social Workers Award	12/23/99
CIR99/105	FINANCIAL MANAGEMENT - Ophthalmologists - Fee for Service for Cataract / Implant Operations	12/23/99
CIR99/106	INDUSTRIAL RELATIONS - Payments in Lieu of Employer Superannuation Support for Certain Employees and Former Employees Aged 65 Years and Over	12/23/99
CIR00/1	INDUSTRIAL RELATIONS - Circular - Public Hospital Nurses (State) Award Clinical Nurse Consultant - Higher Grades	1/18/00
CIR00/2	ALCOHOL AND OTHER DRUGS - Circular - Guidelines for the Establishment of Methadone Clinics in NSW	1/18/00
CIR00/3	INDUSTRIAL RELATIONS - Circular - Remuneration Agreements for Senior Medical Practitioners (Academics)	1/18/00
CIR00/4	GOVERNMENT RELATIONS - Circular - Outpatient Pharmaceutical Charges and Joint Safety Net Arrangements	1/24/00
CIR00/5	HEALTH FUNDING - Circular - Commonwealth Department of Health & Aged Care Day Only Procedures Manual - 4th Edition	1/28/00
CIR00/6	INDUSTRIAL RELATIONS - Circular - Hairdressers Employed in Public Hospitals and Health Services	1/31/00

