

Operating consultants

Consultancies equal to or more than \$30,000

Consultant	\$ Cost	Title/nature
Organisational review		
PriceWaterhouseCoopers	99,000	Organisational review of NSW Institute of Psychiatry
Sub Total	99,000	
Management Services		
John Deeble	44,431	Analysis of Australian Health Care Agreement to optimise outcomes
Health Policy Analysis P/L	36,091	Review of NSW program and product data collection standards
Health Policy Analysis P/L	34,826	Review of health need indices in resource distribution formula
Health Outcomes International	50,000	Review of health and economic impact of HIV/AIDS in NSW
Health Consult P/L	96,442	Review of Ambulatory Care Services
Health Policy Analysis P/L	76,709	Assessment of state of readiness of Ambulatory Care Service
Helen Hill Aged Care Consultancy	36,671	Review of Wallsend and Garrawarra nursing homes care and management systems
Julie McDonald and Associates	31,409	Evaluation of the policy directive 2005_625 for People with Disabilities
Communio	74,515	Review of telephone and advisory service
KPMG Corporate Finance	151,043	Review of sexual assault forensic and medical services
KPMG Corporate Finance	39,400	Review of healthcare simulated skills training models
Sinclair Pastoral Co P/L	30,068	High-level clinical advice for Health Care Advisory Council
Jacq Hackett Consulting	50,000	Evaluation of health funded cannabis clinics
Sub Total	751,605	
Consultancies equal to or more than \$30,000	850,605	

Consultancies less than \$30,000

During the year 39 other consultancies were engaged to the following areas:	
Finance and Accounting/Tax	28,557
Legal	9,091
Organisational review	18,182
Management services	453,885
Training	650
Total consultancies less than \$30,000	510,365
TOTAL Consultancies	1,360,970

Other funding grants

Grant recipient	Amount \$	Purpose
Aboriginal Health and Medical Research Council	47,504	Men's health program
Adele Dundas Inc	127,221	Residential rehabilitation services of adult Drug Court program
AFL NSW/ACT Commission Ltd	45,000	'Smoking Don't Be a Sucker' program
Aftercare	3,000	2007 celebrations on World Mental Health Day
AIDS Council of NSW	5,450	Capacity building program grant
Airds Bradbury Community	2,200	Special funds 'Express Yourself' project
Albury City Council	3,300	Special funds 'Party In The Q' project
Amadeus Catering	452	Capacity building program grant
Anex Incorporated	15,000	Sponsorship of Australasian Amphetamine conference
Armidale Family Support Service Inc	3,800	Capacity building program 'Changing culture of alcohol use in NSW'
Armidale Family Support Service Inc	851	Capacity building program grant
Armidale Youth Refuge	2,097	'Pick and Path Camps' project
Attorney General's Department	282,758	Infrastructure support for phase 2 of the Illicit Drug Diversion initiative
Attorney General's Department	38,778	Program evaluation for phase 2 of the Illicit Drug Diversion initiative
Australian Breast Feeding Association	7,092	Implementation of new NSW Health breastfeeding policy
Australian College of Physical Scientist and Engineering Medicine	15,100	Training of radiation oncology medical physicists
Australian College of Health Service Executives	128,898	Graduate management training program grant
Australian College of Health Service Executives	63,425	Library funding
Australian College of Health Service Executives	24,059	Funding of health planning and management library
Australian Council of Health Care Standards	8,891	Accreditation of health care organisations
Australian Medical Association (NSW) Ltd	4,545	Sponsorship of 2007 international Doctor's health conference
Australian Red Cross Blood Service	4,691,304	Bone marrow program
Australian Red Cross Society	170,000	Heroin Overdose Prevention Education (HOPE) program
Australian Red Cross Society	12,000	'Save A Mate Training' drug strategy program
Australian Rotary Health Research	22,500	Indigenous health scholarships
Bankstown City Council	400	'Changing the culture of alcohol use' grant
Beyond Blue Ltd	1,183,777	Undertake mental health initiatives in depression, anxiety and related disorders
Black Dog Institute	1,000,000	Mood assessment program development
Cabramatta Community Centre	3,111	Community Drug Strategy administrative support funds
Cancer Institute NSW	112,324,482	Core funding
Cancer Institute NSW	48,800	Funding for NSW specialist palliative care services
Cancer Institute NSW	75,000	Rock Eisteddfod 2007 sponsorship contribution
Cancer Institute NSW	750,000	Funding for nutrition campaign
Centre Care Wagga Wagga	2,000	Capacity building program 'Changing culture of alcohol use in NSW'
Centre for Developmental Disability Studies	64,078	Primary health care GP and community care building project
Centre for Developmental Disability Studies	72,727	NSW Developmental Disability Health Unit operational costs
Charles Sturt University	15,000	Research on 'Participating following traumatic brain injury in rural regional remote areas'
CoastCityCountry Training Ltd	48,750	NSW GP procedural health training program

Grant recipient	Amount \$	Purpose
Cooperative Research Centre for Asthma and Airways	100,000	Lane Cove air quality project
Council of the City of Broken Hill	500	Community Drug Strategy administrative support funds
Council of the City of Broken Hill	4,946	'Smart Choices' Drug Strategy program
Cummeragunja House and Development	3,500	Capacity building program 'Changing culture of alcohol use in NSW'
Cummeragunja House and Development	500	Community Drug Strategy administrative support funds
Cynthia Street Neighbourhood	500	Community Drug Strategy administrative support funds
Department of Community Services	73,761	National Drug Strategy development program
Department of Community Services	174,836	Funding for Illicit Drug Diversion initiative 2006/07, Phase 2
Department of Corrective Service	1,399,915	National Drug Strategy program funding to enforcement agencies
Department of Education and Training	149,273	Funding for Illicit Drug Diversion initiative 2006/07, Phase 2
Department of Education and Training	125,000	School Sports Foundation sponsorship
Department of Education and Training	148,905	2005/06 Contribution to Integrated Funded Schools as Community Centres projects
Department of Health and Ageing	874,930	Contribution to National Cord Blood Collection Network
Department of Health and Ageing	1,499,400	Contribution to Australian Commission on Safety and Quality in Healthcare
Department of Health South Australia	510,000	Shared contributions towards National Accreditation Scheme
Department of Health South Australia	333,200	Shared contributions towards COAG Health Workforce Taskforce
Department of Human Services	22,690	Mental Health Workforce Advisory Council
Dubbo City Council	1,799	Sponsor for 2007 Dubbo Rock Up Battle of the Bands
Edith Cowan University	20,000	National Indigenous Health Infonet project
F Samara Pty Ltd	1,100	Sponsorship of rural area managers to attend the International Society for biomedical research in alcoholism conference
Fight Against Cancer	5,000	Fight Against Cancer, Macarthur donation
Forbes Shire Council	2,930	Trivia nights, Drug Strategy program
Forbes Shire Council	600	Community Drug Strategy administrative support funds
Forster Neighbourhood Centre	2,500	Capacity building program 'Changing culture of alcohol use in NSW'
Forster Neighbourhood Centre	500	Community Drug Strategy administrative support funds
Ghinni Ghinni Youth	3,300	Capacity building program 'Changing culture of alcohol use in NSW'
Goulburn City Council	500	Community Drug Strategy administrative support funds
Greater Hume Shire Council	2,000	Capacity Building Program 'Changing culture of alcohol use in NSW'
Greater Southern Area Health Service	2,500	Workshops on 'Working with Local Government'
Griffith City Council	3,600	Special funds grant 'Safe Party Packs'
Griffith City Council	500	Community Drug Strategy administrative support funds
Guthrie House	45,240	Residential rehabilitation services of adult Drug Court program
Gwydir Shire Council	2,400	Capacity Building Program 'Changing culture of alcohol use in NSW'
Gwydir Shire Council	500	Community Drug Strategy administrative support funds
Hamilton Sth Community Action	500	Community Drug Strategy administrative support funds
Hamilton Nth Community Action	2,013	Capacity building program 'Changing culture of alcohol use in NSW'
Hay Shire Council	700	Community Drug Strategy administrative support funds
Hay War Memorial High School	1,500	Youth of Hay's 'Reaching out to people everywhere festival' grant
Health Technology	423,411	Core operational funding for 2006/07
Holroyd City Council	3,680	'Changing the culture of alcohol use' grant
Hornsby Shire Council	500	Capacity building program grant
Hornsby Shire Council	3,000	'Message in a Bottle' project
Hornsby Shire Council	3,000	Sponsorship of Community and Youth Festival
Hunter New England Area Health Service	70,400	Program for provision of mechanical protheses at John Hunter Hospital
Hunter New England Area Health Service	2,500	Workshops on 'Working with Local Government'
Hunter New England Area Health Service	15,000	Sponsorship of rural health research colloquium
Hunter Volunteer Centre	1,000	Auspicing of the 'Service of Remembrance' program
NSW Institute of Psychiatry	115,761	General Practitioners education program

Grant recipient	Amount \$	Purpose
Jarra House	19,175	Residential rehabilitation services of adult Drug Court program
Juvenile Justice	2,243,009	Funding for illicit drug diversion initiative 2006/07, Phase 2
Kids of Macarthur Health Foundation Ltd	35,000	Raise funds for children's health services in Campbelltown and Camden Hospitals
Kids of Macarthur Health Foundation Ltd	28,000	Special care nursery incubator
Kidsafe NSW Inc	61,000	Review of Kidsafe NSW infrastructure grant
Kylie Clark	3,590	Capacity building program 'Changing culture of alcohol use in NSW'
Kyogle Youth Action Incorporated	3,000	'Changing the culture of alcohol use' grant
Lachlan Shire Council	4,294	'Save A Mate Training' Drug Strategy program
Lake Macquarie City Council	5,000	'Changing the culture of alcohol use' grant
Leeton Shire Council	1,800	Special funds grant 'Who's Driving You Home?'
Leeton Shire Council	1,000	'Changing the culture of alcohol use' grant
Manly Drug Education and Counselling Centre	8,646	Drug special purpose funding for the 'Ghinni Ghinni' project
Maryland Activities Group	2,615	Community Drug Strategy administrative support funds
Mental Health Association of NSW (MHA)	435,851	Relocation expenses for Mental Health Association, Consumer Advisory Group and Association for Relatives and Friends of the Mentally Ill
Mental Health Coordinating Council	2,500	Mental health first aid course
Mental Health Coordinating Council	115,385	Mental health and comorbidity research grants
Mid Western Regional Council	254,315	Floridation of Mudgee and Gulgong water supply systems
Mission of Hope Incorporated	6,000	'At risks muslim males' and 'Muslims ahead' project
Miyay Birray Youth Service	6,293	'Resus-A-Cruz Education' and 'Wanna Stop? Can' projects
Moree Plains Shire Council	341,832	Installation of fluoride at treatment plants
Multicultural Disability Advocacy Association	4,545	Sponsorship of conference
Narrabri and District Community Aid	1,205	Capacity building program 'Changing culture of alcohol use in NSW'
National Blood Authority	5,916,811	NSW share of operational funding and blood products
Network Alcohol and Other Drug Agencies	5,000	Sponsorship of rural and regional members to attend NADA conference
Network Alcohol and Other Drug Agencies	46,962	Drug and alcohol psychologist -in-training program
Network Alcohol and Other Drug Agencies	115,385	Mental Health and Comorbidity research grants
Neuroscience Institute	1,141,885	Core grant payment
Neuroscience Institute of Schizophrenia and Allied Disorders	59,132	Partnership project
Neuroscience Institute of Schizophrenia and Allied Disorders	151,067	Partnership project
Nimbin Community Development Association	455	Community Drug Strategy administrative support funds
Northern Sydney Central Coast Area Health Service	37,400	Funding for clinical placement co-ordinator
NSW Department of Aboriginal Affairs	30,000	Contribution to Croc Festival
NSW Department of Aboriginal Affairs	10,000	Contribution for 2007 NSW Sorry Day event
NSW Department of Commerce	160,000	Funding of NSW carers action plan
NSW Department of Community Services	200,000	Funding for Cabramatta anti-drug strategy project
NSW Department of Housing	150,000	Funding of NSW Carers action plan
NSW Department of State and Regional Development	62,500	Biotechnology business incubator
NSW Farmers Association	100,000	Mental health first aid training to rural communities
NSW Health Foundation	3,000,000	Contribution to Ambulance Service Research Fund
NSW Institute of Psychiatry	1,958,630	Annual operating expenses
NSW Police Service	340,000	National Drug Strategy program funding to enforcement agencies
NSW Police Service	151,128	Funding for illicit drug diversion initiative 2006/07, Phase 2
NSW School Canteen Association (NSWSCA)	137,500	Funding to facilitate nutritious and healthy food service
Penrith Performing Arts	25,000	Funding for 'For Matthew and others – journey with schizophrenia'
Port Macquarie Hastings Council	9,742	'Changing the culture of alcohol use' grant
Prince of Wales Medical Institute	1,300,000	Research infrastructure for mental health research

Grant recipient	Amount \$	Purpose
Prince of Wales Medical Institute	2,273	NSW Falls Injury Prevention Network meeting sponsorship
Quality Management Services	8,891	Accreditation of Health Care organisations
Queensland University of Technology	1,136	Australian falls prevention conference sponsorship
Raymond Terrace Community Resident Centre	2,420	Capacity building program 'Changing culture of alcohol use in NSW'
Raymond Terrace Community Resident Centre	500	Community Drug Strategy administrative support funds
Regional Youth Supplementary Service	500	Community Drug Strategy administrative support funds
Restaurant and Catering NSW/ACT	2,584	Sponsorship of Restaurant and Catering NSW/ACT Awards for Excellence
Riverwood Community Centre	3,000	Grant for parenting groups – drug education
ROAM Communities	100,000	Grant for homeless people with mental illness
Royal Rehabilitation Centre Sydney	33,750	Traumatic brain injury surveillance project
Royal Rehabilitation Centre, Sydney	7,899	'Stroke Exercise on Website' grant
Royal Rehabilitation Centre, Sydney	72,231	Implementation and care plan
South Eastern Sydney and Illawarra Area Health Service	455	Aged care psychiatry annual public health forum
Salvation Army Morisset	520	Residential rehabilitation services of adult Drug Court program
Samaritan Foundation	2,817	Capacity building program 'Changing culture of alcohol use in NSW'
Samaritan Foundation	500	Community Drug Strategy administrative support funds
San Remo Neighbourhood Centre	7,150	'Rock Against Drugs' capacity building program
San Remo Neighbourhood Centre	500	Community Drug Strategy administrative support funds
Saratoga Community Hall	400	Capacity building program 'Changing culture of alcohol use in NSW'
Schizophrenia Research Institute	464,285	Neuroscience Institute of Schizophrenia and Allied Disorders Grant contribution
S-E Sydney Illawarra Area Health Service	2,000	Workshops on 'Working with Local Government'
Shellharbour City Council	1,500	Creating synergy conference
Shellharbour City Council	7,500	'Scattered Influences DVD' Drug Strategy program
Society of St Vincent de Paul	20,000	Winter appeal program
South West Child Adolescent and Family Services	8,000	Capacity building program 'Changing culture of alcohol use in NSW'
South Eastern Sydney and Illawarra Area Health Service	495,000	Safer Systems -Saving Lives project
Southern Cross University	8,000	Aboriginal and Torres Straits Islander scholarships
State Library NSW	99,000	Implementation of the 'Drug info@your library' project
Sydney Children's Hospital Foundation	500,000	10th Gold Dinner 'Pain and Palliative Care Service'
Sydney South West Area Health Service	2,000	Workshops on 'Working with Local Government'
Sydney West Area Health Service	2,000	Workshops on 'Working with Local Government'
Ted Noffs Foundation	5,000	Sponsorship of National Drug and Alcohol Awards
Ted Noffs Foundation	10,000	Sponsorship of 2007 National Drug and Alcohol Awards
Tenterfield Social Development	3,003	'Sistas in Unity' Drug Strategy program
The Australian Royal College of General Practitioners	10,955	Funding for development of GP workforce strategy
The Butterfly Incorporated	7,030	Capacity building program 'Changing culture of alcohol use in NSW'
The Cancer Council	10,000	Supporting rural women with breast cancer
The Cancer Council	2,000	Contribution to national tobacco control research audit
The George Institute	50,000	PHD scholarship in rehabilitation
The Lyndon Community	2,200	'Movie Night' Drug Strategy program
The Salvation Army	16,120	Residential rehabilitation services of adult Drug Court program
The Sax Institute	120,000	Purchase equipment for the SEARCH research project
Ulladulla and District Community Resource Centre	3,000	'Drug and alcohol risk reduction camp' Drug Strategy program
Uniting Care NSW	250,000	Grant to Uniting Care for Lifeline NSW
University of New England	7,332	Aboriginal and Torres Straits Islander scholarships

