

NSW Health

the year in review

97
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Annual Report

NSW  HEALTH

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The NSW Health Department's main office is located at 73 Miller Street, North Sydney. There are also offices at Foveaux Street and Gladesville. You can visit the main office anytime between 8.00am and 5.30pm. Reception is on Level 5.

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Ph: (02) 9816 0452
or the report can be downloaded from our internet site:
NSW HealthWeb: www.health.nsw.gov.au

NSW Health - who we are

NSW Health is an important part of the NSW community and a major responsibility of the NSW Government. Around 100,000 people work in or directly with NSW Health. This number does not include the many dedicated volunteers and voluntary organisations. This community support is highly valued.

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

Better Health
Good Health Care

Corporate Charter

The NSW Health Department is established under Section 6 of the Health Administration Act 1982. The Department supports the Minister in performing his executive and statutory functions which include 'promoting, protecting, developing, maintaining and improving the health and well-being of the people of New South Wales, to the maximum extent possible, having regard to the needs of and financial and other resources available to the State'.

Our Goals*

Goal 1: Healthier people

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

Goal 2: Fairer access

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

Goal 3: Quality health care

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

Goal 4: Better value

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

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

- Sharing a clear direction;
- Skilled, valued workforce;
- Engaging the community;
- Working partnerships;
- Informed decision making; and
- Embracing innovation.

**The Purpose and Goals were brought into effect in September 1998 with the release of Strategic Directions for Health 1998-2003 and the Corporate Plan of the NSW Health Department in October 1998.*

The Hon. Andrew Refshauge MP
Deputy Premier, Minister for Health
and Minister for Aboriginal Affairs
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Dr Refshauge

In compliance with the terms of the Annual Reports (Departments) Act 1985, the Annual Report (Statutory Bodies) Act 1984 and the Public Finance and Audit Act 1983, I submit the Annual Report and Financial Statements of the NSW Health Department for the financial year ended 30 June 1998 for presentation to Parliament.

Yours sincerely



Michael Reid
Director-General

A day in the life of NSW Health

Each day in the NSW Health system

- **3,688** people are admitted to hospital for treatment
- **18,407** people are undergoing inpatient treatment
- **59,912** non-inpatient services are provided
- **4,702** people are treated in Emergency Departments
- **22,803** outpatient care services are provided

Appropriation (1997-98 Budget Variations) Bill (No 2) 1998

Under the Annual Reports (Departments) Act 1985, the NSW Health Department would normally be required to submit an annual report for the year ended 30 June to the Minister for Health by 31 October. The Appropriation (1997-98 Budget Variations) Act (No 2) 1998 retrospectively made valid certain expenditures of budget dependent agencies including the NSW Health Department. The Appropriation (1997-98 Budget Variations) Act (No 2) 1998 further provides that an authority may within 28 days after the date of assent of that Act, submit its annual report for the financial year ended 30 June 1998 to the appropriate Minister.

It has once again been an interesting and busy year in health.

As you will see throughout this Report, NSW Health as a whole has produced some outstanding achievements and these would not have been possible without the dedicated staff who work across NSW Health.

The 1997/98 NSW Health budget included a further \$309 million in additional Consolidated Fund support from the Government. This funding has helped the Department maintain the high level of service provided to the people of NSW and has contributed towards a \$6.2 billion expenses budget. NSW Health was one of the largest components of the 1997/98 State Budget and comprised 24.8 per cent of Current Payments and 12 per cent of Capital Payments.

In July 1997, a new streamlined structure for the Department's top management was put in place. This structure has worked extremely well over the past year. The Executive consists of three Deputy Directors-General, a Director of Health Public Affairs and a Director of Executive Support. The Department, Area Health Services and other health services which make up NSW Health have worked well together to provide quality health care for the community.

Two of our longest serving Chief Executive Officers retired during the year. John Yu AM from the Royal Alexandra Hospital for Children (RAHC) and Tom Hamilton from Wentworth Area Health Service. John retired in October after almost 40 years in the health service, 19 years as Chief Executive Officer of the RAHC. Tom started with the health service back in 1969 and had been CEO of Wentworth since its inception in 1988. The contribution of both CEOs was highly valued.

We will all remember the Thredbo landslide disaster in July for quite some time. Soon after it happened I travelled to the Southern Highlands to pay tribute to the health personnel involved in the rescue effort. I met with staff of the NSW Ambulance Service in Goulburn and mental health professionals who provided counselling and support to family and friends of victims. I also visited Cooma Hospital where staff had been on standby for a full week. It was a difficult time for all involved in the Thredbo tragedy but the courage, strength and professionalism displayed by all was an inspiration to many. Four ambulance officers who risked their lives during the Thredbo disaster were later awarded the Distinguished Service medal for their actions during the rescue, and the evacuation of the sole Thredbo survivor Stuart Diver. They were Paul Featherstone, Chris Wilkinson, Steve Martz and Jim Porter.

There were a number of other awards given during

the year. Wentworth Area Health Service (WAHS) was the national winner of the large business section of the 1997 Prime Minister's Employer of the Year Award. This category recognises employers who have demonstrated an outstanding commitment to employing people with a disability. WAHS employs 127 people with a range of disabilities out of a total workforce of 2666. As previously mentioned Tom Hamilton was responsible for leading WAHS in this area.

October saw the launch of "100 Years of Caring - NSW Health" at Sydney Hospital. This exhibition explores the past, present and future of health and health services in NSW, and will continue to travel the state over the next year. As the exhibition moves throughout Area Health Services, the section on local health services changes at each location to allow objects of local significance and interest to be included.

As well as looking at the past in relation to health services, our in-depth analysis of health trends continued with the release of the second edition of the Chief Health Officer's Report on the Health of the People of New South Wales in December. The report provides a detailed account of available measures of health for the residents of NSW, presenting the latest 10 years of available data. The report is intended for health consumers and their representative organisations, staff of the Area Health Services, health professionals, and other interested organisations and individuals. Throughout this Annual Report are sections of the Chief Health Officer's Report - the Health of the People of NSW (1997) that I think you will find very interesting.

Our focus on improving health for the general community and in key areas of both Aboriginal Health and Mental Health resulted in a number of significant initiatives throughout the year. A \$15 million strategy for suicide prevention targeting youth suicide was announced by the Premier with 13 project officers in rural areas employed to train workers and community representatives in suicide prevention.

To dramatically improve environmental health in Aboriginal communities across NSW, the Minister for Health and Aboriginal Affairs launched the Aboriginal Environment Health Infrastructure Project in December. Some communities still do not have access to basic water and sewerage services, and live in inadequate and overcrowded housing. The project will bring valuable new services and infrastructure to improve the quality of life of those communities, and the health of the people living within them.

Management of infectious diseases is a primary function of the Department and a number of people contracting Meningococcal disease during the last three months of 1997 caused concern amongst the community. Meningococcal is a rare condition and occurs in much less than one per cent of people in NSW - that's fewer than 200 people each year in a population of 6 million. The end of winter and into the start of spring is peak season and there are

normally five to 10 people diagnosed with the disease each week. Sophisticated surveillance systems continue to ensure that any risk to public health is notified to the public and appropriate action taken. Throughout the year significant progress was made in **developing a skilled and valued workforce**. Rural workforce initiatives were targeted with the establishment of a toll free telephone line for rural General Practitioners to access specialist advice and funding grants provided for allied health workers for study and clinical placement in rural areas. Nursing practice was also given priority with the creation of two professorial Chairs in rural and remote nursing.

As well as these initiatives new medical specialist training positions have been created with over \$1 million provided annually for education and training of doctors during their first two years of service.

Additional funding of \$1.5 million in 1997/98 saw **employment of more community nurses** in the key areas of aged care, Aboriginal and Mental Health.

Safety and security of staff remained a priority with ongoing reviews of the level of security provided in health facilities and development of training packages to enhance the skills of staff in occupational health and safety.

An **Aboriginal Employment Strategy** was launched in December 1997 to assist NSW Health in reaching the government's target of 2% representation of Aboriginal and Torres Strait Islander people across the public sector.

Effective financial management is required of any public sector agency and during 1997/98 NSW Health made significant advances in both financial planning and monitoring. Networking reforms saw the establishment of better management of commercial, pathology and linen services while the Department implemented a new financial reporting system to better align financial performance and activity. A number of external reviews were conducted by both the Council on the Cost of Government and the Independent Pricing and Regulatory Review Tribunal which assisted NSW Health to further improve performance.

Looking to the future, one challenge is the **Millennium Bug** now less than two years away. The Department and Area Health Services are already putting contingency plans into action. We are assisting Area Health Services to conduct individual Year 2000 Business Risk Assessments. A Pilot Project in the Hunter identified 200 business functions that will need to be classified according to the degree of exposure to the Year 2000 date problem. In addition we have conducted a Year 2000 Needs Analysis of 73 Miller Street, Foveaux Street and the Gladesville site. The report has identified several major items requiring attention and these are now being analysed.

Also less than two years away is the **Sydney 2000 Olympic and Paraolympic Games**. One of my continuing roles is to Chair the Olympic Health and

Medical Working Committee which is responsible for overseeing the development of health and medical services for the Games. Along with health it has representation from the Olympic Co-ordination Authority, the Sydney Organising Committee for the Olympic Games, and the Sydney Paraolympic Organising Committee.

SOCOG will have a number of agreements in place with State and Federal Government agencies for the provision of specific services - in our case this includes hospital, health care interpreter, public health, ambulance and disaster planning services.

The scale of the Games planning process is enormous and will eventually involve a vast workforce in one form or another. It is important to note that within its health and medical program, SOCOG will only be using skilled and appropriately qualified personnel. The human resource implications for health services are being carefully analysed and a joint approach between the health system and SOCOG to source these people, is being adopted.

Throughout the year there has been an incredible amount of work done on bringing together **Strategic Directions for Health 1998-2003**. There were over 70 participants from the Department and Area Health Services in the facilitators training workshop. From the subsequent workshops, the drafting team had the final draft distributed for a last round of comment. NSW Health now has a common purpose and implementation of actions from Strategic Directions should see significant progress toward achieving our goals.

Management of the NSW public health system is both a challenge and a privilege. During 1997/98, the NSW Health system has continued to improve performance across all health services. The next year will see even more improvements with a new shared direction by all NSW Health staff to provide better health and good health care for the community.



Michael Reid
Director-General

Suicide Prevention Strategy

The Premier announced a \$15 million suicide prevention strategy targeting youth suicide, 'We can all make a difference', during Mental Health Week (October 1997). The Premier also launched the NSW Suicide Prevention Statement on this occasion. Care and support packs for families and friends bereaved by suicide have been developed and were launched by the Premier in March 1998. *The Directory of Mental Health Services* is being incorporated into NSW HealthWeb. Kits for Media Reporting of Suicide and Management of Local Suicide Clusters have been developed and distributed to health workers and community groups to address the reporting of suicide in the media and the management of local suicide clusters. Through the NSW Rural and Regional Youth Suicide Prevention Counselling Program, 13 project officers have been employed in rural and regional areas to train workers and community representatives in suicide prevention. Suicide prevention taskforces have been established in all rural health areas and telepsychiatry has been established in six rural locations. A Whole of Government NSW Suicide Prevention Strategy is being developed and will be distributed in early 1999.

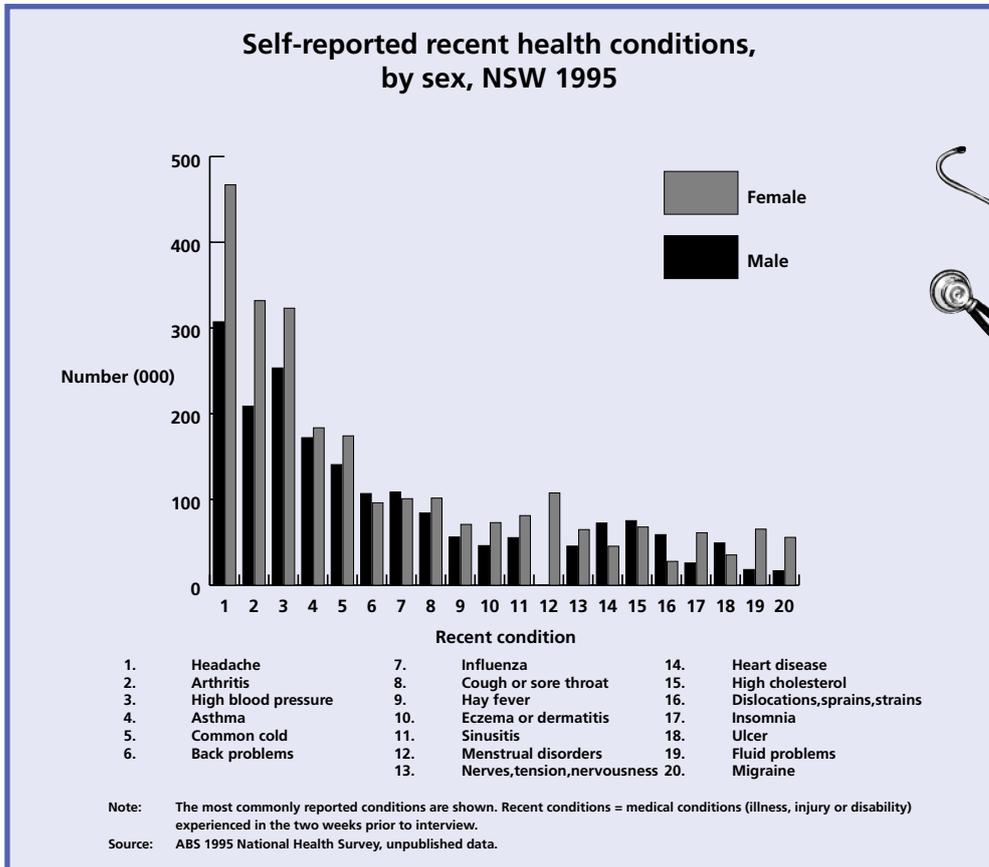
Aboriginal Health Policy

At its June 1998 meeting the NSW Aboriginal Health Partnership endorsed *Ensuring Progress in Aboriginal Health: A Policy for the Health System*. The finalisation of the Policy is an important step in

meeting the NSW Government's commitment to restoring the health and social, emotional and cultural harmony and well-being of Aboriginal people of NSW. The Policy outlines the Department's position with respect to all aspects of improving the health and well-being of Aboriginal people and communities in NSW. It establishes agreed principles, goals and strategic directions to guide decisions and actions by the NSW Health system in all matters relating to Aboriginal health. The Policy reinforces the NSW Government's commitment to partnership with the Aboriginal community and was developed in collaboration with the NSW Aboriginal Health Resource Cooperative (AHRC).

Aboriginal Employment Strategy

The *Aboriginal Employment Strategy - For the Year 2000 and Beyond* was launched in December 1997 by the Deputy Premier, Minister for Health and Minister for Aboriginal Affairs, Dr Andrew Refshauge MP. The Strategy is a five year document. The *Aboriginal Employment Strategy* is designed to provide a framework for Area Health Services to meet the Government's policy of achieving a two per cent representation of Aboriginal and Torres Strait Islander people across the public sector. The Strategy was developed by the Department in consultation with Aboriginal and non-Aboriginal staff, representatives and specialists from key agencies in the field of Aboriginal employment and the NSW Aboriginal community. The Strategy has been endorsed by the Aboriginal Health Resource Cooperative in the spirit of the Partnership Agreement. The Aboriginal Employment Development Working Party, will provide a support resource for the implementation of the



Strategy. The intended outcomes of the Strategy will be monitored and evaluated through Area Health Service Performance Agreements.

Department's response to the Wood Royal Commission

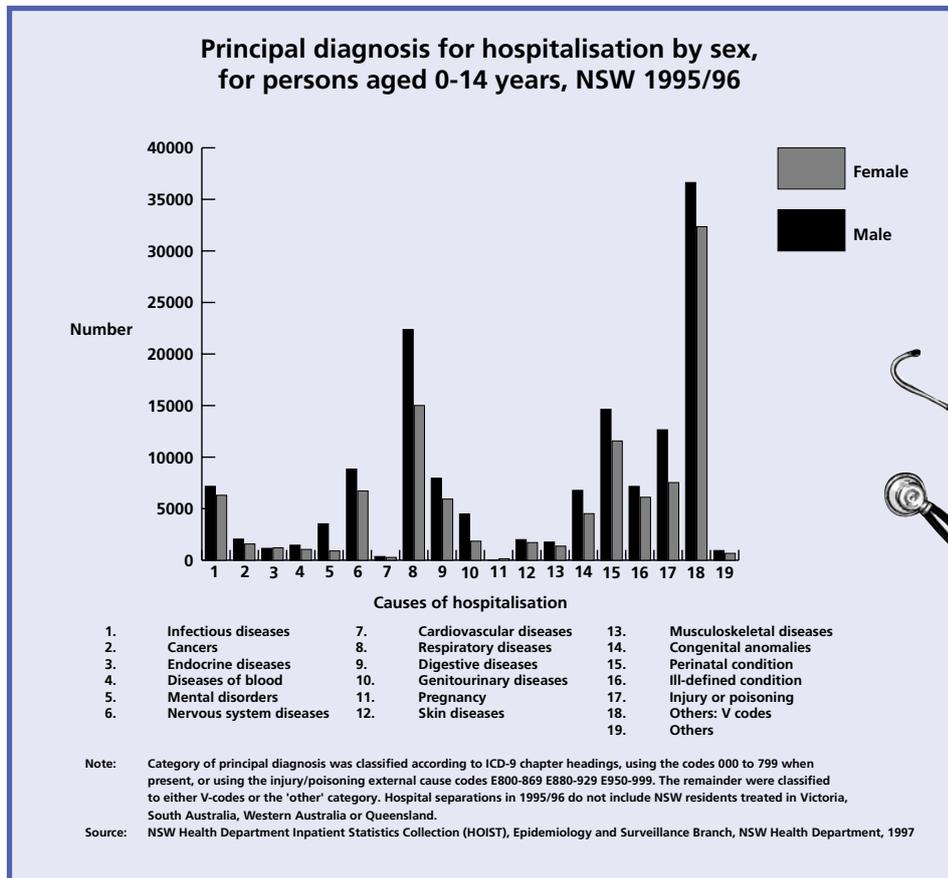
The Department has increased its statewide commitment to child protection by moving to establish new treatment services for children who have been physically or emotionally abused or neglected, and their families throughout Area Health Services. These services are now established in sixteen Area Health Services. Extensive liaison has occurred with the Department of Community Services to ensure that the services are targeted to families most in need, have strong links between the departments and function within a clearly articulated interagency framework. The Department was also successful in gaining funding to establish a specialist service and augment an existing service treating young people who sexually offend. These challenging initiatives provide specialist early intervention for 10-17 years olds who have sexually offended against children or young people. Research indicates that sexual offending which can continue for many years usually starts in adolescence. Prevention resources are therefore well channelled into services which attempt to stop this abuse before it becomes entrenched in these young peoples' lives as an adult. This service augments the Pre-Trial Diversion of Offenders (Child Sexual Assault) Program, a child protection program providing counselling to offenders who have abused their own or their partner's children. As of December 1997, 5000 health staff had been trained in the recognition and notification of child abuse and neglect. The implementation of

Recommendation 49 of the Wood Royal Commission has also seen a number of health staff completing short term secondments with the Police Service and Community Services.

The emphasis on ensuring a highly skilled workforce continues to be a priority for the Department, with a number of statewide initiatives to increase both the quality and quantity of child protection training.

Continuous Quality Improvement

Between September 1997 and February 1998, the Department undertook its second Guided Self Assessment (GSA). The GSA is a method of evaluating the strengths of and opportunities for improvement within an organisation's operational and management systems. The GSA methodology is based on the widely recognised Australian Quality Award model. The GSA results showed significant improvement for the Department in all 7 categories of the Quality Award model. The average score across all categories increased by 35 per cent compared with that achieved in 1996. This pleasing result reflects the number of improvements implemented over that period including the Performance Review and Development System, the Training and Development Program, the trial of the Flexible Working Hours Agreement and the weekly Director-General's newsletter. A number of Continuous Quality Improvement projects progressed during the year including the development and implementation of the NSW HealthNet, the Staff Handbook, Induction Process and Ministerial Easyguide. There was also improved access to information by the community through the installation of new technology and systems in Pharmaceutical Services Branch and the



Health Professionals Registration Boards, and a higher level of performance with processing Freedom of Information applications.

2) Promoting an information culture through training education and research.

3) Expansion of the Clinical Information Access Project (CIAP) which provides on-line information resources to clinicians at the point of care.

Policy Development Guidelines

The Department released internal Policy Development Guidelines for use by staff with the aim of improving the Department's policy development processes and drafting of policy documents. The Guidelines set out a process that commences with identifying issues that need a policy response and moves through stages of policy definition, analysis, consultation, approval, implementation, evaluation and review. The Guidelines provide broad guidance for the policy development process but note that the techniques employed and the process adopted should suit the issue being addressed, the stakeholders affected and the overall policy objectives. A key feature is the emphasis on community involvement.

Establishment of Collaborative Project Planning Committee

The Collaborative Projects Planning Committee was established in October 1997. The Committee has representatives from the University sector, Allied Health, General Practice and NSW Health. It is developing a series of projects aimed at advancing the appropriate use of information technology and telecommunications in health care delivery in NSW. Projects include:

1) The development of an Internet based directory of public and private health care professionals. This project aims to foster greater communication between health professionals to assist in improved patient treatment and outcomes.

Statewide and Area Year 2000 project teams

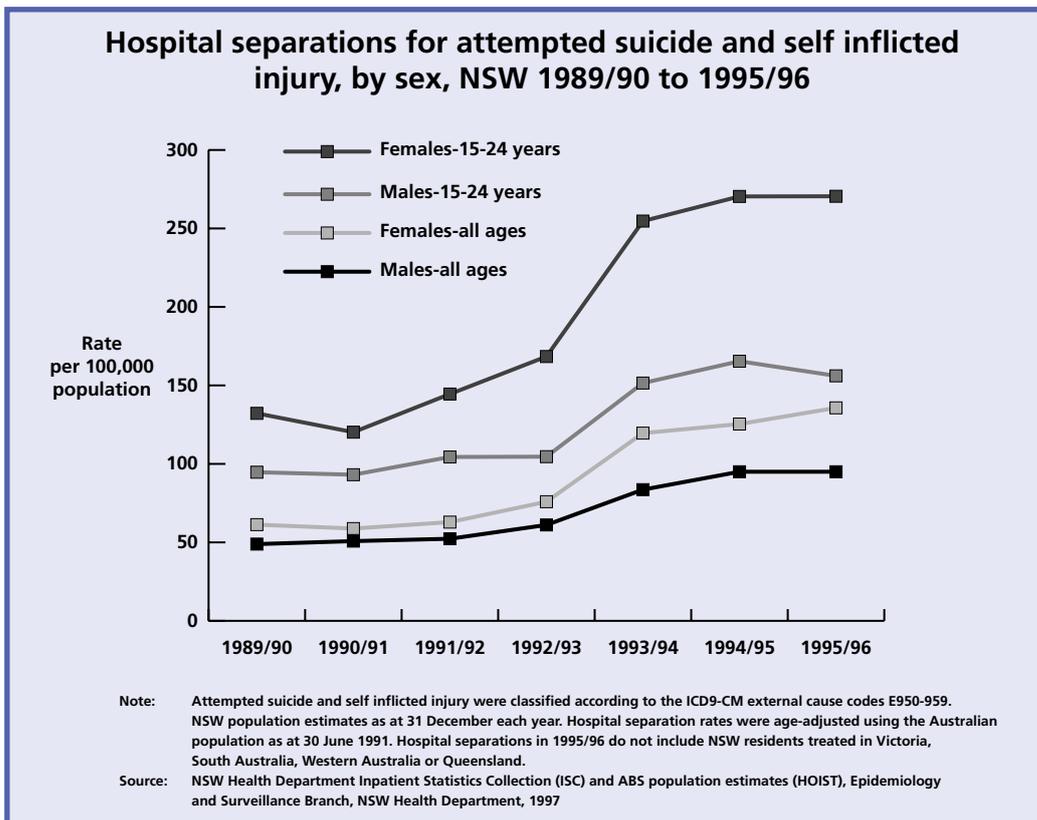
Statewide and Area Year 2000 project teams have been established and awareness, business risk analysis and rectification planning project phases completed. Over 10,000 items of medical equipment from some 1,500 suppliers have been assessed for Year 2000 compliance. Reference groups have been established to enable collaboration between hospitals and Area Health Services for equipment testing.

Expansion of Department's NSW HealthNet and NSW HealthWeb

The NSW HealthNet (the Department's intranet site) and NSW HealthWeb (the Department's internet site) have been extended with over 6,000 documents accessible and over 12,000 HealthWeb users per month.

Completion of Prince of Wales Hospital redevelopment

The five year program of redevelopment of the Prince of Wales Hospital, Randwick, including the new Royal Hospital for Women, Sydney Children's Hospital and Prince of Wales Private Hospital has been completed with total public investment exceeding \$200 million. The Randwick Campus is now one of the largest integrated hospital complexes in Australia.



Completion of Canterbury Hospital redevelopment

The new 208 bed Canterbury Hospital was completed within Central Sydney Area Health Service, including a new home for Tresillian early childhood and mothercraft, and an integrated community health service at a cost of \$79 million.