Circular number	Circular title	Date created
CIR00/7	EQUIPMENT AND STORES - Circular - Replacement of Baby Capsules in NSW	2/2/00
CIR00/8	EQUAL EMPLOYMENT OPPORTUNITY (EEO) - Circular - Managing Workplace Issues for Transgender People	2/4/00
CIR00/9	INDUSTRIAL RELATIONS - Circular - The <i>Transferred Officers Extended Leave Act 1961</i> Recognition of Prior Service	2/4/00
CIR00/10	ENVIRONMENTAL HEALTH - Circular - Requirements for the Provision of Cold and Heated Water	2/8/00
CIR00/11	COMMUNITY RELATIONS - Circular - NSW Health - Health Building Guideline 2000 - Plaque Protocol	2/8/00
CIR00/12	INDUSTRIAL RELATIONS - Circular - Public Hospital (Training Wage) Award	2/7/00
CIR00/13	FINANCIAL MANAGEMENT - Circular - Subsidy to Country Delegates Attending the Annual General Conference of the United Hospital Auxiliaries of NSW	2/7/00
CIR00/14	INDUSTRIAL RELATIONS - Circular - Portability of Leave for ARCBS Employees Employed by a Public Health Organisation Between 1 July 1999 and 30 June 2002	2/14/00
CIR00/15	ENVIRONMENTAL HEALTH - Circular - Guidelines for the Extension of the Quarterly Cleaning of Water Cooling Systems (Cooling Towers) Public Health Regulation - CI 76 (1)(b)	2/22/00
CIR00/16	INDUSTRIAL RELATIONS - Circular - Accessing Leave Entitlements and Flexible Work Arrangements to Observe Religious Duties - 2000	2/21/00
CIR00/17	INFORMATION MANAGEMENT - Circular - Public Holidays for 2000	2/21/00
CIR00/18	NURSING - Circular - Assessment Programs for Overseas Qualified Registered Nurses, Enrolled Nurses and Midwives	2/17/00
CIR00/19	AUDIT MANAGEMENT - Circular - NSW Public Health System Employees Conducting Financial Transactions and or Dealing with Money/Property for Patients/Clients	2/22/00
CIR00/20	GOVERNMENT RELATIONS - Circular - Outpatient Pharmaceutical Charges - Revised Joint Safety Net Thresholds	3/17/00
CIR00/21	INDUSTRIAL RELATIONS - Circular - Skilled Trades Staff in the Public Hospital System - Increases to wages, wage related allowances and expense related allowances, salary sacrifice to superannuation and a new Award	3/2/00
CIR00/22	COMMUNITY RELATIONS - Circular - Chaplains - Subsidy	3/3/00
CIR00/23	CLINICAL PRACTICES - Circular - Treatment and Supply of Factor VIII to Patients With Haemophilia and von Willebrands Disorder	3/9/00
CIR00/24	HEALTH FUNDING - Circular - Day Only Arrangements - Amendments to the Type B (Day Only) and Type C (Exclusion) Lists	3/8/00
CIR00/25	PERSONNEL - Circular - Qualifications for Senior Financial Management and Accounting Positions	4/3/00
CIR00/26	CLINICAL PRACTICES - Circular - Charging by Australian Red Cross Blood Service - NSW for Certain (Non-Core) Services	3/17/00
CIR00/27	MEDICINES AND POISONS - Circular - Section 100 Highly Specialised Drugs Program	3/23/00
CIR00/28	FINANCIAL MANAGEMENT - Circular - <i>Health Services Act 1997</i> - Scale of Fees for Hospital and Other Health Services	3/27/00
CIR00/29	STATEWIDE SERVICES - Circular - Eligibility of Persons for Public Oral Health Care	4/6/00
CIR00/30	INDUSTRIAL RELATIONS - Circular - Public Hospital Nurses' (State) Award variation	4/7/00
CIR00/31	INDUSTRIAL RELATIONS - Circular - Salary Increase for Staff in Public Hospitals, Health Services and the NSW Ambulance covered by the Health and Research Employees Association (HREA)	4/10/00
CIR00/32	INDUSTRIAL RELATIONS - Circular - New South Wales Nurses' Association Annual Conference and Professional Day	4/14/00
CIR00/33	INDUSTRIAL RELATIONS - Circular - Salaried Senior Medical Practitioners Determination Training, Education and Study Leave (TESL) New Funding Entitlement	5/4/00
CIR00/34	ASSET MANAGEMENT - Circular - Private Sector Financing of Government Facilities Barter Transactions	5/9/00
CIR00/35	INFORMATION MANAGEMENT - Circular - 2000/2001 Dohrs Reporting requirements Activity Performance returns	5/12/00
CIR00/36	FINANCIAL MANAGEMENT - Circular - Accounts Receivable	5/12/00
CIR00/37	INDUSTRIAL RELATIONS - Circular - Salary increase for Salaried senior Medical Practitioners	5/12/00
CIR00/38	INFORMATION MANAGEMENT - Circular - Principles for recording Aboriginal and Torres Strait Islander Origin Information of patients and clients	5/18/00
CIR00/39	FINANCIAL MANAGEMENT - Circular - Fringe Benefits Tax - Motor Vehicles	5/19/00
CIR00/40	INFORMATION MANAGEMENT - Circular - Inpatient Statistics Collection (ISC) - Public Facilities - Separated dated from 1 July 2000	5/19/00
CIR00/41	INFORMATION MANAGEMENT - Circular - Reporting possible corrupt conduct to the Independent Commission Against Corruption	5/24/00
CIR00/42	OCCUPATIONAL HEALTH AND SAFETY (OHS) - Circular - Policy Framework and Better Practice Guidelines for the Development of Employee Assistance Programs (EAPs)	5/29/00
CIR00/43	DISEASE PREVENTION - Circular - Birth Dose Hepatitis B Immunisation Program	5/31/00
CIR00/44	HEALTH FUNDING - Circular - Day Only Arrangements - Amendments to the Type B (Day Only) and Type C (Exclusion) Lists	5/31/00
CIR00/45	PERSONNEL - Circular - Official Travel	6/1/00
CIR00/46	FINANCIAL MANAGEMENT - Circular - Provision of Public Hospital Services to Nominated Members of the Olympic and Paralympic Family during the Sydney Olympic and Paralympic Games 2000	6/14/00
CIR00/47	INFORMATION MANAGEMENT - Circular - Register of Patients - Inpatient Statistics Collection (ISC) - Private Hospitals and Private Day Procedure Centres - Separations dated from 1 July 2000	6/9/00
CIR00/48	HEALTH ETHICS - Circular - Guidelines for hospitals and maternity staff in their response to parents considering the adoption of the child	6/9/00
CIR00/49	INDUSTRIAL RELATIONS - ERRATUM - Salary Increase for Staff in Public Hospitals, Health Services and the NSW Ambulance Service Covered by the Health and Research Employees Association (HREA)	6/13/00
CIR00/50	INDUSTRIAL RELATIONS - Salary Increase for NSW Health Department Staff Employed Under Public Service Awards Covered by the Public Service Association of NSW (PSA)	6/14/00
CIR00/51	INDUSTRIAL RELATIONS - Public Hospital Nurses' (State) Award Nurse Practitioner Classification	6/15/00
CIR00/52	TARGET GROUPS - NSW Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS) - New Policy and Procedure Arrangements	6/22/00
CIR00/53	NURSING - Homebirth Policy Statement	6/22/00
CIR00/54	PERSONNEL - National Health and Medical Research Council Research Personnel Salary Scales as of 1/1/2000	6/28/00

## Selected NSW Health Department significant Committees

Following are a list of selected significant committees and their Chairperson.