Grant recipient	Amount \$	Purpose
University of New South Wales	10,000	Research on informatics approaches to improving response to outbreaks
University of New South Wales	50,000	Research to evaluate and monitor the NSW falls policy implementation
University of New South Wales	220,000	School Sports Foundation sponsorship
University of New South Wales	8,000	Screening for domestic violence in NSW funding
University of New South Wales	1,700,000	Funding for Schizophrenia Chair
University of New South Wales	44,551	Post graduate research scholarship
University of Newcastle	25,000	Research Grant 'Neurocognitive profiles of people receiving cognitive behaviour therapy'
University of Newcastle	1,355,000	Centre for Remote and Rural Mental Health funding agreement
University of Newcastle	44,968	Aboriginal mental health workers forum
University of Newcastle	197,785	Mental health drought assistance measures
University of Newcastle	122,500	Pilot of Emergency mental health online learning program
University of Newcastle	68,891	Intervention for regular amphetamine use and depression
University of NSW	50,000	Treating comorbid post traumatic stress disorder
University of Sydney	50,000	Screening for abdominal aortic aneurysm in remote NSW
University of Sydney	114,964	NSW Institute of Rural Clinical Services and Teaching
University of Sydney	32,045	Support and supervision to Australian Medical Council graduates
University of Sydney	100,000	NSW Centre for Physical Activity and Health Funding – Childhood Obesity
University of Sydney	150,000	Funding for the Centre for Public Health and Nutrition
University of Sydney	250,000	Funding for Centre for Overweight and Obesity
University of Sydney	109,091	Funding for Chair in Medical Physics
University of Sydney	150,000	Funding for Chair of Geriatric Medicine and Aged Care at Westmead Hospital
University Of Sydney	50,000	HAC/University of Sydney funding agreement for Chair of Geriatric Medicine
University of Sydney	75,000	Funding for 'Novel treatment for young people with harmful alcohol use'
University of Technology Sydney	2,500	Workshops on 'Working with Local Government'
University of Western Sydney	221,326	Funding of men's health and information resource centre
University of Western Sydney	62,813	Funding of Aboriginal male health project
University of Western Sydney	5,000	Sponsorship of 'International Council on Women's Health Issues Congress 2006'
University of Western Sydney	409,091	Mental health research grant for disaster planning
Various	456,161	Rural scholarships/grants
Various	150,836	2007 NSW Radiation Oncology Medical Physicists postgraduate scholarships
Various	2,368	Radiation therapists overseas recruitment program expenses
Various	1,030,730	Mental health nursing scholarships
Various	13,073,546	Transitional aged care grant
Wayback Committee Limited	167,895	Residential rehabilitation services of adult Drug Court program
We Help Ourselves	14,950	Residential rehabilitation services of adult Drug Court program
Wesley Counselling Service	5,000	State grant for Sutherland telephone counselling service
Wesley Mission	3,350	Community Drug Action Team projects
Wingecarribee Shire Council	4,500	Supplying underage drinkers' project, drug strategy program
Wiradjuri Country Community Development	2,000	'Save A Mate' project, Drug Strategy program
Women's Health NSW	10,000	NSW Women's Health Summit conference
Yerin Aboriginal Health Service	26,226	Psychologist-in-training program
Total	169,145,330	

Public health outcome funding agreement

[1]	[2]		[3]		[4]		[5]		[6]		[7]		[8]		[9]	
	HIV/AIDS	Women's Health	Alternative Birthing	Female Genital Mutilation	Family Planning	Cervical Cancer	Breast Cancer	National Drug Strategy	National Immunisation Program	Grand Total	2006 /06	2005 /06	2006 /07	2005 /06	2006 /07	2005 /06
Health Services	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's	\$000's
Sydney South West	2,949	1,245	1,192	0	5,337	5,226	0	0	753	753	0	0	0	10,284	9,881	8,420
South Eastern Sydney and Illawarra	6,386	353	388	191	0	0	0	0	709	1,209	0	0	0	7,608	7,608	8,420
Sydney West	1,299	1,284	660	565	0	205	222	0	362	362	0	0	0	2,526	2,433	2,433
Northern Sydney and Central Coast	820	929	135	158	0	0	0	0	551	566	0	0	0	1,506	1,653	1,653
Hunter and New England	816	820	245	223	0	0	0	0	76	66	0	0	0	1,137	1,109	1,109
North Coast	618	560	211	266	160	191	0	0	157	156	0	0	0	1,146	1,173	1,173
Greater Southern	260	254	104	117	320	376	0	0	10	0	0	0	0	694	747	747
Greater Western	287	261	165	175	0	0	0	0	265	266	0	0	0	717	702	702
Justice Health	263	263	36	30	0	0	0	0	706	711	0	0	0	1,005	1,004	1,004
Department of Health					128	128	20	0	6,401	5,776	0	0	0	94,147	48,611	48,611
Total Commonwealth Contribution	13,698	13,713	3,154	3,114	768	758	225	222	2,243	2,186	16,168	15,970	87,598	42,835	42,835	93,889
State Contribution	13,698	13,347	2,312	2,168	0	362	0	28	16,900	16,607	16,900	16,607	16,607	39,546	39,176	39,176
Grand Total	27,396	27,060	5,466	5,282	768	1,120	225	250	2,243	2,186	33,068	32,577	16,626	178,727	178,727	133,065

Note:

- Figures above do not include the use of rollovers.
 - The methodology used in this report was altered to differentiate clearly the contributions made by both the Commonwealth and State. This has resulted in some variation in 2005/06 values reflected in this report when compared to the previous years report.
 - Non Government Organisation payments are not shown separately and form part of the State contribution values.
 - Women's Health figures excludes contributions made by the Health Services.
 - In 2005/06 the State contributed some funds to alternative birthing and female genital mutilation as Commonwealth funding was insufficient to run the programs.
- Comments
- HIV/AIDS – The amounts reported under the public funding health outcome funding agreement (PHOFA) represent only the extent of previous cost sharing arrangements with the Commonwealth. Actual AIDs allocations for 2006/07 approximated \$98M
 - Women's Health – The Women's Health allocation does not include contributions made by the Health Services to this program
 - Alternative Birthing – Program fully funded by Commonwealth
 - Female Genital Mutilation – Program fully funded by Commonwealth. Statewide service administered through Sydney West
 - Family Planning – Statewide service administered through Sydney South West Area Health Service
 - 6 and 7 Cervical Cancer and Breast Cancer – With effect from 1 July 2005 funding is provided to the Cancer Institute which administers the Breast and Cervical Screening programs. An amount of \$1.63 million was transferred from Cervical Cancer Screening to Breast Cancer Screening both in 2005/06 and on annual basis thereafter.
 - National Drug Strategy – Funds were utilised to administer drug, alcohol and tobacco programs
 - National Immunisation Program – Commonwealth funding is for purchase of vaccines on the National Health and Medical Research Council Immunisation Schedule (NHMRC).

Research and development infrastructure grants

The Capacity Building Infrastructure grants program is a competitive funding program administered by NSW Health. Its purpose is to build capacity and strengthen research in the key areas of public health, primary health care and the provision of health services.

The program aims to build these strengths in priority areas that are of importance to the health of the NSW population in the next five to ten years and beyond.

The program provides grants of up to \$1.5 million over a three-year period to successful applicants.

The first round ran from 2003/04 to 2005/06.

The second round of funding is for the period 2006/07 to 2008/09.

At the end of the second funding round, NSW Health expects that the program will have achieved the following objectives:

- ▶ There will be a robust and vibrant research community within NSW conducting high quality and internationally recognised research in the key areas of public health, primary healthcare and the provision of health services.
- ▶ This capacity will be directed towards generating research findings which address the areas of highest priority for improving and maintaining the health of the people of NSW.
- ▶ Those research findings will be adopted in the policies and practices of health providers and health services, resulting in improvements in the provision of services to the community.

Research and Development infrastructure grants	Amount \$	Purpose
CRC Asthma and Airways	83,333	Support for research on asthma
Hunter Medical Research Institute	499,966	Capacity building infrastructure funding
Hunter New England Area Health Service	10,000	Sponsorship of rural health research colloquium
Macquarie University	3,497	Collaborative project 'minor consent to treatment'
NSW Attorney General's Department	14,843	Contribution to 2006/07 National Coroner's information system
Sydney West Area Health Service	500,000	Infrastructure grant for infectious diseases and microbiology
The Sax Institute	1,800,000	Development of research partnerships in population health services and policy
The Sax Institute	100,000	Costing of health and economic evaluation program
University of NSW	359,979	Research and development capacity infrastructure grant for HIV Hepatitis C and related diseases
University of NSW	468,081	Infrastructure for the Centre for Health Informatics grant
University of NSW	489,838	Research Centre primary health care and equity
University of Sydney	500,000	Australian Rural Health Research Collaboration infrastructure grant
University of Wollongong	100,000	NSW research and development capacity building infrastructure grant
Total	4,929,537	

Risk management and insurance activities

Within NSW Health the major insurable risks are workers compensation, public liability (including medical indemnity for employees) and medical indemnity provided through the Visiting Medical Officer and Honorary Medical Officer – Public Patient Indemnity Scheme.

The following tables detail frequency and total claims cost dissected into occupation groups and mechanism of injury group for the three financial years 2004/05 to 2006/07. An analysis follows the tables.

Workers compensation – Frequency and total claims cost

Occupation group	2006/07				2005/06				2004/05			
	Frequency		Claims cost		Frequency		Claims cost		Frequency		Claims cost	
	No.	%	\$M	%	No.	%	\$M	%	No.	%	\$M	%
Nurses	2,432	36	16	38	2,651	37	19.8	46	3,109	43	19.7	43
Hotel services	1,326	20	7.9	19	1,362	19	7.3	17	1,446	20	9.2	20
Medical/Medical support	818	12	5.7	14	860	12	5.2	12	868	12	6	13
General administration	468	7	2.7	6	502	7	2.6	6	795	11	5.5	12
Ambulance	570	9	3.5	8	573	8	3	7	651	9	3.2	7
Maintenance	174	3	2.3	6	215	3	1.7	4	217	3	1.4	3
Linen services	120	2	0.7	2	143	2	0.4	1	145	2	0.9	2
Not grouped	761	11	2.8	7	860	12	3	7				
Total	6,669	100	41.6	100	7,166	100	43.1	100	7,230	100	45.8	100

Workers compensation – Frequency and total claims cost

Mechanism of injury group	2006/07				2005/06				2004/05			
	Frequency		Claims cost		Frequency		Claims cost		Frequency		Claims cost	
	No.	%	\$M	%	No.	%	\$M	%	No.	%	\$M	%
Body stress	2,694	41	20.8	50	2,866	40	19.8	46	2,964	41	21.1	46
Slips and falls	1,169	18	7.3	17	1,075	15	7.3	17	1,157	16	6.4	14
Stress	355	5	5.5	13	430	6	5.6	13	506	7	7.8	17
Hit by objects	1,019	15	3.9	10	1,075	15	3.9	9	1301	18	5	11
Motor vehicle	500	7	1.7	4	502	7	2.6	6			2.3	
Other causes	932	14	2.4	6	1,218	17	3.9	9	1,301	18	3.2	7
Total	6,669	100	41.6	100	7,166	100	43.1	100	7,230	100	45.8	100

Analysis

	2006/07	2005/06	2004/05
Number of employees FTE	97,824	92,110	90,168
Salaries and wages \$M	7,359	6,862	6,496
Number of claims per 100 FTE	6.82	7.78	8.0
Average claims cost	\$6,242.41	\$6,014.51	\$6,334.72
Cost of claims per FTE	\$425.57	\$467.92	\$507.94
Cost of claims as % S and W	0.57	0.63	0.71
Average cost of:			
Nurses	\$6,581.73	\$7,478.69	\$6,334.51
Hotel services	\$5,948.41	\$5,379.59	\$6,334.72
Medical/ Medical support	\$6,940.40	\$6,013.95	\$6,859.45
Body stress	\$7,288.12	\$6,916.69	\$7,107.24
Slips and falls	\$6,222.15	\$6,816.45	\$5,542.88
Stress	\$15,365.08	\$13,031.44	\$15,384.31

Legal liability

This covers actions of employees, Health Services and incidents involving members of the public. Legal liability is a long-term type of insurance and data covering an 18-year period from 1 July 1989 as at 30 June 2007 for the period 1 July 1989 to 31 December 2001 and from 1 January 2002 is presented below.

The data has been separated as data was required to be collected in a different format from 1 January 2002 with the introduction of the Health Care Liability Act 2001.

Statistics as at 30 June 2007 reveal that legal liability costs are dissected as follows:

- 1 July 1989 to 31 December 2001 (as at 30 June 2007) – treatment non-surgical 34 per cent (58 per cent) treatment surgical 26 per cent (26 per cent), hepatitis C 3 per cent (2 per cent), slipping and falling 6 per cent (3 per cent) and other 31 per cent (11 per cent).
- 1 January 2002 to 30 June 2007 – anaesthetic 2 per cent (1 per cent), antenatal neonatal 8 per cent (19 per cent), consent 1 per cent (1 per cent), diagnosis 18 per cent (32 per cent), infection control 2 per cent (3 per cent), misplaced/lost 13 per cent (6 per cent), non procedural surgical 9 per cent (7 per cent), procedural surgical 14 per cent (7 per cent), slips/trips 7 per cent (2 per cent), treatment failure 14 per cent (15 per cent), unspecified 0 per cent (5 per cent) and other 12 per cent (3 per cent).

Visiting Medical Officer and Honorary Medical Officer – Public Patient Indemnity Cover

In December 2001, the NSW Government advised that from 1 January 2002 it would provide coverage through the NSW Treasury Managed Fund for all Visiting Medical Officers and Honorary Medical Officers treating public patients in public hospitals provided that they each signed a service agreement with their public health organisation and also signed a contract of liability coverage. In accepting this coverage, visiting medical officers and honorary medical officers agreed to a number of risk management principles that would assist with the reduction of incidents in NSW public hospitals.

That indemnity has since been extended to cover private patients in the rural sector and all private paediatric patients.

For the period ending 30 June 2007 some 2,441 (1,890) incidents had been notified thus allowing early management as applicable. Of these incidents 244 (141) had converted to claims.

Retrospective cover for visiting medical officers and honorary medical officers for incidents prior to 1 January 2002

With the announcement of the Visiting Medical Officers and Honorary Medical Officers Public Patient Indemnity cover, the NSW Government also announced that it would provide coverage for all unreported claims from Visiting Medical Officers and Honorary Medical Officers from treating public patients in public hospitals from incidents up to and including 31 December 2001.

This initiative was introduced to lessen financial demands for the medical defence organisations in the setting of premiums. As at 30 June 2007, the Department had granted indemnity in respect of 329 (318) cases.

Specialist Sessional Visiting Medical Officers

Obstetricians and Gynaecologists

The indemnity scheme introduced by the Department in February 1999 for Specialist Sessional Visiting Medical Officers – Obstetricians and Gynaecologists Seeing Public Patients in Public Hospitals has been incorporated with the Visiting Medical Officer and Honorary Medical Officer Public Patient Indemnity Cover.

Property

Whilst property is not a significant risk, statistics as at 30 June 2007 on Property Claims since 1 July 1989 identify 8,340 (7,866) claims at a cost of \$74.6M (\$69.8M). Claims costs are storm and water 30 per cent (30 per cent), fire/arson 24 per cent (24 per cent), theft/burglary 10 per cent (11 per cent), accidental damage

8 per cent (6 per cent), fusion/electrical 11 per cent (10 per cent) earthquake 13 per cent (14 per cent) and other 4 per cent (5 per cent).

Note that the use of () denotes 2006 result.

Claims excesses

Claims excesses apply to liability and property claims and equate to 50 per cent of the cost of the claim capped at \$10,000 and \$6,000 respectively.

These financial excesses are to encourage local risk management practices.

NSW Treasury managed fund

Insurable risks are covered by the NSW Treasury Managed Fund (which is a self insurance arrangement of the NSW Government) and of which the Department is a member. The Department is provided with funding via a benchmark process and pays deposit premiums for workers compensation, motor vehicle, liability, property and miscellaneous lines of business. The workers compensation and motor vehicle deposit premiums are adjusted through a hindsight calculation process after five years and 18 months respectively.

Hindsight declared and adjusted during 2006/07 were for:

- ▶ Motor vehicle 2004/05 – deficit \$0.7 million.
- ▶ Workers compensation.

The 2000/01 final five years and 2002/03 interim three years were declared and adjusted in 2006/07 with the Department receiving surpluses of \$12.3 million and \$40.2 million respectively. In addition, a once-off adjustment for the 1999/00 fund year and 2001/02 totalling \$6.4 million was made. In all, NSW Health received a total surplus of \$58.9 million hindsight adjustments.

Financial responsibility for workers compensation and motor vehicle was devolved to the Health Services from day one while liability, property and miscellaneous are held centrally as master managed funds.

The cost of insurance in 2006/07 for NSW Health is identified under premium. Benchmarks are the budget allocation.

	Premium \$M	Benchmark \$M	Variation \$M
Workers compensation	133.4	184.2	50.8
Motor vehicle	8.2	7.9	(0.3)
Property	6.7	6.3	(0.4)
Liability	149.2	147.7	(1.5)
Miscellaneous	0.2	0.2	0.0
Total TMF	297.7	346.3	48.6
VMO	55.6	55.6	0.0
Total	353.3	401.9	48.6
2005/06	373.2	389.8	16.6

Benchmarks (other than Visiting Medical Officers) are funded by Treasury. Workers' compensation and motor vehicle are actuarially determined and premiums include an experience factor. Premiums for property, liability and miscellaneous are determined and benchmarks (standard is 95 per cent) are calculated by relativity of large and small claims. Visiting Medical Officer cover is fully funded by NSW Health.

Motor vehicle and property premiums are both greater than benchmark and improvement is expected. The level of property funding reflects the need for more effective risk management to reduce the smaller claims.