Completion of Stage 1 Illawarra

Stage 1 of the redevelopment of the Illawarra Health Service at Wollongong and Shoalhaven Hospitals, has been completed at a cost of \$50 million. Stage 1 included a new Clinical Services Building, paediatric and surgical beds at Wollongong Hospital. Importantly, the reorganisation of the hospital site greatly improved functionality and community access to services. Planning for Stage 2, the redevelopment of inpatient services was approved in May 1998, and is valued at \$62.5 million.

Implementation of Asset Strategic Planning by Health Services

The first round of Asset Strategic Planning by all Health Services, has been implemented creating an information base. This enables detailed planning for a ten year program of asset management and service redevelopment.

Massive Investment Program

Health continued to invest in new and refurbished facilities across NSW. Total program expenditure was \$461 million in 1997/98 and the total program is valued at over \$2.3 billion. Works in progress included rural hospitals and multi purpose services, community health centres, Aboriginal community health posts,

district hospitals and new hospitals in Sydney's West.

NSW Health and the Department of Housing working together

Early in the year, NSW Health and the Department of Housing held a workshop on Working together for People with a Mental Illness. The workshop examined the implementation of the joint Guarantee of Service between Health and Housing. The service agreement outlines the development of a statewide strategic framework on housing and supported accommodation for people seriously affected by mental illness.

1997 Healthy Hospital Awards

The Healthy Hospital Awards are presented each year in recognition of outstanding achievements in health improvement. The winners were:

Health in the Community Award

Mid North Coast Area Health Service Aboriginal Cultural Awareness Training Program "Bridging the Gap".

Commendation: Springwood Hospital "Bike Right" and "Getting it covered".

Environmental Health Award

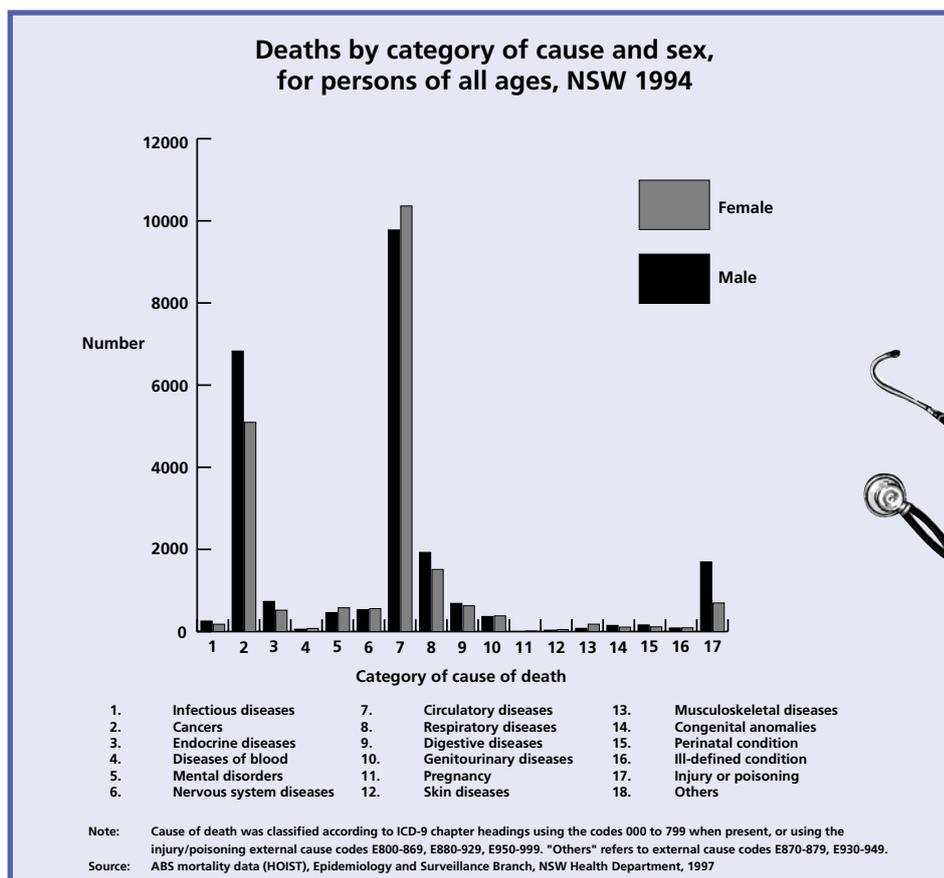
Gladesville Macquarie Hospital "Waste Watchers" Commendation: Northern Sydney Area Health Service "Environment Management System".

Patient Care Award

Bankstown Health Service "Ambulatory Care Unit" Commendations: Goulburn Base Hospital "Innovative Cramp Management" and Illawarra Regional Hospital (Port Kembla Campus) "After Hours Call Out Service".

Staff Health Award

Bankstown Health Service "Manual Handling"



Commendations: Cumberland Hospital "Critical Incident Stress Management" and Central Coast Area Health Service "Winter Weight Loss Competition".

Organisational Development Award

Blue Mountains District Health Service

Commendations: Nepean Health, Cooma Health Service and Ryde Hospital and Community Health Services.

The Premier's Public Sector Awards for 1997

Winners from the health sector included:

Royal Newcastle Hospital - Category 1 - Achievements that make a significant contribution to the economy and/or the environment of NSW - for their Waste Management and Reduction in Carbon Dioxide Emission Program.

Hunter Area Health Service - Pathology Service - **Category 2 for Achievements that make a significant improvement to service outcomes (including to regional and rural NSW).**

Joint winners in the *Sub Category - Direct Service Delivery* were **Department of School Education, Department of Health and Department of Community Services** for the Inter-Agency Schools and Community Centres Project. South Western Sydney Area Health Service received a highly commended for The Lidcombe Program. *Commended* went to Department of Public Works and Services and NSW Health for the Nepean Project and Royal Alexandra Hospital for Children for Rehabilitation of the Child with and Acquired Brain Injury.

United Dental Hospital Upgrade

In August a new \$500,000 Children's and Community Health Dentistry Unit was opened at the United Dental Hospital. The Unit will benefit thousands of children and disadvantaged residents across Sydney, providing new facilities and services that will give better care and protection to patients. The United Dental Hospital treats around 1000 patients each day,

and provides an extensive public dental treatment and statewide referral service. The Children's Department treats more than 12,000 children each year through internal and outreach services.

Heart Surgery for Sydney's South West

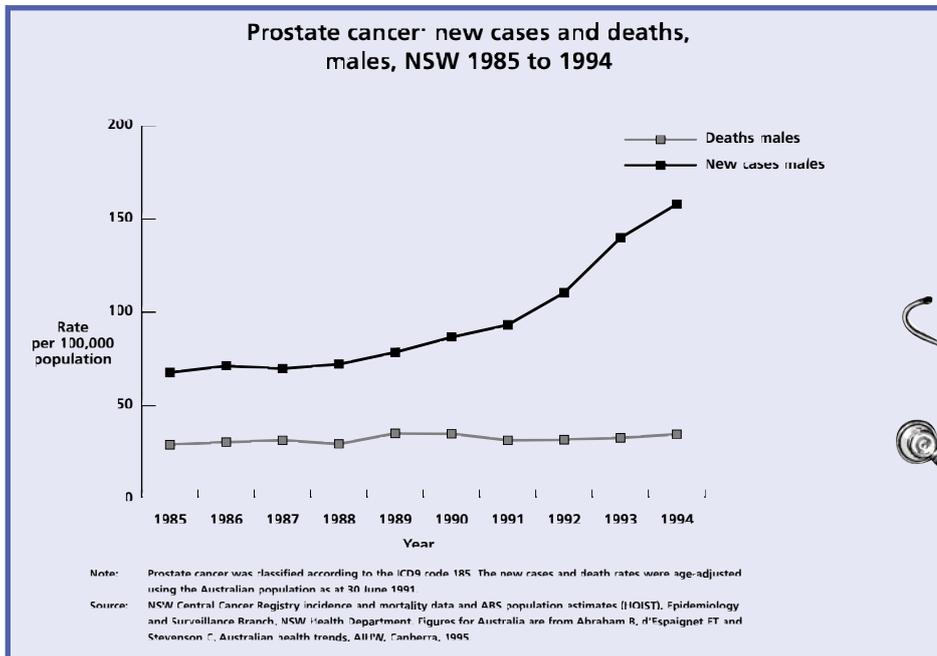
Heart surgery is now available at Liverpool Hospital with its state-of-the-art Cardiothoracic Department a feature of the new Liverpool Hospital Clinical Services Building opened in July. There will be some 400 operations performed in the first year, increasing to 1,000 operations per year thereafter. Residents of the south west no longer need to transfer to inner city hospitals for surgery, resulting in less distress for patients and inconvenience for families and friends having to travel long distances to visit loved ones.

Research to Protect Children from Asthma

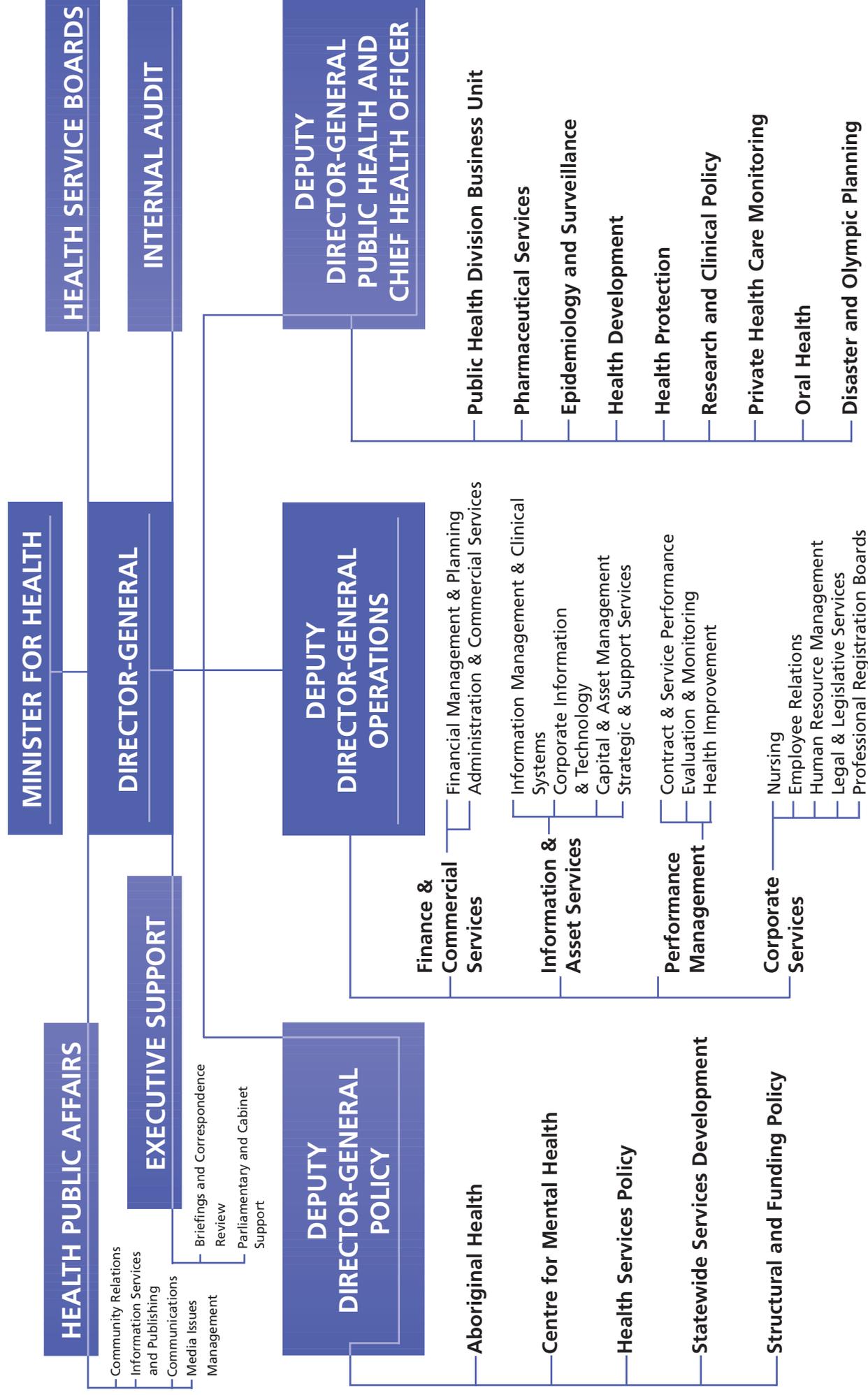
The State Government provided \$316,000 in funding for a new study into the causes of asthma in early childhood, backed by a \$380,000 grant from the National Health and Medical Research Council. New-born babies are central to this important new study with expectant mothers, who have a family history of asthma, being asked to allow their new babies to be involved. The research focuses on effects on potential asthmatics of the house dust mite, common in many Sydney homes, and two food oil supplements which will be investigated for their potential benefits in preventing asthma. Scientists at the New Children's Hospital, Westmead Hospital, Liverpool Hospital and the Institute of Respiratory Medicine at the University of Sydney are conducting the research.

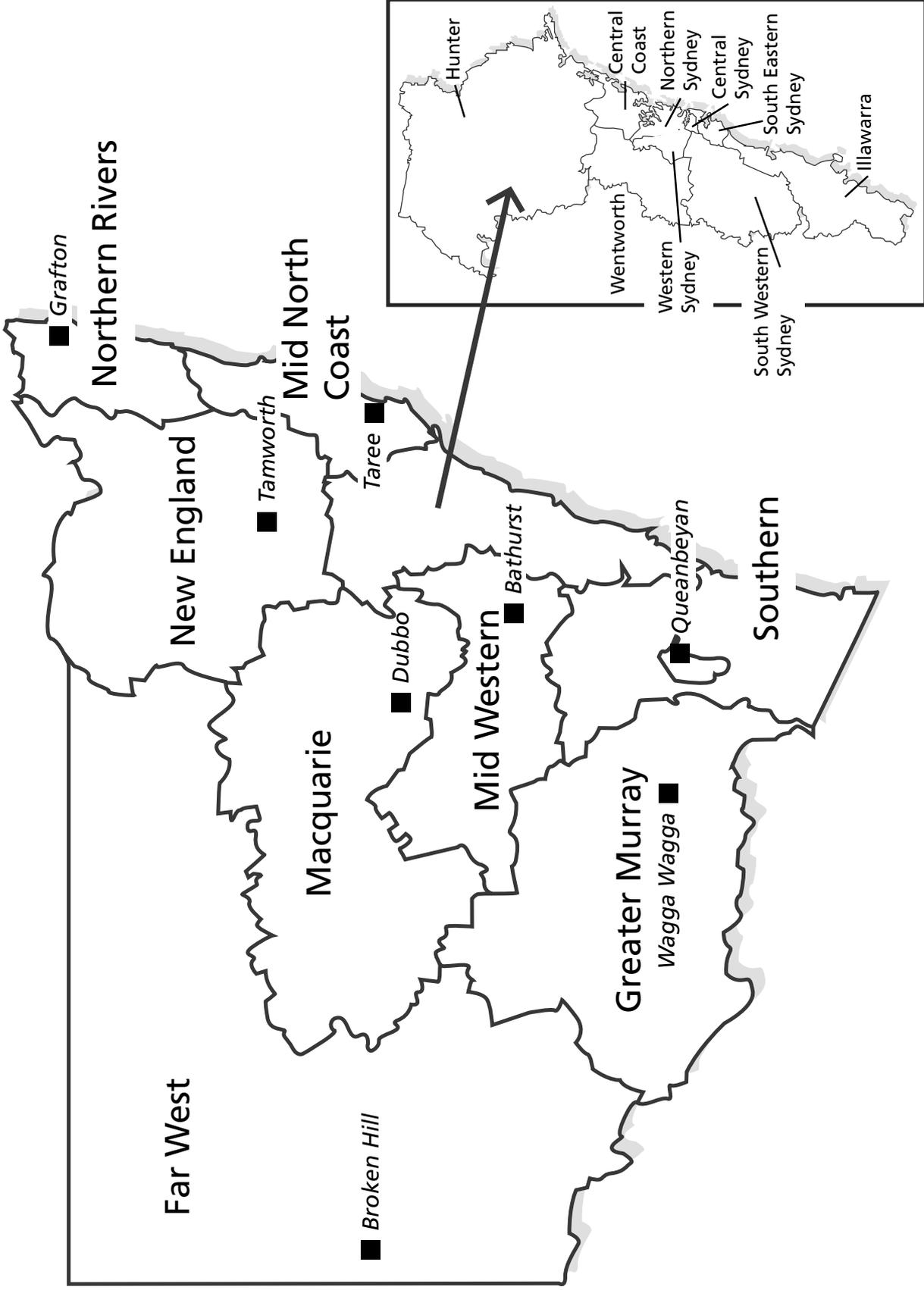
New Paediatric Emergency Unit

In September the Minister opened the new Children's Emergency Unit at Royal North Shore Hospital. The purpose-built unit will provide the highest quality emergency care for the children of Northern Sydney. The unit is Stage One of an \$11.7 million plan to improve children's health facilities at Royal North Shore.



Organisational Chart





KEY FOCUS AREA	OBJECTIVES
Improve health through improving the effectiveness and quality of health care delivery	In a climate of rising community expectations and health costs, there is a need to identify and adopt a more systematic approach to improving the effectiveness and the quality of health care available to the people of NSW. The Department will continue to develop clinical guidelines and better practice models to improve the effectiveness of health care delivery in the key priority areas of cancer, injury, coronary heart disease, mental health, diabetes and asthma.
Improve Aboriginal health	Aboriginal people have significantly poorer health than the population as a whole. Deficiencies in the health status of this group need to be addressed by focussing on their particular needs. Ensuring equitable access to appropriate services is a key element in improving the health status of Aboriginal people. The Department will work in cooperation with Aboriginal groups and health services to develop policies and programs to raise the health status of Aboriginal people.
Improve mental health	Mental illness is a widespread cause of morbidity. For example, approximately one in five adults will have a major mental disorder at some time in their lives which affects their emotional, relational or cognitive abilities. The Department will increase the focus on prevention of mental illness, targeting in particular Aboriginal and Torres Strait Islander people, children and young people.
Improve access to services and integration of services	People from lower socio-economic backgrounds, Aboriginal people, some ethnic groups and people with disabilities generally have poorer health than the population as a whole. Ensuring equitable access to appropriate services is a key element in improving the health status of these people. The Department will ensure health resources are provided where the need is greatest.
Ensure health resources are used efficiently	In order for NSW Health to improve health and promote equity of access, limited health resources need to be used to maximum efficiency. The Department will continue to develop economic initiatives including structural reforms, casemix budgeting, bench marking and networking of support services, renegotiate the Medicare Agreement and work towards improvements of Commonwealth/State financial relationships.
Create an informed community	An important strategy for both improving the health status of the community and ensuring operational effectiveness is to increase individual and community understanding of health care options and associated costs, risks and benefits. Effective community consultation and involvement of consumers in decision making can potentially enhance health service quality and outcomes. The Department will continue to improve methods to inform the community about health, health issues and health services.
Improve resource and performance management	The effective implementation of NSW Health policies and acceptable performance by Health Services are critical for meeting NSW Health's objectives. The Department will negotiate Performance Agreements with Area Health Services and Statewide Services to provide an effective basis for policy implementation and performance evaluation.
Improve quality management to all services in the Department	Quality is a relevant concept for the whole health system; promotion of quality management develops a continuous improvement culture. The Department will continue to implement Continuous Quality Improvement training.
Strategic workforce issues	In order to provide health services on an equitable basis to people throughout NSW an adequate, appropriate and well-balanced health workforce is essential. Professional roles need to be reviewed on an ongoing basis and industrial issues systematically addressed. The Department will implement systematic human resource and industrial strategies across the NSW Health system particularly in the areas of rural workforce, medical and specialty workforce, and nurse practitioners.

SIGNIFICANT ACHIEVEMENTS

Developed the Strategic Directions Statement for the Health System. Launched the skin cancer campaign for 0-11 year olds. Prepared the consumer Cancer Information Strategy. Developed and distributed policies and standards for cardiac rehabilitation and stroke. Prepared General Practitioner and consumer guidelines on asthma and NSW Acute Asthma Management Guidelines. Finalised 1998 Report on the Health Status of the People of NSW. Prepared guidelines on best practice in injury prevention. Distributed the Physical Activity Strategic Plan 1997-2002. Launched the Active Australia Campaign. Prepared policies and procedures to reduce tobacco related harm.

Developed protocols for operation of the partnership and delineated roles, responsibilities and obligations at local and Statewide levels. Conducted the Public Health Officer Training Program for Aboriginal people. Implemented a Statewide program to improve reporting of Aboriginal and Torres Strait Islander status in the NSW Health system. Completion of Aboriginal Employment Strategy, NSW Aboriginal Mental Health Policy, Aboriginal Environment Health Project, NSW Otitis Media Strategic Plan for Aboriginal Children and Aboriginal Health Policy. Partnership endorsement of the NSW Aboriginal Health Policy.

Released Caring for Mental Health, the Framework for Mental Health Services. Developed policies for children and adolescents and Aboriginal mental health. Developed evidence based protocols for schizophrenia, bipolar disorder, depression in children and adolescents, major depressive disorder, early psychosis and, mental health assessment and outcome measurement. Finalised the Strategy for Suicide Prevention in NSW. Developed protocols for the management of suicide risk in mental health clients and protocols for 24-hour linkages between emergency departments and mental health services.

Developed Physical and Emotional Abuse and Neglect of Children services in all Area Health Services in compliance with interagency guidelines. Implemented NSW Health responsibilities under the NSW Action Plan on Dementia, completed Review of Program of Appliances for Disabled People (PADP). Development of Men's Health Strategy, NSW Healthy Ageing Policy Framework, and of a Memorandum of Understanding in relation to joint investigation of Child Abuse with NSW Police Service and NSW Department of Community Services.

Refined cost benchmarks for peer hospitals and developed a strategy for achieving benchmarks. Released Framework for improved delivery of day surgery services in NSW. Completed roll-out of Human Resources Information System. Networking reforms for commercial, pathology and linen services

Continued development of the World Wide Web and the NSW Health system wide HealthNet and HealthWeb with health information services. Expanded enterprise e-mail across Health and Community Services sector. Provided an orientation program for Area Health Board members. Health Councils were established in the eight rural Area Health Services following extensive consultation with local communities. Policy Development Guidelines were produced which identify consulting a range of organisations and individuals as an important part of the policy development process. Training was provided for Freedom of Information Coordinators.

Finalised the signing of the 1997/98 Performance Agreements for Health Services. Established a framework for the regular monitoring and evaluation of Health Services to the Executive and Senior Executive Forum. Monitored and controlled the 1997/98 Health Budget through allocation of State Budget; Estimates Committee; issuing of allocation letters and monitoring of expenditure, to include core cost reduction strategies, budget targets, or revenue initiatives. Implemented revenue initiatives to realise maximum revenue receipts through better monitoring and revised policies. Finalised Asset Management Steering Committee Benchmarks and implemented monitoring process. Asset Performance Benchmarking System developed and introduced.

Improved leadership and staff feedback trends in relevant categories measured by the Guided Self Assessment (GSA). In consultation with Unions, produced a Performance Planning Development Program and conducted training. The Ministerial Advisory Committee Quality in Health Care presented its first report on its activities to the Minister for Health in December 1997. The Committee reviewed quality across the state and recommendations are being implemented.

Addressed outstanding issues, including productivity savings, arising from 1996/97 industrial negotiations. Produced an implementation timetable including negotiations with relevant unions. Completed profile on Medical Workforce in NSW, development of Workforce Planning Strategy for recruitment and retention of Rural Health staff and development of the Nurse Practitioner Framework. Established toll free advice line for rural GPs, funded allied health rural placements and created two Professional Chairs of Nursing in rural and remote Nursing.

SENIOR EXECUTIVE OF NSW Health

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The NSW Health Senior Executive comprises the Director-General, Deputy Director-General Operations, Deputy Director-General Policy, Deputy Director-General Public Health and Chief Health Officer, the Director of Health Public Affairs and the Director of the Executive Support Unit.

Director-General

Michael Reid BEc

Mr Michael Reid was appointed Director-General on 26 March 1997. Michael has an extensive background in health sector policy, planning and administration. Since his appointment he has devised a more streamlined structure for top management, introducing three Deputy Directors-General on 1 July 1998. Michael was instrumental in involving all staff in the development of Strategic Directions for Health 1998-2003.

Deputy Director-General, Operations

Robert McGregor BHA

Mr Bob McGregor returned to the Department after serving almost two years as Chief Executive Officer of the Ambulance Service of NSW. Bob has extensive experience at senior management level in the NSW public sector, having occupied four chief executive officer positions in the past ten years. Prior to that, Bob had twenty-five years experience in public health service management.

Deputy Director-General, Policy

Tim Smyth MB BS, LLB, MBA, FRACMA

Dr Tim Smyth was appointed as Deputy Director-General Policy of NSW Health Department in July 1997, following six years as Chief Executive Officer of the Hunter Area Health Service. He has degrees in Medicine, Law and Business Administration. He has worked in a variety of clinical and managerial roles in the NSW Health system since graduating in Medicine in 1977. Tim has a strong interest and expertise in a range of areas, including health system reform, intersectoral approaches to improving services for children with special needs, mental health and strategic planning.

Deputy Director-General, Public Health and Chief Health Officer

Andrew Wilson BMed Sci, MB BS, FRACP, FFAPHM, PhD

Dr Andrew Wilson has a background in clinical epidemiology and public health medicine, with research interests in the aetiology and prevention of chronic disease and the evaluation of health services. In addition to directing policy, planning and operational aspects of all areas of public health, his portfolio responsibilities include the NSW Health outcomes initiative and, research policy and funding.