A full list of committees and their members will be available on the NSW HealthWeb.

### Allied Health Consultative Forum

A/Prof Debora Picone (Chair), Deputy Director General, Policy

### Audit Committee

Michael Reid (Chair), Director-General, NSW Health

### Capital and Asset Management Committee

Robert McGregor (Chair), Deputy Director-General, Operations

### Corporate Governance in Health

John Dunlop (Chair), Royal Alexandra Hospital for Children

### Critical Care Advisory Committee

Dr Tony O'Connell (Chair), New Children's Hospital

### Department of Health Corporate Planning Committee

Robert McGregor (Chair), Deputy Director-General, Operations

### Departmental Rural Liaison Group

Kathy Meleady (Chair), NSW Health

### Emergency Department Strategy Implementation Group

(to March 2000)

Tim Smyth (Chair), Director-General, Policy

### Executive Committee

Michael Reid (Chair), Director-General, NSW Health

### General Practitioners Advisory Committee

A/Prof Lindsay Thompson (Chair), The Canterbury Division of General Practice

### ICU Strategy Work Group (to March 2000)

Tim Smyth (Chair), Director-General, Policy

### Information Management Committee

Michael Reid (Chair), Director-General, NSW Health

### Integrated Bed Management Committee

Mr Robert McGregor (Chair), Deputy Director-General, Operations

### Joint Consultative Committee

Mr Michael Reid (Chair), Director-General, NSW Health

### Ministerial Advisory Committee on Health Services in Smaller Towns

The Right Honourable Ian Sinclair (Chair)

### Non-Government Organisations (NGO) Advisory Committee

A/Prof Debora Picone (Chair), Deputy Director-General, Policy

### NSW Aboriginal Health Partnership

Michael Reid (Co-chair), Director-General, NSW Health  
Sandra Bailey (Co-chair), Aboriginal Health Resource Cooperative

### NSW Health Council

John Menadue (Chair)

Gabrielle Kibble (Co-chair), Sydney Water

### NSW Trauma Systems Advisory Committee

Dr Chris Walker (Chair), John Hunter Hospital

### Performance Agreement Steering Committee

Robert McGregor (Chair), Deputy Director-General, Operations

### Performance and Finance Committee

Michael Reid (Chair), Director-General, NSW Health

### Policy Development Committee

Michael Reid (Chair), Director-General, NSW Health

### Radiation Oncology Planning Group

Kathy Meleady (Chair), NSW Health

### Radiology Workforce Planning Group

A/Professor Michael Barton (Chair), Research Director, The Collaboration for Cancer Outcomes Research and Evaluation

### Rural Critical Care Committee

Dr Phil Hungerford (Chair), Tamworth Base Hospital

### Selected Specialty Services

#### Project Steering Committee

A/Prof Debora Picone (Chair), Deputy Director-General, Policy

#### Senior Executive Forum

Michael Reid (Chair), Director-General, NSW Health

#### Standing Committee of College Chairmen

Dr David Storey (Chair), Royal Australian College of Surgeons

Michael Reid (Co-Chair), Director General, NSW Health

#### Strategic Directions for Health Implementation Committee Group

Michael Reid (Chair), Director-General, NSW Health

#### World Wide Web Steering Committee

Deborah Hyland (Chair), Director, Health Public Affairs

## Fluoridation of Water Supplies Advisory Committee

Dr Alan Patterson (Chair), NSW Health

## Maternity Services Advisory Committee

Dr Andrew Wilson (Chair), Chief Health Officer, Deputy Director-General, Public Health

## Ministerial Advisory Committee on AIDS Strategy

Dr Roger Garcia (Chair), Premier's Council for Women

## Ministerial Advisory Committee on Hepatitis

Prof Geoffrey McCaughan (Chair), Royal Prince Alfred Hospital

## Ministerial Council of Quality in Health Care

Dr Ross Wilson (Chair), Royal North Shore Hospital

## NSW Health Department Research and Development Advisory Committee

Prof Stephen Leeder (Chair), University of Sydney

## NSW Maternal and Perinatal Committee

A/Prof Lindsay Thompson (Chair), University of Newcastle

## Statewide Confidentiality and Ethics Committee

A/Prof Stephen Boyages (Chair), NSW Health

## Government Action Plan For Health Committees

### Health Care in the Community Group

Prof Ian Webster (Chair), Clinical Associate Dean, Public Health, University of NSW