Risk management initiatives

NSW Health has a number of new and ongoing initiatives to reduce risks as outlined below:

- ▶ Ongoing commitment to and participation in the whole-of-Government Occupational Health and Safety (OHS) and injury management improvement strategy.
- ▶ Ongoing participation in the NSW WorkCover occupational stress management steering group to develop prevention and intervention strategies for occupational stress in the health and community services sector.
- ▶ Ongoing development and support of the NSW Health OHS audit tool, the OHS Profile. NSW Health in conjunction with Independent Commission Against Corruption have developed a new training resource called Managing the risk of corruption – A training kit for the NSW public health sector.
- ▶ Continued promotion of the Clinicians Toolkit for Improving Patient Care, which is directed at visiting medical officers and other clinicians.
- ▶ The ongoing development of the Visiting Medical Officers Incident Reporting System (an early incident reporting system that allows Visiting Medical Officers to report any incident that may trigger a medical liability claim).

- ▶ Establishment of a steering group and working party to develop a risk management policy statement and risk management work-plan for implementation across NSW Health. A draft policy and framework was distributed for comment across NSW Health.
- ▶ Ongoing support and refinement of an extensive information collection and management process that records all incidents on an electronic system (Incident Information Management System). The process encompasses clinical and corporate incidents and is guided by a reissued incident management policy that ensures a consistent, systematic and coordinated approach to the management of these incidents.
- ▶ Release of guidelines to provide an operational framework for dealing with a complaint. The guidelines provide interpersonal strategies for dealing with consumers at the first point of contact, assessing the severity of complaints, investigating complaints and resolving complaints.
- ▶ Release of a policy, Safety Alert Broadcasting System, that provides to health services early warnings and/or notification of issues that may potentially affect patient safety and clinical quality.
- ▶ Release of the Sexually Transmissible Infection (STI) strategy 2006–2009 policy that provides a framework for STI prevention, treatment, care and support, research and workforce development in NSW.
- ▶ Release of policy and guidelines to prevent or minimise sharps injuries by directing organisations to develop a sharps injury prevention program utilising a risk management framework.
- ▶ Release of a revised infection control policy that outlines the broad principles of infection control and is intended as a framework within which Health Services can develop comprehensive infection control policies and procedures.
- ▶ Release of a revised audit tool for assessing performance in essential aspects of OHS and injury management.
- ▶ Release of a revised policy, Occupational assessment, screening and vaccination against specified infectious diseases, that describes requirements for employers to meet their OHS obligations and their duty of care to staff, clients and other users of health service premises.

Suncorp Risk Services – NSW Health Engagement

In July 2005, Suncorp Risk Services was appointed to provide strategic level risk management services on behalf of the NSW Self-Insurance Corporation for the NSW Treasury Managed Fund members. These services are directed at improving the risk management performance of Treasury Managed Fund agencies and where appropriate, the approach across NSW government, to ultimately improve risk management performance and reduce loss.

As part of this arrangement, Suncorp Risk Services has been working in a strategic partnership with the NSW Health Corporate Governance and Risk Management Branch. The partnership is aimed at improving the consistency and transparency of risk management across NSW Health.

Suncorp Risk Services has recently been endorsed to undertake a facilitated self-assessment of risk management practices across the public health organisations of NSW Health. In doing so, it will provide benchmark risk management process performance indicators and improvement recommendations for each public health organisation and the NSW Health Corporate Governance and Risk Management Branch. During 2006/07 the self-assessments were completed in seven public health organisations with the remaining scheduled to be completed by December 2008.

The process will utilise the Suncorp Risk Management framework and self-assessment tool to ensure consistency of approach and results. It will draw on the expertise of the Suncorp Risk Services Team across NSW Health, as well as expertise in the application of resources such as Australian Standard AS4360: 2004 and Treasury Managed Fund guide to risk management — The RCCC approach.

Three year comparison of key items of expenditure

Employee Related Expenses	2007		2006		2005		Increase/decrease (%) compared to previous year	
	\$000	% Total Expense	\$000	% Total Expense	\$000	% Total Expense	2007	2006
Salaries and Wages	5,892,271	48.94	5,482,770	48.65	4,990,511	48.12	7.47	9.86
Long Service Leave	194,184	1.61	198,598	1.76	205,981	1.99	-2.22	-3.58
Annual Leave	584,464	4.85	565,521	5.02	508,435	4.90	3.35	11.23
Workers Comp. Insurance	126,048	1.05	156,932	1.39	157,004	1.51	-19.68	-0.05
Superannuation	594,461	4.94	557,194	4.94	518,915	5.00	6.69	7.38
Sub Total	7,391,428	61.39	6,961,015	61.76	6,380,846	61.53	6.18	9.09
Other Operating Expenses								
Food Supplies	81,562	0.68	80,999	0.72	74,592	0.72	0.70	8.59
Drug Supplies	421,775	3.50	393,738	3.49	361,088	3.48	7.12	9.04
Medical & Surgical Supplies	639,676	5.31	524,128	4.65	480,459	4.63	22.05	9.09
Special Service Departments	188,887	1.57	189,999	1.69	199,716	1.93	-0.59	-4.87
Fuel, Light and Power	78,266	0.65	72,482	0.64	63,735	0.61	7.98	13.72
Domestic Charges	133,570	1.11	101,777	0.90	94,402	0.91	31.24	7.81
Other Sundry/General Operating Expenses *	1,034,660	8.59	1,037,641	9.21	1,037,515	10.00	-0.29	0.01
Visiting Medical Officers	467,587	3.88	441,393	3.92	401,917	3.88	5.93	9.82
Maintenance	322,090	2.68	282,038	2.50	259,977	2.51	14.20	8.49
Depreciation	418,171	3.47	411,447	3.65	388,612	3.75	1.63	5.88
Grants and Subsidies								
Payments to Third Schedule and other Contracted Hospitals	502,219	4.17	500,607	4.44	429,865	5.40	0.32	16.46
Other Grant Payments	353,545	2.94	268,118	2.38	191,231	1.84	31.86	40.21
Finance Costs	6,870	0.06	4,890	0.04	6,241	0.06	40.49	-21.65
TOTAL EXPENSES	12,040,306		11,270,272		10,370,196		6.83	8.68

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

Source: Audited Financial Statements 2006/07 and 2005/06

Service delivery

Commitment to energy management	220
Information management and electronic service delivery	221
Response to NSW Government waste reduction and purchasing policy	223
Shared services program	224
Significant committees	227



Commitment to energy management

NSW Health is committed to achieving the Government's energy management targets as established in the Government Energy Management Policy.

Planning

NSW Health has a statewide Energy Manager and Energy Coordinator whose roles are to liaise with Area Health Service Energy Managers on energy and water management issues.

Implementation

NSW Health is a large consumer of energy and water and consequently has many examples of innovative projects to reduce consumption. Such projects include the installation of electricity cogeneration, solar hot water, photovoltaic cells, upgraded lighting and building management systems, efficient air-conditioning and water saving technologies.

NSW Health has received loan funding to undertake energy efficiency projects to the value of \$28,925,000 to date and these projects are providing recurrent savings of \$4,888,000 per annum and a reduction in greenhouse gas emissions by 45,624 tonnes per annum.

During 2006/07 the Sydney West Area Health Service was successful in obtaining loan funding in the sum of \$497,000 to replace air-conditioning chillers at Nepean Hospital, which will reduce CO2 emissions by 1,991 tonnes per annum and provide estimated annual savings of \$122,000.

Considerable effort has also been directed to the development of the following major projects that are now in an advanced stage of procurement:

- ▶ Sydney West Area Health Service – Installation of a natural gas powered cogeneration plant and associated air-conditioning system at the Westmead Hospital that will reduce electricity consumption and the emission of greenhouse gases. The estimated cost is anticipated to be in the order of \$15 million and it is planned that a funding application will be submitted to NSW Treasury in 2007/08 for approval.
- ▶ Northern Sydney Central Coast Area Health Service – Moving towards the development of a large energy performance contract that will cover most hospitals in the area. A preferred proponent has been selected, who is currently developing a detailed feasibility study that will define the scope of the project, the actual costs and guaranteed benefits. This study will become the basis of a loan application and the project when completed will significantly improve the energy and greenhouse performance of the Area Health Service. It is anticipated that a funding application for this project will also be submitted in 2007/08 for approval.

Future directions

- ▶ NSW Health is working with the Department of Environment and Climate Change and other key agencies to develop new performance targets and strategies to achieve the Government's policy objectives to reduce the consumption of energy, water and also the emission of greenhouse gases.
- ▶ Area Health Services within the Sydney Water supply area have maintained their commitment to the Every Drop Counts program and have been successful in obtaining grant funding to undertake projects that contribute to much needed water savings.
- ▶ There is continuing need to reduce energy consumption because the costs are escalating above the rate of inflation. The reductions in demand achieved will ensure sustained cost savings that can be redirected to the provision of direct patient services.

Information management and electronic service delivery

NSW Health has embarked on a five-year information technology reform program aimed at establishing the necessary systems needed to run an effective and high quality healthcare system. The five-year information and communications technology strategy focuses on integrating innovative information technology solutions across the entire health sector in NSW to best support clinical and corporate reform.

The Strategic Information Management Branch is concurrently transforming and improving the processes and procedures it deploys to ensure the new information and communications technology solutions are procured, built and implemented appropriately. This is part of a new three-year transformation program which will establish an operating model with clearly defined functional roles and relationships.

The information and communications technology strategy consists of four focus areas; clinical, corporate, information and infrastructure. It targets a common set of applications across NSW that best support the clinical services redesign and the shared corporate services reform programs.

Key achievements

Clinical strategy

- Major preparations for the statewide implementation of the Electronic Medical Record (EMR) are well underway. As an electronic record of the treatment provided to patients in public hospitals, implementation will allow clinicians to electronically order tests and services, access pathology and radiology results, manage emergency departments and operating theatres and send discharge referrals to GPs. Core components of the EMR, such as standard clinical terminology, content and system design will be consistent across all Area Health Services. This will assist in increasing patient safety and reducing training requirements when clinicians move between hospitals or other Area Health Services. The value of the new EMR has been demonstrated with Sydney West Area Health Service progressing early with the implementation of the emergency department system at five different hospitals.

- The Electronic Health Record (EHR), known as Healthlink, a voluntary system being piloted, collects a patient's health information from different doctors, hospitals and health clinics and compiles a summary of it into a secure electronic record. A first of its kind in NSW, the EHR has so far witnessed the enrolment of approximately 13,000 patients in the two programs being piloted.

A major benefit of this voluntary scheme is that all of a patient's clinicians, who are participating in the electronic health record, will be able to access information from different healthcare providers in the one place. Patients will also be able to access their own medical information contained in the electronic health record via the Internet.

The application has also been expanded to provide community health information to the EHR and contribute to a holistic patient record. Staff will be busy encouraging system use, supporting the application and assisting with the evaluation of the pilot.

- Technical equipment needed for the interactive videoconferencing component of the Connecting Critical Care Telemedicine initiative has been implemented across eight pilot sites. This program links the NSW Ambulance Aeromedical Retrieval Service and rural and metropolitan critical care units across NSW in order to improve decision making and clinical support within the critical care environment. The Connecting Critical Care program has also established an outreach education and support network which links doctors, nurses and allied health staff each week in Dubbo, Tamworth, and Orange, Royal Prince Alfred and Royal North Shore hospitals and the NSW Ambulance Medical Retrieval Unit.
- The picture archiving and communication system/ radiology information system – the technical infrastructure supporting medical imaging – will provide functionality that increases radiologist productivity and gives universal access to images across the state.

Corporate systems strategy

- ▶ NSW Health is reforming corporate systems to minimise the time and effort spent by staff, particularly clinical and frontline staff, carrying out corporate service functions such as rostering and budgetary management. The new corporate systems program will integrate systems and provide tools to support staff and enable them to work smarter and more efficiently. Areas to be covered include information technology, payroll, human resources and rostering.

Business information strategy

- ▶ Following the development of the business information strategy, the main focus over the last twelve months has been to establish a business information program. The program will provide information to measure the quality of clinical care, identify access issues and better predict patient demand as well as link workforce and financial data to optimise resource allocation and budgets.

Infrastructure strategy

- ▶ An information and communications technology standards policy was developed identifying and defining the standards to be used across NSW Health. This policy ensures that systems, when acquired, will be deployed in the most cost effective and consistent manner.
- ▶ Revised corporate systems architecture was developed to identify and realign the business applications, technology and integration requirements. This new architecture will assist in establishing effective corporate information and communications technology systems to meet corporate and business objectives throughout NSW Health.
- ▶ New clinical systems architecture was produced that details medical imaging and intensive care solutions and provides guidelines and direction on the future deployment and acquisition of emergency department, operating theatre and unique patient identifier systems.
- ▶ Significant staff resources were devoted to the review and guidance of the national E-Health Transition Authority initiative – the national shared electronic health record.

Future initiatives

- ▶ The first EMR implementations will occur in the major facilities of South Eastern Sydney, Greater Western and Greater Southern Area Health Services and The Children's Hospital at Westmead in early 2008. The State implementation program is scheduled to conclude in late 2009.

- ▶ Pilot evaluation activities have commenced, which will inform further funding for the EHR rollout throughout NSW.
- ▶ Subject to funding, stage two of corporate systems will expand the program to incorporate finance, supply chain, rostering system implementation, human resources (education and training, recruitment and workforce management) and enterprise asset management.
- ▶ A telecommunications strategy will be developed to deliver a technology plan for data communications networks to support the implementation of key clinical, corporate and business information systems over the next five years.

Electronic Service Delivery

The NSW Health internet and intranet sites are important channels for communicating key information about the NSW public health system and health issues to NSW Health staff, health professionals and the general community. Significant achievements to meet the health information needs of our key audiences through electronic publishing included the:

1. Junior Medical Officer (JMO) online recruitment site, including online submission of applications <http://www7.health.nsw.gov.au/healthjobs>
2. Development of the nursing and midwifery recruitment campaign website, Nursing and Midwifery: No two days are ever the same <http://www.nursing.nsw.gov.au>
3. Development of the Live Life Well website for the NSW Government campaign aimed at helping people lead healthier lifestyles and avoid ill health <http://www.livelifewell.nsw.gov.au>
4. The NSW Health vaccination website to promote the occupational health and safety obligations, rights and responsibilities for health employers, staff and other clinical personnel outlined in the updated NSW Health Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases policy http://www.health.nsw.gov.au/ohs_vaccination/
5. Completion of the Good Health digital television pilot for Channel NSW, including uploading the video files to the NSW Health website <http://www.health.nsw.gov.au/channelnsw/>

Challenges for the future

NSW Health is undertaking an extensive redevelopment of its internet site. The project will review the site and information architecture. Web content management guidelines will be introduced to enhance user accessibility, site search capability and functionality. Content will be updated and a new look introduced to conform to the NSW Government website style directive.

Response to NSW Government waste reduction and purchasing policy

Sustainability

NSW Health leases 10 floors of office space at 73 Miller Street North Sydney and occupies premises at Gladesville Hospital.

In 2006/07, the Department continued to take a proactive approach towards sustainability by adopting measures to reduce greenhouse emissions, save water, reduce waste and increase recycling.

The adoption of new technologies has resulted in improvements in infrastructure and communications capabilities that in turn reduce the Department's consumption of resources.

Initiatives implemented during the year to improve sustainability include:

- ▶ The upgrading of video-conferencing facilities to further reduce travel requirements
- ▶ The installation of voice-over telephone technology which reduces the volume of data cabling required
- ▶ The installation of reduced water flow valves on hand basins to minimise water waste.

NSW Health also participated in various corporate initiatives and sustainability programs including Earth Hour, the 3CBDs Greenhouse Initiative and Green Capital.

This underscores a commitment to improve energy efficiency and reduce greenhouse emissions. It also ensures that NSW Health remains informed on the latest sustainability issues.

Waste reduction and recycling

During 2006/07 the annual waste audit showed a significant decrease in the total weight of waste generated per week in comparison to the previous year. This was mainly due to a 37.4 per cent reduction in the amount of waste paper generated, and can be attributed to the adoption of strategies such as electronic data management (EDM) and duplex printing.

NSW Health continues to recycle items such as used toner cartridges, fluorescent tubes and mobile telephones.

Purchasing policy

NSW Health promotes the purchase and use of environmentally friendly products and services. Goods and services are procured through NSW Government contracts where possible and are regularly reviewed to identify the availability of environmentally friendly options.

Wherever possible NSW Health purchases items that have a high recycled content and are energy efficient.

Energy consumption

NSW Health works cooperatively with the landlord of 73 Miller Street to improve the energy efficiency of its tenancy.

It is anticipated that NSW Health will achieve a Green Star tenancy rating of 4.5 by the end of 2007 due to initiatives such as the introduction of flat screen computer monitors and power saving switches on multi-function devices.

The size and composition of the motor vehicle fleet is regularly monitored to maximise efficiency. Through the development and regular review of a Departmental Fleet Profile, the procurement of smaller and more fuel efficient vehicles has been mandated.

NSW Health has consistently exceeded Cleaner NSW Government Fleet targets set by the Premier's Department.

Shared services program

HealthSupport

HealthSupport was established within the Health Administration Corporation to deliver a shared corporate and business service across NSW Health. It operates in an environment of innovation and continuous improvement.

Key achievements

HealthSupport Service Centre 1

The establishment of the HealthSupport service centre in Sydney's West was a key milestone. The former Sydney West business house was transitioned to HealthSupport on 1 January 2007, incorporating finance and supply services.