Director, Health Public Affairs

Deborah Hyland BHA, RN, RM

Ms Deborah Hyland has been with the Department for seven years. Deborah is a registered nurse and midwife, holding a Bachelor of Health Administration from the University of NSW. She is responsible for media management, community relations, information services, and communications co-ordination across NSW Health. Deborah is also responsible for Ministerial Liaison for the Director-General in matters requiring whole of Department action.

Director, Executive Support Unit

Rosemary Milkins MA, BA, Dip Ed, MACE

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

The history of the **NSW public hospital system began in 1788**, with the establishment of The Colonial Medical

Service, essentially a hospital medical service for convicts. When the transportation of convicts to NSW ceased in 1841, convict hospitals were progressively handed over to civilian control. While the Government exercised little control over their operations, it did provide some financial assistance.

Public health administration commenced in the 1850s, and was concerned with sanitation and infectious diseases. The first Board of Health was established in 1881 in NSW, as a specific response to the smallpox epidemic. The first Public Health Act was introduced in NSW in 1896.

The 1929 Public Hospitals Act was a further milestone in the history of public health services. It brought the regulation and quality assurance of hospitals under Government control. The Act also established the Hospitals' Commission of NSW, which operated separately from the Board of Health. The separation of these functions continued until the establishment of the NSW Health Commission in 1973, which brought State psychiatric hospitals, community health services and public health programs under the same body as that responsible for public hospitals. Developments in service provision during the 1960s led to recognition of the need to integrate hospital care with public and community health.

Decentralisation of the administration of health also commenced at this time, with regional offices of the Commission being established throughout the State.

The establishment of the NSW Health Department, under the **Health Administration Act in 1982**, was designed to create a simpler, more efficient organisational structure, able to meet the changing needs of the community.

Area Health Boards were first established in the Sydney, Newcastle and Wollongong regions of the State in 1986. Area Health Boards replaced a large number of individual hospital boards and enabled a greater degree of autonomy and authority to be transferred to the local administration. To further this process, the number of Area Health Services was reduced from 23 to 10 in 1988. In 1995, Eastern Sydney and Southern Sydney Area Health Services were amalgamated to form the new South Eastern Sydney Area Health Service, reducing the number of metropolitan Area Health Services to nine.

The six country health regions continued with their previous structure until 1993, when they were expanded into 23 District Health Services, which were

originally established to replace 137 separate public hospital administrations and six Regional Offices of the NSW Health Department. Administrative savings were redirected to areas of patient care in country NSW.

In March 1996, eight Rural Health Services were formed to replace the 23 District Health Services. The introduction of the eight Rural Health Services allowed for better population health planning and increased the status of rural health administration.

On 1 July 1998, the Health Services Act 1997 came into effect. The Act repeals and replaces the Public Hospitals Act 1929 and the Area Health Services Act 1986. It consolidates the provisions of the former Acts and introduces a number of new provisions for a modern health care system. The new Act gives statutory recognition to the important role of health promotion and education, community health and environmental health services. Area Health Services have a responsibility for promoting and improving the health of the population in addition to providing treatment services. Rural Health Services now have the same status as Metropolitan Area Health Services and their corporate names now have the word "area" before "health service".

From the Chief Health Officer's Report - Health of the People of NSW (1997)

Demography

In 1996, approximately half the NSW population was aged 35 years or over. In that year, just over 21 per cent of the NSW population spoke a language other than English at home.

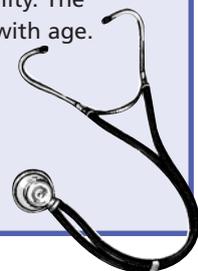
Health of mothers and babies

In 1995, almost 88,000 births were registered in NSW. Between 1986 and 1995, the crude birth rate fell from 15.4 to 14.2 per 1,000 population, and the median age of mothers giving birth increased from 28.3 to 29.1 years. Deaths from sudden infant death syndrome (SIDS) in NSW have decreased by around two-thirds over the past 10 years, from 205 in 1986 to 72 in 1995.

Disability and self-assessed health

In 1995, fair or poor health was reported with similar frequency by both men (17.5%) and women (17.3%). The quality of self-reported health declined with age. In 1993, more than one million NSW residents had a disability. The prevalence of disability increased with age.

Full report available at www.health.nsw.gov.au



ABOUT NSW HEALTH

The NSW Health Department is located at 73 Miller Street, North Sydney with sites at Foveaux Street, Sydney and the Gladesville Hospital site. The Honourable Dr Andrew Refshauge MP is Deputy Premier, Minister for Health and Minister for Aboriginal Affairs. The Director-General of NSW Health is Mr Michael Reid.

The Department is administered through:

Policy

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

Operations

- Corporate Services
- Finance and Commercial Services
- Information and Asset Services
- Performance Management

Public Health and Chief Health Officer

- Centre for Clinical Policy and Practice
- Centre for Disease Prevention & Health Promotion
- Centre for Research and Development

Health Public Affairs

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

Executive Support Unit

Internal Audit

The following roles have been defined for the Department, Area Health Services and other Health Service Providers:

The Department's role is to:

- provide legislative support to the Minister;
- provide advice and support to the Minister;
- identify broad health priorities to be targeted;
- determine health service and program policy;
- manage the long-term health care strategy over at least a 20 year period;
- act as the financier of the principal source of funds, through negotiations with central agencies and the Commonwealth;
- coordinate the major capital works program;
- allocate the majority of funds to Area Health Services;

- negotiate, hold, and manage the contracts with Area Health Services and some Statewide Services;
- monitor and review contract performance;
- monitor the overall effectiveness of contracts towards health outcomes and priorities;
- ensure Area Health Services and Statewide Service providers are accountable for their performance and effectiveness;
- be accountable to the people, through the Minister and Parliament, for their role; and
- ensure that staff in the health system are provided with a safe, healthy and discrimination free workplace.

Area Health Services

As of 1 July 1998, Area Health Services in NSW are administered under the Health Services Act 1997. The Health Services Act 1997 repeals and replaces the Public Hospitals Act 1929 and the Area Health Services Act 1986. The Health Services Act 1997 consolidates the provisions of the former acts and introduces a number of new provisions for a modern health care system.

There are nine Metropolitan Area Health Services and eight Rural Area Health Services. Each Area is responsible for the health of its local community and for managing all public hospitals and community health services located within its boundaries, with the exception of the Royal Alexandra Hospital for Children (The New Children's Hospital), the NSW Ambulance Service and the Corrections Health Service.

Area Health Service roles include:

- implementing Government policy;
- determining the conditions of service delivery, quantity, quality, price and location;
- assessing each community's health status;
- ensuring communities are involved in making choices about their health services;
- researching what health gains are needed in each community's population;
- negotiating and setting contracts with provider organisations which focus on access to, as well as delivery of service; and
- monitoring the appropriateness of the care and interventions being provided.

Statutory Health Corporations

Prior to the introduction of the Health Services Act 1997, Statutory Health Corporations were known as Second Schedule institutions and these included the Royal Alexandra Hospital for Children, Corrections Health Service and Stewart House Preventorium, Curl Curl. They are now called Statutory Health Corporations and their boards are called Health Corporation Boards.

Affiliated Health Organisations

Up until 1 July 1998, Affiliated Health Organisations were known as Third and Fourth Schedule organisations and institutions. The organisations which run these establishments and services are now known as Affiliated Health Organisations and continue to be formally recognised as part of the NSW Public Health System.

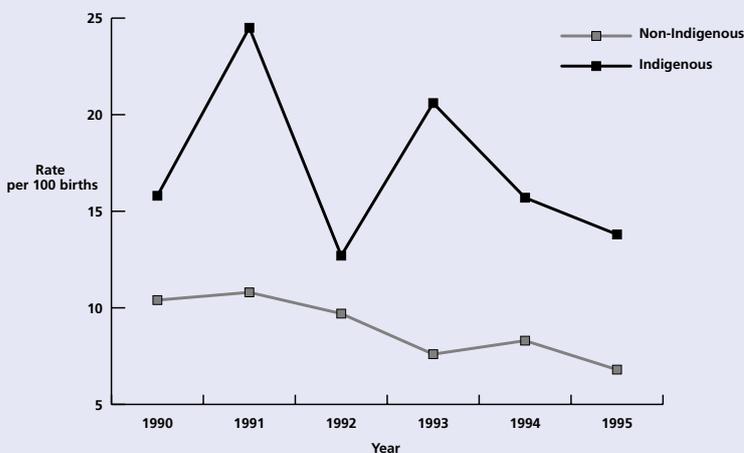
Private Hospitals and Nursing Homes

The Director-General has responsibility for regulating the activities and standards of private hospitals, and nursing homes. Private hospitals and nursing homes must be licensed and comply with the Private Hospitals and Day Procedures Act 1988, or the Nursing Homes Act 1988. Buildings, standards and conduct must comply with regulations.

Public and Private Health Service Providers' Role

- to deliver on the price, volume and quality under performance agreements negotiated with Area Health Services;
- to develop services and packages of care that will attract patients, their providers and encourage Area Health Services to buy those services;
- to market those services to the community and providers;
- to be accountable for delivery of business plans, in particular, financial accountability; and
- to demonstrate commitment to appropriate human resource strategies and policies which ensure the retention and attraction of high quality staff.

**Premature births,
by mother's indigenous status, NSW 1990 to 1995**



Note: Deaths within 28 days of birth were classified as perinatal deaths. Infants with birth-weight of 500 grams or more or, if birth-weight was unknown, of a least 22 weeks' gestation, were included. Births for which mother's indigenous status was missing were classified as non-indigenous.

Source: NSW Midwives Data Collection and ABS perinatal mortality data (HOIST), Epidemiology and Surveillance Branch, NSW Health Department, 1997

From the Chief Health Officer's Report - the Health of the People of NSW 1997



Socioeconomic status and health

In the period 1990 to 1994, the NSW local government areas with the lowest socioeconomic status (SES) had the highest rates of premature death and hospitalisation. The association between low SES and premature death was observed for a range of causes, including cardiovascular diseases, injury and poisoning, respiratory diseases, lung cancer and cervical cancer. Premature deaths from breast cancer, prostate cancer and colorectal cancer showed virtually no correlation with SES.

Cardiovascular diseases

Coronary heart disease (CHD) caused 10,900 deaths (24% of all deaths) in NSW in 1994 and stroke caused 4,820 deaths (11% of all deaths). The recent decline in death rates from cardiovascular diseases has been accompanied by increases in hospitalisations for these conditions: hospitalisations for CHD have increased by 44 per cent in the past seven years, while hospitalisations for stroke have increased by 12 per cent.

Diabetes mellitus

In 1994, 5 per cent of NSW adults reported being told by a doctor or nurse that they had high blood sugar or diabetes. Prevalence increased with age, to around 10 per cent for people aged 65 years or over. Deaths recorded as due to diabetes have been relatively stable in NSW in recent years, but diabetes may be a contributory risk factor in many deaths ascribed to cardiovascular diseases.

Full report available at www.health.nsw.gov.au

HOW WE PERFORMED

Summary

In 1997/98, the NSW Health system reported record numbers of patients treated and achievements by Health Services were generally in excess of targets set for the year. Performance with respect to inpatients improved, with decreases in patients' length of stay and increases in caseflow rates and bed occupancy.

Enhancement funding was allocated to the NSW Health system to enable Health Services to provide additional services to the community and to improve the management of booked and emergency patients.

Emergency Departments treated significantly more patients this year and waiting times for the most urgent emergency patients improved.

Urgent and high priority booked patients waiting more than thirty days and non-urgent patients waiting a long time (more than twelve months) were the key focus in booked patient management during 1997/98. Health Services improved performance significantly with respect to the former group and also reported reductions in the number of long-wait booked patients.

General Activity Enhancements

During 1997/98, Health Services received enhancement monies to fund additional activity as well as capital, equipment and teaching and research projects. There were also allocations for the Mental Health – Burdekin enhancement program. Targets for admissions, non-admitted patient services or particular milestones were agreed for these projects.

By the end of the year the number of admissions for the enhancement projects was 2.3 per cent above the 1997/98 target, while the number of non-admitted patient services was 15 per cent below target. 89 per cent of the project milestones had been achieved.

Total Activity Admissions

Full year targets for the number of admissions to public hospitals were negotiated with Health Services at the beginning of the 1997/98 financial year. The number of people admitted to public hospitals in 1997/98 (more than 1.3 million) was over 30,000 or 2.3 per cent higher than in 1996/97. This is a record high. The number of patients admitted and discharged on the same day increased by 6.4 per cent.

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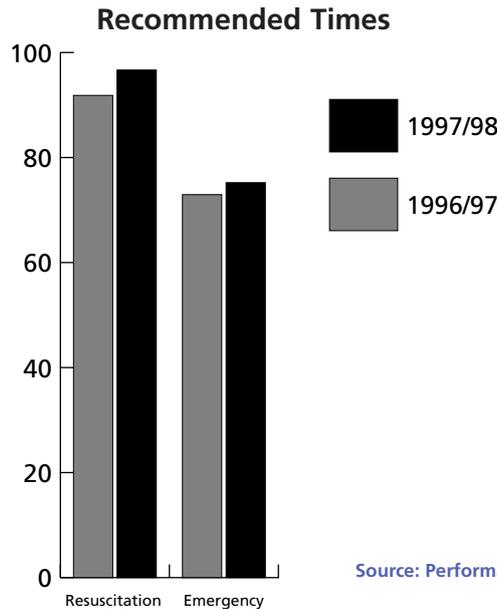
Table 1: Summary of Indicators for the NSW Public Hospital System 1997/98

Indicators	1997/98 Result*	% Change over 1996/97
Accessibility		
Total admissions	1,346,000	2.3% (increase)
Same day admissions	521,000	6.4% (increase)
Non-admitted patient occasions of service	21,868,000	3.3% (increase)
Total Emergency Department attendances	1,716 239	7.5% (increase)
Number of patients waiting >30 days	1,305	-58.2% (decrease)
Number of patients waiting >12 months	3,361	-10% (decrease)
Resuscitation patients treated in 2 mins (%)	97	5% (increase)
Emergency patients treated in 10 mins (%)	75	2% (increase)
Efficiency		
Caseflow rate (admissions per bed)	57.7	4.6% (increase)
Bed occupancy rate (%)	83.8	1.0% (increase)
Length of stay (days, including same day cases)	5.2	- 3.5% (decrease)
Length of stay (days, excluding same day cases)	7.9	- 2.5% (decrease)

*The numbers are rounded.

Source: DOHRS as at 18/8/98

Percent of Resuscitation and Emergency patients seen within National Triage Scale



Non-Admitted Patients

Non-admitted patient services, which include outpatient dental services and community health services, increased by 719,000 or 3.4 per cent. As for admissions, full year targets were negotiated with Health Services for the number of non-admitted patient services to be provided during 1997/98. These targets were also exceeded. Hospital outpatient services increased by 5.4 per cent while non-admitted patient services provided by Emergency Departments increased by 11.9 per cent.

Inpatient Performance

Caseflow rate (admissions per bed per year), bed occupancy and length of stay all showed improved performance over the previous year. Caseflow rate, at 58 admissions per bed per year, increased by 4.6 per cent. Bed occupancy increased by 1 per cent to 83.8 per cent. The average length of stay decreased by 3.5 per cent to 5.2 days.

Private Sector

Admissions to private hospitals increased by 3 per cent or 16,300 patients compared to 1996/97. This is a slow-down on the previous year's increase, which is almost certainly due to reductions in private health insurance cover among the population. Same day admissions totalled 57 per cent of all private hospital admissions. This is higher than the proportion of same day admissions to public hospitals (39 per cent), reflecting the number of day procedure centres in the private sector and the greater number of more complex and serious conditions treated in the public sector. Admissions to private hospitals totalled 29.8 per cent of all (public and private) hospital admissions during 1997/98, a small increase over the 1996/97 figure of 29.6 per cent.

Integrated Bed Management Emergency Department Treatment

In NSW, all people presenting to an emergency department are identified according to urgency. The most urgent cases are treated immediately. The Emergency Department is often the primary contact people have with a Health Service and NSW Public Hospital Emergency Departments provided 1,716,239 occasions of service during 1997/98.

The number of patients attending Emergency Departments of hospitals in NSW increased by around 4 per cent compared to 1996/97, while the number of occasions of service increased by 303,600 or 11.9 per cent.

Waiting times for the most urgent groups of patients (resuscitation and emergency) improved this year, with the majority of hospitals reporting high proportions of patients seen within the required time for their condition.

The Winter Strategy

During the winter months, hospitals usually experience an increase in demand for treatment and admission for respiratory and other winter-related illnesses. The majority of these patients present to Emergency Departments, but the issue is a hospital-wide one, as almost one quarter of these patients require admission to a ward. Health Services have put in place strategies to cope with this influx by opening additional medical beds and putting on extra staff during the winter months and rescheduling some elective surgery to the warmer months of the year.

During the 1998 winter, over 270 inpatient beds were opened in NSW hospitals, extra staff were rostered and the coordination of booked and emergency patients was reviewed. The speed with which the more urgent patients were treated in Emergency Departments in winter improved in 1998 and to the end of August. There were almost 25% fewer hours of restricted access to Emergency Departments than in 1997.

Booked Patient Access

Health Services worked towards achieving agreed targets for improving booked patient management and access during 1997/98. Performance against targets for urgent and high priority patients waiting over 30 days improved significantly during the year, with the number of patients waiting over 30 days decreasing from 3,123 (or 36.1 per cent) in June 1997 to 1,305 in June 1998 (or 19.6 per cent). The June 1998 level is the best performance since November 1995.

Performance against targets for non-urgent patients waiting over 12 months also improved, with the numbers decreasing from 3,735 (or 6.7 per cent) in June 1997 to 3,361 (or 5.8 per cent) in June 1998.

Health Services achieved 100 per cent of 1997/98 targets for not delaying (rescheduling) patients and 98 per cent of targets for percentage of booked surgery performed as same-day surgery, reporting 52 per cent same-day surgery at the end of June.



From the Chief Health Officer's Report - Health of the People of NSW (1997)

Illness

In 1995, the recent health conditions most commonly reported by NSW residents were headache, arthritis, high blood pressure, asthma and common cold, while the long-term health conditions most commonly reported were vision problems, arthritis, hay fever, asthma, high blood pressure, sinusitis and deafness. In 1995/96, respiratory diseases, diseases of the gastrointestinal system and cardiovascular diseases were the most common causes of hospitalisation in those aged 0-14 years, 14-65 years and 65+ years respectively (excluding pregnancy-related admissions).

Life expectancy

Between 1985 and 1994, life expectancy at birth in NSW increased steadily, from 72.2 to 75.1 years for males and from 78.8 to 80.9 years for females.

Full report available at www.health.nsw.gov.au

Table 2: NSW Health Budget 1988/89 to 1997/98

State Government Contribution from Consolidated Fund (\$M)					
Year	Recurrent	Capital	Total	Increase	%
1988/89	3,037	42	3,079		
1989/90	3,436	39	3,475	396	12.9
1990/91	3,694	41	3,735	260	7.5
1991/92	3,685	283	3,968	233	6.2
1992/93	3,734	296	4,030	62	1.6
1993/94	3,786	315	4,101	71	1.8
1994/95	3,852	386	4,238	137	3.3
1995/96	4,254	380	4,634	396	9.3
1996/97	4,563	356	4,919	285	6.2
1997/98	4,934	294	5,228	309	6.3

Source: Finance and Commercial Services Division, 1998

Aims and Objectives

The Public Health Division's purpose is to improve health for the people of NSW by adding years to life and quality life to years.

The Division comprises three centres and the office of the Chief Health Officer. It has approximately 200 staff located at North Sydney and Gladesville.

Office of the Chief Health Officer has a co-ordination role across the Division and has three components. The administration and finance component co-ordinates administrative and financial issues impacting on the Division as a whole. The Disaster Planning Unit has responsibility for effective health service planning, co-ordination and management of the overall health service response to a major incident or disaster in NSW. This is achieved through the dissemination and updating of the health services disaster plan (Health Plan), supporting training and co-ordinating operations when the plan is activated. The Olympic Planning Unit has been set up to assess health service requirements and to co-ordinate strategic and operational planning to support the Sydney 2000 Olympic and Paraolympic Games.

Centre for Disease Prevention and Health

Promotion aims to improve health through measures which prevent disease and/or modify its determinants. It encompasses disease prevention measures embodied in legislation and the application of public health approaches to the control of non-infectious diseases which are now the predominant cause of illness and premature death in Australia. There are 10 policy teams reflecting the major areas of risk: environmental health, drug treatment, tobacco, alcohol, illicit drugs, AIDS and infectious diseases, dental health, food and nutrition, injury and sun exposure/physical activity in addition to health promotion strategies unit, risk analysis unit and a Centre Secretariat.

Centre for Clinical Policy and Practice aims to improve the quality and effectiveness of clinical care and to provide relevant and timely advice on clinical care issues. The Centre has three branches: Clinical Effectiveness Branch promoting an evidence-based approach to clinical policy and practice; Pharmaceutical Services Branch ensuring the quality use of medicines and the safe use of poisons; and Private Health Care Branch ensuring safe, high quality care in private health facilities. The Centre also links with the Australian Coordinating Committee on Organ Registries and Donation (ACCORD).

Centre for Research and Development aims to ensure that the State's investment in research and development generates innovation and knowledge to improve health, and creates opportunities for economic gain. The second goal is to conduct and coordinate epidemiologic surveillance providing comprehensive, up to date information on the health status of the people of NSW, their access to and use of health services, and indicators of the outcomes of programs and clinical practice. In addition, the Centre has specific responsibility for information on public health issues through the NSW Public Health Bulletin and other media, workforce development in public health, through the NSW Public Health Officer Training Program, and links with tertiary institutions providing public health training. The Centre has four components: Research & Development Policy Branch, Epidemiology & Surveillance Branch, Public Health Training & Development Branch and the Australian Agricultural Health Unit.

Key achievements

- Skin Cancer Campaign launched;
- report on Register of NSW Cancer Council Information System;
- report on Surgical Procedures for Breast Cancer;
- Register of NSW Cancer Clinical Data Collection Systems completed;
- first 12 month report on Pilot Diabetes Integrated Care Project complete;
- report published on General Practitioner and Consumer guidelines on Asthma and NSW Acute Asthma Management;
- completed 1997 Health Survey data collection;
- completed report on the effect of pesticides on human health;
- completed guidelines on best practice in falls prevention;
- implemented intersectoral arrangements to prevent injury;
- recommendations of Report on National Farm Injury Data Centre implemented;
- developed Physical Activity Strategic Plan 1998-2002;
- Active Australia Campaign launched;
- Shade Guidelines and Audit Tool substantially developed;
- evaluation report on Broken Hill Lead Remediation completed;
- Water Quality Unit established and Memorandum of Understanding signed with Sydney Water Corporation;
- negotiated Service Agreements with funded organisations;
- strategies to reduce alcohol and tobacco use by Aboriginal and Torres Strait Islander people in NSW implemented;
- commenced pilot injury surveillance project and injury program in an Aboriginal community ;
- Training Program for Aboriginal Environmental Health Officers implemented;

- commenced Public Health Officer Training Program for Aboriginal people;
- completed guidelines for community pharmacists participating in NSW Methadone Program;
- NSW Adult Alcohol Action Plan 1998-2002 launched;
- publication of report "Health of the People of NSW" second edition 1997;
- Post-graduate Public Health scholarships for Aboriginal and Torres Strait Islander people established at University of Newcastle;
- establishment of a Private Health Care Complaints Team and a Licensing Team;
- development of best practice guidelines to improve the nutritional status of target groups;
- commenced revision on policies and procedures for Needle and Syringe Exchange Program;
- Consumer Cancer Information Strategy completed;
- NSW Health Improvement Diabetes Strategy completed;
- Cardiac Rehabilitation Guidelines published;
- tender completed to establish Injury Prevention Research Centre;
- Health Promotion Strategic Plan for Skin Cancer Control 1995-2000 complete;
- establishment of an Aboriginal Public Health position to integrate Aboriginal health promotion issues into mainstream public health programs;
- The Live the Future Library Project is a joint project established by a partnership between the State Library of NSW, AMA and NSW Health to disseminate Alcohol and other Drug Information through public libraries in NSW;
- lead the establishment of the consumer health information forum to coordinate consumer health information initiatives in NSW;
- established a framework of strategies to assist with building the capacity of organisations to promote health;
- funded the development of process and outcome indicators that measure capacity building across a number of scenarios eg. in coalitions, project teams, communities;
- participated in the implementation of the National Food Safety awareness campaign and the development of the evaluation report;
- completion of a Review of Health Promotion Initiatives in Schools in NSW leading to a number of recommendations to achieve better practice in the health system;
- the development and implementation of a Partnership assessment tool to measure and evaluate partnerships that aim to promote health.

Selected Key Activities for 1998/99

- Completion of Arbovirus Green Paper and negotiation with stakeholders for implementation of revised Arbovirus Control Strategy.
- Support International Year of Older Persons through implementation of Phase 2 of the Active Australia Campaign.
- Completion of the Quality Framework for Health.
- Implementation of the Alcohol Abuse and Violence Media Campaign.