### Acute Care Group

A/Prof Brian McCaughan (Co-chair), Clinical Director, Cardiovascular Services, Royal Prince Alfred Hospital  
Anna Thornton (Co-chair), Nursing & Patient Services Manager, Division of Surgery, St George Hospital

### Chronic Care Group

Prof Ron Penny (Co-chair), Director, Centre for Immunology, St Vincent's Hospital  
Prof Stephen Boyages (Co-chair), Director, Research and Clinical Policy, NSW Health

### Consumer and Community Participation Group

Julie McCrossin (Co-chair)  
Deborah Hyland (Co-chair), Director, Health Public Affairs

### Emergency Services Group

Dr Sue Ieraci (Co-chair), Director, Emergency Department, Liverpool Hospital  
Jane O'Connell (Co-chair), Clinical Nurse Consultant, Emergency Department, Concord Hospital

## Funding Model Group

Deborah Green (Co-chair), CEO, SESAHS  
Robert McGregor (Co-chair), Deputy Director-General, Operations, NSW Health

## Information Management Group

Dr Dianna Horvath (Co-chair), CEO, CSAHS  
Prof Michael Kidd (Co-chair), Department of General Practice, University of Sydney

## Intensive Care Group

Dr Theresa Jacques (Co-chair), Intensivist, Intensive Care Unit, St George Hospital  
Kate Needham (Co-chair), Nurse Manager, Intensive Care Unit, Westmead Hospital

## Mental Health Implementation Group

Prof Marie Bashir (Co-chair), Director of Mental Health, CSAHS  
Sandra Stokes (Co-chair), Director of Nursing, Macquarie Hospital

## Metropolitan Planning Group

Jon Blackwell (Co-chair), CEO, CCAHS  
Prof Kerry Goulston (Co-chair), Associate Dean, Northern Clinical School, Royal North Shore Hospital

## Models of Care Group

A/Prof Mary Chiarella (Co-chair), Faculty of Nursing, Midwifery and Health, UTS  
Prof Ken Hillman (Co-chair), Director, Critical Care, Liverpool Hospital  
A/Prof Debora Picone (Co-chair), Deputy Director-General, Policy

## Rural Services Group

Kieran Gleeson (Co-chair), CEO, SAHS  
Liz Rummery (Co-chair), NRAHS

## Teaching and Research Group

Prof Stephen Leeder (Co-chair), Dean, Faculty of Medicine, University of Sydney  
Prof Jill White (Co-chair), Dean, Nursing, Midwifery and Health, UTS

**The NSW Health Department has issued the undermentioned principles for the development of Codes of Conduct:**

- an introductory section which outlines the scope and purpose of the Code of Conduct
- standards on personal and professional behaviour
- standards for preventing conflicts of interest
- standards on making public comment
- standards on the use of official resources
- standards on the security of official information
- standards on establishing and identifying intellectual property and copyright
- information on criminal record checking
- standards on fairness and equity, including procedural fairness and notification of rights of objection, appeal or review
- standards to prevent and eliminate discrimination and harassment
- a section which:
  - defines corrupt conduct, maladministration and serious and substantial waste
  - outlines the mechanism for reporting possible corrupt conduct, maladministration and serious and substantial waste
  - outlines the provisions of the *Protected Disclosures Act 1994*
- information on the responsibilities of managers and staff members under the *Occupational Health and Safety Act 1983*
- standards on the conduct of former staff members
- information on the outcomes of breaching the Code of Conduct.

**Objectives of the principles and minimum standards are to:**

- clearly state the agreed standards of behaviour expected of staff members
- assist in the prevention of corruption, maladministration and serious and substantial waste by alerting staff to behaviours that could potentially be corrupt or involve maladministration or waste
- satisfy Independent Commission Against Corruption and Premier's Department requirements.

The purpose of the Code of Conduct is to provide a framework for decisions and actions in relation to conduct in employment. It underpins commitment to a duty of care to all staff and clients receiving our services. The document explains the principles covering appropriate conduct in a variety of contexts and outlines the standard of behaviour expected from staff members.

Full details of the principles and minimum standards are incorporated in Department of Health Circular 98/79.

## **The NSW Health Department has developed a fraud control strategy in accordance with the NSW Government's policy to limit fraud exposure.**

Circular 93/70 was issued to all employees of the Department to significantly raise the awareness of employees about the need for fraud prevention, detection, reporting and deterrence. It is included in the Information for Employees manual issued to each employee. If fraudulent behaviour is minimised the risk of scarce resources being diverted from appropriate use in providing health services to the public will be significantly reduced.