HealthSupport Service Centre 2

In March 2007, it was announced that the location of the second HealthSupport Service Centre would be Newcastle. HealthSupport has been working with Hunter New England and North Coast Area Health Services to prepare for transition of shared corporate services.

Over the next 12 months, the HealthSupport Service Centre at Newcastle will transition payroll, financial and supply services for Hunter New England, North Coast and Northern Sydney Central Coast Area Health Services.

Shared business services

HealthSupport shared business services are developing food and linen services into statewide business units with consistent financial and pricing models, billing processes and reports.

Linen services

Nine laundries processed approximately 870 ton of laundry per week with 1,000 staff and an approximate budget of \$80 million.

Linen services successfully transitioned to HealthSupport during the year. Activities included:

- Closure of the Hunter linen service, Cessnock and work redistributed to linen services at Newcastle and Tamworth.

- Equipment moved between linen services from larger to smaller laundries, eliminating the need to purchase new equipment.
- Purchase of linen on a statewide contract.

Food services

There are 12 food production units across NSW servicing 230 public health facilities.

The process of transitioning food services to HealthSupport has commenced with North Coast, Hunter New England and North Sydney Central Coast Area Health Services entering co-management with HealthSupport commencing 1 August 2007.

Procurement

HealthSupport is undertaking a due diligence review of tendering and contracting functions across all areas

The development of a health item master file will help transform the way in which NSW Health Services undertake procurement. It will result in Area Health Services receiving better information on products and allow detailed analysis of product spend. It will go live at the Penrith service centre in October 2008 and will end duplication of item records, optimise purchasing decisions and lead to significant cost savings.

Future initiatives

Priorities for HealthSupport include:

- Introduction of the health item master file to all clients of the HealthSupport Service Centre at Parramatta.
- Transitioning of Sydney South West Area Health Service payroll and finance services to HealthSupport in early 2008.
- Establishment of the HealthSupport service centre in Newcastle and transition of payroll and supply services from Hunter New England, North Coast and Northern Sydney Central Coast Area Health Services.
- Implementation of a linen re-distribution strategy.
- Food services to be managed as a statewide business with two distinct areas – food production units and patient food services (for distribution within hospitals).

HealthTechnology

Another shared service unit of the Health Administration Corporation is HealthTechnology. HealthTechnology's responsibilities encompass implementing NSW Health information communication technology strategies and providing the maintenance and support of information communication technology systems and infrastructure.

HealthTechnology's primary purpose is to provide a high degree of professional and customer focused information technology services to support NSW Health services. This enables more resources to frontline health services whilst meeting the clinical and corporate needs of patients and clinicians.

In fulfilling its responsibilities, HealthTechnology has four business units providing a range of services to its clients inclusive of:

- ▶ Program Management Office
- ▶ Technology Shared Services
- ▶ Knowledge Management Services
- ▶ Finance and Administration.

Information and communications technology transformation program

In May 2007, HealthTechnology commenced the transformation program to improve the way it conducts business. This is a three-year program focusing on improving the capabilities of the internal HealthTechnology business practices. The transformation program will enable new capabilities, skills and knowledge.

Achievements

Electronic Medical Record program

The new Electronic Medical Record (EMR) provides an integrated record that translates into improved safety, quality and efficiency of healthcare across all NSW public health facilities. The new system allows delivery of the right information, to the right people, at the right time and results in fewer errors of duplication, omission, interpretation and transcription. Fewer cancelled surgical procedures due to over-runs, blocking issues or lost paperwork should also result in increased surgical capacity.

Patient administration program

The Patient Administration System provides the foundation for core clinical systems, such as the EMR and the unique patient identifier, to link patient records across any Area Health Service. The program is currently in use by Greater Western Area Health Service, Greater Southern Area Health Service, Justice Health and South Eastern Sydney Illawarra Area Health Service.

Cerner program

This new program ensures all patients, no matter where they are located, will be issued with a single patient identifier enabling better patient safety and streamlined processes around patient data access. It provides for instant accessibility of patient results across the area replacing cumbersome paper/fax based data transfer and integrated discharge referral that will improve communication with GPs and other external healthcare providers.

Healthelink

Healthelink EHR is a system that automatically and securely brings together summary health information from different health professionals and stores it in a single secure electronic record, accessible by the patient and authorised clinicians.

A major benefit of Healthelink is that all of the participating healthcare providers will be able to view the same health record. Consumers will be able to share in decision making about their healthcare, keep track of their medicines, allergies, emergency contact details and enter observations.

Corporate systems

HealthTechnology has been working in conjunction with HealthSupport to procure a new human resources information system for NSW Health. The project will ensure human resource records and payroll processes are consolidated and standardised across all Area Health Services.

Statewide service desk

A centralised phone, fax and email answering point for all NSW Health service desk activities are underway. South Eastern Sydney Illawarra Area Health Service became the first to operate under a statewide service desk. The facility is located at the Sutherland Hospital.

Data centre amalgamation

The amalgamation of hosting services for all Area Health Services took place throughout the year, along with the establishment of three main technology centres that will provide the hub for all future statewide systems. The amalgamation provides a data hosting solution that will bring about significant cost benefits, improved efficiency and reduce duplication.

Government broadband service

The service is aimed at providing a whole-of-government broadband network across NSW and support the improved delivery of state Government services.

Clinical information access program

This program provides information and resources to support evidence-based practice at the point of care.

Feedback from clinicians and ongoing usage statistics confirm it remains one of the most successful projects implemented in the NSW public health system and this year will celebrate 10 years of operation.

The Australian Resource Centre for Healthcare Innovations

The Australian Resource Centre for Healthcare Innovations aims to support and increase implementation of effective and quality innovations in clinical care and to promote information sharing while preventing duplication of effort.

It supports communities of practice, with a number of online forums being established for distinct groups within NSW Health. A recent development is the addition of multi media resources such as audio recordings of events and seminars now available to download and a full range of event management services.

Future directions

The Information Communications Technology Transformation Program will provide HealthTechnology with a great foundation for building capability to support the ambitious NSW Health information communications technology strategic plan. The transformation program will contribute to the development of a customer service culture, where Area Health Services receive prompt, efficient and affordable information communication technology support for their core clinical operations.

Over the next 12 months, HealthTechnology will continue to improve the way information communication technology is provided.

The NSW Institute of Medical Education and Training

The NSW Institute of Medical Education and Training was established in 2005 to support and coordinate post-graduate medical education and training.

Over the past year it has:

- ▶ Successfully placed 560 interns and Australian Medical Council graduates to commence work in the 2007 clinical year.
- ▶ Successfully delivered a pre-employment program to 79 Australian Medical Council graduates prior to their commencement of training in NSW and ACT hospital networks.
- ▶ Improved the rural preferential recruitment program. Eleven rural hospitals are now participating and 39 postgraduate year one trainees were directly recruited to rural hospitals for 2008. This represents a 162 per cent increase from last year.
- ▶ Improved the delivery of prevocational, basic physician, basic surgical and psychiatry training

by supporting training networks across NSW.

Results include:

- New basic physician training positions approved for 2008 at Dubbo, Bathurst and Port Macquarie
- Priority filling of rural positions for basic physician and basic surgical training.
- ▶ Introduced rotational training networks for cardiology which provides better distribution of trainees among hospital sites and improves the way training is structured. In addition, two new sites for advanced cardiology training were accredited in rural areas, one at Orange Base Hospital and one that will rotate between the Coffs Harbour Health Campus and Port Macquarie Base Hospital in 2008.
- ▶ Enhanced opportunities for paediatric training and better provision of care for sick children through new rotational training networks for paediatrics training based on paediatric service networks and the recruitment of paediatric coordinators of advanced training.

Future directions

- ▶ Pilot a project to improve the quality and safety of patient care in emergency departments by recognising and enhancing the skills of the non-specialist medical staff who work in them.
- ▶ Development of a project plan for management of the increased number of interns requiring allocation and supervision in NSW hospitals, as a result of the greater volume of medical students graduating in NSW.
- ▶ Implementation of new or revised rotational training networks for prevocational, anaesthetics and radiology training.
- ▶ Improving linkages with and support for Area Health Services in ensuring structures for training and education of the medical workforce meet strategic workforce directions.

Significant committees

Significant committees

NSW Health Care Advisory Council

Rt Hon Ian Sinclair AC (Co-Chair)

Professor Judith Whitworth (Co-Chair)

Function – the peak clinical and community advisory body that provides advice to the Minister for Health and the Director General on clinical services, innovative service delivery models, healthcare standards and performance management and reporting within the healthcare system.

Health Priority Taskforces

The Health Priority Taskforces are part of the reporting structure for the NSW Health Care Advisory Council. They provide advice to the Director General and the Minister for Health on policy directions and service improvements for high priority areas in the NSW Health system.

Aboriginal Health Priority Taskforce

Sandra Bailey (Co-Chair)

Dr Sandra Eades (Co-Chair)

Function – Provides strategic advice to the Director General, NSW Health on matters relating to the health of Aboriginal people in NSW.

Children and Young People's Health Priority Taskforce

Professor Graham Vimpani (Co-Chair)

Irene Hancock (Co-Chair)

Function – Provides leadership across child and young people's health services and strategic advice to the Minister and NSW Health.

Chronic, Aged and Community Health Priority Taskforce

Professor Ron Penny (Co-Chair)

Ms Kath Brewster (Co-Chair)

Function – Provides direction and leadership for NSW chronic, aged and community health services to achieve best national and international standards.

Critical Care Health Priority Taskforce

Dr Tony Burrell (Co-Chair)

Barbara Daly (Co-Chair)

Function – Provides direction and leadership for NSW critical care services to achieve highly integrated services which reflect best national and international critical care standards. Advise on the coordination, planning and development of critical care services at a state-wide level and on strategic directions for models of care and the implications of planning initiatives. Monitors and evaluates clinical effectiveness and outcome measures, resource utilisation and current research trends in relation to critical care service delivery. Provides support and guidance to clinicians and Area Health Services in regard to critical care service management, planning and implementation processes.

Information and Communication Technology Health Priority Taskforce

Dr Roger Traill (Chair)

Function – Reviews the strategic directions for healthcare service provision in NSW from an information management and technology perspective and advises on information management and technology investment to support desired outcomes.

Maternal and Perinatal Health Priority Taskforce

Professor William Walters (Chair)

Function – Provides direction and leadership for NSW maternal and perinatal services that reflect best national and international standards.

Mental Health Priority Taskforce

Professor Philip Mitchell (Co-Chair)

Laraine Toms (Co-Chair)

Function – Provides direction and leadership for the development of integrated mental health services for NSW, reflecting national and international best practice standards. Provides advice on strategic planning for NSW mental health services and reviews mental health programs and initiatives to maintain a focus on NSW mental health priorities.

Physicians Taskforce

Professor Peter Castaldi (Chair)

Function – Considers information and recommendations from the Minister for Health, Director General, NSW Health and the Sustainable Access Health Priority Taskforce and its committees. Formulates concepts and strategies for improving performance of acute medical services and meeting demand for services. Provides expert physician input into the development of models of care and provides advice on the best opportunities for system-wide implementation of models of care. Provides advice on how medical workforce issues impact on effective acute medical services.

Population Health Priority Taskforce

Professor Bruce Armstrong (Chair)

Function – Provides direction and leadership on population health issues in NSW. Identifies priority population health initiatives that have the potential to achieve sustainable health gain and advises on key design, implementation and evaluation issues.

Rural Health Priority Taskforce

Dr Bill Hunter (Co-Chair)

Liz Rummery (Co-Chair)

Function – Works with rural Area Health Services to monitor the implementation of recommendations from the NSW Rural Health Report and NSW Rural Health plan. Provides advice on rural and remote health issues to the Minister for Health and the Director General.

Sustainable Access Health Priority Taskforce

Professor Brian McCaughan (Co-Chair)

Wendy McCarthy (Co-Chair)

Function – Monitors and provides advice on improving and sustaining access to quality services within the NSW public healthcare system through a focus on the patient journey.

Other Committees (alphabetical listing)

Anaphylaxis Working Party

Dr Kerry Chant (Chair)

Function – Provides expert advice to NSW Health for the formulation of policies and procedures designed to prevent and manage anaphylaxis in various settings. Also acts as a resource to stakeholders in the implementation of such policies and procedures.

Blood Products Advisory Committee

Dr Kerry Chant (Chair)

Function – Acts as a regular means of communication between NSW Health, National Blood Authority and Area Health Services on issues covering the adequacy, quality and safety of planning and supply of blood and blood products to the NSW transfusion medicine sector.

Considers matters, referrals and decisions that affect the provision of transfusion medicine arising from recommendations made by the Jurisdictional Blood Committee as well as decisions made by the Australian Health Ministers' Conference and the Australian Health Ministers' Advisory Council. Also develops and recommends policies and procedures for the use of blood and blood products in NSW and refers matters, as appropriate, to NSW Health, National Blood Authority and the Therapeutic Goods Administration.

Clinical Ethics Advisory Panel

Dr Greg Stewart (Chair)

Function – Advises the Director General on policies and issues with major ethical implications in clinical practice within NSW Health.

Committee on Healthcare Associated Infection Prevention and Control

Dr David Mitchell (Chair)

Function – Advises the Chief Health Officer on all aspects of the strategic response to healthcare associated infections and infection control.

Finance, Risk and Performance Committee

Robyn Kruk (Chair)

Function – Advises the Director General, Minister for Health and the Budget Committee of Cabinet of the financial, risk and performance management of NSW Health.

Futures Planning Strategic Advisory Committee

Rt Hon Ian Sinclair AC (Chair)

Function – Reports to the NSW Health Care Advisory Council and is responsible for overseeing the NSW Health Futures Planning project.

Information Management and Technology Committee

Professor Katherine McGrath (Chair)

Function – Guides the development and implementation of NSW Health information management and technology strategy.

Mental Health Implementation Taskforce

Brigadier The Hon Dr Brian Pezzutti (Chair)

Function – Monitors and oversees the implementation of the NSW Government response to the select committee inquiry into mental health services in NSW and related committees such as the Sentinel Events Review Committee. Liaises with the Human Services CEOs Forum to ensure cross-government mental health issues remain on the agenda. Reviews any other issues with regard to mental health as directed by the Minister for Health. Reports directly to the Minister for Health through its Chair.

Ministerial Advisory Committee on Hepatitis

Professor Geoff McCaughan (Chair)

Function – Provides the Minister for Health with expert advice on all aspects of the strategic response to blood borne hepatitis (ie Hepatitis B and Hepatitis C).

Ministerial Advisory Committee on HIV and Sexually Transmitted Infections

Dr Roger Garsia (Chair)

Function – Provides the Minister for Health with expert advice on all aspects of the strategic response to HIV and sexually transmitted infections.

Ministerial Standing Committee on Hearing

Jennie Brand-Miller (Chair)

Function – Provides advice to the Minister for Health on strategic directions for hearing services in NSW. Has a broad role and strategic focus, working with other government departments and non-government organisations involved in the provision of hearing services. Facilitates the multidisciplinary collaboration of service providers across the whole spectrum of care including screening, diagnosis, treatment, research, education and occupational safety.

Multiple Antibiotic Resistant Organism Expert Group

Professor Lyn Gilbert (Chair)

Function – Advises the Chief Health Officer on the monitoring, prevention and management of multi-resistant organisms in NSW public healthcare facilities. The Expert Group was disbanded in December 2006 following the completion of its report and recommendations to NSW Health.

NSW General Practice Council

Dr Di O'Halloran (Chair)

Function – Provides expert and strategic advice to the Minister for Health and the Department. Provides formal liaison and consultation mechanisms between NSW Health and general practice, and facilitates the involvement of general practitioners in the development of health policies and initiatives aimed at improving the health of people in NSW.

NSW GP Procedural Training Program Committee

Deborah Hyland (Chair)

Function – Provides overarching direction, advice and support on the continued operation of providing procedural training to General Practitioners in areas of medical workforce shortage in NSW.

NSW Health Drug and Alcohol Council

David McGrath (Chair)

Function – Provides advice and makes recommendations on a full range of finance, activity and management issues of the drug and alcohol program to the Director, Mental Health and Drug and Alcohol Office.

NSW Health Forensic Pathology Services Committee

Dr Denise Robinson (Chair)

Function – Provides advice to the Department on the organisation of forensic pathology services to meet the needs of the State's coronial justice system.

NSW Health Mental Health Program Council

David McGrath (Chair)

Function – Considers, provides advice and makes recommendations on a full range of finance, activity and management issues of the program to the Director. This includes the implementation of the recommendations of government monitoring structures such as the Mental Health Implementation Taskforce, the Senior Officers Group on Mental Health, the Mental Health Priority Taskforce and the Sentinel Events Review Committee.

NSW Mental Health Sentinel Events Review Committee

Professor Peter Baume AO (Chair)

Function – Reviews sentinel events in circumstances where a public sector agency was involved in a sentinel event relating to a person's care, management or control. Sentinel events are incidents involving serious injury to, or the death of a person, where a person suffering or reasonably believed to be suffering from a mental illness is involved. The Committee advises and reports directly to, the Minister for Health through its Chair.

NSW Infectious Diseases Emergency Advisory Group

Dr Kerry Chant (Chair)

Function – Advises the Chief Health Officer on how to best prepare and respond to infectious disease emergencies, including pandemic influenza, SARS and bioterrorism.