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From the Chief Health Officer's Report - the Health of the People of NSW (1997)



Deaths

In 1994, most deaths among children aged 0-14 years were due to perinatal conditions and congenital anomalies. The most important causes of death among people aged 15-64 years were cancer, circulatory diseases and injury and poisoning. Circulatory diseases were the most important causes of death in people aged 65 years and over. In 1994, breast cancer was the single largest cause of potential years of life lost (PYLL) before age 75 in females, followed by ischaemic heart disease, motor vehicle traffic accidents, lung cancer and suicide. Ischaemic heart disease was the single largest cause of PYLL in males, followed by suicide, motor vehicle traffic accidents, lung cancer and colorectal cancer.

Full report available at www.health.nsw.gov.au

Aims and Objectives

The key role of the Policy Division is to develop policies for improving and maintaining health, and to plan for the appropriate distribution of resources to health services. Equitable access, effectiveness, appropriateness and efficiency of health services are key themes which influence the development of all policies and strategic plans. Policy development also follows strong adherence to social justice principles and the advancement of inter-sectoral linkages and coordination of health services with related portfolios, the non-government sector and the Commonwealth.

Aboriginal Health Branch is responsible for managing and promoting the development, implementation, monitoring, evaluation, review and coordination of policies, strategies and programs designed to improve the health status of Aboriginal people. A Partnership Agreement exists between the Minister for Health and the Aboriginal Health Resources Co-operative (AHRC), the peak body for Aboriginal community controlled health services. The AHRC advises the Minister on Aboriginal health policy, strategic planning, and broad resource allocation issues. The Branch also participates in the NSW Aboriginal Health Forum, which aims to: improve access to mainstream and Aboriginal specific health services; improve resource allocation for Aboriginal health; and increase Aboriginal community participation in decision making through joint planning processes.

Statewide Service Development Branch key roles are to develop, manage and coordinate NSW Health Department policy and planning on matters relating to health services which have statewide, cross Area or capital infrastructure implications. Strategies and policy issues relating to specialty services such as organ transplantation, radiotherapy, emergency services, intensive care, and medical retrieval, require a statewide focus and are developed by the Branch. The Branch has responsibility, in conjunction with Capital and Assets Management Branch, for developing the Department's Forward Capital Works Program. In undertaking and fulfilling the roles of the Branch, close liaison with service providers and clinical groups is maintained.

Health Services Policy Branch is responsible for developing strategic policies, innovative service delivery models and programs to ensure improved equity, access and health outcomes for targeted population groups often requiring special advocacy and attention due to their particular health needs. These targeted population groups include women, people from non-English speaking backgrounds, older

people, people with disabilities, children and young people, victims of crime and, people in rural and remote areas. A related objective is the development of policies which give direction to primary and community based services and improve the participation of consumers and communities in health care planning.

The Centre for Mental Health provides leadership in mental health policy development and, in the monitoring of mental health services and outcomes. The Centre aims to improve mental health and well being, lower rates of mental health problems and disorders, lessen disability in relation to mental health and improve quality of life for people with mental disorders. The Regulatory program manages and oversees the Department's responsibilities in relation to the Mental Health Act 1990, administers the forensic patients scheme and assists the Principal Official Visitor to administer the Official Visitors Scheme. The Clinical Policy and Practice program develops policies and protocols related to acute and chronic mental health programs for adults and older people, National Mental Health Standards, and special needs populations such Aboriginal people and those from a non-English speaking background. The Epidemiology and Evaluation program develops epidemiological and service data to support and facilitate the planning and evaluation of the mental health program. The development of prevention, promotion and early intervention initiatives is done by the Prevention program. These include suicide prevention, prevention and early intervention with respect to child and adolescent mental health and prevention programs for adults and older people. The Resources program is responsible for providing financial management support for the mental health program including the provision of financial information and the provision of financial advice on resource distribution and capital planning issues.

Structural and Funding Policy Branch is responsible for a comprehensive and coherent policy framework for the funding and organisation of the NSW Health system. The key objective is to ensure that NSW Health system has funding and structural arrangements in place to facilitate translation of government priorities for the health system into effective strategies, and ensure the system is able to respond to changes in its environment. The Branch manages processes to coordinate economic reforms within the health sector (the Health Economic Reform Committee), determine appropriate targets for distributing resources between Area Health Services (the Resource Distribution Formula), determining benchmarks for assessing the efficiency of health services, and defining and measuring the products of health services using casemix information. The Branch leads and manages strategic relationships with the Commonwealth Government (e.g. in the Australian

Health Care Agreement negotiations), other State and Territory governments, and the private sector.

Key achievements

- launched the NSW Otitis Media Strategic Plan for Aboriginal Children;
- Partnership endorsement of the NSW Aboriginal Health Policy;
- Partnership endorsement of the NSW Aboriginal Family Health Strategy;
- Partnership endorsement of the NSW Aboriginal Health Information Memorandum of Understanding;
- development of the 1998/99 Forward Capital Works Program;
- release of Final Report of the Cancer Care Model Working Party;
- release of Ethical Code Governing the Provision of Genetics Services;
- coordination of the devolution of the home dialysis fluid and equipment program;
- Statewide Services Improvement Program;
- development of a Memorandum of Understanding in relation to joint investigation of child abuse with the NSW Police Service and the NSW Department of Community Services;
- development of response to the Wood Royal Commission Inquiry into Paedophilia and implementation of a number of recommendations;
- development of a training package for health workers in relation to the preparation of legal reports for victims of crime;
- implementation of the NSW Action Plan on Dementia;
- development of the Strengthening Community Health Discussion Paper;
- development of the NSW Healthy Ageing Policy Framework (joint ADD/NSW Health);
- implementation of a cross agency partnership project examining the health needs of Aboriginal women in prison;
- enhancement of the Official Visitors scheme to encompass both hospital and community care and recruitment and training of additional Official Visitors for each area;
- release of NSW Aboriginal Mental Health Policy;
- finalisation of Memorandum of Understanding between NSW Police Service and NSW Health to care for those living with a mental illness;
- signing of a joint guarantee of service on mental health by the Department of Housing and NSW Health;
- release of *We can all make a difference, suicide prevention statement*;
- distribution of kits for helping staff and others to work with the media and manage suicide clusters in local communities;
- released care and support packs for families and friends bereaved by suicide;
- suicide prevention taskforces and committees established in rural health services;
- an agreement reached between Departments of Health and, Education and Training for implementation of school-based depression and early intervention programs;
- establishment of telepsychiatry in 6 rural locations in NSW;
- release of *Sally's Story*, a training video for health workers on recognising early psychosis and assisting at risk young people and their families;
- funding of an additional 70 child and adolescent mental health workers across the state;
- development of Mental Health Capital Works strategy;
- coordinated negotiations on the new Australian Health Care Agreement (which replaced the Medicare Agreement);
- negotiated arrangements to apply for Veterans from 1 July 1998;
- negotiated Public Health Outcome Funding Agreement, a new broad banded agreement dealing with a range of public health programs;
- coordinated progress on reforms for NSW State Government Nursing Homes, including managing changes arising from the Commonwealth Government's aged care reforms;
- negotiated new arrangements for former Commonwealth pathology laboratories;
- coordinated processes to ensure commencement of three Coordinated Care Trials in NSW in 1997-98;
- released NSW Health Policy Development Guidelines;
- completed detailed patient level costing studies of services delivered through acute hospitals;
- released revised NSW cost weights for acute patient services;
- finalised a national study of patient costs for rehabilitation, palliative care and other non-acute services;
- refined cost benchmarks for peer hospitals; and
- coordinated input to the Independent Pricing and Review Tribunal's (IPART) review of health service costs.

Selected Key Activities for 1998/99

- Implementation of Strategic Directions for Health.
- Completion of Aboriginal Health Strategic Plan.
- Development of Mental Health Service Model.
- Implementation of Australian Health Care Agreement and Veterans Health Agreement.
- Completion of General Practice Policy.

Aims and Objectives

The key role of the Operations Division is to ensure that excellent infrastructure and support services are provided within the NSW Health system. Operations Division consists of four areas: Corporate Services, Information and Asset Management, Performance Management and, Finance and Commercial Services.

Corporate Services Division

This Division develops and oversees policies and standards, negotiates agreements, provides expert advice and day to day support. The Division also provides administrative support to the Health Conciliation Registry and the Health Professionals Registration Board.

Human Resource Management Branch is responsible for developing and overseeing policies, standards and programs for managing and developing employees within the health system. The Branch covers all workforce issues, both industrial and general.

The Workforce Relations Branch provides specialist employee relations service and advice to the Minister, the Director-General and the health system. It plays an active role in developing and implementing strategies and, policies throughout the health system.

Legal Branch provides a comprehensive legal service to the Minister and the Department and, a specialist legal resource for the NSW Public Health System. The Branch also prepares the Legislative Program for the Health portfolio.

The Health Conciliation Registry Branch oversees and manages the conciliation function established under the Health Care Complaints Act. The Registry's role is to facilitate bringing together parties to a complaint with a conciliator in order to discuss and resolve the issues which comprise the complaint.

The Health Professionals Registration Boards provide administrative support to the following boards:

- Board of Optometrical Registration;
- Chiropractors and Osteopaths Registration Board;
- Dental Technicians Registration Board;
- Nurses Registration Board;
- Optical Dispensers Licensing Board;
- Physiotherapists Registration Board;
- Podiatrists Registration Board; and
- Psychologists Registration Board.

The Nursing Branch, under the direction of the Chief Nursing Officer, provides the professional interface between the Minister, the Director-General and the public, private and academic sectors of the nursing

profession. This includes proactive involvement in issues that have the potential to impact on nurses and the nursing workforce.

Nursing Branch is involved in the management of statewide nursing initiatives including: analysis and evaluation of nursing workforce projections in the major specialty areas; a variety of recruitment and retention initiatives and, policy development. The Branch also monitors policy implementation in the public sector and, provides advice to professional organisations and other Departmental Branches.

Key achievements

- development of a Human Resource Strategy framework for the health system;
- implementation of the Progress Review and Development Scheme for the Department;
- commissioning of an Independent Review of the Health System's Employment Practices for Medical Staff.
- The Staff Records Management Unit has processed a total of 90,000 Criminal Records Checks (CRC) Time for turnaround for a CRC is approximately 24 hours and urgent checks may be completed in less time;
- Nursing Specialty Projection Modelling has been undertaken for a number of nursing specialty workforce groups to estimate the match between future requirements for and supply of specialist nurses. Reports were published for Community Health, Neonatal Intensive Care and Paediatric Intensive Care Nursing. Work is underway for registered nurses in Aged Care, Rehabilitation and Paediatrics;
- a *Profile of the Medical Workforce in NSW, 1996* has been published and distributed;
- facilitated the development of the Workforce Planning Strategy for the recruitment and retention of rural health staff;
- launch of the Aboriginal Employment Strategy to provide a framework for Area Health Services;
- reviewed *Health System Code of Conduct*;
- reviewed the *Safety and Security Manual*;
- development of *Critical Incident Manual: Policy and Guidelines*;
- developed *Manual Handling Numerical Profile*;
- developed *Guidelines for the Management of Occupational Rehabilitation in NSW Public Health Care Facilities*;
- developed *Workforce Learning and Developed Strategy for the NSW Health Service*;
- developed *Management Development Strategy for the NSW Health Service*;
- new award made with the Australian Salaried Medical Officers Federation introducing new rights of private practice arrangements and a framework for productivity increases;
- changed allowances and simplification of classification system for employees covered by the Health and Research Employees Association;

- a new award for trades staff providing a new skills related classification structure and a framework for productivity increases;
- passage of reforms to legislation restricting tobacco advertising;
- development of the Nurse Practitioner Framework;
- revision of the nursing career promotional material;
- first Rural and Remote Nursing Summit at Coffs Harbour;
- creation of two Professional Chairs in Rural and Remote Nursing;
- establishment of a Rural and Remote Nursing Scholarships Fund;
- providing training in CQI techniques for facilitators and other staff;
- developing the initial proposal for an Innovations Award on behalf of the Department of Quality Council; and
- completing CQI projects in Timekeeping and the development of a Staff Handbook and Induction Process.

Information and Asset Services Division

This Division coordinates capital investment within the NSW Health system through the development and implementation of Statewide Information and Asset Management Programs, the provision and support of an appropriate information processing and telecommunications infrastructure; and the development and maintenance of the Departments corporate Databases.

Information Strategy Management Branch acts as the central point of management and coordination for new systems development between the Area Health Services, Ambulance Service, non-institutional business units and vendors, service providers and the Department. Focus is on achieving the implementation of information systems, and activities cover the broad functions of Planning and Policy, Systems Integration, Patient, Clinical and Management Systems plus the related procurement and QA services.

Computing and Telecommunications Branch provides day-to-day operation of the Department's central computer facility and user support, maintenance of the statewide telecommunications network and support of legacy hospital computer systems through the outsourced Facilities Management Contract.

Information and Data Services Branch compiles, maintains and develops comprehensive information resources for the Minister, Department and Area Executive on inpatient statistics, waiting times, Emergency Departments, health service activity, sexual assault, midwives data, annual return and benchmark cost data. The Branch plays a key role in applying

contemporary information management principles and techniques to current and emerging business issues, publishes a wide range of comparative performance data, and provides library and on-line information services through NSW HealthNet and NSW HealthWeb and dedicated NSW Health networks. It also develops strategic information reform projects in community health, data warehousing and Aboriginal health.

Capital and Asset Management Branch is responsible for implementing an Asset Strategic Planning framework to guide Areas in the progressive redevelopment of Health's physical assets across the State. This includes new facility construction in areas of need, adaptation of facilities no longer functional, maintenance to ensure the ongoing functionality, disposal of surplus properties and the conservation of heritage assets. Maintains the Health property register, Heritage register and is responsible for progressive implementation of capital procurement reforms.

Key Achievements

- statewide and Area Year 2000 project teams have been established -and awareness, business risk analysis and rectification planning project phases completed.
- the Clinical Information Access Project was implemented across the State providing all clinicians with Web access to clinical decision support information including Medline, Cinahl and Cochrane Collaboration databases;
- a Clinical Systems Collaborative Projects Planning Committee, comprising the health education sector, GPs and NSW Health, was established to advance the use of information technology and telecommunications in health care delivery;
- development of IM&T Strategy plans for five rural Areas.
- Human Resources Information System rolled out at seven additional sites: North Sydney, New Children's Hospital, Central Sydney, South Western Sydney, New England, Illawarra, Mid West and Wentworth;
- Development of a Memorandum of Understanding for Information Management between NSW Health and the AHRC;
- collaboration with the Departments of Education, Community Services, Ageing and Disability, Housing and Juvenile Justice to progress the development of a common information management strategy for the human services sector;
- completion of a proof of concept and initial rollout of the Health Information Exchange;
- cooperative effort with the Office of Information Technology in the development of connect.nsw strategies.
- 1997-98 Health Capital Works Expenditure totalled \$461.4 million and comprised:

- commencement of new works to the value of \$65.8 million such as Nepean Stage 2A, Tweed Heads Stage 3, Macarthur Sector Strategy and Broken Hill Redevelopment
- works in Progress expenditure of \$229.8 million included CSAHS-RTP \$21.2 million, Illawarra CSB \$15.1 million, Nepean Redevelopment \$8.8 million, Liverpool Redevelopment \$11.2 million and Lithgow \$13.8 million;
- completion of 6 major capital works projects (greater than \$5 million) with a total value of \$277m, principally Prince of Wales Hospital, Canterbury Hospital and Sydney Children's Hospital;
- expenditure on Mental Health of \$14.1 million, Rural / Aboriginal / Dental / MPS of \$13.2 million and Medical Technology of \$9.7 million; and
- realisation against surplus assets significantly contributed to reinvestment in the Capital Program. Major sales included the former Lidcombe Hospital and former RAHC sites.

Performance Management Division

The major aims of Performance Management Division are to provide a clear focus for policy implementation, and to monitor and evaluate progress in achieving the NSW Health vision. The Division manages the development, negotiation and monitoring of Area and Statewide Health Service Performance Agreements and other initiatives.

The Contract and Service Performance Branch

coordinates the development and negotiation of Health Service Performance Agreements. It also implements monitoring mechanisms, evaluates Health Service performance and manages a variety of Statewide health programs including Multi Purpose Services, Telehealth and Hospital in the Home. The Branch also has major responsibilities in relation to Aged Care Assessment Teams, Home and Community Care Services, Population Health Screening Programs, Palliative Care and developing and monitoring the Department's Corporate Plan.

The Health Improvement Branch supports the implementation of health improvement and evidence-based practices in health care across the system. It develops processes and structures; guidelines, tools and skills; and incentives and performance indicators in order to address population health needs. The Branch provides practical expertise and applied knowledge for Area managers implementing statewide health priorities, policies, agreements and plans.

The Evaluation and Monitoring Branch

monitors Statewide health system performance and,

develops criteria and benchmarks to evaluate system performance against specific NSW Health targets (particularly in the areas of emergency and booked patient management and health service activity). The Branch is also responsible for coordinating integrated bed management practices and facilitating patient access to health services.

Key achievements

- prepared the 1996/97 Director-General's Performance Review with Health Services;
- negotiated and monitored the 1997/98 Performance Agreement between the Director-General and Treasury;
- prepared the NSW Health Department Corporate Plan 1998 - 2003;
- published *Better Practice Guidelines in Admission/Discharge and Frontline Patient Complaints*;
- developed a series of Better Practice Guidelines;
- identified additional rural Multi Purpose Service (MPS) sites, finalised 4 MPS projects and implemented evaluation processes;
- determined performance benchmarks for peer hospitals;
- expanded Hospital in the Home pilots;
- managed the Artificial Limbs Scheme to ensure timely service and support to community amputees;
- renegotiated 1997/98 Health Service Performance Agreements with an increased focus on performance measurement for 1998/99;
- generated and disseminated health outcome performance indicators (HOPIS);
- undertook a literature review of evidence-based approaches to dealing with variation in hospital admission rates;
- applied Program Budgeting and Marginal Analysis (PBMA) at the Area level to assess the effectiveness of investment of existing resources;
- developed the structure and content of a Handbook of Health Improvement Options containing epidemiological information and opportunities for health improvement;
- implemented and monitored the 1997/98 Priority Access Strategy;
- planned, implemented and monitored the Winter Strategies;
- monitored Health Service performance in service activity, waiting times and Emergency Departments;
- provided elective patient advocacy service on waiting times, by liaising with hospitals and doctors;
- prepared and published monthly Emergency and Elective Performance Reports;
- revised and disseminated Booked Patient Waiting Time Management Guidelines; and
- undertook reviews of Health Service booked patient management.

Finance and Commercial Services Division

In addition to fulfilling a Department-wide strategic role, the Division has specific functional responsibilities relating to the Corporate Goal of equitably, efficiently and effectively managing the system's available financial resources and assets.

The Financial Management and Planning Branch is accountable for ensuring that the financial resources available to the health system are adequate to achieve better health and provide an appropriate range of health services for the people of NSW. The Branch is responsible for the distribution of available financial resources in an equitable manner which provides for an appropriate balance between changing demands and health service needs.

Other major responsibilities include ensuring that the health system operates within the funds made available by Government and providing annual advice to Parliament on the use of funds appropriated for Health Services.

The Administrative and Commercial Services Branch provides records management, transport, payroll and accounting services as well as a range of purchasing and other administrative policy for NSW. The Branch co-ordinates business and contracting opportunities between the NSW Health system and the private sector and co-ordinates the achievement of networking reforms.

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Key Achievements

- financial monitoring systems were further enhanced in 1997/98 to provide a more detailed analysis of cash and credit management performance;
- closer linkages were established between financial, activity and staffing measures of performance;
- a series of financial oriented workshops were conducted for the benefit of Health Services;
- the Division successfully implemented a new computer platform for the purposes of the Department's Financial Information Systems;
- in 1997/98, \$54.9 million was allocated to over 360 non government organisations;

Table 3: Health Service General Fund Recurrent Cash Budget Results for 1997/98

Health Service	Final Budget Allocation from Dept of Health \$M's	Adjusted Budget Results* \$M's	% of Budget
Central Sydney Area Health Service	546.8	(1.8)	(0.3)
Northern Sydney Area Health Service	453.2	(0.6)	(0.1)
Western Sydney Area Health Service	505.2	(5.8)	(1.1)
Wentworth Area Health Service	182.8	(5.1)	(2.8)
South Western Sydney Area Health Service	420.0	(4.2)	(1.0)
Central Coast Area Health Service	169.9	(3.1)	(1.8)
Hunter Area Health Service	406.9	(1.3)	(0.3)
Illawarra Area Health Service	207.1	(1.6)	(0.8)
South Eastern Sydney Area Health Service	723.4	8.7	1.2
Metropolitan Sub total	3,615.3	(14.8)	(0.4)
Northern Rivers Area Health Service	178.3	1.2	0.7
Mid North Coast Area Health Service	151.5	1.4	0.9
New England Area Health Service	131.7	3.3	2.5
Macquarie Area Health Service	84.4	3.9	4.6
Mid Western Area Health Service	139.3	8.0	5.7
Far West Area Health Service	49.8	(0.3)	(0.6)
Greater Murray Area Health Service	179.9	3.3	1.8
Southern Area Health Service	118.9	1.9	1.6
Rural Sub total	1,033.8	22.7	2.2
Ambulance Service	135.2	0	0
New Children's Hospital	102.5	(1.4)	1.4
Blood Transfusion Service	40.9	0	0
Corrections Health Service	22.9	(0.2)	0.9
Sub Total	301.5	(1.6)	0.5
Issued Budgets	4,950.6	6.3	0.1

*Brackets denote favourability

Source: Finance and Commercial Services Division, 1998

- a number of external reviews were conducted by the Council on the Cost of Government for which information was provided by the Division concerning Corporate Services Benchmarking, the Financial Management and Accounting Module, Financial Management and Accounting Systems, Payroll Systems, Review of Program Reporting, Population Health Services and, the NSW Government Review of Grants Administration;
- the Division continues to coordinate information for the purposes of the Parliamentary Committee Review into Regional and Rural Health Services;
- the Executive Management Reports introduced during 1996/97 for risk management/insurance were further refined and are now presented to the Senior Executive Forum at the end of each quarter;
- networking Reforms have been facilitated by the Commercial Services Unit on the basis of:
 - best structural practices for support service deliveries;
 - future service changes between hospitals and Area Health Services;
 - future key performance indicators and benchmarking;
 - identifying existing problems, safety issues, staff training and plant conditions;
 - addressing the Government's requirement for internal competition; and
 - minimising industrial impediments to change through process transparency.
- recommendations of the Pathology Working Party Report, in line with the reforms have been substantially implemented, and include:
 - services being combined into six hubs which set up partnerships with spokes to improve the delivery of local and rural services. They commenced operating as business units from 1 July 1997; and
 - establishment of a Peak Pathology Council to further consider those issues that impact on the delivery of services and advise the Department accordingly.
- recommendations of the Linen Working Party have been substantially implemented and include:
 - linen services commenced operating as business units;
 - from 1 July 1998, those Linen Services that supply more than their host Area Health Service operate under the direction of a Linen Service Management Committee comprising representatives of their customer Area Health Services; and
 - a Statewide Linen Service Advisory Committee will be established to consider those issues that impact on the delivery of linen services.
- recommendations of the Logistics Reform Working Party Report are being implemented by the Peak Purchasing Council, and confirm progress being made towards reform goals previously set for procurement and materials management;
- a committee has been established to implement the recommendations of the Food Services Networking Committee;
- a Monitoring and Review Committee has been established to review the working reports for pharmacy, medical imaging, sterilising and maintenance & engineering services;
- a Service Competition Committee of Chief Executive Officers, Unions and Departmental Officers has been established to review costs and key performance indicators and, to ensure services are provided efficiently and effectively;
- significant progress has been made towards the implementation of the Trim Document and Records Management System within the Department;
- major purchasing/logistics reforms have been advanced, including:
 - increased statewide contracts
 - increased joint contracts by Area Health Services
 - standard tender documentation
 - centralised contract and product evaluation data bases; and
- processes for expanding of electronic commerce initiatives and improvements to capital equipment procurement procedures have been established.

Departmental Prompt Payments

The Department's Sun Financial System including accounts payable, operates on an acquitted invoice basis. Invoices processed to the system are paid in accordance with the applicable payment terms, using the invoice date as the determinant for payment date. Goods received are receipted into the system immediately, and only delayed invoices or faulty or inappropriate goods will cause non payment. High volume activity accounts are paid on a verified statement basis to facilitate reconciliation and cost allocation.

No penalty interest was paid in 1997/98.

Trade creditors at 30 June were:

	1996/97\$	1997/98\$
Within 30 days	725,408	619,826
Between 31-60 days	33	0
Between 60-90 days	0	0
More than 90 days	0	0
	<u>725,441</u>	<u>619,826</u>

Selected Key Activities for 1998/99

- Improve the implementation of programs and services such as Telehealth, Hospital in the Home, screening programs and Multi Purpose Services.
- Ensure the NSW Health system operates within its budget, including the achievement of appropriate budget strategy savings, to maintain the cost of services with available funds and deliver on agreed activity levels.
- Implement HR 2003 - *A Framework for Human Resource Management and Workforce Relations Strategic Directions*.
- Ensure the implementation of Area asset strategies, and of key projects such as the Year 2000 Millennium Bug, Community Health Information Systems and information management reforms supported by the health information exchange.