### **Fraud defined**

The term 'fraud' is used in many contexts and the following are two general definitions: Fraud, briefly stated, is a false representation or concealment of a material fact to induce someone to part with something of value.

Fraud is dishonesty, generally in the context of a false representation made by means of a statement or conduct, with the intention of gaining a material advantage.

### **Examples of fraudulent behaviour could include:**

- improper use of a corporate credit card
- an excessive claim for expenses or a subsistence allowance
- payment of salary or wages to a fictitious employee
- false recording of work attendance and time
- not recording leave taken or the false classification of leave
- using a Departmental petrol supply card for a private petrol purchase
- acceptance of offers of kickbacks for preferential treatment.

### **Indicators of involvement in fraudulent behaviour could include:**

- refusing to take leave or only taking leave for very short periods or shunning promotion or transfer for fear of detection
- gambling in any form beyond ability to stand the loss
- a lavish lifestyle beyond apparent means
- excessive altering of manual or computerised records under the guise of making authorised corrections
- refusing other employees access to manual or computerised records without reasonable grounds
- bragging about exploits, and/or carrying unusual amounts of money.

### **Responsibility for fraud control**

Responsibility for fraud control which includes fraud prevention, detection and deterrence is primarily a management responsibility. While the Director-General has overall responsibility, General Managers are responsible for their respective divisions, Directors are responsible for their branches and this responsibility is delegated through lower levels of management to first line managers.

Internal audit has a role in fraud prevention, detection, reporting and deterrence. It provides a constructive service to management by assessing the adequacy and effectiveness of the system of internal control in the Department and reports on omissions, weaknesses or deficiencies to management to facilitate corrective action.

The Audit Branch investigates possible fraud that it detects and allegations of fraudulent activity reported to the Branch. Managers should ensure that they monitor performance and supervise their staff adequately and effectively to prevent and detect fraud.

### Risk assessment reviews

All managers in the Department are primarily responsible for fraud prevention and detection and should conduct on-going fraud risk analysis to limit risks to a minimum level.

### Whistleblower protection for employees

Employees of the Department are encouraged to come forward and report suspected cases of fraud or other forms of corrupt conduct without prejudice under the provisions of the *Protected Disclosures Act 1994*. If an employee makes a report it will be treated as confidential and the employee will be notified of the outcome. Circular 95/60 provides further information about protected disclosures.

### Reporting possible corrupt conduct

If an employee of the Department knows about or has good reasons to suspect possible corrupt conduct, including fraudulent activity, the employee must report it immediately to his/her manager. If an employee feels that he/she cannot report it to his/her manager or the manager does not act on the report promptly, he/she can report it to:

- a manager at a higher level
- a senior officer of the Audit Branch of the Department
- directly to the Independent Commission Against Corruption.

### Fraud deterrence

All employees should be aware that the Department will vigorously investigate suspected instances of fraud. Investigations are usually conducted by the Audit Branch. This may involve investigations in cooperation with the NSW Police Service and/or the ICAC. Where there is evidence of fraud, appropriate disciplinary action in accordance with the provisions of the *Public Sector Management Act 1988* and the Regulations thereunder will be implemented. Criminal prosecution may also be instituted as well as civil action to recover any losses of public money or property.

### Fraud awareness and training

This strategy document applies and has been issued to all employees of the Department. Managers should ensure that copies of this document are available to staff to enable staff to remain aware of its contents.

### Code of conduct and ethics

All staff of the Department are expected to be aware of the contents of the Code of Conduct.

Source: This text is an excerpt from Circular 93/70.

## Standards of service

We will:

- respect an individual's dignity and needs
- provide care and skill, in keeping with recognised standards, practices and ethics
- offer access to a range of public hospital and community-based health services
- offer health care based on individual health needs, irrespective of financial situation or health insurance status.

## Medical records

Generally you may access most hospital or health centre medical records or files. Local health services can be of assistance.

An application can be made to the health service for a copy medical records through Freedom of Information (FOI). This application will incur a set fee

All health services staff are legally and ethically obliged to keep health information confidential.

## Treatment services

We will

- allow for and explain public or private patient treatment choices
- clearly explain proposed treatments such as significant risks and alternatives in understandable terms
- provide and arrange free interpreter services
- obtain consent before treatment, except in emergencies or where the law intervenes regarding treatment
- assist in obtaining second opinions

## Additional information

We will:

- allow the individual to decide whether or not to take part in medical research and health student education.