NSW Maternal and Perinatal Committee

Professor William Walter (Chair)

Function – Reviews and makes recommendations on maternal and perinatal morbidity and mortality in NSW, and advises NSW Health on matters relating to the health of mothers and newborn infants.

NSW Population and Health Services Research Ethics Committee

(Joint NSW Health and Cancer Institute NSW committee)
Professor Richard Madden (Chair)

Function – Undertakes ethical review research projects seeking access to Departmental data collections being undertaken by Departmental staff, and fulfils NSW Health obligations under the Health Records and Information Privacy Act 2003 in respect of ethical review of disclosures of personal health information for research purposes.

NSW Regulators Forum

Dr Kerry Chant (Chair)

Function – Facilitates consultation between regulatory authorities including the Health Care Complaints Commission, Office of Fair Trading, Australian Consumer and Competition Commission and NSW Health as to the appropriate management of complaints concerning health services provided by unregulated and regulated providers. This is particularly in cases where regulatory responsibilities overlap or are unclear, or where a regulatory authority seeks interagency assistance in investigating such claims.

NSW Sudden Infant Death Advisory Committee

Magistrate John Abernathy, NSW State Coroner
(Chair to September 2006)

Magistrate Jacqueline Milledge, Acting NSW State Coroner (Chair, October 2006 to April 2007)

Magistrate Mary Jerram, NSW State Coroner
(Chair from May 2007)

Function – Provides expert advice to the Department on sudden infant death and sudden infant death syndrome and facilitates a coordinated approach to prevention programs and the care of affected families.

NSW Tuberculosis Committee

Dr Jeremy McAnulty (Chair)

Function – Advises the Chief Health Officer on the prevention and control of tuberculosis in NSW.

Paediatric Intensive Care Advisory Group

Dr Barry Duffy (Chair)

Function – Provides advice to the Minister for Health, NSW Health, Critical Care Health Priority Taskforce, and Children and Young People's Health Priority Taskforce on all aspects of paediatric intensive care service issues in NSW, which require a system wide response.

Pharmacotherapy Credentialing Subcommittee

Dr Glenys Dore (Chair)

Function – Makes recommendations to the Director General, through its Chair, on the approval of medical practitioners as prescribers of drugs of addiction under the State's opioid treatment program. Appointed as a Subcommittee of the Medical Committee established under section 30 of the Poisons and Therapeutic Goods Act 1966.

Reportable Incident Review Committee

Professor Katherine McGrath (Chair)

Function – Examines and monitors serious clinical adverse events reported to NSW Health via reportable incident briefs and ensures appropriate action is taken. Identifies issues relating to morbidity and mortality that may have statewide implications. Provides advice on policy development to achieve healthcare system improvement.

Risk Management and Audit Committee

Jon Isaacs (Chair)

Function – Assists the Director General to perform duties under the relevant legislation, particularly in relation to NSW Health internal control, risk management and internal and external audit functions.

Senior Executive Advisory Board

Robyn Kruk (Co-Chair)

Robert McGregor (Co-Chair)

Function – The key meeting of NSW Health Chief Executives and the Department's Management Board to consider system-wide matters, including planning, budget management, major strategies and policies.

Shared Scientific Assessment Committee

Professor David Cook (Chair)

Function – Provides a scientific assessment of complex clinical drug trials referred to it on behalf of NSW public health organisations and Human Research Ethics Committees.

Statistics

Health workforce	232
Acts administered	234
Freedom of Information Report	236
Infectious disease notifications in NSW	238
Private hospital activity levels	240
Public hospital activity levels	241
Registered health professionals in NSW	243
Section 301 Mental Health Act 1990	244



Health workforce

NSW Department of Health, Ambulance Service of NSW, Health Services, Health Administration Corporation and other NSW Health organisations: clinical staff ratio to all staff at June

	June 2003	June 2004	June 2005	June 2006	June 2007
Medical, nursing, allied health, other health professionals, oral health practitioners and ambulance clinicians as a proportion of all staff	63.6	64.1	64.0	65.1	65.5

Source: Health Information Exchange and Health Service local data

Notes:

1. From 2007, the Clinical Staff Ratio is inclusive of staff employed within NSW Department of Health, Ambulance Service of NSW, Health Services, Health Administration Corporation and other NSW Health organisations. Previous years data has been recast to reflect this change and may show variation from previous annual reports.
2. It should be noted that the data for 'clinical staff' does not currently include all those staff engaged in face to face care eg ward clerks, wardsmen, surgical dressers. It is expected that further refinement of employment data in future years will allow inclusion of these categories where relevant.

Number of Full Time Equivalent Staff (FTE) Employed in the NSW Department of Health, Ambulance Service of NSW and Health Services as at June 2007

	June 2003	June 2004	June 2005	June 2006	June 2007
Medical	6,112	6,357	6,462	6,826	7,318
Nursing	32,550	33,488	35,523	36,920	38,101
Allied Health	6,323	6,563	6,848	7,122	7,387
Other professionals and para-professionals	4,222	4,036	3,431	3,383	3,351
Oral health practitioners and therapists	988	976	990	1,008	998
Ambulance clinicians	2,815	2,935	3,019	3,155	3,307
Corporate services	5,441	5,469	4,996	4,523	4,338
Scientific and technical clinical support staff	4,922	5,019	5,831	5,944	6,157
Hotel services	8,330	8,181	8,326	8,242	7,381
Maintenance and trades	1,311	1,281	1,246	1,221	1,168
Hospital support workers	9,933	10,037	10,723	10,709	11,102
Other	322	385	350	353	388
Grand total	83,270	84,727	87,745	89,406	90,997

Source: Health Information Exchange and Health Service local data

Notes:

1. FTE calculated as the average for the month of June, paid productive and paid unproductive hours.
2. As at March 2006, the employment entity of NSW Health Service staff transferred from the respective Health Service to the State of NSW (the Crown). Third Schedule Facilities have not transferred to the Crown and as such are not reported in the Department of Health's Annual Report as employees.
3. Includes salaried (FTE) staff employed with 'Health Services, Ambulance Service of NSW and the NSW Department of Health'. All non-salaried staff such as contracted Visiting Medical Officers (VMOs) are excluded.
4. 'Medical' is inclusive of Staff Specialists and Junior Medical Officers. 'Nursing' is inclusive of Registered Nurses, Enrolled Nurses and Midwives. 'Allied Health' includes the following; audiologist, pharmacist, social worker, radiographer and podiatrist. 'Oral Health Practitioners and Therapists' includes Dental Assistants/Officers/Therapists/Hygienists. 'Other Professionals and Para-professionals', which includes health education officers, interpreters etc. 'Ambulance Clinicians' include ambulance on road staff and ambulance support staff. 'Corporate Services' includes Hospital Executive, IT, Human Resource and Finance staff etc. 'Scientific and technical support workers' includes hospital scientists and cardiac technicians. 'Hotel Services' are inclusive of food services, cleaning and security etc. 'Maintenance and Trades' is inclusive of Trade Workers, Gardeners and Grounds Management etc. 'Hospital Support Workers' includes ward clerks, public health officers, patient enquiries and other clinical support staff etc. 'Other' is employees not grouped elsewhere.
5. FTEs associated with the following health organisations are reported separately: Health Technology, the Institute of Medical Education and Training, Health Support, HealthQuest, Clinical Excellence Commission and the Health Professional Registration Boards.

Number of Full Time Equivalent Staff (FTE) Employed in other NSW Health organisations as at June 2007

	June 2003	June 2004	June 2005	June 2006	June 2007
Health Administration Corporation					
– Health Professional Registration Boards	56	53	46	57	56
– Health Support	0	0	0	1	989
– Health Technology	0	0	42	143	207
– Institute of Medical Education and Training	0	0	0	25	26
– Ambulance Service of NSW (Note 2)					
HealthQuest	21	21	22	24	19
Mental Health Review Tribunal	14	13	14	17	20
Clinical Excellence Commission	0	0	12	22	23
Total	91	88	137	288	1,339

Source: Health Information Exchange and Health Quest

1. FTE calculated as the average for the month of June, paid productive and paid unproductive hours.
2. Ambulance Service FTE is reported within 'Number of Full Time Equivalent Staff (FTE) Employed in the NSW Department of Health, Ambulance Service of NSW and Health Services as at June 2007'

Acts administered

by the NSW Minister of Health and legislative changes

Acts administered

- ▶ Anatomy Act 1977 No. 126
- ▶ Cancer Institute (NSW) Act 2003 No. 14 (jointly allocated with the Minister Assisting the Minister for Health (Cancer))
- ▶ Chiropractors Act 2001 No. 15
- ▶ Dental Practice Act 2001 No. 64
- ▶ Dental Technicians Registration Act 1975 No. 40
- ▶ Drug and Alcohol Treatment Act 2007 No. 7*
- ▶ Drug Misuse and Trafficking Act 1985 No. 226, Part 2A only (jointly with the Minister for Police)
- ▶ Fluoridation of Public Water Supplies Act 1957 No. 58
- ▶ Gladesville Mental Hospital Cemetery Act 1960 No. 45
- ▶ Health Administration Act 1982 No. 135
- ▶ Health Care Complaints Act 1993 No. 105
- ▶ Health Care Liability Act 2001 No. 42
- ▶ Health Professionals (Special Events Exemption) Act 1997 No. 90
- ▶ Health Records and Information Privacy Act 2002 No. 71
- ▶ Health Services Act 1997 No. 154
- ▶ Human Tissue Act 1983 No. 164
- ▶ Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 No. 37
- ▶ Lunacy (Norfolk Island) Agreement Ratification Act 1943 No. 32
- ▶ Medical Practice Act 1992 No. 94
- ▶ Mental Health Act 1990 No. 9
- ▶ Mental Health Act 2007 No. 8*
- ▶ New South Wales Institute of Psychiatry Act 1964 No. 44
- ▶ Nurses and Midwives Act 1991 No. 9
- ▶ Optical Dispensers Act 1963 No. 35
- ▶ Optometrists Act 2002 No. 30
- ▶ Osteopaths Act 2001 No. 16
- ▶ Pharmacy Act 1964 No. 48
- ▶ Pharmacy Practice Act 2006 No. 59
- ▶ Physiotherapists Act 2001 No. 67
- ▶ Podiatrists Act 2003 No. 69

- ▶ Poisons and Therapeutic Goods Act 1966 No. 31
- ▶ Private Health Facilities Act 2007 No. 9
- ▶ Private Hospitals and Day Procedure Centres Act 1988 No. 123
- ▶ Psychologists Act 2001 No. 69
- ▶ Public Health Act 1991 No. 10
- ▶ Smoke-free Environment Act 2000 No. 69
- ▶ Sydney Hospital (Trust Property) Act 1984 No. 133
- ▶ Tuberculosis Act 1970 No. 18

* Uncommenced

Legislative changes

Amending Acts

- ▶ Health Legislation Amendment (Unregistered Health Practitioners) Act 2006 No. 124
- ▶ Public Sector Employment Legislation Amendment Act 2006 No. 2 amended a number of Health Acts, principally the Health Services Act 1997 and the Health Administration Act 1982 and repealed the Ambulance Services Act 1990.

Acts repealed

- ▶ Nil

Subordinate legislation

Regulations made

- ▶ Nil

Regulations remade

- ▶ Nil

Regulations amended

- ▶ Health Services Amendment Regulation 2006
- ▶ Health Services Amendment (Provision of Ambulance Transport) Regulation 2007
- ▶ Health Services Amendment (Transfer of Accrued Leave Entitlements) Regulation 2006 Health Care Liability Amendment (Dental Prosthetists) Regulation 2007
- ▶ Health Care Liability Amendment (Health Practitioners) Regulation 2007

- ▶ Health Records and Information Privacy Amendment (Aboriginal Trust Funds Exemption) Regulation 2007
- ▶ Mental Health Amendment (Delegation) Regulation 2007
- ▶ Mental Health Amendment (Fees) Regulation 2006
- ▶ Nurses and Midwives Amendment (Fees) Regulation 2006
- ▶ Pharmacy (General) Amendment (Interstate Qualifications) Regulation 2006
- ▶ Pharmacy (General) Amendment (Listed Corporation Pecuniary Interests) Regulation 2007
- ▶ Poisons and Therapeutic Goods Amendment Regulation 2006
- ▶ Poisons and Therapeutic Goods Amendment (Fees) Regulation 2006
- ▶ Private Hospitals and Day Procedure Centres Amendment (Fees) Regulation 2006
- ▶ Public Health (Disposal of Bodies) Amendment Regulation 2007
- ▶ Public Health (General) Amendment (Optical Appliances) Regulation 2007
- ▶ Public Health (Microbial Control) Amendment (Fee) Regulation 2007

Regulations repealed

- ▶ Nil

Orders made

- ▶ Health Professionals (Special Events Exemption) Act 1997 – order as to APEC 2007 Leaders Week
- ▶ Health Professionals (Special Events Exemption) Act 1997 – order as to 2007 Australian Youth Olympic Festival
- ▶ Health Services Amendment (Calvary Mater Newcastle) Order 2007

Significant judicial decisions

Walker v Sydney West Area Health Service [2007] NSWSC 526

On February 28 2001, after a suicide attempt, the Plaintiff was taken by police to Nepean Hospital and admitted as a voluntary patient to Pialla, the psychiatric ward. The Plaintiff was discharged on 6 March and, on the evening of 17 March, climbed a tree whilst intoxicated, fell and suffered injuries resulting in quadriplegia.

The Plaintiff sued Sydney West Area Health Service for damages, alleging that he should have been detained as an involuntary patient for at least two weeks and treated with anti-depressant medication and that discharge planning and care was inadequate.

Simpson J found that the medical staff of Pialla acted in accordance with practice that was widely accepted in Australia by peer professional opinion as competent professional practice according to section 50 of the Civil Liability Act. The case also involved a test of new provisions relating to liability of public sector agencies under section 43A of the Civil Liability Act that the evidence did not meet this test, and the failure of the Area Health Service to use its powers under the Mental Health Act to detain the plaintiff was not so unreasonable. Accordingly, the Plaintiff's claim failed. (Date of judgment: 25 May 2007.)

Court rulings relating to Root Cause Analysis (RCA) investigation documents

In the recent inquest into the death of David Porter, the Coroner ruled that Justice Health could not be compelled to produce RCA working documents or the RCA Report.

During the Inquest, Counsel assisting the Coroner sought to tender the final report of the RCA investigation considered by Justice Health into Mr Porter's death. An objection was made on the basis of S20R of the Health Administration Act, that the final report is not admissible as evidence that a procedure or practice is or was careless or inadequate. The Coroner accepted Counsel's argument and the documents were not admitted.

Freedom of Information Report

The Freedom of Information Act 1989 (FOI Act) gives the public a legally enforceable right to information held by public agencies, subject to certain exemptions.

During the 2006/07 financial year, the NSW Department of Health received 49 new requests for information under the FOI Act, compared to 39 new requests in the previous financial year, an increase of 20 per cent.

The Department carried over nine applications from the 2005/06 reporting period. Of the 58 applications to be processed, eight were granted full access and five were granted partial access. A total of 23 requests were refused access. However, it should be noted that most refusals related to the non-payment of advance deposits and final processing fees. Nine applications were transferred to other agencies and seven were withdrawn. Six applications have been carried forward to the next reporting period.

During the past financial year, most FOI applications to the Department concerned public health issues. These applications continued to be multi-dimensional and were of significant complexity. A large proportion of the Department's FOI work involved third party consultations – particularly those from central NSW Government agencies and seeking data across the NSW health public sector. The Department also provided considerable assistance and advice to applicants, including the re-scoping of virtually all FOI applications.

The Department received 14 personal FOI applications, 12 more than in the previous financial year. Non-personal applications were similar in number to the 2005/06 figures, totalling 35. Twelve applications – one third of all new requests – were received from Members of Parliament. Eight applications were from the media.

The Department received five applications for internal reviews within the last reporting period. In all but one case, the original determinations were upheld, with one determination being varied on review. Three of the internal reviews related to matters that were carried forward from the previous reporting period. In addition, the Department dealt with two Ombudsman reviews – both of which found that the NSW Department of Health had acted appropriately in processing the FOI requests.

Twenty applications required consultations with parties outside the NSW Department of Health. Most applications required consultation with more than one party, involving a total of 149 third parties consulted. This represents a 255 per cent increase from the previous financial year. In addition, the NSW Department of Health dealt with 22 third party consultations from other agencies.

During 2006/07, the Department estimated its FOI processing charges to be \$6,443, which was partly offset by \$4,425 received in fees. The annual operating costs to the Department were far in excess of the above amounts, comprising the wages and general administration costs for FOI within the Executive Support Unit.

No applications were received for the amendment or notation of records, nor were any Ministerial certificates issued. The Department also determined all requests within the time limits prescribed by the FOI Act.