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Table 4: Two Year Comparison and Percentage Increase of Initial Health Service Cash Budgets

Health Service	1997/98	1996/97	Increase	
	Allocation	Allocation	\$000	%
	\$000	\$000	\$000	%
South Eastern Sydney Area Health Service	630,148	612,718	17,430	2.8
Central Sydney Area Health Service	486,021	479,897	6,124	1.3
South Western Sydney Area Health Service	384,557	335,730	48,827	14.5
Western Sydney Area Health Service	431,028	412,411	18,617	4.5
Wentworth Area Health Service	169,580	155,128	14,452	9.3
Northern Sydney Area Health Service	404,506	396,820	7,686	1.9
Central Coast Area Health Service	150,936	138,818	12,118	8.7
Hunter Area Health Service	369,554	351,667	17,887	5.1
Illawarra Area Health Service	188,731	170,032	18,699	11.0
Total Area Health Service	3,215,061	3,053,221	161,840	5.3
Northern Rivers Area Health Service	162,250	150,644	11,606	7.7
Mid North Coast Area Health Service	139,753	125,984	13,769	10.9
New England Area Health Service	119,287	115,338	3,949	3.4
Macquarie Area Health Service	78,178	72,767	5,411	7.4
Mid Western Area Health Service	129,815	117,703	12,112	10.3
Southern Area Health Service	112,481	102,269	10,212	10.0
Greater Murray Area Health Service	160,771	154,595	6,176	4.0
Far West Area Health Service	41,845	36,873	4,972	13.5
Total Rural Health Service	944,380	876,173	68,207	7.8
New Children's Hospital	89,482	82,157	7,325	8.9
	4,248,923	4,011,551	237,372	5.9

Source: Finance and Commercial Services Division, 1998

From the Chief Health Officer's Report - the Health of the People of NSW (1997)

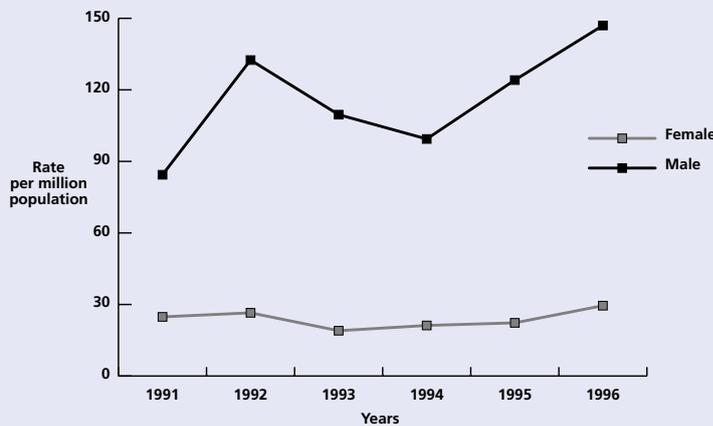


Communicable diseases

Rates of Haemophilus influenzae type b (Hib) disease have declined substantially in NSW since the introduction of an effective vaccine in 1993. In late 1996 and early 1997, six NSW infants died of pertussis (whooping cough). Only 59.3 per cent of NSW children aged three months to six years were fully immunised in 1995. AIDS cases and deaths declined sharply in NSW in 1996; 338 new cases of HIV infection and 259 new cases of AIDS were reported in that year. Hepatitis C is the most commonly reported communicable disease in NSW, with 8,547 cases reported in 1996. The incidence of food poisoning in NSW appears to be increasing, with 1,248 reported cases of salmonella infection in 1996. Arboviral illness reports rose sharply in 1996, with 1,268 cases reported compared with 551 the previous year.

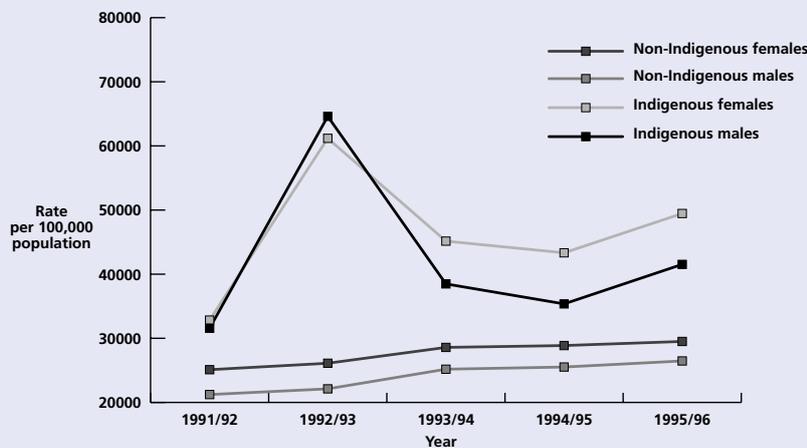
Full report available at www.health.nsw.gov.au

Notifications for gonorrhoea by sex, NSW 1991 to 1996



Note: Data was generated on 8 September 1997 and excluded persons whose age was unknown. Rates were age-adjusted using the Australian population as at 30 June 1991.
 Source: NSW Health Department Infectious Diseases Surveillance System (IDSS) and ABS population estimates (HOIST), Epidemiology and Surveillance Branch, NSW Health Department, 1997

Hospital separations for all causes, by indigenous status and sex, NSW 1991/92 to 1995/96



Note: Records with missing indigenous status were classified as non-indigenous. Rates were age-adjusted using the Australian population as at 30 June 1991. Hospital separations in 1995/96 do not include NSW residents treated in Victoria, South Australia, West Australia or Queensland.
 Source: NSW Inpatients Statistics Collection and ABS population data (HOIST), Epidemiology and Surveillance Branch, NSW Health Department, 1997



Health Public Affairs

Aims and Objectives

Health Public Affairs comprises four Branches which aim to develop and maintain a point of contact for the people of NSW to ensure they have access to information about public health issues and the activities of NSW Health. This includes providing information to individuals and the community through media, staff, professional and special interest groups in order to facilitate a partnership between the community and NSW Health.

The Communications Branch develops and implements communications strategies to raise awareness of health issues in the community and specific target groups.

The Branch co-ordinates and consults with Department and Area Health Services staff on statewide health issue campaigns, media launches, community consultations, special events and sponsorship activities.

The Community Relations Branch manages projects to develop an informed community and involve the community in the health system. The Branch assists the community to access information through Freedom of Information and via the Department's switchboard. Community Relations encourages community involvement in the health system through the administration of appointments to Health Service Boards and through the development of community participation mechanisms.

Rural Health Councils have been established across the eight Rural Area Health Services following extensive consultation with local communities. The Health Councils provide an opportunity for the community to be informed about and involved in decisions regarding local health services. The role of Health Councils is to work in partnership with Health Service Boards to provide advice on priorities for health service planning, development and quality improvement. Health Councils assist in taking an increased knowledge and understanding of health service issues to the community and bringing an informed community perspective to health issues.

Boards Administration is responsible for managing all administrative matters relating to Board Members appointed to Area Health Services and Statutory Health Corporations, under the Health Services Act 1997; Ambulance Service of NSW, under the Ambulance Service Act 1990; and various Statutory Boards and Advisory Committees appointed under legislation.

Client Services is responsible for the front-line public face of the Department. Client Services provides reception and switchboard services and telecommunications support to the Department. **Information Services and Publishing Branch** provides a

comprehensive publications service, which includes electronic publishing and publications translated into various languages to communicate key health messages. An ongoing review of all publications continued during the year, and health publications in demand were prioritised for review and reprinting.

This area is responsible for designing ministerial and corporate publications, and advising other Divisions within the Department on how best to produce publications, to minimise costs and to achieve the best results. With the introduction of electronic publishing for disseminating Health Public Affairs publications onto the NSW HealthWeb and HealthNet, Information Services and Publishing is also responsible for developing electronic publishing guidelines and for maintaining standards within the Department.

NSW Health publications are distributed Statewide by the Better Health Centre, to individual members of the public, professional and special interest groups, General Practitioners, other government agencies, and throughout the NSW Health system. During 1997/98, the Better Health Centre implemented a major program of quality improvements, including Occupational Health and Safety, stock management, policies and procedures, communication, effectiveness and staffing issues. The Centre will move from its location in North Sydney to the Gladesville site in October 1998.

Media Issues Management Branch is responsible for managing media enquiries and media interviews with NSW Health staff members. It is also the responsibility of the unit to advise the public of major health issues and disease outbreaks, through media releases and media conferences.

Media Issues Management is the primary contact for media organisations. Any requests for media interviews or information must first go through this unit. Professional bodies such as the AMA and the Nurses Association also contact Media Issues Management for advice.

Key Achievements

- investigation into food-borne illness cases at Government House;
- warning issued to people living in or visiting rural areas on how to avoid the mosquito-borne illness, Ross River virus;
- public warned against handling bats for fear of Lyssavirus;
- state co-ordination of the Federal Measles vaccination;
- investigation into cryptosporidium outbreak in NSW public swimming pools;
- launched 100 Years of Caring Travelling Exhibition and managed touring to 6 Areas in NSW;
- developed NSW Health Royal Easter Show exhibition at Homebush;

- coordinated media communications programs and arranged launches on Physical Activity, Sun Protection, Immunisation, Alcohol and Youth, Breastscreening and Cervical Screening;
- developed guidelines documents on Advertising, Sponsorship and Fundraising;
- coordinated sponsorships for Rock Eisteddfod, City to Surf and Youth Week events;
- implemented consultation processes on NSW HealthNet and HealthWeb development and facilitated communication programs on Assisted Reproductive Technology and the Millennium Bug;
- developed Publications Procedures and Standards;
- produced over 100 Departmental publications;
- reviewed existing multi-lingual publications for accuracy and currency;
- developed NSW HealthWeb and HealthNet policies and standards;
- implemented Better Health Centre Working Group recommendations;
- reviewed the statewide Commitment to Service document, which includes the Public Patients Hospital Charter;
- established a mailing list of community and other organisations for use in consulting on specific issues;
- coordinated the recruitment of members for 84 vacancies on health service boards and committees;
- appointed 141 Board members: 67 were women; 7 were Aboriginal or Torres Strait Islander people; and 2 were people from non-English speaking backgrounds;
- an orientation program for Metropolitan Area Health Service Board Members was held and attended by 32 board members;
- a meeting of Board members from a non-English speaking background or with an interest in non-English speaking background health issues was held and attended by 20 board members;
- major types of complaints received by the NSW Health switchboard were identified and protocols for handling those types of complaints developed;
- Health Councils were established in all rural Area Health Services; and
- a training program for Departmental staff in Freedom of Information was developed.

Selected Key Activities for 1998/99

- Undertake telephone quality improvement surveys to determine best work practice for handling media inquiries.
- Develop a statewide analysis system of media stories to ensure the correct messages are being portrayed in the media.
- Establish a pilot program for permanent shopping Centre displays in Area Health Services.
- Assist with the development and implementation of Aboriginal Health Communications programs.

- Timely implement NSW HealthNet and HealthWeb information and development processes to maintain Departmental standards.
- Improve distribution of publications throughout the NSW Health system.
- Develop guidelines for processing Freedom of Information applications for Area and Statewide Services.
- Evaluate Rural Health Councils.

From the Chief Health Officer's Report - the Health of the People of NSW (1997)



Throughout the 1997/98 Annual Report you will find excerpts from the Chief Health Officer's Report - the Health of the People of NSW. A full copy of the report is available from the Better Health Centre by phoning (02)9816 0452 at a cost of \$25. It is also available on the NSW HealthWeb at www.health.nsw.gov.au

Asthma

In 1994, 14 per cent of NSW adults reported ever having being diagnosed with asthma. Asthma prevalence was highest among adults aged 18-24 years. In the same year, 9 per cent of NSW adults reported current asthma. There were 309 deaths from asthma in 1994.

Cancer

In 1994, cancer caused 11,502 deaths among NSW residents. Breast cancer was the most common malignant cancer, and the leading cause of cancer death in women. New cases of breast cancer have increased gradually in recent years (partly owing to increased screening and early detection) but death rates have remained stable. Lung cancer was the most common cause of cancer death in males and the second most common in females. Male death rates from lung cancer have declined in recent years, but female death rates continue to rise. Prostate cancer was the most common malignant cancer and the second most common cause of cancer death in men.

Injury and poisoning

In 1994, injury and poisoning caused 2,930 deaths among NSW residents. The major causes of injury death were suicide, road injury, falls, unintentional poisoning, homicide and unintentional drowning. The main causes of injury hospitalisation in 1995/96 were falls, road injury, sports injury and unintentional cutting and piercing injuries.

Executive Support Unit

Aims and Objectives

Executive Support Unit (ESU) coordinates, analyses and reviews correspondence within the Department. It deals with over 20,000 new documents each year. In 1997-1998, the Unit focused on strengthening its quality review processes, on improving workflows, on using technology to create efficiencies and on staff training and support.

Analysis and Issues Management:

The Executive Support Unit determines action on documents drafted for or received by the Minister and Director-General and, prepares reviews and analyses briefings, letters, Parliamentary and Cabinet documents prior to submission to the Director-General and Minister. The Unit also manages complex issues requiring cross-divisional or cross system coordination and negotiation. It helps manage health system support for the Minister in Parliament including urgent matters of critical concern and provides advice on issues of community concern or public controversy.

Complaints Management:

The Executive Support Unit manages complaints and issues referred by the Health Care Complaints Commission to the Director-General. It also prepares responses to matters raised by the Ombudsman and to recommendations made by the Coroner.

Support to Key Meetings and Forums:

The Executive Support Unit manages health system advice to the Minister and the Director-General for Ministerial Councils and Advisory Committee meetings. It also develops agendas and supports the key health system meetings -Executive Committee and Senior Executive Forum

Staff Training and Support:

The Unit provides training, support and advice for the health system in the preparation of correspondence and briefings to ensure quality and appropriate advice for the Director-General and Minister.

Key Achievements

- completed implementation of TRIM document management system which provides improved tracking, searching and coordination of correspondence;
- set up e-mail system for transmission of Ministerials and Briefings from Area Health Services to ESU. Thirteen services were on line by June 1998 with resultant efficiencies in meeting deadlines, using less paper and cutting administrative time;
- a user-friendly *EasyGuide to Ministerials* was published and distributed to all staff to support them in the preparation of Ministerial and Departmental correspondence. The EasyGuide was

also made available on NSW HealthNet;

- a new approach was developed to provide training for staff on correspondence. An introductory course on correspondence was made available to all new staff as part of their induction program. An advanced course on Ministerials was developed and training provided to five Area Health Services and six branches. Evaluations show both courses to be highly regarded by participants. As a result of improved quality, Ministerial correspondence is able to be processed more quickly;
- greater flexibility in work practices and changes to workflows produced improvements to processes and extended the skill base and, professional satisfaction of staff;
- progress Review and Development was successfully introduced and related to the Unit's work priorities. Staff participated in reviewing and planning the Unit's operational plan and this was integrated with its budget, training and reporting functions;
- coordinated briefings and supported the Director-General and Minister at key meetings including the Senior Executive Forum, Executive Committee, and Australian Health Ministers Conference; and
- improvements were made to the processes for requesting and processing briefings including the establishment of an Area Health Service database and a stream-lined parliamentary folder.

Selected Key Activities for 1998/99

- Develop EasyGuides for briefings, visits and functions.
- Provide training and support on the preparation of briefings and Ministerials.
- Trial the use of e-mail at Gladesville and in Miller Street for the transmission of Ministerial correspondence and briefings to ESU.
- Improve training for ESU staff through an internal, work-focussed training program called SkillTrain.
- Refine the use of the TRIM document management system and other technological support to improve the handling of electronic rather than paper documents.

SUMMARY OF MINISTERIAL/DIRECTOR-GENERAL CORRESPONDENCE AND BRIEFINGS

	1996/97	1997/98
Ministerial letters	13332	12095
Requests from Minister/Director-General for advice	2065	1712
Responses to Questions on Notice	467	248
Parliamentary Briefs	399	386
Cabinet Advice	148	155
Submissions and letters to Director-General/Minister	7084	7566
TOTAL	23495	22162

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Aims and Objectives

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

Internal Audit is responsible for conducting comprehensive internal audits of the Department's Divisions and Branches, independent Second and Third Schedule hospitals and Fourth Schedule organisations. It is also responsible for reviewing the performance of Internal Audit Units in Area Health Services and other NSW Health organisations. At the request of the Minister, Director-General and ICAC, Internal Audit also conducts special investigations, inquiries and special audits in the NSW Public Health system.

Internal Audit is accountable to the Director-General and the Audit Committee. The Audit Committee meets quarterly.

Key Achievements

Major audits conducted in 1997/97 were:

- high Level Review of the Department of Health Reporting System Controls;
- usage of Motor Vehicles Statewide;
- IT Contracts and Consultants;
- Risk Appraisal of Department of Health;
- Risk Appraisal of the Corrections Health Service;
- Risk Appraisal of AusHealth International;
- EFT System;
- priority Access Strategy Funds;
- overtime – Department of Health;
- Legal and Legislative Services Branch;
- Nursing Branch;
- Health Professionals Registration Boards;
- Nurse Strategy Reserve Funds in Area and Rural Health Services;
- Ambulance CAD Project – Planning & Implementation Audit;
- Data WareHousing Project (HIE) – Implementation Audit;
- Community Health Project – Acquisition & Preliminary Planning Audit;
- Artificial Limb Service;
- Capital Assets & Infrastructure;
- Emergency Departments – Information Management & Technology Audit;
- implementation of the international professional standards "Control Objectives for Information & Related Technology" into all IS Audits;
- Aboriginal Environmental Health Infrastructure Forum;

- Central Sydney Area Health Service – Renal Services;
- Richmond Fellowship (NGO);
- Mid Western Area Health Service – Staff Appointment;
- PADP Scheme – Tendering;
- Central Sydney Area Health Service – Tendering;
- New England Area Health Service – Armidale Hospital;
- Orange Base Hospital – Service Provision;
- Northern Rivers Area Health Service – Pathology Service; and
- Capital Works – Tendering – New England Health Service.

Selected Key Activities for 1998/99

- Review of Implementation of Fraud Control Strategies (Statewide).
- Review of Needle & Syringe Exchange Program.
- Review of Establishment of Research Foundations and Trusts.
- Year 2000 Project Audits;
- Ambulance CAD Project Audits.
- Community Health Project Audits.
- Data WareHousing Project Audit.
- Patient Administration System Services Project Audit.
- Inpatient Statistics Collection On-Line System Information Management & Technology Audit.
- Formal implementation of benchmarking in internal units in NSW Health.

From the Chief Health Officer's Report**Mental health**

Around 18 per cent of NSW children and adolescents meet criteria for mental health problems at some time during a six-month period. Delinquent problems, thought problems, attention problems and social problems are the most common mental health problems among children. Nearly 30 per cent of NSW adults may have at least one mental health disorder at some time during a 12-month period. The most common mental disorders in adults are major depressive episode, simple phobia, social phobia and alcohol dependence. In 1994, 797 deaths in NSW were caused by suicide or self-inflicted injury. Most of these deaths were in males. Death rates from suicide among young men aged 15-24 years have risen steadily over recent years.

Dental health

In 1996, approximately two-thirds of NSW kindergarten children and 57 per cent of children in grade 6 had experienced no tooth decay. They had on average one decayed, missing or filled tooth. Hospitalisations for removal or restoration of teeth rose in all age groups over the period 1989/90 to 1995/96.

Full report available at www.health.nsw.gov.au

Area Health Services

Central Coast Area Health Service (CCAHS)

Chief Executive Officer: Jon Blackwell

- Implemented budget enhancements of \$12.1m for new and expanded acute inpatient services and community based services. These included Surgical services, Haematology and Oncology services, Child Health services, a new Chronic Pain Service, expanded Diabetes services, introduction of a Sexual Health Outreach service and the establishment of a Home Detoxification Program for Central Coast residents.
- Opened new Obstetrics Delivery Suite at Wyong Hospital.
- Expanded surgical services at Wyong Hospital.
- Achieved a 12 per cent increase in inpatient throughput with a 17 per cent increase in Same Day Admissions. Activity levels were well above performance targets set by the NSW Health Department.
- Achieved further improvements in performance with increases in caseflow rates, bed occupancy and a reduction in average length of stay.
- Completed Project Feasibility Plans for the next major developments for Gosford and Wyong hospitals.
- Introduced a range of initiatives including *Dumping Depression* campaign to combat suicide rates.
- Initiated the development of a Quality Ageing Strategy for the Central Coast in liaison with Local Councils, Government agencies and service providers.
- Expanded teaching services at Gosford Hospital and strengthened links with the University of Newcastle.
- Area achieved budget.

Central Sydney Area Health Service (CSAHS)

Chief Executive Officer: Dr Diana Horvath

- The \$79.7 million redevelopment of Canterbury Hospital, including a community health centre and the Tresillian Family Care Centre, neared completion. The building program for the 210-bed district hospital has been a staged construction and handover process allowing parts of the hospital to remain operational. The first building was completed in November 1997 and the last acute area was handed over in June 1998.
- In its second year, CSAHS's \$326 million, six-year redevelopment project, the Resource Transition Program (RTP), has moved from the initial planning phase to implementation.
- CSAHS facilities had an average waiting time in April 1998 of 0.8 months for booked medical surgical procedures, the shortest of any NSW Health service.
- The Hepatitis C Action Plan has been developed to identify key strategies to improve CSAHS's ability

to prevent the incidence of hepatitis C, particularly among young people, and aid the treatment of new patients as well as those with chronic illness.

- CSAHS initiated a Tobacco Control Strategy. This comprehensive plan became the first of its kind in NSW. It uses a range of initiatives to reduce tobacco-related harm, including staff and community quit smoking, sales to minors, and smoke-free homes programs.
- CSAHS Mental Health Services clinical group established a telepsychiatry service to enable expert consultations to take place in rural areas, particularly those with large Aboriginal populations. Links have been set up between Rozelle Hospital, RPA's Missenden Unit, the Aboriginal Medical Service, Redfern, and the Aboriginal Medical Service, Kempsey.
- Child protection services were enhanced in May 1998 with the establishment of a specialist team for treatment and, management of physical and emotional abuse and neglect of children. A training officer was recruited for CSAHS staff education.
- The Bridge HIV/AIDS Dementia Care Unit was opened.
- Establishment of the ANZAC Research Institute was finalised.
- Cooperation with other Area Health Services for the provision of services including: Western Sydney (Liverpool Hospital -cardiothoracic surgery established and commenced planning for neurosciences) and Illawarra (orthopaedics).

Hunter Area Health Service (HAHS)

Chief Executive Officer: Professor Katherine McGrath

- The Hunter Centre for Health Advancement introduced five action plans to address melanoma, smoking, cervical cancer, drug and alcohol abuse and falls in the elderly.
- Over 35,000 surgical procedures were performed, 2110 more booked procedures than last year. There was a dramatic decrease in the number of people waiting more than 12 months for booked surgery, exceeding benchmarks set by NSW Health.
- The Hunter became the NSW centre for colorectal cancer gene testing.
- Mental Health services now provide increased access for rural residents; additional services for child and adolescent psychiatry; and new community-based services.
- Expansion of community-based services saw the \$4.95 million Toronto Polyclinic completed. Services to come online by September are ambulatory care, rehabilitation and primary care.
- Plans set this year include an Accommodation Centre at John Hunter Hospital for the families of Aboriginal patients from outside the Newcastle area; outreach health services for Aboriginal people in the rural Hunter; and a strategy to employ more Aboriginal people.
- In working towards the better health of the

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Aboriginal community, HAHS is also developing a partnership agreement with the Awabakal Aboriginal Medical Service.

- The consolidation of CAYHNet is an example of successful integration between hospital and community health services and, developed a more seamless continuum of care for ill children being treated in hospital and the community.
- Royal Newcastle Hospital won an Australian Quality Council Award for Achievement in Business Excellence.
- HAHS received three Environmental Achievement Awards from the Newcastle City Council for initiatives in better waste segregation and management and resource conservation. The Maitland Hospital received a grant to establish a worm-based waste management system. Further energy-saving initiatives are now underway, along with the development of an Area-wide Environmental Management Plan.

Illawarra Area Health Service (IAHS)

Chief Executive Officer: Ian Southwell

- The new \$50 million Clinical Services Building (CSB) Stage one of the Wollongong Hospital Redevelopment was completed.
- The new \$8.4 million wing of the Shoalhaven District Memorial Hospital improved medical, surgical and rehabilitation services for people living in the Shoalhaven.
- The Premier re-opened inpatient services at Kiama Hospital on 26 June 1998. Following a \$1.4 million refurbishment.
- Families of the Nowra community have improved access to comprehensive community health services following the opening of the \$2.8 million Nowra Community Health Centre.
- Stage 2 Illawarra Hospital Redevelopment Budget announcement of \$62.5 million for redevelopment of Wollongong Hospital as well as project definition planning for Stage 2B of Shoalhaven District Memorial Hospital.
- Access to hospital beds was improved through integrated service management, a 10 stage Bed Management Plan. In 1997/98, it has reduced the amount of time patients waited for emergency treatment, and has improved access to hospital beds.
- The IAHS, in partnership with the Illawarra Division of General Practice and Home Care of NSW Services, received approval to proceed to a live trial of the coordinated care project. The Illawarra is one of 11 National Coordinated Care Trials. The trial commenced in November 1997 with 1,800 people recruited to take part. Participants are over the age of 65 years, at risk of falling, and have multiple health needs. The Trial will measure the health benefits of the person specific coordinated care package against the benefits of the usual hospital and medical care.
- Implementation of the IAHS Aboriginal Health

Strategic Plan in partnership with the local Aboriginal Community Controlled Health Organisations, increased participation by Aboriginal people. 356 Aboriginal children were screened for otitis media, conducted in partnership with Department of School Education. Screening among pre-school children also commenced. Over 60 outreach immunisation clinics were held for Aboriginal families. Strategic Plans and Business Plans were developed and implemented conjointly to increase access to Drug, Alcohol and HIV prevention services.