- respect one's right to receive visitors with full acknowledgment of culture, religious beliefs, conscientious convictions, sexual orientation, disability issues and right to privacy
- inform an individual of their rights under the *NSW Mental Health Act 1990* if admitted to a mental health facility

An application can be made for financial assistance towards travel and accommodation costs if you are required to travel long distances in order to receive specialist medical treatment or dental care in the operating theatre of an approved hospital. Local health services can be contacted for details.

## Compliments or complaints

- compliments or complaints regarding the health care or services you receive can be made to any member of staff
- all complaints are treated confidentially
- visit, phone or write to an Area Health Service
- if dissatisfied with the management of a complaint, contact the NSW Health Department

Director-General  
NSW Health Department  
LMB 961, North Sydney 2059  
Tel. 9391 9000  
NSW HealthWeb: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

- if the problem can't be solved by the NSW Health Department, contact the Health Care Complaints Commission, which is independent of the public health system

The Health Care Complaints Commission  
Locked Bag 18, Strawberry Hills 2012  
Tel. 9219 7444  
Toll free 1800 043 159  
TTY 9219 7555  
Web site: <http://hcc.nsw.gov.au>

This Appendix gives a summary of what you can expect from the NSW public health system. The full document *Our Commitment to Service* can be found on NSW HealthWeb: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

**NSW Health is committed to observance of best practices in Corporate Governance and with this in mind, now requires each Health Service to include in its *Annual Report* the main Corporate Governance practices in operation throughout the financial year.**

The statements are required to address:

- the legislative authority, composition and the primary governing responsibilities of the Board
- the resources of the Board, which include advice from internal and external auditors
- the existence of a process which includes the setting of a strategic direction for both the organisation and for the health service it provides
- the existence of a Code of Ethical Behaviour for board members and a Code of Conduct which applies to management and other employees of the health service
- the existence of a risk management plan
- the structures and terms of reference for various committees, eg, the Quality Committee, Audit Committee and Finance Committee

- the existence of processes to monitor progress of the matters contained within the Performance Agreement between the Board and the Director-General of the Department of Health and which regularly review the performance of the board through board self appraisal.

In May 1999, the document *Guide on Corporate Governance* was issued jointly by the Health Services Association and the NSW Department of Health to assist Board management in their understanding of their corporate responsibilities.

## Goal A Healthier People

### Improving our performance

- A1 Establish a framework for planning, implementation and evaluation of Statewide and Area health improvement strategies.
- A2 Maintain and progress an effective policy and legislative framework for health promotion, protection and disease management.
- A3 Develop and enhance partnerships for intersectoral collaboration and a continuum of services within NSW Health.
- A4 Promote an evidence based approach to health care and public health programs.
- A5 Promote the delivery of comprehensive mental health services.
- A6 Promote the delivery of appropriate health services to Aboriginal communities.
- A7 Provide accessible information and share knowledge on health, health problems, health workforce, treatments, services and developments in health.
- A8 Support innovation and research.

### Demonstrating our progress

- A1.1 Development and implementation of health plans that link service and asset planning to population needs using an evidence based approach, from July 1999.
- A1.2 Development and implementation of a Statewide Drug Dependency Treatment Plan, from June 2000.
- A1.3 Development of care models including a framework for early detection of diabetic retinopathy.
- A2.1 Review and development of appropriate health legislation, such as review of the *Public Health Act 1991*.
- A2.2 New strategic and policy framework for Public Health established and implemented, from January 2000.
- A3.1 Specific initiatives arising from the Human Services Forum and other forums including the Drug Strategy, Child Protection, Palliative Care, NSW Disability Framework, NSW Healthy Ageing Framework and the Sydney 2000 Olympic and Paralympic Games, from July 1999.

- A3.2 Development and implementation of policies for a continuum of services within NSW Health, including Families First, rural health services and Hospital in the Home services.
- A4.1 Development of a framework for a health system approach to chronic disease management in NSW, by June 2000.
- A4.2 Production and dissemination of best practice guidelines for skin cancer prevention, falls related injury prevention and physical activity promotion, by June 2000.
- A5.1 Full implementation of Caring for Mental Health, related policies and reporting from July 1999, including linked strategies for children, adolescents, other people, multicultural populations, Aboriginal people and emergency departments.
- A5.2 Development of a cost effective population based service model for mental health care, by December 2000.
- A6.1 Achievement of the outcomes in the NSW Aboriginal Health Strategic Plan in the areas of access to health services, identified health issues, social and emotional well being, health promotion and an environment supportive of good health.
- A7.1 Establishment of Health Net/Web and the Health Information Exchange to support community and clinician access across all Area Health Services, by end 2000.
- A7.2 Reporting of key health status and indicators, such as Reports of the Chief Executive Officer and NSW Health Surveys.
- A7.3 Implementation of Statewide campaigns and programs for: Tobacco Control, Physical Activity, Sun Protection, Food and Nutrition, NSW Drug Strategy and Government Response from the Drug Summit, from July 1999.
- A8.1 Implementation of research infrastructure grant program, from July 2000.
- A8.2 Establishment and progression of the Intellectual Property Policy in NSW Health, from July 2000.
- A8.3 Development and implementation of the NSW Health Strategy for Research and Development, from July 2000.