Section A – Numbers of new FOI requests

FOI Requests	Personal		Other		Total		% Variance
	2005/06	2006/07	2005/06	2006/07	05/06	2006/07	
A1 New (including transferred in)	2	14	37	35	39	49	20
A2 Brought forward	0	1	1	8	1	9	89
A3 Total to be processed	2	15	38	43	40	58	31
A4 Completed	1	4	30	32	31	36	14
A5 Transferred out	0	6	1	3	1	9	89
A6 Withdrawn	0	2	3	5	3	7	57
A7 Total processed	1	12	34	40	35	52	49
A8 Unfinished (carried forward)	1	3	8	3	9	6	-50

Section B – Results of requests

Results of FOI request	Personal		Other		Total		Total	
	2005/06	2006/07	2005/06	2006/07	2005/06	% Result	2006/07	% Result
B1 Granted in full	1	2	7	6	8	30	8	22
B2 Granted in part	0	1	5	4	5	18	5	14
B3 Refused	0	1	14	22	14	52	23	64
B4 Deferred	0	0	0	0	0	0	0	0
B5 Completed	1	4	26	32	27	100	36	100

Section C – Ministerial certificates issued

C1 Ministerials Certificates issued	0
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Section D – Formal consultations

	Cases		Consultations	
	2005/06	2006/07	2005/06	2006/07
D1 Number of requests requiring formal consultation(s)	8	42	20	149

Section E – Amendments of personal records

	Total
E1 Result of amendment – agreed	0
E2 Result of amendment – refused	0
E3 Total	0

Disease notification among NSW residents 1997 to 2006, by year of onset illness #

Infectious disease notifications in NSW

Condition	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Anthrax	0	0	0	0	0	0	0	0	0	1
Adverse events after immunisation	70	95	16	42	111	178	219	184	106	65
Arboviral Infection	1,806	783	1,220	980	1,191	664	1,024	1,148	1,087	1,920
Barmah Forest virus*	185	134	249	197	401	396	451	403	448	644
Ross River virus*	1,598	583	952	750	717	182	494	701	583	1,225
Other*	23	66	19	33	73	86	79	44	56	51
Blood lead level \geq 15ug/dl*	710	874	691	985	513	516	338	304	234	281
Botulism	0	0	1	0	0	0	0	1	0	0
Brucellosis*	3	3	2	1	1	2	3	7	3	9
Chancroid*	not notifiable until Dec 1998		1	0	0	0	0	0	0	0
Chlamydia trachomatis infection*	not notifiable until Aug 1998		2,469	3,509	4,500	5,823	7,788	10,020	11,285	11,864
Cholera*	1	1	2	0	1	1	0	1	0	3
Creutzfeldt-Jakob disease*	not notifiable until April 2004							6	8	8
Cryptosporidiosis*	157	1,130	121	133	195	306	203	357	849	779
Food-borne illness (NOS)**	255	201	151	147	56	41	1,071	550	309	507
Gastroenteritis (institutional)	939	738	673	697	775	1,752	3,583	12,784	1,395	10,636
Giardiasis*	not notifiable until Dec 1998		1,091	978	967	864	1,028	1,235	1,447	1,720
Gonorrhoea*	636	1,054	1,291	1,060	1,364	1,527	1,328	1,442	1,579	1,696
Haemolytic uraemic syndrome	3	6	11	9	2	7	5	9	11	11
H.influenzae type b	17	11	13	8	7	10	6	5	7	11
Hib epiglottitis*	5	1	2	2	1	1	0	3	0	1
Hib meningitis*	3	3	3	1	1	1	0	0	2	0
Hib septicaemia*	1	4	6	4	2	3	1	2	4	6
Hib infection (NOS)*	8	3	2	1	3	5	5	0	1	4
Hepatitis A*	1,426	927	421	201	197	149	124	137	83	95
Hepatitis B	3,167	2,957	3,513	3,973	4,558	3,547	2,844	2,812	2,742	2,543
Hepatitis B: acute viral*	53	58	77	100	94	88	74	53	56	54
Hepatitis B: other*	3,114	2,899	3,436	3,873	4,464	3,459	2,770	2,759	2,686	2,489
Hepatitis C	6,925	7,206	8,602	8,293	8,659	6,694	5,248	4,916	4,365	4,470
Hepatitis C: acute viral*	19	112	112	222	295	151	127	59	43	40
Hepatitis C: other*	6,906	7,094	8,490	8,071	8,364	6,543	5,121	4,857	4,322	4,430
Hepatitis D*	11	3	14	12	11	9	12	14	15	15
Hepatitis E*	6	4	7	9	6	6	6	8	7	10
HIV/AIDS										
HIV infection*	422	403	378	356	340	394	413	408	395	371
AIDS	214	181	133	134	102	117	148	100	109	84

Condition	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Influenza (total)	not notifiable until Dec 2000				244	1,012	861	1,011	1,414	616
Influenza-Type A*	not notifiable until Dec 2000				216	770	767	797	1,055	420
Influenza-Type B*	not notifiable until Dec 2000				27	241	55	161	280	150
Influenza-Type A&B*	not notifiable until Dec 2003							26	65	37
Influenza-Type(NOS)*	not notifiable until Dec 2000				1	1	39	27	14	9
Legionellosis	33	46	41	41	68	44	60	80	89	77
L. longbeachae*	9	19	12	12	29	21	37	27	24	22
L. pneumophila*	18	22	22	26	38	22	23	51	64	54
Legionnaires' disease – other	6	5	7	3	1	1	0	2	1	1
Leprosy	0	0	1	2	4	0	2	5	1	1
Leptospirosis*	33	50	56	54	66	39	39	40	35	17
Listeriosis*	23	28	22	18	12	11	28	30	25	26
Lymphogranuloma venereum LGV)*	0	0	0	0	0	0	0	1	2	1
Malaria*	173	158	174	232	157	105	120	101	206	140
Measles	273	119	32	36	31	8	18	12	5	60
Measles Lab Confirm*	98	19	13	22	18	6	14	11	4	48
Measles (Other)	175	100	19	14	13	2	4	1	1	12
Meningococcal Disease	218	186	221	253	234	216	202	149	140	107
Meningococcal – Type B*	53	55	95	93	90	105	100	81	73	54
Meningococcal – Type C*	55	55	60	64	38	54	45	24	16	13
Meningococcal – Type W135*	2	4	4	4	2	2	2	5	8	5
Meningococcal – Type Y*	0	7	1	7	2	2	5	3	3	1
Meningococcal disease – Other	108	65	61	85	102	53	50	36	40	34
Mumps*	29	39	33	92	28	29	35	65	111	154
Paratyphoid*##	5	9	5	14	11	13	22	10		
Pertussis	4,246	2,309	1,415	3,691	4,437	2,012	2,772	3,567	5,809	4,918
Pneumococcal disease (invasive)*	not notifiable until Dec 2000				444	861	802	906	641	564
Psittacosis*	not notifiable until Dec 2000				38	155	87	81	121	94
Q fever*	258	236	164	132	144	309	288	223	143	175
Rubella*	153	78	46	191	58	35	24	18	10	37
Rubella (Congenital)*	0	0	1	0	0	0	1	1	0	0
Rubella*	153	78	45	191	58	35	23	17	10	37
Salmonella infection*##	1,698	1,812	1,438	1,399	1,644	2,100	1,839	2,134	2,176	2,058
Shigellosis*	not notifiable until Dec 2000				134	85	59	96	135	75
Syphilis	512	611	585	580	547	646	843	1,042	840	881
Syphilis infectious*+	57	45	86	80	67	128	245	302	242	210
Syphilis congenital	3	0	3	2	1	1	2	1	5	4
Syphilis other*	452	566	496	498	479	517	596	739	593	667
Tetanus	3	3	1	2	0	0	1	1	1	2
Tuberculosis*	422	382	483	448	416	447	386	430	449	461
Typhoid*	28	18	32	28	32	26	16	39	28	35
Verotoxigenic Escherichia coli infection*		2	0	1	1	6	3	5	16	10

year of onset = the earlier of patient reported onset date, specimen date or date of notification.

* laboratory-confirmed cases only NOS = Not otherwise specified.

+ includes Syphilis primary, Syphilis secondary, Syphilis < 1 yr duration and Syphilis newly acquired.

No case of the following diseases have been notified since 1991: Diphtheria*, Granuloma inguinale*, Lymphogranuloma venereum*, Plague*, Poliomyelitis*, Rabies, Typhus*, Viral haemorrhagic fever, Yellow fever.

From 2005, all paratyphoid recorded as salmonellosis.

** Food borne illness cases are only those notified as part of an outbreak.

Private hospital activity levels

Private hospital activity levels for the year ended 30 June 2007

Area Health Service	Licensed beds ¹		Total admissions			Same day admissions			Daily average			Bed occupancy	
	Number	Number	Variation on last year %	Market share % ²	Market share variation	Number	Variation on last year %	Market share % ²	Market share variation	Number	Variation on last year %	Number	Variation on last year %
Sydney South West	609	88,647	-3.0%	23.0	-1.6	66,055	-1.8%	33.6	-1.9	517	-3.6%	84.9	-8.0
South Eastern Sydney and Illawarra	1,430	208,218	2.8%	42.2	-0.1	135,710	3.5%	50.7	-0.2	1,363	2.7%	95.3	-1.2
Sydney West	902	116,970	11.2%	36.5	2.2	72,533	14.8%	47.8	4.2	834	11.6%	92.5	11.0
Northern Sydney and Central Coast	1,800	232,820	2.0%	55.3	0.6	150,829	3.2%	66.5	1.2	1,760	-1.4%	97.8	-1.1
Hunter and New England	737	91,477	-1.5%	33.0	-0.7	55,382	-0.8%	43.3	-0.1	670	-5.1%	91.0	9.6
North Coast	362	35,593	-3.2%	19.9	-1.3	26,707	-1.7%	29.3	-2.0	195	-12.0%	53.9	-36.6
Greater Southern	201	34,461	0.7%	24.6	-0.8	23,652	2.6%	35.1	-1.8	184	-0.7%	91.7	-4.0
Greater Western	167	13,777	-0.4%	14.0	-0.2	9,090	2.0%	21.0	-0.6	87	1.9%	52.1	-3.0
Total NSW	6,208	821,963	2.1%	35.0	-0.1	539,958	3.3%	46.1	0.5	5,611	0.3%	90.4	-0.8

1. Licensed beds as at 30 June 2007.

2. Market share calculations include Children's Hospital at Westmead in the total for NSW.

Source: Licenced Beds - Private Health Care Branch, Others - Health Information Exchange.

Public hospital activity levels

Selected data for the year ended June 2007 Part 1^{1,2}

Area Health Service	Separations	Planned separations %	Same day separations %	Total bed days	Average length of stay (acute) ^{3,6}	Daily average of inpatients ⁴
Children's Hospital at Westmead	27,625	45.3	46.7	87,526	3.2	240
Justice Health	1,802	0.0	3.5	58,374	21.4	160
Sydney South West	297,231	42.4	43.9	1,212,270	3.8	3,321
South Eastern Sydney and Illawarra	285,569	43.1	46.2	1,153,193	3.6	3,153
Sydney West	203,292	36.9	38.9	860,170	3.7	2,352
Northern Sydney and Central Coast	187,899	37.4	40.5	851,242	4.1	2,331
Hunter and New England	185,786	42.7	39.1	794,261	3.8	2,176
North Coast	143,589	43.3	45.0	512,805	3.3	1,403
Greater Southern	105,781	31.4	41.3	422,405	2.9	1,153
Greater Western	84,795	35.9	40.2	358,088	3.2	981
Total NSW	1,523,369	40.2	42.4	6,310,334	3.6	17,289
2005/06 Total	1,481,632	40.1	42.6	6,205,835	3.6	17,002
Percentage change (%) ⁹	2.8%	0.04%	-0.19%	1.7%	0.53%	1.68%
2004/05 Total	1,415,422	41.0	42.0	6,212,216	3.5	17,020
2003/04 Total	1,387,944	40.6	41.5	6,231,213	3.6	17,025
2002/03 Total	1,365,042	33.0	41.4	5,984,960	3.5	16,397
2001/02 Total	1,336,147	39.4	40.4	5,887,535	3.5	16,130

Selected data for the year ended June 2007 Part 2¹

Area Health Service	Occupancy rate ⁵ June 07	Acute bed days ⁶	Acute overnight bed days ⁶	Non-admitted Patient Services ⁷	Emergency Dept. attendances ⁸	Expenses-all program (\$000)
Children's Hospital at Westmead	85.3	87,526	74,627	575,147	48,895	298,262
Justice Health	n/a	38,259	38,196	3,439,462	0	92,791
Sydney South West	92.3	1,091,209	963,147	3,839,675	326,396	2,275,549
South Eastern Sydney and Illawarra	95.1	986,787	861,255	5,041,171	366,715	2,094,756
Sydney West	73.6	701,914	625,127	3,420,557	236,269	1,768,246
Northern Sydney and Central Coast	88.2	750,766	675,158	3,024,651	236,574	1,558,314
Hunter and New England	81.9	686,722	614,393	2,608,240	336,229	1,425,777
North Coast	90.0	466,013	402,944	1,957,815	287,907	843,509
Greater Southern	71.8	287,921	245,901	1,402,886	250,700	782,539
Greater Western	73.8	266,592	232,614	1,386,118	214,043	665,550
Total NSW	86.2	5,363,709	4,733,362	26,695,722	2,303,728	11,805,293
2005/06 Total	90.1	5,196,691	4,565,262	26,559,354	2,195,115	11,059,426
Percentage change (%) ⁹	-3.9%	3.2%	3.7%	0.5%	4.9%	6.7%
2004/05 Total	90.8	4,658,364	4,087,072	24,540,781	2,004,107	10,146,453
2003/04 Total	91.4	4,661,011	4,110,036	24,836,029	1,999,189	9,613,775
2002/03 Total	91.7	4,473,146	3,928,070	24,194,817	2,005,233	8,821,642
2001/02 Total	97.1	4,395,481	3,874,228	22,629,220	2,003,438	7,969,570

1. The Health Information Exchange (HIE) data were used except for Childrens Hospital Westmead and Justice Health where Department of Health Reporting System (DOHRS) data were used. The number of separations include care type changes.

2. Inpatient activity in Part 1 includes services contracted to private sector.

3. Acute average length of stay = (Acute bed days/Acute separations).

4. Daily average of inpatients = Total Bed Days/365.

5. Bed occupancy rate is based on June data only. 2004/05. Facilities with peer groups other than A1a to C2 are excluded. The difference in occupancy rate in 2006/07 is due to the exclusion of Emergency Department bed occupancy. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, recovery wards, residential aged care, confused

and disturbed elderly, community residential and respite activity. Unqualified baby bed days were included from 2002/03.

6. Acute activity is defined by a service category of acute or newborn.

7. Includes services contracted to the private sector. Source: HIE, WebDOHRS.

Hunter New England Area provided their non-admitted patient data.

8. Source: HIE and WebDOHRS. Hunter New England Area provided their non-admitted patient data. Pathology and radiology services performed in emergency departments have been excluded since 2004/05.

9. Planned separations, Same day separations and occupancy rates are percentage point variance from 2005/06.

Average available beds June 2007^{1,5}

Area Health Service	General hospital units ^{3,4}	Nursing home units	Community residential	Other units	Bedequivalents	Total
The Children's Hospital at Westmead	272	–	–	–	–	272
Justice Health	–	–	–	192	–	192
Sydney South West	3,512	194	6	263	104	4,078
South Eastern Sydney and Illawarra	3,364	120	–	–	150	3,634
Sydney West	2,420	131	158	261	88	3,057
Northern Sydney and Central Coast	2,421	45	141	210	126	2,942
Hunter and New England	2,673	224	27	216	68	3,208
North Coast	1,573	61	–	–	76	1,710
Greater Southern	1,580	334	81	22	52	2,069
Greater Western	1,355	311	–	215	7	1,888
Total NSW	19,170	1,419	412	1,379	670	23,050
2005/06 Total	18,952	1,464	177	1,482	488	22,563
2004/05 Total	18,573	1,032	636	1,232	336	21,808
2003/04 Total ²	17,098	1,306	678	1,289	717	21,087
2002/03 Total ²	16,882	1,381	647	1,237	592	20,739
2001/02 Total ²	16,001	1,497	627	1,389	463	19,976
2000/01 Total ²	16,098	1,580	696	1,346	324	20,044
1999/00 Total ²	17,226	1,682	672	1,674	259	21,513

Notes:

1. Source: Sustainable Access Plan bed reporting since 2004/05.
2. The number of beds for 1999/00 to 2003/04 is the average available beds over the full year and is provided for general comparison only.
3. The number of general hospital unit beds from 2002/03 onwards is not comparable with previous years as cots and bassinets were included from 2002/03.
4. Beds for Hawkesbury District Health Service have been included to reflect contractual arrangements for the treatment of public patients in that facility.
5. Beds in emergency departments, delivery suites, operating theatres and recovery wards are excluded. Flex and surge beds are included.

Registered health professionals in NSW

The number of registered health professionals 2006/07 as at 30 June is as follows:

Board	Number of registrants current as at 30 June 2007
Chiropractors	1,365
Dentists [#]	4,415
Dental Hygienists	238
Dental Therapists	323
Dental Prosthetists	450
Dental Technicians	784
Medical Practitioners [#]	31,918
General registration	28,928
Conditional registration	2,990
Nurses and Midwives:	
Registered Nurses	83,425
Registered Midwives	18,058
Enrolled Nurses	17,084
Authorised Nurse Practitioners	99
Authorised Midwife Practitioners	2
Optical Dispensers	1,498
Optometrists	1,700
Osteopaths	546
Pharmacist [#]	8,075
Physiotherapists	6,754
Podiatrists	853
Psychologists (includes 1,399 provisionals)	9,539

Note that figures for Dentists[#], Medical Practitioners[#] and Pharmacists[#] have been provided by their individual Boards.