- IAHS fully complied with its budgetary responsibilities. The unfavourable variance of less than 0.1 per cent of budget for 1997/98, was a significant achievement.
- Support for people with eating disorders improved with an allocation of \$162,600 to allow the Shoalhaven Body Image and Eating Behaviour Service to continue, and to develop a similar service in the Northern Illawarra.
- Development of a comprehensive Respiratory Medicine Service for Bulli Hospital has involved an upgrade of the facilities, recruitment of additional staff and extensive training of those working in the specialty.
- The model for re-opening of Kiama Hospital and Community Health Service was developed through a consultative process between the Area Health Service and the members of the community.

Northern Sydney Area Health Service (NSAHS)

Chief Executive Officer: Dr Stephen Christley

- Restructured corporate services on a sector basis to improve efficiency and generate resources for reinvestment in clinical services.
- Progressed a number of strategic planning initiatives, including the development a Clinical Services Strategy for the Area.
- Launched the Linked Care Project which aims to improve the coordination the delivery of health and community based services.
- Established an Area wide Mental Health Service, including the appointment of an Area Director of Mental Health Services and an Area Director of Child and Adolescent Mental Health.
- Completed a major capital works proposal seeking funding to consolidate community health care services in key locations throughout the Area and upgrade facilities on the Royal North Shore Hospital campus.
- Completed the Procurement Feasibility Plans for the Ryde Community Mental Health Facility and the Maternal & Perinatal Service on the Royal North Shore Hospital campus.
- Opened the new paediatric Emergency Department unit on the Royal North Shore Hospital campus and the psycho-geriatric unit on the Greenwich Hospital campus.
- Completed negotiations for the devolution of the Statewide budget component of the Sydney

Dialysis Centre and reached agreement on the devolution of the Sydney Home Nursing Service.

- Commenced implementation of the Statewide IM&T strategy, including the implementation of Office Productivity Technology in the community health care sector and AUSLAB in the area of pathology services.
- Gladesville/Macquarie Hospital awarded a Health Promoting Hospital Award for waste management. Commendations awarded to Northern Sydney Health for its Environment Management System and to Ryde Hospital for initiatives in organisational development.

South Eastern Sydney Area Health Service (SESAHS)

Chief Executive Officer: Deborah Green

- SESAHS structure was finalised and appointments made to all senior executive positions. The structure of the Board and its Committees was finalised, and By Laws and levels of Delegation were published.
- A system was developed implemented for the Performance Management of the Area Executive and its facilities.
- Accounting systems were standardised with the implementation of the "Oracle" system across all facilities and the implementation of "Trendstar" case mix software across all acute facilities has enabled the implementation of shadow case mix budgeting.
- Initiatives in the recruitment and placements of new graduate nurses continue to bear fruit in addressing staffing issues.
- Consolidation, direction and continuous improvement is evidenced by the considerable degree of planning. This includes:
 - Area Corporate Directions Plan;
 - Human Resources Plan;
 - Aboriginal Health Strategic Plan;
 - Multicultural Health Strategic Plan;
 - Mental Health Resources Plan;
 - Communicable Diseases Strategic Plan;
 - Bed Management Plan;
 - Emergency Department Services Plan; and
 - Radiotherapy Plan
- Greater synergy in clinical programs and networking of paediatric, mental health and pathology services across the Area.
- Significant reduction in access block and LTO's in Emergency Departments through successful "Winter Strategy" implementation.
- Strengthening of community relationships with GP's through the Division of General Practice.
- Asset Improvement Program continues with major capital projects underway, completed and approved at Sydney Hospital and Sydney Eye Hospitals, St Vincent's Hospital, Prince Henry and Prince of Wales Hospitals, Sydney Children's Hospital, Royal Hospital for Women, St George Hospital, Calvary Hospital, The Sutherland Hospital and Garrawarra Centre for Aged Care.

South Western Sydney Area Health Service (SWSAHS)

Chief Executive Officer: Ken Brown

- Final stages of Liverpool Hospital's redevelopment, Australia's largest new hospital development, were opened in July 1997. The six-storey, \$90 million Clinical Building features comprehensive medical and surgical services.
- More than 400 heart operations have now been performed at Liverpool Hospital just nine months after the historic first heart surgery was performed on Fairfield resident, Hugo Bonasso. The Cardiothoracic Department is a feature of the new Liverpool Hospital Clinical Building.
- Banks House at Bankstown Hospital was extensively refurbished at a cost of \$1 million and opened in May 1998 by the Minister for Health. It provides Bankstown residents with enhanced access to local mental health inpatient care by having a larger and more functional building.
- Work on the new Queen Victoria Memorial Home is nearing completion with an opening expected in November 1998.
- In January 1998, the State Government announced an \$85.6 million redevelopment of health services in the Macarthur region.
- The new Health Research Foundation Sydney South West and Ingham Institute awarded their first research grant, worth more than \$262,000, at Liverpool Hospital in April, 1998.
- Waiting times for surgery in South Western Sydney fell significantly during the year despite record demand for services. Patient access to hospital services also continued to be a major focus this year.
- In February 1998, the Government announced a \$750,000 funding package to improve Mental Health Services in South Western Sydney. The announcement mean children, young people and people from non-English speaking backgrounds will have improved access to mental health services in South Western Sydney.
- In November 1997, the Premier announced a range of new health services to help victims of drug abuse. The health services formed part of the Cabramatta Plan which was the beginning of a sustained campaign to tackle the problem of drug abuse and its impact on the local community.
- A new resource centre for cancer patients and their families was opened by the Minister for Health in April, 1998. This is the first centre of its kind in South Western Sydney and is expected to benefit more than 3,600 patients a year.



Wentworth Area Health Service (WAHS)

Chief Executive Officer: Dr Elizabeth Barrett

- Thanks to nominations from specialist employment agencies, Nova Employment and Westworks, WAHS was the proud State and National winner of the 1997 Prime Minister's Employer of the Year Award.
- WAHS won the large business section of the awards which honour small and large employers in providing work opportunities to people with disabilities.
- WAHS achieved significant advances in child protection during 1997/98 including: publication of *Focusing on Children*; development and presentation of education programs to meet NSW Health's undertaking that all frontline staff be trained to meet their child protection obligations; and expansion of services to include an Area team to provide ongoing therapy to children and their families, following abuse.
- The Minister launched WAHS Innovative *Cultures in the WorkPlace Manual - a Step by Step Guide*. The manual provides an extensive range of tools, strategies and educational resources to help health workers make their services more accessible to people from diverse ethnic communities.
- Blue Mountains staff reached out to their community with an inaugural Access and Equity Week in February. With the stated aim of creating a better understanding of public health services.
- Area-wide, medical imaging services benefited from major enhancements with the installation of a helical CT Scanner at a cost of \$1.1M and new angiography equipment worth \$1.4M at Nepean Hospital; a new Tele-radiology service linking Blue Mountains Hospital with the specialist expertise available at the teaching hospital at Nepean.
- Wentworth drug and alcohol staff introduced an important new service to the community with their innovative peer educator 'Can Stop' Cannabis Quit Program which has attracted funds from the Casino Community Benefit Fund and widespread interest from health workers and the media.
- WAHS opened three new community health centres at St Clair, Springwood and Penrith.
- In July 1997 the WAHS joined with Western Sydney Area Health Service and the Mt Druitt-based Daruk Aboriginal Medical Service in a unique partnership to improve Aboriginal health in Sydney's greater west.
- To boost the number of indigenous employees within Wentworth Area, WAHS established an Aboriginal & Torres Strait Employment Strategy with support from the University of Western Sydney (Nepean) and Daruk Aboriginal Medical Service and financial assistance from the federal Department of Employment, Education, Training and Youth Affairs (DEETYA).

Western Sydney Area Health Service (WSAHS)

Chief Executive Officer: Alan McCarroll

- Daruk Aboriginal Medical Service, Wentworth Area Health Service and WSAHS extended their existing Memorandum of Understanding by signing a fully-fledged Aboriginal Health Partnership Agreement on 10 July 1997.
- Westmead Hospital's Emergency Department was completely refurbished and redesigned at a cost of \$3.3m. The Department is one of the busiest in Australia, coping with 38,168 patients in the year under review.
- Westmead Hospital conducted an investigation into the feasibility of Rapid Induction of Opiate Reception Blockage (RIORB) known as the Naltrexone Trial. The full trial is expected to last for approximately two years.
- All hospitals in WSAHS - Auburn, Blacktown-Mt Druitt, Cumberland, Lottie Stewart, St Joseph's and Westmead and their associated community health services - are operating under full three year ACHS accreditation.
- Clinical streaming was introduced. The initiative is designed to provide seamless health services across the Area and to emphasise the provision of resources Area-wide, rather than the previous approach of being related to individual units.
- The \$96m redevelopment of facilities in Blacktown-Mt Druitt Health continued. Completed projects include a purpose-built 16 bed palliative care unit on the Mt Druitt campus, a completely new oncology day centre at Blacktown and the total refurbishment of the Mt Druitt Community Health Centre. The new Blacktown Hospital is on budget for completion in late 1999, with the opening planned for early 2000.
- In an important initiative, St Joseph's Hospital established a Falls Assessment Clinic.
- Cumberland Hospital was chosen as the site for a new 24 bed medium secure unit serving the whole of NSW.
- Auburn Community Health Services developed, evaluated and launched an innovative educational program aimed at raising awareness of the importance of immunisation. The package - called "IMMI - Building a Wall of Protection" - is now being marketed to General Practitioners across Australia.
- Replacement of Westmead Hospital's cardiac catheterisation laboratory at a cost of \$2.3m provided a huge boost to the unit's capacity and with an expansion of cardiac surgery services, the hospital is able to offer much improved and timely treatment of heart disease.

Far West Area Health Service (FWAHS)

Chief Executive Officer: Greg Rochford

- The strong partnership with the Far West Ward Aboriginal Health Service, was cemented by the signing of a Regional Agreement in March 1998. Through this Agreement, the Area has contracted the Far West Ward Aboriginal Health Service to manage the six health services in the Lower Western Sector of the Area.
- The Area's partnership with the new University Department of Rural Health has seen the development of the inaugural Graduate Diploma and Masters courses in Remote Area Nursing and a second Associate Diploma and Diploma course for the Area's recently increased number of Aboriginal health workers.
- New community health centres are being established in Lightning Ridge and Bourke to provide important specialist services from local bases within the Area. The new centres will provide regional services in mental health, counselling, diabetes, sexual health, infectious diseases, environmental health and women's health.
- A new approach to remote health care has been unveiled in Goodooga. Based on a multi-purpose concept, the new service will realise the necessary alignment towards primary health care. The previous resource intensive traditional hospital model has been replaced with a community staffed social accommodation service. All nurses and Aboriginal health workers are now based in the community, available to support emergency and acute care service when the need arises in the health centre.
- The Minister ceremonially commenced construction on the new \$32m Broken Hill Base Hospital in March 1998. A high level of community and staff involvement in the design process has helped to ensure the tradition of community affinity with health care continues in Broken Hill.
- A new Primary Health Care Centre is being established in Dareton. This will see a two fold increase in the numbers of community health staff from 10 to 21, an increase in the number of Aboriginal Health Workers from two to six and relocation of existing community health service from Wentworth to Dareton.
- A new Far West Pathology Service has been established at Bourke and Walgett in line with Area's emphasis for the development of core health services that are locally managed and delivered in remote NSW.

Greater Murray Area Health Service (GMAHS)

Chief Executive Officer: Michael Moodie

- Extensive community consultation undertaken in relation to directions of health services, including the framework for Health Councils' role and operating mechanisms. Establishment of Health

Councils in each of the nine Networks of the Greater Murray to facilitate community participation in the planning and delivery of health services.

- Successful partnership with Local Government in 19 towns and 52 private businesses to conduct public place safety checks in Falls Prevention.
- Incorporation of preliminary findings of the Aboriginal Health Review into an implementation framework for Mental Health Services in the Greater Murray resulting in the appointment of two Aboriginal Mental Health Workers in 1997/98 and one Aboriginal Child & Adolescent Mental Health Worker recommended for appointment in 1998/99.
- Initiation of Aboriginal health enhancement programs costing \$200,000 in priority areas including diabetes, heart disease, maternal & child health, and drug and alcohol services.
- Commencement of the Greater Murray Accessline - a 1800 telephone triage, referral and information service which provides better access to services for people with a and helps support local health professionals in their patient care.
- Establishment of additional 15 Child and Adolescent Mental Health workers
- Establishment of a project team to lead a community development approach to youth suicide prevention and early intervention. As part of this program, a website has been established called "Make a Noise" which has an emphasis on suicide prevention through education and early identification of young people at risk
- GMAHS has supported a community initiative to increase the level of Clinical Services in Griffith. The initiative involves cooperation with a Metropolitan Area Health Service to increase the range of services that can be delivered locally.
- Completion of major service reviews to guide the long term development of service options, and planning of resources, in; Aged Care, Youth Health, Women's Health, Pathology Services, Medical Imaging Services, Mental Health, Aboriginal Health
- Refurbishment of Emergency Department at Albury Base Hospital completed.
- Relocation of Junee and Corowa Community Health Centres into main street locations thus increasing patient access.

Macquarie Area Health Service (MAHS)

Chief Executive Officer: Ray Fairweather

- Opening of the Community Health Centre at Gilgandra, the first dedicated community health facility for the town.
- Milestones were reached in major capital works programs at Dubbo Base Hospital and Mudgee District Hospital.

- Health Improvement Expert Working Groups have been established in cancer, injury prevention, cardiovascular disease, asthma, mental health and diabetes.
- Community consultations were completed and eight Health Councils established.
- Area Office became the first in NSW to be accredited by Australian Council on Healthcare Standards and facilities throughout the area successfully participated in CHASP and EQUIP programs.
- Dubbo Base Hospital was selected as a pilot site for teleradiology, linking up with the New Children's Hospital to provide a paediatric radiology service.
- A policy and procedures document was developed for Macquarie Area Health's Aboriginal Partnership Agreement.
- A thorough examination of vaccine transportation and storage throughout the area was completed, resulting in an upgrade of refrigeration.
- The Aboriginal Outreach Sexual Health Program, comprising two Education Officers, a Clinical Nurse Consultant and a Sexual Health Physician was established, taking sexual health clinics to Aboriginal communities. A presentation on the program won an award at the Australasian Sexual Health Conference.
- Day Surgery at Dubbo Base Hospital constantly beat benchmarks.
- Aboriginal Cultural Awareness Program extended across Area.
- Population Health Unit established.
- Adult Mental Health Hostel constructed in Port Macquarie.
- All Waiting List Benchmarks met.
- Living Skills Centre, Forster, purchased for \$220,000.
- Comprehensive Internal Audit program completed.
- Extensive Community Consultation lead to establishment of three Sector Health Councils in addition to specific PMBH Health Council. Greater clinical and professional consultation facilitated through establishment of Expert Advisory Groups in Cardiovascular Disease, Mental Health, Aboriginal Health.

Mid Western Area Health Service (MWAHS)

Chief Executive Officer: Martin Gerald Bowles

- The commitment of local communities and management committees has assisted the Area with the development of Project Definition Plans for Multi Purpose Services in Oberon, Grenfell and Trundle. A revised model is being developed for Lake Cargelligo.
- After community consultation the Board of MWAHS created Health Councils based on local government areas. MWAHS has 12 Health Councils with Evans and Bathurst local government areas combined. By years end, four Health Councils were fully operational with the remaining eight recruited but not operational.
- Following extensive consultation, the Board launched its planning document *The Way Forward* in December 1997. The outcomes of a clinical services review together with other operational reports, was used by the Board to develop a policy and strategic framework for service developments for the next ten years.
- Site works were undertaken and substantial progress made in construction of the new Lithgow Hospital during 1997/98. It is anticipated that the hospital will be in operation during 1998/99.
- Major ward refurbishment to the tune of \$400,000 was undertaken at Bathurst Base Hospital. In addition, new imaging and anaesthetic equipment valued at \$800,000 was installed.
- In April 1998, Forbes Hospital became the first Hospital in NSW to be presented with Baby Friendly Hospital Initiative Accreditation. The Baby Friendly Hospital Initiative Quality Assurance program is a global standard for maternity services initially launched by WHO (World Health Organisation) and UNICEF and now conducted in Australia by the Australian College of Midwives Inc.
- In January 1998, the Central West Linen Service contracted to take over the supply of linen to the South Eastern Sydney Area Health Service.

Mid North Coast Area Health Service (MNAHS)

Chief Executive Officer: Robert Gore

- Appointment of Information Technology Manager and development of IT Strategic Plan for Area.
- Substantial progress on planning and works in progress on the following major Capital Works Projects: Manning Base Hospital Redevelopment \$26.3 million, Dorrigo MPS \$2.2 million, Coffs Harbour Health Service \$53.6 million.
- On site CT Scan and Ultrasound services commenced at Coffs Harbour Base Hospital.
- Service reviews completed or in progress for: Methadone, PADP, Aged Care and Rehabilitation, Finance, HRM/WorkForce, Payroll, Linen, Pathology, Engineering, Logistics, Catering and Risk Management.
- Establishment of Area Medical Advisory Committee, peak representative body for medical staff providing services to public and private patients in the Mid North Coast. Representative attends Board meetings.
- Establishment of Casemix Unit and Clinical Management Information Committee.
- Implementation of a range of service enhancements across the Area including: Brain Injury Unit, Genetic Counselling, Mental Health Advocacy, Aboriginal Health, Diabetes Service, Renal Services (including limited care -community based), Allied Health, Oncology, Urology, Orthopaedic surgery, PANOC, Child Therapy, Cervical Screening.

- The Area has achieved consistently high results in relation to the Benchmarks for compliance under EDIS, despite growth in attendance and admissions through Emergency Departments.
- During 1997/98 Forbes, Condobolin and Molong Hospitals were awarded Accreditation under ACHSE and Bloomfield Hospital was successful in a periodic review.
- In relation to CHASP Accreditation, Forbes Community Health was the first Community Health Service in NSW to renew its Accreditation under the CHASP program.
- Instigation of innovative processes involving Aboriginal groups, Land Councils, ATSI and relevant Government Departments to provide suitable water and sewerage infrastructure in identified Aboriginal communities with a high public health risk such as Tingha and Boggabilla, in accordance with the Aboriginal Health Strategy and the Water and Sewerage in Aboriginal Communities Program.
- The New England Public Health Unit has been working closely with the Divisions of General Practice, Community Health Centres and Maternity staff to further develop the immunisation program.
- Introduction of AUSLAB a new pathology computer system.

New England Area Health Service (NEAHS)

Chief Executive Officer: Christine Kibble

- Opening by the Minister of new Nuclear Medicine facility at Tamworth Base Hospital and the commissioning of a Gamma Camera.
- Announcement by the Minister of \$5m for the redevelopment of the Armidale Health Service, including new children's ward, obstetric, aged care and mental health units.
- Capital developments included a new Special Care Unit at Walcha, improvements to the Archibald Blake Narwan Clinic which is operated by the local Aboriginal community, new X-Ray machine installed in refurbished Radiology Unit at Glen Innes Health Service, redevelopment works at Tenterfield Health Service, commencement of planning for \$1m refurbishment of Inverell Health Service, opening of the Diabetes Selling Centre and refurbishment of Clinics at Tamworth Base Hospital.
- ACHSE accreditation was awarded to Tamworth Base Hospital, Barraba, Manilla, Narrabri, Boggabri, Wee Waa, Glen Innes, Tenterfield and Emmaville Health Services. Accreditation surveys were also held at Moree, Bingara, Warialda, Quirindi, Gunnedah and Werris Creek Health Services with the results still to be advised.
- Opening by the Minister of a new Community Health Centre in Narrabri.
- Opening of Community Health Centres in Nundle and Uralla and relocation of Armidale Community Health Centre.
- Completion of construction of new Community Health facility at Boggabilla.
- A Child and Adolescent Mental Health Service developed which is a leading force in the development of the NSW Youth Suicide Prevention Manual
- The Area's Mental Health Service is a pilot project in the NSW Telemedicine Project and is involved in developing a free-call 24 hour telephone information/referral system.
- Establishment of Community Consultation groups in each of the Area's Health Services and establishment of three Health Councils.
- Establishment of the New England Health Research and Development Institute.

Northern Rivers Area Health Service (NRAHS)

Chief Executive Officer: Dr Tony Sherbon

- The establishment of an Aboriginal Medical Service based in the Richmond Valley in partnership with Bulgarr Gnaru Aboriginal Medical Corporation
- Opening of Assessment & Rehabilitation Unit Murwillumbah Hospital, providing comprehensive and multi-disciplinary service for patients closer to home.
- Opening of new Emergency Unit Tweed District Hospital as completion Stage 2 Tweed redevelopment, and substantial progress in planning Stage 3.
- Completion of community and staff consultation on future directions for health in NRAHS, resulting in publication of discussion papers and development of Area Strategic Plan
- Completion of community consultative planning process for health services in Kyogle and Brunswick Valley, and commencement planning consultations with Nimbin community.
- Expansion of community health services including 20 additional mental health workers and six additional Child Protection workers
- Establishment of ophthalmology services in Clarence Valley.
- Approval of feasibility plan for detoxification service for NRAHS, which will provide an outreach service for clients as well as residential programs
- Development of Graduate Management University training program for NRAHS staff
- Strengthening of Research and Development framework for public health initiatives with the creation of the Area's Institute of Health and Research.

Southern Area Health Service (SAHS)

Chief Executive Officer: Kieran Gleeson

- The implementation of an Energy Performance Contract. A certificate of excellence was awarded under the Energy Smart Government programme. The idea of the programme is to reduce emissions by improving energy efficiency. This has the

potential to create significant savings in energy costs for the area and reduces the level of emissions by approximately 3,200 tonnes of CO₂ per annum.

- Completion and use of the Delegate Multi Purpose Service.
- Completion and use of the Chisholm Ross Centre. This is an acute short stay psychiatric assessment unit co-located in the grounds of Goulburn Base Hospital.
- Establishment of the Eurobodalla and Bega Valley Health Councils. These are the first to be operational and introduce a new level of community participation into the planning and direction setting process.
- Centralisation of services including payroll and stores. Outsourcing of linen services to Illawarra.
- Establishment of Independent Pathology Business Units across the area.
- Establishment of Cross Boarder Planning groups and mechanisms for formal negotiations between ACT Health and Community Care, Southern Health Service and NSW Health Department.
- Establishment of Prevention of Abuse and Neglect Of Children (PANOC) services across the area.
- Commencement of 1800 centralised intake phone number for Mental Health Services across the area. Available 24 hours per day, seven days per week.

Other NSW Health Services

Ambulance Service of NSW

Chief Executive Officer: James McLachlan

- The Service successfully implemented a major Service-wide operational reorganisation which ensures that the Service's operational structure more closely mirrors that of the broader Health system.
- The Service prepared for the successful introduction of the Computer Aided Dispatch (CAD) system, which will enhance the reliability and efficiency of ambulance operations by providing a more effective dispatch system, thereby contributing to reduced response times for ambulances. CAD is to be implemented in stages throughout NSW, with the system having commenced in Dubbo in mid 1998 and the metropolitan area planned to be activated in early 1999.
- The Service introduced the Patient Transport Service (PTS), dedicated to providing non urgent routine transports. The PTS allows the Service to utilise highly trained Ambulance Officers' skills more appropriately and improve the availability of ambulances for emergency incidents.
- Negotiations for the establishment of an ACT/South Eastern NSW helicopter service based in Canberra were completed. A Board of Directors has been established, and the contract with Lloyd Helicopters for the provision of a helicopter service based in Canberra has been signed.

- An Ambulance station was established at Riverstone in Western Sydney, and paramedic services were introduced at Bateau Bay and Toukley in Northern Sydney. Riverstone station was completed and became operational in September.
- The Sydney Staffing Review completed and implementation is commencing with funding approved for an additional 53 officers for the metropolitan Sydney area. The aim of the review was to match skills, staff levels and mode of transport to the needs of the patient and community.
- The Ambulance Service's fleet replacement program saw an additional \$5.4 million in funding being made available to the Service for the specific purpose of reducing the age of the ambulance fleet. Over 100 ambulances were replaced and an additional 10 patient transport vehicles purchased.
- To support the Computer Aided Dispatch (CAD) system, upgrades in radio communications are being implemented statewide through the installation of the Government Radio Network in some areas and a private mobile radio system in other parts of the state.
- The Education Centre submitted the Ambulance Officer curriculum to the Vocational Education and Training Advisory Board in mid 1998. Accreditation of the curriculum was recently granted for five years.
- The Service successfully responded to the Thredbo landslide incident in July/August 1997. The Service's efforts were conducted over an extensive period and resulted in officers being placed in extreme danger to facilitate the rescue of possible survivors. The extrication of the lone survivor was hastened by the efforts of the Ambulance Service's Special Casualty Access Team officers.

Corrections Health

Chief Executive Officer: Assoc/Professor Debora Picone

- Third Biannual Conference - Participants and speakers working in correctional health services from across Australia, and internationally attended the Conference on "Health Promotion in a Correctional Environment". The exchange of information during the Conference indicated that the Corrections Health Service is a leader in setting standards of best practice in health service delivery in a correctional system.
- Population Health Services - The Department provided additional funding to increase population and public health services. A Surveillance Officer has been appointed and recruitment action is in progress to appoint a Director of Population and Public Health (part-time).
- Outpatient Services - The Metropolitan Medical Transit Centre was established to accommodate patients requiring specialist investigation and diagnosis. In addition to specialist care, the centre offers other outpatient services such as minor

operations, dental treatment, radiology and physiotherapy.