**Goal B Fairer Access****Improving our performance**

- B1 Promote the delivery of effective health services to rural and remote communities.
- B2 Address access issues in all departmental plans and policies.
- B3 Use and develop technology to deliver services in ways that improve access.
- B4 Allocate resources to enable fairer access.
- B5 Promote and facilitate research to identify gaps and barriers to access and health inequalities.
- B6 Involve stakeholders in the design, development, implementation, and evaluation of health policy and plans.

**Demonstrating our progress**

- B1.1 Development and implementation of rural health plans that link service and asset planning to population needs using an evidence based approach.
- B1.2 Enhancement and expansion of integrated models including multi purpose services for rural health care delivery, from July 2000.
- B2.1 Development of a comprehensive policy on equity and health inequality, by December 2000.
- B2.2 Facilitation of access to employment and training for overseas trained health professionals.
- B3.1 Optimisation of technology such as telehealth and e-commerce to enhance access to health and related services, from July 1999.
- B3.2 Telecommunications and network services across Rural Area Health Services are upgraded in support of new applications and community service delivery needs, from July 2000.
- B4.1 Refinement of resource distribution formula and progress towards target shares in 1999/2000 and 2000/2001.
- B4.2 Funding framework for allocation of funds for mental health, population health services, and teaching and research, by June 2000.
- B5.1 Completion of surveys of the health of children and older people in NSW, by January 2000.
- B6.1 Policy and planning documents distributed for comment to relevant stakeholders prior to finalisation and consistent with Policy Development Guidelines.

**Goal C Quality Health Care****Improving our performance**

- C1 Facilitate the implementation of the Quality Framework in NSW, with the quality principles and dimensions of quality, informing quality improvement strategies in the Department.
- C2 Strengthen skills and commitment in quality improvement by increasing capacity to:
  - identify and monitor outcomes of care and service delivery
  - manage and analyse information.
- C3 Invest in research that will improve the quality of health care and service delivery.
- C4 Enhance information management and analytical skills, including development of new technologies to enhance health services' management.

**Demonstrating our progress**

- C1.1 Quality Unit established and links with Area Health Service Quality Councils developed, by June 2000.
- C2.1 Identification of quality indicators and facilitation of their implementation in Area Health Services, from June 2000.
- C2.2 Staged implementation of Cancer Clinical Data Registers.
- C3.1 Development of a model for identifying adverse events as part of the Safety in Health Care project, by June 2000.
- C4.1 Establishment of a clear accountability and standards for Information Management within all Areas, from July 2000.
- C4.2 Implementation of Clinical Information Strategy from July 2000.
- C4.3 Implementation of Radiotherapy System from July 1999.
- C4.4 Implementation of Community Health Information System in 2000/2001.

## Goal D Better Value

### Improving our performance

- D1 Improve internal services provided to staff.
- D2 Recognise, encourage and support staff in meeting Department of Health and individual needs.
- D3 Develop appropriate human resource and performance management in NSW Health.
- D4 Promote a clear direction for the NSW and Australian health systems.
- D5 Provide direction and reform in the use of resources in NSW Health.
- D6 Provide continuous improvement in resource and performance management in NSW Health.