Section 301 Mental Health Act

In accordance with Section 301 of the NSW Mental Health Act (1990) the following report details mental health activities for 2006/07 in relation to:

- ▶ The care of the patients and persons detained in each hospital.
- ▶ The state and condition of each hospital.
- ▶ Important administrative and policy issues.
- ▶ Such other matters as the Director General thinks fit.

This report reports details of mental health activities for 2006/07 on all voluntary and involuntary (detained) patients admitted to mental health facilities. A similar appendix has been provided since the 1976/77 annual report of the Health Commission of NSW. With only minor variations in wording, this reporting requirement dates back to the Lunacy Act of 1878.

Historical data

Under the NSW Government Action Plan for Health (2000/01 to 2002/03) and with subsequent enhancements commencing in 2004/05, a significant investment has been made in increasing bed capacity. Detailed figures for 2005/06 and 2006/07 for each unit and Area Health Service are shown in the main table in this appendix. The overall changes since 2000/01 appear below.

Over the period from 2000/01 to 2006/07

- ▶ Funded bed capacity increased by 442 beds.
- ▶ Average bed availability fluctuated between 94 and 98 per cent.
- ▶ Average occupancy rate ranged between 87 and 91 per cent.

Average availability is affected by closure of beds for renovation or temporary lack of staff. It will rarely be the same as the funded beds which may open at varying times during the year

Funded capacity	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Funded beds at 30 June	1,874	1,922	2,004	2,107	2,157	2,219	2,316
Increase since 30 June 2001	–	48	130	233	283	345	442

Average availability (full year)	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Average available beds	1,814	1,845	1,899	1,985	2,075	2,153	2,261
Increase since 30 June 2001	–	31	85	171	261	339	447
Average availability (%) – of funded beds	97%	96%	95%	94%	96%	97%	98%

Average occupancy (full year)	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Average occupied beds	1,572	1,621	1,702	1,773	1,847	1,912	2,056
Increase since 30 June 2001	–	48	130	201	274	340	484
Average occupancy (%) – of available beds	87%	88%	90%	89%	89%	89%	91%

End of year census data (on 30 June)	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Funded beds on 30 June	1,874	1,922	2,004	2,107	2,157	2,219	2,316
Available beds on 30 June	1,853	1,907	1,997	2,063	2,142	2,204	2,286
Occupied beds on 30 June	1,577	1,679	1,814	1,881	1,930	1,893	1,980
Availability on 30 June (% of funded beds)	99%	99%	100%	98%	99%	99%	99%
Occupancy on 30 June (% of available beds)	85%	88%	91%	91%	91%	86%	87%

Census day statistics

The same picture is re-presented above, using the single-day statistics that have been presented in previous annual reports, but including only mental health beds. The number of funded beds is the same as in the previous table.

- The number of funded beds increased by 97 from last census (2005/06) and 442 from 2000/01.
- Fifty of these beds were screening beds opened at Justice Health. However these are not completely equivalent to funded beds because they are not staffed overnight.
- In the 2006/07 census, 87 per cent of the available beds were occupied compared with 86 per cent in 2005/06. As the 2006/07 census was conducted on a Saturday, most of the children's unit beds were closed. The occupancy however was similar in both years.

The comparison of occupied beds based on single day statistics can pose some problems. For example, lower bed occupancy is generally reported for years in which the census has happened on a weekend compared to years in which it has happened on a weekday. This may be due to the fact that all non-acute children and adolescents units remain closed during the weekends. Past reports have attempted to compensate for this effect by considering the number of patients on leave on the census day, but this does not fully address the issues. The full-year averages over 365 or 366 days are much more reliable as reported in the above table (average occupancy – full year).

Performance indicators

The 2003/04 annual report showed mental health indicators as they were defined for the Health Service Performance Agreement of that year. These indicators covered not only mental health services, but also a small number of services funded by other programs (mainly the primary care program and the rehabilitation and aged care program) where these meet the national reporting definitions for mental health.

During 2004/05 the Health Service Performance Agreement indicators were refined to exclude 'out of program' staff and activity. A historical series on these has now been prepared for each new Area Health Services and all previous data have been reviewed. The indicators are consistent between Areas within NSW, but for interstate comparisons the data in the annual report on Government Services and the National Mental Health Report should be used.

Acute and non acute inpatient care utilisation

Mental health inpatient services provide care under two main care types – acute care and non-acute care. While a range of specialised services exist within both these care types, the main differences will be the acuity of symptoms of the client and bed/staff ratios. It is important to monitor these care types separately for alignment with the mental health clinical care and prevention service planning model.

Performance indicators showing the percentage of need met as predicted by this model for acute and non-acute capacity can be found in the body of this report.

The next two tables show service utilisation for the acute and non-acute inpatient care types for each Area Health Service since 2000/01.

Area Health Service Performance Indicator Mental health acute inpatient care (separations from overnight stays)

Area Health Service	Acute overnight separations						
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Sydney South West	4,545	4,866	5,041	5,058	5,135	6,211	6,885
South Eastern Sydney Illawarra	3,577	3,866	3,876	4,609	4,425	4,815	4,692
Sydney West	3,309	3,493	3,149	3,124	3,074	3,683	4,613
Northern Sydney Central Coast	2,803	2,755	2,628	2,776	3,187	3,472	4,068
Hunter and New England	3,402	3,511	3,839	4,166	3,969	4,023	4,103
North Coast	1,566	1,545	2,034	2,395	2,354	2,421	2,200
Greater Southern	1,369	1,373	1,318	1,342	1,348	1,290	1,221
Greater Western	877	954	858	1,197	1,505	1,656	1,608
Children's Hospital, Westmead	-	-	-	-	94	121	96
Justice Health	161	151	100	92	91	123	699
NSW	21,609	22,514	22,843	24,759	25,182	27,815	30,185

Notes

Source – Area Health Service returns to Department of Health Reporting System and Area manual returns for the annual report.

Limitations – Reporting was incomplete for Sydney South West, South East Sydney/Illawarra, Justice Health and Northern Sydney/Central Coast. Replacement values for numbers of acute mental health separations as reported manually by Areas may not be completely reliable.

Interpretation

- Funding announced under New Directions for Mental Health is being used to provide better access for more people to mental health services in all settings including acute inpatient beds. Justice Health received funding up to June 2007 for 59 extra acute beds and 50 screening beds. A further 40 are planned for 2007/08. The net effect over the year was around 44 extra acute beds in addition to the Justice Health beds. Recruitment issues are the most common cause of beds not opening.
- Acute overnight separations have increased by 8.5 per cent overall with Justice Health increasing by 450 per cent. Lengths of stay vary across different types of acute beds so it is not possible to directly compare extra bed numbers with the degree of increase in separations.
- The 23 per cent increase in the number of acute beds since 2000/01 has resulted in a 40 per cent increase in acute separations due to the relatively short length of stay in Psychiatric Emergency Care Centre beds and the Justice Health screening beds which are used to isolate at risk prisoners for psychiatric assessment.
- Statewide the average length of stay for these acute separations was 16 days and the overall occupancy of acute units was 95 per cent. These measures are unchanged from 2005/06. The reclassification of 12 beds in Kaoriki at Morisset from non-acute to acute has only resulted in 80 extra acute separations due to the long lengths of stay of these patients (average 129 days). With this profile, there is a question over whether these beds can continue to be considered acute.
- Additional beds at Liverpool and Blue Mountains (opened late 2005/06) have also contributed to the increase. Further acute bed increases are planned for 2007/08 to continue the improved access to acute inpatient care.

Area Health Service Performance Indicator Mental health non-acute inpatient care – occupied bed-days

Area Health Service	Non-acute overnight occupied bed days						
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Sydney South West	32,260	30,048	28,949	29,467	22,913	16,821	19,030
South Eastern Sydney Illawarra	52,580	53,250	56,291	56,123	55,805	56,588	54,898
Sydney West	56,324	56,248	55,820	59,397	62,815	61,707	65,370
Northern Sydney Central Coast	-	-	-	-	-	-	5,002
Hunter and New England	42,464	42,913	42,868	43,502	42,450	43,497	39,055
North Coast	-	-	-	-	-	-	-
Greater Southern	14,669	16,680	17,426	17,697	17,959	17,751	17,032
Greater Western	30,440	30,741	33,555	38,344	39,978	35,866	37,234
Children's Hospital, Westmead	-	-	-	-	-	-	-
Justice Health	21,765	22,396	21,299	21,604	21,769	20,980	20,115
NSW	250,502	252,276	256,208	266,134	263,688	253,210	257,736

Notes

Source – Area Health Service returns to Department of Health Reporting System (DOHRS)

Limitations – Previously non-acute activity in a non psychiatric hospital could not be identified. For the first time in 2006/07, the non-acute activity for the 14 beds in Prince of Wales Hospital is reported separately from the acute beds in the DOHRS system. Similar issues of identification of non-acute beds and activity has been resolved with Redbank House which provides acute, non acute and same-day services for Children and Adolescents. Campbelltown non-acute beds also appear for the first time.

Interpretation

- ▶ An integrated mental health service requires that acute services be backed up by rehabilitation and extended care services, including those in hospitals. In NSW, most non-acute inpatient services are provided in psychiatric hospitals and a number of specialist child/adolescent units. The non-acute unit in Prince of Wales Hospital has been operating since 2004/05 and the 20-bed unit at Campbelltown reached about 50 per cent capacity by July 2007 with recruitment still being difficult.
- ▶ For 2006/07, the neuropsychiatric unit in Morisset has been reclassified as acute at the Area's request. The resulting reduction in non-acute bed-days for Hunter New England has been compensated for Statewide by the ability to separate the Prince of Wales Hospital non-acute activity.
- ▶ Fluctuations in other Areas are due to changing availability of beds rather than changes in bed numbers. It is worth noting that the average length of stay for non-acute units has dropped from 183 per separation to 154. Occupancy remained at 86 per cent. This means more separations and more clients moving through these units.
- ▶ While more investigation is needed, this could indicate clients moving into the increasing number of supported accommodation places provided by Housing and Support Initiative (HASI) and also better support from the increase in community services generally. Increases in non-acute bed numbers are planned for 2007/08 and 2008/09.

Area Health Service Performance Indicator Ambulatory care (contacts)

Area Health Service	Ambulatory Contacts							
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	% of 06/07 target
Sydney South West	57,568	113,802	166,910	195,935	227,012	243,385	179,233	47%
South Eastern Sydney Illawarra	98,072	159,475	221,264	233,001	291,447	285,580	296,926	88%
Sydney West	146,494	150,022	125,178	123,872	118,026	164,617	189,429	69%
Northern Sydney Central Coast	103,928	228,093	282,408	295,704	351,699	373,628	441,085	135%
Hunter and New England	90,365	89,692	111,593	129,721	108,739	163,259	166,140	64%
North Coast	5,945	69,278	120,586	145,000	123,710	133,427	137,590	90%
Greater Southern	6,399	82,702	106,753	25,332	88,237	158,486	146,889	84%
Greater Western	73,557	88,643	102,644	101,994	111,112	120,535	124,491	85%
Children's Hospital, Westmead	3,183	8,634	10,885	10,055	12,787	16,759	20,900	88%
Justice Health	-	443	4,608	171,115	299,101	50,258	60,388	80%
NSW	585,511	990,784	1,252,829	1,431,729	1,731,870	1,709,934	1,763,071	82%

Notes

Source: NSW Health HIE from Area ambulatory source systems. Only in the State data warehouse are accepted for inclusion in reporting of this indicator.

Values for 2005/06 have been updated as at September 2007.

Targets: Based on target numbers of ambulatory Full Time Equivalent (FTE) staff. Targets are set at 80 per cent of the actual expected number of contacts.

Limitations: Reporting for this year is still incomplete in a number of Area Health Services. The total for 2006/07 is likely to increase as Areas complete late data entry. Updating of the 2006/07 figures showed an increase of 142,000 records for that year.

Interpretation

- This indicator does show a three per cent increase in activity levels as would be expected due to funding increases which have enabled the recruitment of more community staff who are reporting increased client activity levels for a variety of community programs. Some of this increase is probably also due to better reporting by providers.
- All Areas show an increase in reporting compliance with Northern Sydney Central Coast well over both the target and the expected number of contacts. Based on past experience, it is expected that the final number of contacts for 2006/07 will indicate a much greater increase over the 2005/06 level.
- Eighty two per cent of target for the State represents only 66 per cent of the expected client related activity to be produced by the number of ambulatory staff reported. Sydney South West is upgrading their Cerner system to increase compliance with this indicator.

Area Health Service Performance Indicator Ambulatory care (client related provider hours)

Area Health Service	Client related provider hours			
	2005/06 hours	% of Target	2006/07 hours	% of Target
Sydney South West	na	na	113,823	25%
South Eastern Sydney Illawarra	175,483	40%	178,443	44%
Sydney West	123,661	31%	145,944	45%
Northern Sydney Central Coast	259,215	53%	300,403	77%
Hunter and New England	183,813	-	192,467	63%
North Coast	990,263	54%	98,967	54%
Greater Southern	773,676	45%	113,589	55%
Greater Western	88,031	54%	100,362	57%
Children's Hospital, Westmead	125,383	34%	16,423	58%
Justice Health	432,329	42%	98,157	109%
NSW	896,937	44%	1,358,578	53%

Notes

Source: Area reports for June 2007 Financial Key Performance Indicators. Non client related activity is not included.

Limitations: Both Cerner (SSW) and CHIME (HNE) are unable to comply with extraction of this indicator. However Sydney South West is upgrading CERNER to address this issue.

Client related provider time

For 2005/06 it was stated that an indicator of client related provider hours would replace or be used in addition to the Ambulatory contacts to better indicate the quantum of work done and the resources used in the sector of mental health care.

Until reporting levels have stabilised both indicators will be reported.

The table shows the client related provider time associated with the reported client related contacts in the previous table and levels of compliance reached. For both ambulatory contacts and client related provider hours, the targets are related to the number of ambulatory clinical full time equivalent. Targets are set on the expectation that 67 per cent of paid provider time is spent on client related activity.

Interpretation

Time spent by clinicians in ambulatory activities related to clients is considered a better indicator of performance and resource use than contacts which are ill defined in length or content.

Compliance is affected by factors such as the availability of computers, the efficiency of communication infrastructure, workload and familiarity with technology. For national comparison this indicator is based on the total number of ambulatory clinical full-time equivalent.

It has been suggested that the low compliance levels may indicate that NSW has a larger proportion of clinical staff in purely administrative positions. The average time spent per contact in 2006/07 was just over 45 minutes compared to 30 minutes in 2005/06.

Further investigation is needed to establish the relative effect of reporting patterns and increased activity on the values presented.

Number of mental health clients

In February 2007 an analysis of numbers of allocated unique identifiers at Area level indicated around 150,000 individuals. This does not allow for double counting where a client may be seen in more than one Area. This estimate is still affected by unreconciled duplicate records and the final stages of distributing all allocated identifiers across the Area data warehouses.

Information activities during 2006/07

There were no major data collections introduced in 2006/07 but the new mental health establishments national minimum dataset was delivered on time to the Australian Government in April 2007.

A pilot collection to monitor the utilisation of the Housing and Support Initiative (HASI) accommodation and support places was undertaken as part of the annual report data collection for 2006/07. This will supply an indicator for use in future publications and to monitor the efficiency of the program.

The last of the technical processes to integrate the area level unique patient identifier for mental health clients with the State level unique patient identifier for all NSW patients was completed in May 2007.

InforMH, a devolved unit of the Mental Health Drug and Alcohol Office, continued the development of six monthly report cards for Areas based on thirteen national mental health key performance indicators and several other safety and quality measures.

An evaluation of the Psychiatric Emergency Care Centres has been completed and distribution and collection of consumer questionnaires for the Statewide MH-CoPES (Mental Health Consumer Perceptions and Experience of Services) survey is underway.

NSW was successful in a bid for a \$1.43 million grant from the Commonwealth to further sustain and embed the use of client outcome ratings in mental health services. Some of these funds will support a benchmarking project for older people's mental health services in addition to the current non-acute benchmarking project.

An 18-month project has been funded to explore an appropriate process of collection of outcome measures amongst Aboriginal people. With the assistance of increased Commonwealth funding the National Benchmarking projects will be extended. An evaluation of the mental health outcomes and assessment tools initiative was completed early in 2006/07.

Data sources

All bed data and some of the activity data in the attached tables are based on a paper collection from psychiatric hospitals, collocated psychiatric units in general hospitals and private hospitals with authorised psychiatric beds, specifically for the 2005/06 annual report.

Public hospital data are combined and presented for the categories 'average available beds', 'Average occupied beds', and 'overnight separations' from the Department of Health reporting system where the facility can be identified in the database.

Overnight separation (ie admitted and separated on different dates) refers to the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. Separation data is one of the main national indicators of hospital activity.

Statistics on public beds under the mental health program can be calculated from the information presented in the detailed unit-by-unit table, and the overall changes since 2000/01 are given in earlier tables. Details of changes at individual units are covered by notes to the main table.

Acute beds (total) – 2005/06 to 2006/07

- ▶ Funded acute beds increased by 109, from 1,358 to 1,467.
- ▶ Average available acute beds increased by 91 from 1,349 to 1,440.
- ▶ Average occupied acute beds increased by 123, from 1,227 to 1,350.