- Telemedicine facilities were extended to include Grafton. The Corrections Health Service telemedicine network also includes Bathurst, Goulburn and Long Bay.
- Facilities were developed at the Long Bay Hospital for patients with special needs. These facilities can be used for treating male or female patients as well as elderly and intellectually disabled patients. The facilities also include negative air flow for the management of inmates with air borne communicable diseases.
- The Corrections Health Service and Department of Corrective Services entered into the second cooperative service agreement. A joint records repository for the management of medical records and case management files was established in July 1997. The repository is managed by the Corrections Health Service and funded by both organisations. This agreement has produced substantial improvements in records service delivery.
- Occupational Health & Safety - The Corrections Health Service improved substantially its numerical profile score in 1997/98 to 82.9 per cent compared with a score of 73.9 per cent in 1996/97.
- The workers compensation premium costs were also reduced as a result of pro-active injury management.
- A preliminary report from the inmate health survey was published. The survey is the first and most comprehensive epidemiological research study conducted on the health status of an inmate population in Australia or overseas.
- Prison Patient Outreach Program - An outreach program for patients in the correctional system was established by the Health Care Complaints Commission. The program will target several key centres and will work with health and correctional staff in addressing patient concerns about health care delivery.

New Children's Hospital

Chief Executive Officer: Professor Kim Oates

- The development of Kidsnet. A telephone advice service for parents who have concerns about their children's health.
- The development of an Aboriginal Cultural Awareness Program along with a grant won by the hospital from the Elsa Dixon Aboriginal Employment and Career Development Program for \$144,000.
- The beginning of negotiations with paediatric units in the Greater West of Sydney so that there can be increased sharing of skills and expertise between the New Children's Hospital and other paediatric units in the Greater West. The aim of this is to provide high quality care to children and their parents close to where they live.
- Pilot program for tonsil and adenoid surgery as a day surgery program.
- The establishment of benchmarking for paediatric database costs on a national basis with other paediatric hospitals throughout Australia through the Australian Association of Paediatric Teaching Centres.
- The establishment of an Admit Day of Surgery program. In addition to the 56 per cent of surgical cases done as day only cases, an additional 18 per cent of surgical patients are now admitted on the day of their surgery.
- Overseas initiatives such as the development of an overseas anaesthetic fellowship program for training anaesthetists from developing countries and the export of educational programs in nursing to Malaysia and Singapore.
- The opening of the Book Bunker - a library for children in hospital featuring a large range of books and computers and totally staffed by volunteer librarians.
- Telepsychiatry and Teleradiology being set up to provide services from the New Children's Hospital to rural areas of NSW.
- The appointment of a staff specialist in Palliative Care and Pain Management funded with donated money.

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NSW Health is the major provider of health services to the NSW public. As a matter of public policy, and under agreements with the Commonwealth, these services are largely provided at no charge to the users. User charges are minimal, and where they are levied they need not closely reflect costs (eg, bed day charges). Because of these financial arrangements, the Department's performance measurement is best reflected in the net cost of providing those services. For the year ending 30 June 1998, this net cost was \$5,715M compared with \$5,193M in 1996/97.

The State Government increased its annual allocation to the NSW Health Department from the Consolidated Fund by \$308.6M or 6.3% to \$5,227.7M in 1997/98. The State Government's contributions include Commonwealth assistance of \$1,796M (\$1,756M in 1996/97).

These funds are used to meet both recurrent and capital expenditures, and are accounted for after Net Cost of Service is calculated in order to determine the surplus or deficit for the year.

Government funding does not include depreciation and certain other non-cash expenditures, for example, the movement in employees' leave provision, which is funded on an "as you go" basis. This means that the Department can expect to realise a deficit for each year, unless these non-cash expenses are offset by Government funding for capital purposes.

While capital funding is shown as revenue, capital expenditure is not treated as an expense: by its nature, it is reflected in the Balance Sheet. The amount the Department receives from year to year for capital purposes varies in line with its capital works program but does influence the size of any annual surplus or deficit.

Because Government funds are not intended to, and do not, reflect the cost of service delivery, the surplus or deficit for the year is not a meaningful result when answering the question "What is the cost of providing health services to the NSW public?"

The Accumulated Funds in the Statement of Financial Position has reduced by \$231M and this is reflected as a deficit in the Operating Statement. This reduction includes \$109M of non funded items, while the remaining \$123M relates to the change in assets and liabilities (including cash) to provide a range of health services during the 1997/98 year.

The Operating Statement for 1997/98 identifies that Total Expenses for 1997/98 amounted to \$6.494 billion (up by 8.7%) or \$17.792 million per day.

Expenses include:-

- \$4,017 million for salaries and employee related expenses (\$3,628 million in 1996/97);
- \$65 million for food (\$61 million in 1996/97);
- \$451 million for drugs, medical and surgical supplies (\$420 million in 1996/97);
- \$53 million for fuel, light and power (\$56 million in 1996/97); and
- \$287 million for visiting medical staff (\$261 million in 1996/97).

A summary of key expense items and the movements reported in these items as a percentage of expense is included as [Appendix 4](#).

The financial statements also identify that, whilst \$293 million was charged for depreciation on Property, Plant and Equipment, an amount of \$460 million was incurred in capital expenditure. This constitutes a real new increase in the value of health assets and reflects the significant capital works program to improve Health infrastructure.

Due to Treasury policy, the statements do not identify the cost of raising capital to construct/acquire Property, Plant and Equipment. Such costs are presently borne by Treasury.

All controlled entities prepare annual reports and financial statements on an accrual accounting basis which are audited by the Auditor General. No qualifications were reported for 1997/98.

For 1997/98, Health Services reported unfavourable General Fund Cash budget results of \$6.3 million in aggregate ([refer to Table 3](#)).

The 1998/99 Budget

The NSW Health Net Cost of Services budget for 1998/99 is \$5.825 billion which includes an increase of \$264 million over 1997/98 budgetary levels.

The increase provided enables the direction of funding to the Health population growth and priority areas whilst, at the same time maintaining services in established areas.



INDEPENDENT AUDIT REPORT

DEPARTMENT OF HEALTH

To Members of the NSW Parliament and the Director-General

Scope

I have audited the accounts of the Department of Health for the year ended 30 June 1998. The financial report includes the consolidated accounts of the economic entity comprising the Department and the entities it controlled at the year's end or from time to time during the financial year. The Director-General is responsible for the financial report consisting of the statement of financial position, operating statement, statement of cash flows, program statement - expenses and revenues and summary of compliance with financial directives, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the NSW Parliament and the Director-General based on my audit as required by section 34 and 45F(1) of the *Public Finance and Audit Act 1983*. My responsibility does not extend here to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

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

In addition, other legislative requirements which could have an impact on the Department of Health's financial report have been reviewed on a cyclical basis. For this year, the requirements examined comprise compliance with Treasurer's Directions in respect of usage of fuel cards, credit cards and cash advances.

These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the requirements of the *Public Finance and Audit Act 1983*, Accounting Standards and other mandatory professional reporting requirements so as to present a view which is consistent with my understanding of the Department's financial position, the results of its operations and its cash flows.

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

Audit Opinion

In my opinion, the financial report of the Department of Health complies with section 45E of the Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Department as at 30 June 1998 and the results of its operations and its cash flows for the year then ended.

Inherent Uncertainty Regarding Year 2000 Compliance

Without qualification to the opinion expressed above, attention is drawn to the following matter because of the implications of any adverse effects on the Department's activities. As indicated in note 42 to the financial statements, the Department is investigating the extent to which date changes involving year 2000 will affect its activities. It has established a program to minimise the impact of the transition to the year 2000 by seeking to ensure that its significant/core computer hardware, software and/or systems are year 2000 compliant. The success of the program is dependent on the milestones and achievements that the Department is expected to meet. The Department's activities might also be affected by the ability of third parties dealing with the Department to manage the year 2000 date change. Because third parties have not been willing to provide assurances that their systems are year 2000 compliant, the outcome of the date change on the Department's activities cannot presently be determined.



MT SPRIGGINS, CA
DIRECTOR OF AUDIT

(duly authorised by the Auditor-General of NSW
under section 45F(1A) of the Act)

SYDNEY

3 December 1998

Certification of Accounts

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

- a) The NSW Health Department's Financial Statements are required to be prepared in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements, the requirements of the Public Finance and Audit Act 1983 and its Regulations and the requirements of the Finance Reporting Directives published in the Financial Reporting Code for Budget Dependent Agencies and agreed to by the Treasury;
- b) The financial statements exhibit a true and fair view of the financial position and transactions of the Department and of the economic entity; and
- c) There are no circumstances which would render any other particulars in the accounts to be misleading or inaccurate.



Michael Reid
Director-General

2 December 1998

Parent			Consolidated			
Actual	Budget	Actual	Notes	Actual	Budget	Actual
1998	1998	1997		1998	1998	1997
\$000	\$000	\$000		\$000	\$000	\$000
Expenses						
Operating Expenses						
59,736	54,410	47,342				
203,581	203,749	190,372				
891	800	421				
11,988	10,275	6,600				
5,254,076	5,265,220	4,829,500				
7,754	7,066	7,523				
----	----	----				
5,538,026	5,541,520	5,081,758				
Expenses						
Operating Expenses						
			3	4,017,064	3,993,183	3,628,070
			4	1,478,323	1,430,556	1,382,624
			5	158,123	153,894	162,744
			6	293,186	251,972	254,941
			7	520,912	520,912	472,775
			8	11,580	10,900	10,196
			9	14,416	----	61,781
				6,493,604	6,361,417	5,973,131
Revenues						
191,992	191,226	208,806	10	623,444	642,671	639,492
2,014	3,000	8,373	11	26,691	40,625	38,278
1,924	1,800	1,784	12	110,121	77,103	96,616
9,659	9,717	64,880	13	42,305	40,017	34,200
205,589	205,743	283,843		802,561	800,416	808,586
Gain/(Loss) on Sale of Non Current Assets						
(3,992)	----	(657)	14	(24,334)	----	(28,953)
5,336,429	5,335,777	4,798,572	35	5,715,377	5,561,001	5,193,498
NET COST OF SERVICES						
Government Contributions						
4,933,881	4,933,881	4,563,446		4,933,881	4,933,881	4,563,446
293,799	293,799	355,641		293,799	293,799	355,641
6,007	6,007	4,514	17	256,987	258,220	245,702
5,233,687	5,233,687	4,923,601		5,484,667	5,485,900	5,164,789
SURPLUS / (DEFICIT) FOR THE YEAR						
(102,742)	(102,090)	125,029		(230,710)	(75,101)	(28,709)

The accompanying notes form part of these Financial Statements

NSW Health Department
Statement of Financial Position as at 30 June 1998

Parent			Consolidated				
Actual	Budget	Actual	Notes	Actual	Budget	Actual	
1998	1998	1997		1998	1998	1997	
\$000	\$000	\$000		\$000	\$000	\$000	
ASSETS							
Current Assets							
12,059	12,000	27,047	Cash	34	76,605	51,619	158,598
47,345	47,345	23,472	Investments	19	292,347	278,729	278,729
7,464	3,793	3,793	Receivables	20	105,722	104,718	104,718
----	----	----	Inventories	21	55,498	55,487	55,487
66,868	63,138	54,312	Total Current Assets		530,172	490,553	597,532
Non-Current Assets							
92,114	92,114	119,439	Land and Buildings	22	5,061,384	5,049,587	4,909,890
10,663	13,859	21,359	Plant and Equipment	22	764,175	740,415	740,415
77,131	77,131	62,852	Investments	19	43,511	53,483	53,483
----	----	----	Receivables	20	2,785	5,567	5,567
179,908	183,104	203,650	Total Non-Current Assets		5,871,855	5,849,052	5,709,355
246,776	246,242	257,962	Total Assets		6,402,027	6,339,605	6,306,887
LIABILITIES							
Current Liabilities							
73,223	72,932	20,108	Accounts Payable	24	256,891	211,779	195,033
36,200	36,200	48,285	Borrowings	25	61,373	62,986	62,986
3,514	2,917	2,752	Employee Entitlements	26	448,668	458,439	443,434
112,937	112,049	71,145	Total Current Liabilities		766,932	733,204	701,453
Non-Current Liabilities							
115,500	115,500	66,144	Borrowings	25	155,606	151,250	106,250
2,343	1,945	1,835	Employee Entitlements	26	504,576	469,413	438,345
----	100	100	Other	27	36,598	37,355	37,355
117,843	117,545	68,079	Total Non-Current Liabilities		696,780	658,018	581,950
230,780	229,594	139,224	Total Liabilities		1,463,712	1,391,222	1,283,403
15,996	16,648	118,738	Net Assets		4,938,315	4,948,383	5,023,484
EQUITY							
----	----	----	Reserves	28	417,760	270,814	270,814
15,996	16,648	118,738	Accumulated Funds		4,520,555	4,677,569	4,752,670
15,996	16,648	118,738	Total Equity		4,938,315	4,948,383	5,023,484

The accompanying notes form part of these Financial Statements

NSW Health Department

Cash Flow Statement for the year ended 30 June 1998

Parent			Consolidated			
Actual	Budget	Actual		Actual	Budget	Actual
1998	1998	1997	Notes	1998	1998	1997
\$000	\$000	\$000		\$000	\$000	\$000
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
(173,554)	(175,666)	(151,669)	Employee Related	(3,816,150)	(3,816,428)	(3,412,964)
(5,376,186)	(5,265,220)	(4,821,994)	Grants and Subsidies	(520,912)	(490,433)	(472,775)
(7,754)	(7,066)	(7,523)	Finance Costs	(11,580)	(10,900)	(10,196)
(45,960)	(151,824)	(246,085)	Other	(1,556,351)	(1,598,183)	(1,621,323)
(5,603,454)	(5,599,776)	(5,227,271)	Total Payments	(5,904,993)	(5,915,944)	(5,517,258)
Receipts						
188,775	191,226	208,696	Sale of Goods and Services	618,894	642,671	642,115
2,648	3,000	8,293	Interest	27,133	40,625	37,850
7,138	11,517	7,907	Other	144,749	116,129	121,955
198,561	205,743	224,896	Total Receipts	790,776	799,425	801,920
CASH FLOWS FROM GOVERNMENT						
4,933,881	4,933,881	4,563,446	Recurrent Appropriation	4,933,881	4,933,881	4,563,446
293,898	293,898	355,641	Capital Appropriation	293,898	293,898	355,641
127,538	127,538	108,788	Cash Reimbursements from the Crown Transactions Entity	127,538	127,538	108,788
5,355,317	5,355,317	5,027,875	NET CASH FLOWS FROM GOVERNMENT	5,355,317	5,355,317	5,027,875
(49,576)	(38,716)	25,500	NET CASH FLOWS FROM OPERATING ACTIVITIES	35	241,100	312,537
CASH FLOWS FROM INVESTING ACTIVITIES						
26,163	24,550	1,381	Proceeds from Sale of Property, Plant and Equipment	92,858	51,000	49,345
----	----	----	Proceeds from Sale of Investments	963	----	----
----	----	(2,149)	Advance Repayments Received	----	----	----
(3,537)	----	(2,788)	Purchases of Property, Plant and Equipment	(460,048)	(441,678)	(420,875)
(38,152)	(38,152)	(43,424)	Purchases of Investments	----	----	(25,686)
----	----	(45)	Advances made	----	----	----
4,659	----	----	Other	----	----	----
(10,867)	(13,602)	(47,025)	NET CASH FLOWS FROM INVESTING ACTIVITIES	(366,227)	(390,678)	(397,216)
CASH FLOWS FROM FINANCING ACTIVITIES						
44,900	85,000	40,100	Proceeds from Borrowings and Advances	85,000	85,000	40,000
555	(47,729)	(1,699)	Repayment of Borrowings and Advances	(47,794)	(40,000)	(2,451)
45,455	37,271	38,401	NET CASH FLOWS FROM FINANCING ACTIVITIES	37,206	45,000	37,549
(14,988)	(15,047)	16,876	NET INCREASE/(DECREASE) IN CASH	(87,921)	(106,880)	(47,130)
27,047	27,047	10,171	Opening Cash and Cash Equivalents	374,376	374,376	421,506
12,059	12,000	27,047	CLOSING CASH AND CASH EQUIVALENTS	34	286,455	374,376

The accompanying notes form part of these Financial Statements

NSW Health Department

Summary of Compliance with Financial Directives for the Year Ended 30 June 1998

	Actual Appropriations		Estimated Expenditure **	Actual Appropriations		Estimated Expenditure **
	Original 1998 \$000	Revised 1998 \$000		Original 1997 \$000	Revised 1997 \$000	
Recurrent appropriations						
Program 1.1 *	372,542	409,694	409,694	344,687	347,426	347,426
Program 1.2 *	18,479	15,965	15,965	14,743	11,992	11,992
Program 1.3 *	296,195	364,847	364,847	282,357	281,824	281,824
Program 2.1 *	354,777	394,595	394,595	328,349	332,480	332,480
Program 2.2 *	2,566,550	2,474,017	2,474,017	2,333,999	2,358,382	2,358,382
Program 2.3 *	264,422	266,678	266,678	250,072	250,554	250,554
Program 3.1 *	358,827	352,123	352,123	328,134	327,085	327,085
Program 4.1 *	513,654	476,433	476,433	478,364	488,061	488,061
Program 5.1 *	90,108	90,669	90,669	84,397	84,879	84,879
Program 6.1 *	89,964	88,860	88,860	118,344	80,763	80,763
	4,925,518	4,933,881	4,933,881	4,563,446	4,563,446	4,563,446
Capital appropriations						
Program 1.1 *	797	797	797	22,269	5,964	5,964
Program 1.2 *	1,287	1,287	1,287	1,806	1,784	1,784
Program 1.3 *	-----	-----	-----	-----	-----	-----
Program 2.1 *	5,995	5,995	5,995	20,575	17,806	17,806
Program 2.2 *	268,013	268,013	268,013	276,407	315,682	315,682
Program 2.3 *	-----	-----	-----	-----	-----	-----
Program 3.1 *	17,707	17,707	17,707	30,081	13,905	13,905
Program 4.1 *	-----	-----	-----	643	-----	-----
Program 5.1 *	-----	-----	-----	3,860	500	500
Program 6.1 *	-----	-----	-----	-----	-----	-----
	293,799	293,799	293,799	355,641	355,641	355,641
Total appropriations	5,219,317	5,227,680	5,227,680	4,919,087	4,919,087	4,919,087

Variations in program figures have been reported due to the refinement of program information within all areas of the Department.

* The name and purpose of each program is summarised in Note 18.

** In NSW, agencies are not required to separately record expenditures which are financed by the Consolidated Fund as distinct from expenditures financed by their own user charges. As a result, the Department is unable to determine accurately the exact amount of the expenditures that are related to the Consolidated Fund. However, the amount of revised appropriation approximates the actual expenditure of Consolidated Fund monies.

NSW Health Department
Summary of Compliance with Financial Directives
for the Year Ended 30 June 1998

	1998	1997
	\$000	\$000
Appropriations in Budget Papers	5,118,213	4,735,778
Additional Appropriations	109,467	183,309
Revised appropriation	5,227,680	4,919,087

Explanations of the Additional Appropriations are as follows:

Commonwealth Funding Adjustments

Adjustments under the Hospital Funding Grant and Medicare Related Payments.	43,108	(6,359)
Transfer to NSW of the responsibility for Artificial Limbs Centres.	3,365	-----
Incentive funding provided under Commonwealth agreement.	4,196	-----
Use of Highly Specialised Drugs recouped by the Commonwealth.	11,154	23,279
Cessation of the Commonwealth Dental Program.	-----	(19,870)
Other	394	(3,608)

State Adjustments

Additional cost of Workers Compensation and Other Insurances.	3,237	34,904
Enhancement money provided after initial allocation to provide resources to growth areas.	-----	134,000
Treasury supplementation to cover effect of Commonwealth Medicare funding.	13,900	19,483
Awards	29,240	-----
Other	873	1,480
	109,467	183,309

1. The NSW Health Department Reporting Entity

- (a) The NSW Health Department economic entity comprises all the operating activities of the NSW Ambulance Service; Area Health Services constituted under the Area Health Services Act, 1987; Health Services listed in Schedule 2 to the Public Hospitals Act, 1929 (as amended); and all Central Administration units of the Department.

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

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

2. Summary of Significant Accounting Policies

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

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

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

Except for certain investments and property, plant and equipment, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency. The accounting policies adopted are consistent with those of the previous year.

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

(a) Employee Entitlements

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

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

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

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

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

(b) Superannuation Benefits

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

The superannuation expense for the financial year is determined by using the formulae specified in

NSW Health Department

Notes to and forming part of the Financial Statements for the Year Ended 30 June 1998

the Treasurer's Directions. The expense for certain superannuation schemes (ie Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (ie State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

(c) Insurance

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

(d) Acquisition of Assets

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

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

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

(e) Plant and Equipment

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

(f) Depreciation

Property, Plant and Equipment have been depreciated from not later than the month following acquisition.

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

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

Buildings	2.5%
Electro Medical Equipment	
- Costing less than \$200,000	10.0%
- Costing more than or Equal to \$200,000	12.5%
Computer Equipment	20.0%
Office Equipment	10.0%
Plant and Machinery	10.0%
Furniture, Fittings and Furnishings	5.0%

(g) Revaluation of Non Current Assets

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

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

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

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

(h) Leased Assets

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

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

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

(i) Use of Hospital Facilities

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

(j) Patient Fees

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

(k) Research and Development Costs

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

(l) Investments

Marketable securities and deposits are valued at market valuation or cost. Non marketable securities are brought to account at cost.

Interest revenues are recognised as they accrue.

(m) Inventories

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

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

(n) Trust Funds

The Department's controlled entities receive monies in a trustee capacity for various trusts as set out in Note 31. As the controlled entities perform only a custodial role in respect of these monies and because the monies cannot be used for the achievement of NSW Health's objectives, they are not brought to account in the financial statements.

(o) Administered Activities

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

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

(p) Administrative Restructuring

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

(q) Financial Instruments

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

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 41 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

NSW Health Department

Notes to and forming part of the Financial Statements for the Year Ended 30 June 1998

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

Cash

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

Terms and Conditions - Monies on deposit attract an effective interest rate of approximately 4.6 %.

Receivables

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

Terms and Conditions - Accounts are generally issued on 30 day terms.

Investments

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

Terms and Conditions - Short term deposits have an average maturity of 30 to 60 days and effective interest rate of 4.7% to 6.0%. Fixed term deposits have a maturity of up to 730 days and effective interest rates of 5.1% to 8.3%.

Accounts Payable

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

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

Borrowings

Accounting Policies - Bank Overdrafts and Loans are carried at the principal amount. Interest is charged as an expense as it accrues. Finance Lease Liability is accounted for in accordance with Australian Accounting Standard, AAS17.

Terms and Conditions - Bank Overdraft interest is charged at the bank's benchmark rate.

Classes of instruments recorded at market value comprise:

Treasury Corporation Hour Glass Investments

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

Terms and Conditions - Deposits have a maturity of up to 24 months with effective interest rates of 5.1% to 11.0%.

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

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

(r) Comparative Figures

Comparative figures have not been provided on the financial instruments disclosure because Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", has been applied for the first time in the 1997/98 financial statements.

	Parent		Consolidated	
	1998	1997	1998	1997
	\$000	\$000	\$000	\$000

3. Employee Related Expenses

Employee related expenses comprise the following specific items:

39,922	36,461	Salaries and Wages	3,206,963	2,879,404
9,737	3,002	Superannuation Entitlements	254,274	252,375
2,487	1,306	Long Service Leave	101,271	101,504
3,684	3,146	Recreation Leave	303,751	268,247
-----	-----	Nursing Agency Payments	12,233	9,564
-----	-----	Other Agency Payments	2,686	1,477
476	446	Workers Compensation Insurance	132,400	112,470
3,430	2,981	Payroll Tax and Fringe Benefits Tax	3,486	3,029
59,736	47,342		4,017,064	3,628,070

4. Other Operating Expenses

-----	-----	(a) Food Supplies	64,763	61,168
2,060	1,986	Drug Supplies	212,003	191,202
11,950	10,430	Medical and Surgical Supplies	238,868	229,247
-----	-----	Special Service Departments	119,963	123,727
340	246	Fuel, Light and Power	52,959	55,815
147	143	Domestic Charges	69,545	71,081
189,084	177,567	Administrative Expenses	433,579	389,527
-----	-----	Visiting Medical Officers	286,643	260,857
203,581	190,372		1,478,323	1,382,624

		(b) Administrative expenses include:-		
921	600	Advertising	10,704	7,223
-----	-----	Aircraft Expenses (Ambulance)	12,770	12,072
365	277	Books and Magazines	7,831	7,194
1,642	3,023	Computer Services	11,471	11,606
		Consultancies		
2,169	1,956	- Operating Activities	10,066	9,067
4,072	3,317	- Capital Works	5,173	8,441
66,201	64,404	Cross Border Charges	66,201	64,404
219	215	External Auditors Remuneration	2,110	2,232
43,293	42,476	Insurance	57,614	47,933
		Isolated Patient Travel and		
-----	-----	Accommodation Assistance Scheme	6,132	6,140
433	1,520	Legal Expenses	2,776	3,498
-----	-----	Membership/Professional Fees	1,757	1,584
607	695	Motor Vehicle Expenses	25,858	21,451
-----	-----	Operating Lease Expense	3,915	8,339
-----	-----	Payroll Services	3,797	3,483

NSW Health Department
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 1998

Parent			Consolidated	
1998	1997		1998	1997
\$000	\$000		\$000	\$000
(b) Administrative expenses (continued):				
525	380	Postal	6,301	5,330
2,062	2,019	Printing and Stationery	30,421	27,187
51	-----	Provision for Bad and Doubtful Debts	13,332	8,708
275	163	Rates and Charges	11,770	10,913
4,687	4,363	Rental Expense relating to Operating Leases	13,196	6,956
1,265	5,084	Software/License Fees	10,441	7,023
614	624	Staff Training and Development	22,097	20,004
1,132	1,233	Telephone	36,843	31,824
133	131	Travelling - Overseas	3,296	2,363
1,816	1,680	Travelling - Domestic	10,580	10,289

Fees/other benefits paid to Health Service Board members excluding payments made in the nature of normal employee salary or payments made in accordance with conditions applied to Visiting Medical Officers in general are disclosed in Annual Reports of the Health Services concerned. Payments made statewide, eg. for travel, total \$80,000 only.