### Demonstrating our progress

- D1.1 Integration of key internal functions (human resources, computing services, salaries and records/administration) to provide clearer service orientation, efficiencies and opportunities.
- D2.1 Review and redesign of Progress Review and Development Program.
- D2.2 Improved knowledge and skills base of all staff of the Department.
- D3.1 New Human Resource and Industrial Relations policies and instruments, from July 1999.
- D4.1 Active contribution by NSW to a strategic direction for the Australian Health system.
- D5.1 Implementation of new approaches to funding and purchasing health and support services focusing on outputs and outcomes of care.
- D5.2 Implementation and monitoring of strategic operational reforms on clinical and support services across the NSW health system.
- D5.3 Implementation of new Coordinated Care arrangements, with pooling of resources from Commonwealth and other human service agencies.
- D6.1 Benchmark key processes and publish results (costs of health service products, better use of people, assets, information and innovations), from July 2000.
- D6.2 Establishment of a comprehensive classification of the outputs of health services.
- D6.3 Effective monitoring of NSW Health performance in resource use, outputs of health services, quality and outcomes of health services.
- D6.4 Improved coordination between the Department and Health Services in resource management, planning and management training.
- D6.5 Establishment of Capital Accounts Policy and implementation, from July 2000.

#### Note

The work associated with progressing the Government Action Plan for Health has affected the timeframes or emphasis of some Corporate Plan initiatives. These changes will be taken into account in the two yearly review of the Corporate Plan.

**Accounts receivable ageing as at 30 June 2000**

Category	1999/2000 \$000
< 30 days	2,421
30/60 days	386
60/90 days	196
> 90 days	2,928
<b>Total</b>	<b>5,931</b>

The significant receivable balance in '< 90 days' is represented by \$1.949M for Intra Health accounts

**Accounts payable ageing as at 30 June 2000**

Category	1999/2000 \$000
< 30 days	531
30/60 days	587
60/90 days	2
> 90 days	–
<b>Total</b>	<b>1,120</b>

Source: Financial and Commercial Services Division, 2000

## Adjusted Daily Average (ADA)

is a comprehensive measure of the average daily patient workload of a health care facility. You take the daily average of the admitted patients plus an equivalent conversion factor for non-inpatient occasions of service and neo-natal activity.

## Admission

is the process by which a person commences a period of residential care.

## Admitted patients

are those accepted by a hospital for inpatient care.

## Average Length of Stay (ALOS)

is the average number of days each admitted patient stays in hospital. This is calculated by dividing the total number of occupied bed days for the period by the number of actual separations in the period.

## Accrual Accounting

recognises revenues and expenses in the accounting period in which goods and services are provided or consumed, rather than in periods when cash is received or paid. In addition, it provides information on the assets and liabilities of an economic entity.

## Ambulatory Care

is any form of care other than as a hospital inpatient.

## Best Practice

is identifying and matching the best performance of others.

## Bed Days

is the total number of bed days of all admitted patients accommodated during the period being reported taken from the count of the number of inpatients at midnight (approximately) each day. Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

## Casemix

building useful classifications of patient care episodes and making use of patient care classifications to manage health care – part of a scientific approach to producing good information about health care (see DRGs – Diagnosis Related Groups)

## Clinical Pathways

Systematic approach to achieving particular outcomes for an inpatient, which identifies the resources required in amount and sequence for that type of case.

## Chargeable Patients

Any admitted patient or registered non-inpatient for whom a charge can be raised by a hospital or Area Health Service for the provision of health care.

## Continuous Quality Improvement (CQI)

is the organisational ethos of continuous improvement by seeking users' service requirements and ensuring the organisation is capable of meeting them. Quality management focuses on improving the processes by which services or products are produced, as well as the quality of the service or product itself.

## Diagnosis Related Groups (DRG's)

is the best known casemix system. It is designed to classify every acute inpatient episode from admission to discharge into one of approximately 500 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.

## Day of Surgery Admission (DOSA)

involves patients who require an overnight stay in hospital following their procedure but are admitted to hospital on the day of surgery.

## FTE

full time equivalent

## Inpatient

a person who is admitted to hospital

## Non-Inpatient Occasions of Service (NIOOS)

are services provided to clients/patients without being admitted to hospital, for example, Emergency Department services, outpatient department services and community health services.

## Quality Indicator

is a measure of performance that reflects how well a process is delivering a service to a customer and meeting their needs.

## Same-day surgery

involves the patient being admitted and discharged on the day of surgery.

## Specialist

is a doctor who has extra qualifications in one or more clinical areas of practice. Some examples of specialists are gynaecologists, ophthalmologists and neurosurgeons.

## Specialty

is the term used to describe the particular field of medicine in which a specialist doctor practises e.g. orthopaedics, urology, gynaecology.

## Waiting time

is the amount of time (reported in days, weeks or months) that a patient has waited for admission to hospital. It is measured from the day the hospital receives a Recommendation for Admission form for the patient until the patient is admitted.

## Waiting time coordinator

is the person in each hospital/Area responsible for managing issues associated with booked patient waiting lists and waiting times.

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