Non-Acute beds (total) – 2004/05 to 2005/06

- ▶ Funded non-acute beds decreased by twelve from 861 to 849.
- ▶ Average available non-acute beds increased by 71 from 750 to 821.
- ▶ Average occupied non-acute beds increased by 32 from 674 to 706.
- ▶ The decrease in non-acute funded beds is due entirely to the reclassification of the Kaoriki unit in Morisset from non-acute to acute – however this needs to be reviewed based on the characteristics of the unit (eg 129 day average length of stay is very long for an acute unit).

Child/Adolescent beds

- ▶ The number of funded acute beds remained the same at 47.
- ▶ The number of average available acute beds increased by six from 42 to 48.
- ▶ The number of average occupied acute beds decreased by two to 33 from 35.
- ▶ The number of funded, average available, and occupied non-acute beds at the Rivendell (Thomas Walker), Coral Tree, and Redbank units remained substantially the same.
- ▶ The availability and occupancy statistics for these units are complicated by the fact that they operate mainly during the week and school term. None of these beds were reported as occupied on the census day (ie 30 June 2007) as it was Saturday.

Private Hospitals

In 2006/07, 16 private hospitals authorised under the Mental Health Act provided inpatient and same-day psychiatric services in NSW in 653 authorised beds compared to 623 in 2005/06. These hospitals reported 657 of these beds available on the census day due to an error where Lingard has reported 41 but only has 33 authorised beds.

Changes from 2005/06 to 2006/07

- ▶ Dudley Private Hospital at Orange and Warner's Bay Private Hospital were authorised for 13 and 25 psychiatric beds in February and May 2007 respectively.
- ▶ Beds at Lingard decreased by eight to 33 in 2007.
- ▶ In 2006/07 there was an overall increase of 30 beds across all private hospitals. Bed occupancy on 30 June 2007 in private hospitals was 65 per cent with 424 patients occupying 653 beds. This is a decrease from last year when bed occupancy was 76 per cent (471 patients occupying 623 beds).
- ▶ Overnight admissions to private hospitals increased by six per cent from 7,969 admissions in 2005/06 to 8,436 in 2006/07.
- ▶ Same day admissions increased by two per cent from 23,856 in 2005/06 to 24,310 in 2006/07. Seventy-four per cent of all private hospital separations being for same-day patients.

Public hospitals activity levels

Public psychiatric hospitals and co-located psychiatric units in public hospitals – with beds gazetted under the Mental Health Act 1990 and other non-gazetted psychiatric units

AHS/Hospital	Location	Funded ¹ beds at 30 June		Available ² beds at 30 June		Occupied ² beds at 30 June		Average available ³ beds in year		Average occupied ⁴ beds in year		Overnight ⁵ separations in 12 mths to 30/6/07	On leave as at 30/6/07	Deaths ⁶ in 12 mths to 30/6/07
		2006	2007	2006	2007	2006	2007	2005/06	2006/07	2005/06	2006/07			
X500 Sydney South West		374	394	367	398	290	312	369	383	301	334	7350	68	6
Acute Beds – Adult														
Royal Prince Alfred Hospital	Camperdown	40	40	40	40	36	32	37	40	34	36	837	3	0
Rozelle Hospital	Leichhardt	114	114	128	128	100	97	149	131	102	109	2,235	33	1
Liverpool Hospital ¹⁰	Liverpool	54	70	54	68	50	65	50	64	50	68	2,168	15	0
Campbelltown Hospital ¹¹	Campbelltown	30	34	30	30	30	32	30	30	30	31	835	3	0
Bankstown/Lidcombe HS – Hosp.	Bankstown	30	30	30	31	31	29	30	30	31	30	598	4	2
Bowral and District Hospital	Bowral	2	2	2	1	1	1	2	2	1	1	75	0	0
Acute Beds – Child/Adolescent														
Campbelltown Hospital (GnaKaLun)	Campbelltown	10	10	10	10	4	9	7	10	7	7	137	2	0
Non-Acute Beds – Adult														
Rozelle Hospital ¹²	Leichhardt	50	50	49	46	38	32	50	47	41	36	10	4	3
Campbelltown Hospital ¹³	Campbelltown	20	20	0	20	0	15	0	11	0	11	195	4	0
Non-Acute Beds – Child/Adolescent														
Thomas Walker Hospital ⁷	Concord	24	24	24	24	0	0	15	17	6	6	260	0	0
Other Program Beds (not in totals) ⁸														
Bankstown Ward 2D	Bankstown		0	12	12	10					9	183	1	1
Braeside	Prairiewood		0	16	16	16					14	99	0	0
X510 South Eastern Sydney/Illawarra		244	244	240	244	209	232	233	240	218	227	4,814	29	3
Acute Beds – Adult														
Wollongong	Wollongong	20	20	20	21	17	20	20	20	19	19	385	5	0
Shellharbour Hospital	Shellharbour	49	49	49	49	39	49	49	46	44	46	957	6	0
St Vincents Public Hospital	Darlinghurst	33	33	33	33	29	32	31	33	29	29	1,070	3	1
Prince of Wales Hospital	Randwick	58	58	54	58	54	56	70	57	68	56	922	7	0
St George Hospital	Kogarah	34	34	34	34	31	32	29	34	29	30	767	5	1
Sutherland Hospital	Sutherland	28	28	28	27	25	26	28	28	25	28	517	3	1
Acute Beds – Child/Adolescent														
Sydney Children's Hospital	Randwick	8	8	8	8	4	3	6	9	4	4	74	0	0
Non-Acute Beds														
Prince of Wales Hospital	Randwick	14	14	14	14	10	14		14		14	122	0	0
X520 Sydney West		405	416	410	414	353	331	397	418	341	392	4,599	87	7
Acute Beds – Adult														
Blacktown Hospital ¹⁴	Blacktown	30	34	30	30	28	22	30	30	32	32	824	4	0
St Josephs Hospital, Auburn	Auburn	15	15	19	19	18	15	18	19	18	17	111	0	1
Westmead (adult)	Westmead	26	26	26	26	24	27	26	26	24	27	61	0	1
Cumberland Hospital	Westmead	102	102	102	102	92	81	101	99	95	95	1,822	22	4
Penrith DHS – Nepean Hospital ¹⁵	Penrith	37	39	33	37	29	29	36	35	32	32	1,095	4	0
Blue Mountain DH – Katoomba	Katoomba	10	15	15	15	15	11	0	15	0	32	329	2	0
Acute Beds – Child/Adolescent														
Westmead (Redbank – AAU)	Westmead	9	9	9	9	6	4	9	9	7	8	61	5	0
Non-Acute Beds – Adult														
Cumberland Hospital	Westmead	159	159	159	159	141	142	159	159	125	144	95	46	1
Non-Acute Beds – Child/Adolescent														
Westmead (Redbank – AFU & CFU) ⁷	Westmead	17	17	17	17	0	0	17	25	7	6	201	4	0
X530 Northern Sydney/Central Coast		384	400	384	391	350	342	363	382	343	354	4,522	32	4
Acute Beds – Adult														
Greenwich Home of Peace Hospital	Greenwich	20	20	20	20	19	20	15	20	18	19	167	2	0
Hornsby & Ku-Ring-Gai Hospital ¹⁶	Hornsby	25	41	25	28	24	25	25	28	23	23	693	1	1
Manly District Hospital	Manly	30	30	30	30	30	25	30	30	27	27	618	2	0
Royal North Shore Hospital	St Leonards	24	24	24	24	23	23	23	24	22	23	357	1	0
Macquarie Hospital	North Ryde	14	14	14	14	13	12	13	14	13	14	267	2	0
Gosford District Hospital	Gosford	25	25	25	25	22	24	25	25	25	24	690	0	0
Wyong District Hospital ¹⁷	Wyong	50	50	50	50	48	50	50	50	44	44	1276	5	0
Non-Acute Beds – Adult														
Macquarie Hospital	North Ryde	181	181	181	185	171	163	179	183	165	170	64	19	3
Non-Acute Beds – Child/Adolescent														
Coral Tree ⁷	North Ryde	15	15	15	15	0	0	3	10	8	9	390	0	0

AHS/Hospital	Location	Funded ¹ beds at 30 June		Available ² beds at 30 June		Occupied ³ beds at 30 June		Average available ³ beds in year		Average occupied ⁴ beds in year		Overnight ⁵ separations in 12 mths to 30/6/07	On leave as at 30/6/07	Deaths ⁶ in 12 mths to 30/6/07
		2006	2007	2006	2007	2006	2007	2005/06	2006/07	2005/06	2006/07			
Acute Beds														
Maitland Hospital	Maitland	24	24	24	24	25	23	24	24	23	29	971	5	0
James Fletcher Hospital	Newcastle	82	82	82	82	80	78	82	79	78	76	1,610	26	7
Armidale Hospital	Armidale	8	8	8	8	6	7	8	8	7	7	181	1	0
Tamworth Base Hospital	Tamworth	25	25	25	25	21	22	25	26	22	23	692	1	0
Manning Base Hospital	Taree	20	20	20	20	19	17	20	20	18	17	385	7	1
Morisset Hospital	Morisset	0	12		12		10		14		10	43	1	0
Acute Beds – Child/Adolescent														
John Hunter Hospital (Nexus)	Newcastle	12	12	12	12	10	8	12	12	12	8	221	2	0
Non-Acute Beds – Adult														
Morisset Hospital	Morisset	130	118	130	118	120	115	130	116	119	107	58	6	11
X550 North Coast		100	100	100	100	82	104	99	100	93	93	2,200	16	1
Acute Beds – Adult														
Lismore Base Hospital	Lismore	25	25	25	25	18	28	25	25	23	24	553	6	0
Tweed Heads District Hospital	Tweed heads	25	25	25	25	20	25	25	25	22	23	564	4	1
Coffs Harbour and District Hospital	Coffs Harbour	30	30	30	30	26	32	30	30	29	30	659	2	0
Kempsey Hospital	Kempsey	10	10	10	10	8	13	10	10	9	9	224	4	0
Port Macquarie Base Hospital	Port Macquarie	10	10	10	10	10	6	9	10	9	7	200	0	0
X560 Greater Southern		118	118	118	115	104	100	57	115	99	99	1,350	8	4
Acute Beds – Adult														
Albury Base Hospital	Albury	24	24	24	21	18	20	21	21	18	18	391	1	0
Wagga Wagga Base Hospital	Wagga Wagga	18	18	18	18	18	17	16	18	14	17	452	3	0
Goulburn Base Hospital	Goulburn	20	20	20	20	19	21	20	20	18	17	378	1	0
Queanbeyan Hospital	Queanbeyan	2	2	2	2	0	0		2	0	0	0	0	0
Non-Acute Beds – Adult														
Kenmore Hospital	Goulburn	54	54	54	54	49	42	0	54	49	47	129	3	4
X570 Greater Western		187	187	181	177	131	136	176	180	132	142	1,711	3	2
Acute Beds – Adult														
Dubbo Base Hospital	Dubbo	18	18	12	18	11	7	7	18	6	13	479	0	0
Mudgee District Hospital	Mudgee	2	2	2	2	0	0	2	2	0	0	0	0	0
Bloomfield Hospital	Orange	28	28	28	28	19	23	28	28	25	23	931	3	1
Broken Hill Base Hospital	Broken Hill	2	2	2	6	2	5	2	4	3	4	198		
Non-Acute Beds – Adult														
Bloomfield Hospital	Orange	137	137	137	123	99	101	137	127	98	102	103	0	1
X160 Children's Hospital Westmead		8	8	8	8	8	6	8	8	6	5	96	1	0
Children's Hospital Westmead	Westmead	8	8	8	8	8	6	8	8	6	5	96	1	0
X170 Justice Health Service		98	148	95	138	84	137	95	138	91	132	712	1	0
Acute Beds – Adult														
Long Bay (Ward D and B)	Malabar	38	38	38	38	32	38	35	38	33	37	130	0	0
Mulawa (MRRRC and Ward E) ⁹	Silverwater		50		43		42		43		40	569	1	0
Non-Acute Beds – Adult														
Long Bay (MRRH and Ward C)	Malabar	60	60	57	57	52	57	60	57	58	55	13	0	0
NSW – TOTAL		2,219	2,316	2,204	2,286	1,892	1,980	2,099	2,261	1,901	2,056	31,515	294	46

- "Funded beds" are those funded by NSW Health, except for some beds at Rozelle hospital funded by DVA for individual veterans (14 in 2003/04, 10 in 2004/05, 9 in 2005/06, 6 in 2006/07).
- "Available beds" and "Occupied Beds" at 30 June are a census count on the last day of the financial year. Child/Adolescent non acute units operate in conjunction with schools and were not open due to 30 June being a Saturday.
- "Average Available beds" are the average of 365 nightly census counts as reported in DOHRS (or the Sustainable Access Program bed survey where DOHRS data are missing). Child and adolescent non acute units only operate 231 days in the year but current systems still calculate beds based on 365 days.
- "Average occupied beds" are calculated from the total Occupied Overnight bed days for the year, as reported in DOHRS (or the Area annual report returns where DOHRS data are missing), divided by 365, except for child and adolescent units which operate for 231 days.
- "Overnight Separations" exclude sameday separations and are derived from DOHRS where data are complete for the year or from Area manual returns for the annual report where DOHRS data are missing for some months.
- 25 of the 46 reported deaths in Public Psychiatric units were described as 'natural causes'.
- Beds were unoccupied at midnight on 30 June as units closed on Saturday day when beds and residents were recorded – these units operate Monday to Friday
- Bankstown/Lidcombe Ward 2D and Braeside hospital are not funded from Program 3.1, but are in scope for National Mental Health reporting. They are included here to align with national reporting.
- These are acute screening beds: 10 women's beds at Silverwater, 10 High Dependency Unit and 30 at sub-acute units. They were operating in 2006/07 but not reporting under the Mental Health financial program. These beds are not staffed overnight so are not really comparable to other funded overnight beds.

- Liverpool – 16 extra acute beds in 2006/07. Now has 5 acute units including a PECC and HDU with total of 70 beds. Temporary PECC became inpatient unit in 2006/07.
- Campbelltown – 4 extra PECC beds not yet operational.
- Ward H now has only 6 DVA funded beds for veterans – reduced from 9 in 2005/06. The 3 bed special care suite (Ward C29) is only funded when required for patients with special needs. It has not been required since 1999/00
- Non acute unit funded in 2005/06 began operating around November 2006 and reached around 50% of full year capacity by June 30
- Blacktown inpatient PECC not yet operating
- Nepean 4 bed PECC unit began operating as an inpatient unit in January 2007.
- PECC at Hornsby began operating as an inpatient unit in December 2006
- Hornsby Intensive care unit (PICU) built but not operational
- Wyong PECC not yet operational
- Kaoriki Unit at Morisset reclassified as acute from non acute
- Acute and C&A units at Lismore now delayed till 2008
- Broken Hill increased by 4 beds from December 2006

Psychiatric hospitals and Children and Adolescent Hospitals/Units – listed in order of presentation in the table
 Psychiatric hospitals: Rozelle, Macquarie, Cumberland, James Fletcher Newcastle, Morisset, Kenmore and Bloomfield
 Children and Adolescent Hospitals/Units: GnaKaLun, Thomas walker, Sydney Children's Hospital, Westmead (Redbank acute/non-acute), Coral Tree
 John Hunter Hospital (Nexus) and Children's Hospital Westmead
 Source: Mental Health and Drug and Alcohol Office

Private hospitals activity levels

Private hospitals in NSW authorised under the Mental Health Act 1990

Hospital/Unit	Authorised beds ¹	Available authorised beds ²		In residence		Admitted in 12 mths to 30/6/07		On leave as at 30/6/07	Deaths in 12 mths to 30/6/07
	as at 30/06/07	as at 30/6/06	as at 30/6/07	as at 30/6/06	as at 30/6/07	Over Night	Same Day		
Albury/Wodonga Private	12	12	12	11	3	938	330	0	0
Dudley Private Hospital ³	13	–	14	–	5	48	84	1	0
Lingard	33	41	41	30	21	416	70	9	0
Mayo Private Hospital	9	6	9	6	6	185	0	1	0
Mosman Private	16	16	16	10	7	202	171	0	0
Northside Clinic	93	93	93	87	80	1,275	4,961	0	0
Northside Cremorne Clinic	36	36	36	20	25	368	1,379	2	0
Northside West Clinic	80	80	75	25	38	686	2,356	0	0
South Pacific	34	33	35	18	23	393	2,096	0	0
St John of God Burwood	86	86	86	52	55	1,216	2,682	5	0
St John of God Richmond	86	64	86	53	54	1,130	2,967	8	0
Sydney Private Clinic	44	34	44	16	34	644	2,546	0	0
Wandene	30	30	30	24	25	360	1,717	0	0
Wesley Private	38	38	38	24	24	403	2,934	3	0
Sydney Southwest Private	18	18	17	6	7	133	17	1	0
Warners Bay Private ⁴	25	–	25	–	17	39	0	0	0
Total 2006/07	653		657		424	8,436	24,310	30	0
Total 2005/06		587		382		7,958	23,803	52	2
Total 2004/05		596		382		8,139	20,691	1	5
Total 2003/04		560		426		9,857	18,339	1	2
Total 2002/03		580		422		8,048	17,589	2	4
Total 2001/02		570		377		7,822	18,666	4	1

1 The hospital is licensed to use these beds for psychiatric care – does not incl ECT beds.

2 Number of beds available for use at 30/06/07 (includes empty and occupied beds).

3 Dudley Private Hospital (Orange) opened from February 2007.

4 Warners Bay Private Hospital opened in May 2007.

Source: Private Hospital Manual returns