5. Maintenance

891	421	Repairs and Routine Maintenance	99,470	90,381
-----	-----	Other		
		Renovations and Additional Works	9,912	21,805
-----	-----	Replacements and Additional Equipment less than \$5,000	48,741	50,558
891	421		158,123	162,744

Parent		Consolidated	
1998	1997	1998	1997
\$000	\$000	\$000	\$000
6. Depreciation and Amortisation Expense			
152	152	149,043	125,808
2,874	2,993	134,161	124,762
8,962	3,455	9,982	4,371
11,988	6,600	293,186	254,941
7. Grants and Subsidies			
----	----	319,102	292,240
----	----	9,501	4,271
1,471	1,249	1,471	1,249
1,371	827	1,371	827
9,058	3,670	9,058	10,631
21,895	21,692	54,224	53,009
----	6,084	7,940	6,277
40,866	36,695	40,866	36,695
5,163,096	4,732,768	----	----
----	----	56,500	55,316
16,319	26,515	20,879	12,260
5,254,076	4,829,500	520,912	472,775

As part of the consolidation process payments to Controlled Health Entities by the parent entity have been eliminated in conjunction with the corresponding receipts of the Controlled Health Entities.

NSW Health Department
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 1998

Parent			Consolidated	
1998	1997		1998	1997
\$000	\$000		\$000	\$000
8. Finance Costs				
7,754	7,523	Finance Lease Interest Charges	11,157	10,031
-----	-----	Interest	423	165
7,754	7,523		11,580	10,196
9. Other Expenses				
-----	-----	Physical Non-Current Asset Revaluation Decrement	14,416	61,781
-----	-----		14,416	61,781
10. Sale of Goods and Services				
Sale of Goods and Services comprise the following:-				
-----	-----	Patient Fees	228,244	238,874
-----	-----	Staff-Meals and Accommodation	18,518	22,156
-----	-----	Use of Hospital Facilities	64,950	60,608
147,861	162,493	Department of Veterans' Affairs Agreement Funding	147,861	162,493
-----	-----	Ambulance Non Hospital User Charges	16,915	18,264
23,429	26,005	Motor Accident Authority Third Party Receipts	23,429	26,005
-----	-----	Car Parking	8,116	5,230
-----	-----	Child Care Fees	3,338	2,168
-----	-----	Commercial Activities	17,062	17,283
-----	-----	Lease and Rental Income	6,036	4,363
-----	-----	Non Staff Meals	10,579	6,167
-----	-----	Linen Service Revenues - Non Health Services	8,430	4,238
-----	-----	Sale of Prosthesis	14,454	8,490
20,702	20,308	Other	55,512	63,153
191,992	208,806		623,444	639,492
11. Investment Income				
2,014	8,373	Interest	26,385	38,031
-----	-----	Other	306	247
2,014	8,373		26,691	38,278

	Parent		Consolidated	
	1998	1997	1998	1997
	\$000	\$000	\$000	\$000

12. Grants and Contributions

-----	-----	University Commission grants	1,078	838
1,924	1,784	Grants	80,141	53,561
-----	-----	Other -		
-----	-----	Wholesale and Retail Trade	96	73
-----	-----	Finance, Property and Business Services	89	132
-----	-----	Public Administration	1,442	333
-----	-----	Community Services	4,475	943
-----	-----	Recreation, Personal and Other Services	22,800	40,736
1,924	1,784		110,121	96,616

13. Other Revenue

Other Revenue comprises the following:-

585	57,904	Adjustment of Asset Values	3,337	-----
5,180	5,164	Health Professional Registration Fees	5,180	5,164
3,894	1,812	Sundry Revenue	33,788	29,036
9,659	64,880		42,305	34,200

14. Gain/(Loss) on Sale of Non Current Assets

54,195	2,066	Property, Plant and Equipment	179,131	103,397
(24,040)	(28)	Less Accumulated Depreciation	(61,939)	(25,099)
30,155	2,038	Written Down Value	117,192	78,298
(26,163)	(1,381)	Less Proceeds from Sale	(92,858)	(49,345)
(3,992)	(657)	Gain/(Loss) on Sale of Non Current Assets	(24,334)	(28,953)

NSW Health Department
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 1998

15. Conditions on Contributions

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	\$000	\$000	\$000	\$000
- Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date	19,104	22,527	10,436	52,067
- Aggregate of Contributions recognised as revenues during the financial year which were specifically provided for expenditure over a future period	6,636	8,909	5,493	21,038
- Revenues recognised in previous years which were obtained for expenditure in the current financial year	5,570	20,106	6,062	31,738
- Total Amount of unexpended Contributions as at Balance Date	75,956	107,794	57,118	240,868

Comment on restricted asset appears in Note 23

Parent		Consolidated	
1998	1997	1998	1997
\$000	\$000	\$000	\$000

16. Abnormal Items
(a) Abnormal Revenue /(Expense)

-----	-----	Revaluation Decrements included in Other Expenses (Note 9 refers)	-----	(61,781)
-----	57,904	Adjustment of Asset Values included in Other Revenue (Note 13 refers)	-----	-----
-----	57,904		-----	(61,781)

17. Acceptance by the Crown Transactions Entity of Employee Entitlements and Other Liabilities

The following liabilities and/or expenses have been assumed by the Crown Transactions Entity or other government agencies:

3,294	3,003	Superannuation	254,274	244,191
2,487	1,306	Long Service Leave	2,487	1,306
226	205	Payroll Tax	226	205
6,007	4,514		256,987	245,702

18. Programs/Activities of the Agency

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

NSW Health Department

Notes to and forming part of the Financial Statements for the Year Ended 30 June 1998

Parent			Consolidated	
1998	1997		1998	1997
\$000	\$000		\$000	\$000
19. Investments				
Current				
----	----	Treasury Corporation - Hour Glass	113,226	99,793
----	----	Other Loans and Deposits	179,121	178,811
		Other		
47,345	23,472	- Intra Health Loans	----	----
----	----	- Other	----	125
47,345	23,472		292,347	278,729
Non Current				
----	----	Treasury Corporation - Hour Glass	----	10
----	----	Other Loans and Deposits	41,950	51,643
----	----	Shares	1,561	1,534
		Other		
77,131	62,852	- Intra Health Loans	----	----
----	----	- Other	----	296
77,131	62,852		43,511	53,483
124,476	86,324	Total Investments	335,858	332,212

Parent		Consolidated	
1998	1997	1998	1997
\$000	\$000	\$000	\$000

20. Receivables

Current

----	----	(a) Sale of Goods and Services	92,617	89,278
5,935	3,258	Other Debtors	22,490	23,986
1,629	584	- Prepayments	9,876	8,004
7,564	3,842	Sub Total	124,983	121,268
(100)	(49)	Less Provision for Doubtful Debts	(19,261)	(16,550)
7,464	3,793		105,722	104,718

(b) Bad debts written off during the year

----	----	- Sale of Goods and Services	8,489	8,319
----	----	- Other	1,753	2,215
----	----		10,242	10,534

Non Current

----	----	(a) Sale of Goods and Services		
----	----	Other Debtors	----	3,000
----	----	- Prepayments	2,785	2,567

----	----	Sub Total	2,785	5,567
----	----	Less Provision for Doubtful Debts	----	----
----	----		2,785	5,567

(b) Bad debts written off during the year

----	----	- Sale of Goods and Services	379	435
----	----	- Other		
----	----		379	435

Sale of Goods and Services includes:

----	----	Patient Fees - Compensable	25,183	31,135
----	----	Patient Fees - Other	38,609	37,521

21. Inventories

Current - Finished Goods at cost

----	----	Drugs	17,545	18,727
----	----	Medical and Surgical Supplies	21,929	24,279
----	----	Food Supplies	2,649	4,031
----	----	Engineering Supplies	3,258	2,696
----	----	Other including Goods in Transit	10,117	5,754
----	----		55,498	55,487

NSW Health Department
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22. Property, Plant and Equipment

Parent

	Land	Buildings	Leased Buildings	Plant and Equipment	Leased Assets	Total
	\$000	\$000	\$000	\$000	\$000	\$000
Balance 1 July 1997						
At Valuation date 1 July 1993	67,920	5,459	-----	-----	-----	73,379
At Cost	135	528	52,462	25,288	26,032	104,445
Capital Expenditure/ Donations [see note 2(k)(iii) & (iv)]	450	-----	-----	3,672	-----	4,122
Disposals	(25,000)	-----	-----	(3,163)	(26,032)	(54,195)
Reclassifications	-----	-----	-----	-----	-----	-----
Balance at 30 June 1998						
At Valuation date 1 July 1993	43,370	5,009	-----	-----	-----	48,379
At Cost	135	978	52,462	25,797	-----	79,372
TOTAL	43,505	5,987	52,462	25,797	-----	127,751
Depreciation						
Balance 1 July 1997						
At Valuation date 1 July 1993	-----	277	-----	-----	-----	277
At Cost	-----	12	6,776	14,691	15,270	36,749
Charge for the year [see note 2(f)]	-----	152	4,444	2,874	4,518	11,988
Adjustment for disposals	-----	-----	-----	(1,775)	(22,265)	(24,040)
Reclassifications	-----	-----	(1,821)	(656)	2,477	-----
Balance at 30 June 1998						
At Valuation date 1 July 1993	-----	427	-----	-----	-----	427
At Cost	-----	14	9,399	15,134	-----	24,547
TOTAL	-----	441	9,399	15,134	-----	24,974
Carrying Amount at 30 June 1998						
At Valuation date 1 July 1993	43,370	4,582	-----	-----	-----	47,952
At Cost	135	964	43,063	10,663	-----	54,825
TOTAL	43,505	5,546	43,063	10,663	-----	102,777

22. Property Plant and Equipment (Continued)

Consolidated

	Land	Buildings	Leased Buildings	Plant and Equipment	Leased Assets	Total
	\$000	\$000	\$000	\$000	\$000	\$000
Balance 1 July 1997						
At Valuation	691,828	3,733,920	----	192,968	----	4,618,716
At Cost	141,910	1,841,953	93,257	1,135,837	26,090	3,239,047
Capital Expenditure/ Donations [see note 2(k)(iii) & (iv)]	3,808	225,436	11,521	213,742	----	454,507
Disposals	(39,811)	(15,542)	----	(97,688)	(26,090)	(179,131)
Reclassifications	4,442	50,685	(6,628)	15,653	----	64,152
Valuation Increments	90,744	657,558	----	----	----	748,302
Valuation decrements	(137)	58,105	----	----	----	57,968
Assets brought to a/c for first time	(2,800)	----	----	----	----	(2,800)
Balance at 30 June 1998						
At Valuation	768,357	4,744,272	----	192,797	----	5,705,426
At Cost	121,627	1,807,843	98,150	1,267,715	----	3,295,335
TOTAL	889,984	6,552,115	98,150	1,460,512	----	9,000,761
Depreciation						
Balance 1 July 1997						
At Valuation	----	1,271,388	----	145,664	----	1,417,052
At Cost	----	313,898	7,692	453,546	15,270	790,406
Charge for the year [see note 2(f)]	----	149,043	5,464	134,161	4,518	293,186
Writeback on disposals	----	(5,282)	----	(34,392)	(22,265)	(61,939)
Reclassifications	----	66,138	(1,821)	(2,642)	2,477	64,152
Transfer on Revaluation	----	672,345	----	----	----	672,345
Balance at 30 June 1998						
At Valuation	----	2,151,222	----	145,664	----	2,296,886
At Cost	----	316,308	11,335	550,673	----	878,316
TOTAL	----	2,467,530	11,335	696,337	----	3,175,202
Carrying Amount at 30 June 1998						
At Valuation	768,357	2,593,050	----	47,133	----	3,408,540
At Cost	121,627	1,491,535	86,815	717,042	----	2,417,019
TOTAL	889,984	4,084,585	86,815	764,175	----	5,825,559

NSW Health Department
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Parent		Consolidated	
1998	1997	1998	1997
\$000	\$000	\$000	\$000

23. Restricted Assets

The Department's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.

----	----	Specific Purposes	124,949	107,422
----	----	Perpetually Invested Funds	5,718	5,090
----	----	Research Grants	29,452	25,555
----	----	Private Practice Funds	20,008	18,841
----	----	Other	60,741	46,265
----	----		240,868	203,173

Major categories included in the Consolidation are:

Category	Brief Details of Externally Imposed Conditions
Specific Purposes Trust Funds	Donations, contributions and fundraisings held in trust for the benefit of specific patient, Department and/or staff groups.
Perpetually Invested Trust Funds	Funds invested in perpetuity. The income there from used in accordance with donor' or trustees' instructions for the benefit of patients and/or in support of hospital services.
Private Practice Funds	Staff specialists participating in Rights of Private Practice Schemes.
Nurses Prize Fund	To award, out of income, prizes for presentation to graduate nurses obtaining the best results in selected subjects.
Research Grants	Specific research grants.
New Children's Hospital Fund	Donations, fundraising and contributions towards the cost of the New Children's Hospital at Westmead.
Bear Cottage	Donations, Contributions and Fundraising held towards the cost of setting up Bear Cottage Home for the terminally ill children and their families to provide them with the medical attention in a home environment.

Parent			Consolidated	
1998	1997		1998	1997
\$000	\$000		\$000	\$000
24. Accounts Payable				
5,357	2,691	Creditors	157,028	145,135
----	----	Interest	24	----
----	----	Other Creditors		
18,483	6,635	- Capital Works	20,747	12,009
49,383	10,782	- Other	79,092	37,889
		- Intra Health Liability	----	----
73,223	20,108		256,891	195,033
25. Borrowings				
Current				
----	----	Bank Overdraft	25,173	14,636
36,200	40,000	Other Loans and Deposits	36,200	40,007
----	8,285	Finance Leases [See note 30(d)]	----	8,343
36,200	48,285		61,373	62,986
Non Current				
60,000	11,200	Other Loans and Deposits	60,000	11,200
55,500	54,944	Finance Leases [See note 30(d)]	95,606	95,050
115,500	66,144		155,606	106,250
Repayment of Borrowings (Excluding Finance Leases)				
36,200	40,000	Not later than one year	61,373	54,643
60,000	11,200	Between one and two years	60,000	11,200
96,200	51,200	Total Borrowings at face value (Excluding Finance Leases)	121,373	65,843

NSW Health Department

Notes to and forming part of the Financial Statements for the Year Ended 30 June 1998

Parent			Consolidated	
1998	1997		1998	1997
\$000	\$000		\$000	\$000
26. Employee Entitlements				
Current				
1,823	1,929	Recreation Leave	314,392	294,472
-----	-----	Long Service Leave	62,043	71,680
Other				
1,691	823	Accrued Salaries and Wages	72,156	77,227
-----	-----	Sick Leave	77	55
3,514	2,752	Aggregate employee entitlements	448,668	443,434
Non Current				
2,343	1,835	Recreation Leave	38,646	30,755
-----	-----	Long Service Leave	465,195	406,820
Other				
-----	-----	Sick Leave	735	770
2,343	1,835	Aggregate employee entitlements	504,576	438,345
27. Other Liabilities				
-----	100	Income in Advance	36,598	37,355
-----	100		36,598	37,355

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

NSW Health Department

Notes to and forming part of the Financial Statements
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28. Equity

	1998 \$000	1997 \$000	Parent Accumulated Funds	Parent Total Equity	1998 \$000	1997 \$000	Consolidated Accumulated Funds	1998 \$000	1997 \$000	Consolidated Asset Revaluation Reserve	1998 \$000	1997 \$000	Consolidated Total Equity
Balance at the beginning of the Financial Year	118,738	1,456	1,456	1,456	4,752,670	4,846,427	270,814	130,488	5,023,484	4,976,915			
Increase/(Decrease) in Net Assets from Administrative Restructuring (Note 29)	-----	(7,747)	(7,747)	(7,747)	-----	-----	-----	-----	-----	-----			
Surplus/(Deficit) for the Year	(102,742)	125,029	125,029	(102,742)	(230,710)	(28,709)	(230,710)	(28,709)	(230,710)	(28,709)			
Increment on Revaluation of:													
Land	-----	-----	-----	-----	-----	-----	83,192	26,597	83,192	26,597			
Buildings and Improvements	-----	-----	-----	-----	-----	-----	65,149	130,615	65,149	130,615			
Correction to previously recognised asset	-----	-----	-----	-----	(2,800)	(81,934)	(2,800)	(81,934)	(2,800)	(81,934)			
Transfers to (from) Revaluation Reserves	-----	-----	-----	-----	1,395	16,886	(1,395)	(16,886)	-----	-----			
Balance at end of Financial Year	15,996	118,738	118,738	15,996	4,520,555	4,752,670	417,760	270,814	4,938,315	5,023,484			

NSW Health Department
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29. Administrative Restructure

No administrative restructures occurred in the 1997/98 year.
 In 1996/97 the Division of Analytical Laboratories transferred from the parent entity to Western Sydney Area Health Service from 1 July 1996 with no effect on the consolidated result.

	1998	1997
	\$000	\$000
Current Assets	----	631
Non Current Assets	----	7,841
Total Assets	----	8,472
Current Liabilities	----	725
Non Current Liabilities	----	----
Total Liabilities	----	725
Net Assets/Equity	----	7,747

Parent			Consolidated	
1998	1997		1998	1997
\$000	\$000		\$000	\$000
30. Commitments for Expenditure				
(a) Capital Commitments				
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts				
457,627	470,648	Not later than one year	457,627	470,648
420,605	398,031	Between one and two years	420,605	398,031
708,482	734,628	Between two and five years	708,482	734,628
109,547	----	Later than five years	109,547	----
1,696,261	1,603,307	Total Capital Expenditure Commitments	1,696,261	1,603,307
(b) Other Expenditure Commitments				
Aggregate other expenditure contracted for at balance date but not provided for in the accounts				
----	----	Not later than one year	6,559	6,213
----	----	Between one and two years	1,520	888
----	----	Between two and five years	1,064	1,224
----	----	Total Other Expenditure Commitments	9,143	8,325
(c) Operating Lease Commitments				
Commitments in relation to non cancellable operating leases are payable as follows:				
4,817	4,979	Not later than one year	10,779	10,372
4,096	5,453	Between one and two years	9,711	9,405
118	5,275	Between two and five years	5,584	8,329
----	----	Later than five years	3,114	759
9,031	15,707	Total Operating Lease Commitments	29,188	28,865
These operating lease commitments are not recognised in the financial statements as liabilities.				
(d) Finance Lease Commitments				
6,852	14,748	Not later than one year	12,294	19,375
7,263	6,852	Between one and two years	11,885	11,383
24,509	23,123	Between two and five years	38,937	37,298
83,431	92,077	Later than five years	175,730	189,001
122,055	136,800	Total Finance Lease Commitments	238,846	257,057
(66,555)	(73,571)	Less: Future Financing Charges	(143,240)	(153,664)
55,500	63,229	Finance Lease Liabilities	95,606	103,393
----	8,285	(a) Current	----	8,343
55,500	54,944	(b) Non-Current	95,606	95,050
55,500	63,229		95,606	103,393

NSW Health Department
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31. Trust Funds

The NSW Health Department's controlled entities hold Trust Fund monies of \$82.4 million which are used for the safe keeping of patients monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Department or its controlled entities cannot use them for the achievement of their objectives. The following is a summary of the transactions in the trust account:

	Patients Trust		Refundable Deposits		Private Practice Trust Funds		Total Trust Funds	
	1998	1997	1998	1997	1998	1997	1998	1997
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Cash Balance at the beginning of the financial year	5,214	3,277	8,772	883	67,567	50,074	81,553	54,234
Receipts	7,687	11,971	22,900	16,245	89,423	76,546	120,010	104,762
Expenditure	(9,006)	(10,034)	(15,312)	8,356	94,804	(59,053)	(119,122)	(77,443)
Cash Balance at the end of the financial year	3,895	5,214	16,360	8,772	62,186	67,567	82,441	81,553

32. Contingent Liabilities (Parent and Consolidated)

(a) Claims on Managed Fund

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

(b) 1995/96 Workers Compensation Hindsight Adjustment

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

A contingent liability/asset may therefore exist in respect of the 1995/96 Workers Compensation Fund year.

The Treasury Managed Fund provides estimates as at 30 June each year and the latest available, viz those advised as at 30 June 1997 estimate that an asset of \$4.373 million is applicable.

This estimate however is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of 1998.

(c) Third/Fourth Schedule Organisations

Based on the definition of control in Australian Accounting Standard AAS24, Health Organisations listed in the Third and Fourth Schedules of the Public Hospitals Act, 1929 are only recognised in the Department's consolidated Financial Statements to the extent of cash payments made.

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

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33. Charitable Fundraising Activities

Fundraising Activities

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

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

	INCOME RAISED \$000's	DIRECT EXPENDITURE* \$000's	INDIRECT EXPENDITURE+ \$000's	NET PROCEEDS \$000's
Appeals (Consultants)	410	23	....	387
Appeals (In House)	13,704	1,053	1,441	11,210
Fetes	139	41	3	95
Raffles	86	12	2	72
Functions	1,994	270	3	1,721
	16,333	1,399	1,449	13,485
Percentage of Income	100%	8.57%	8.87%	82.56%

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

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

The net proceeds were used for the following purposes: \$000's

Purchase of Equipment	5,829
Purchase of Land & Buildings	982
Research	1,647
Purchase through General Fund	382
Held in Special Purpose and Trust Fund Pending Purchase	4,645
	13,485

Parent			Consolidated	
1998	1997		1998	1997
\$000	\$000		\$000	\$000
34. Cash and Cash Equivalents				
For the purposes of the Cash Flow Statement, cash includes cash and bank overdraft. Cash at the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Statement of Financial Position as follows:				
12,059	27,047	Cash	76,605	158,598
----	----	Bank Overdraft	(25,173)	(14,636)
----	----	Current Investments	235,023	230,414
Closing Cash and Cash Equivalents				
12,059	27,047	(per Cash Flow Statement)	286,455	374,376

35. Reconciliation Of Net Cost Of Services To Net Cash Flows to Operating Activities

(49,576)	25,500	Net Cash Used on Operating Activities	241,100	312,537
(11,988)	(6,600)	Depreciation	(293,186)	(254,941)
		Acceptance by the Government of Employee		
(6,007)	(4,514)	Entitlements and Other Liabilities	(256,987)	(245,702)
(1,270)	605	(Increase)/ Decrease in Provisions	(71,465)	(78,192)
12,540	179	Increase / (Decrease) in Prepayments and Other Assets	(1,767)	(1,363)
(48,357)	48,397	(Increase)/ Decrease in Creditors	(68,864)	80,246
(3,992)	(657)	Net Loss/ (Gain) on Sale of Property, Plant and Equipment	(24,334)	(28,953)
(4,933,881)	(4,563,446)	Recurrent Appropriation	(4,933,881)	(4,563,446)
(293,898)	(355,641)	Capital Appropriation	(293,898)	(355,641)
----	----	Cash Reimbursements from the Crown Transactions Entity	----	----
----	57,605	Other	(12,095)	(58,043)
(5,336,429)	(4,798,572)	Net Cost of Services	(5,715,377)	(5,193,498)

36. Non Cash Financing and Investing Activities

----	----	Assets Received by Donation	2,321	3,738
----	----	Property, Plant and Equipment acquired by Finance Lease	----	40,795
----	----		2,321	44,533

37. 1997/98 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to health services. Services provided include:

- . Chaplaincies and Pastoral Care - Patient & Family Support
- . Pink Ladies/Hospital Auxiliaries - Patient Services, Fund Raising
- . Patient Support Groups - Practical Support to Patients and Relatives
- . Community Organisations - Counselling, Health Education, Transport, Home Help & Patient Activities

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38. Unclaimed Monies

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

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

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

39. Budget Review

Net Cost of Services

The actual net cost of services was higher than budget by \$154 million, this was primarily due to:

- an increase of \$24 million representing the increase in Award Payments and Employee Related Entitlements above budget expectation
- an increase of \$47 million in Other Operating Expenses representing increases in patient flows to other States, the current year's doubtful debt provision and other increased expenditures associated with capital projects, especially in respect of Information Technology
- an increase of \$4 million in essential maintenance works
- asset decrements of \$ 14 million
- an increase of \$41 million in the non cash depreciation item
- a loss on disposal of non current assets of \$24 million

Assets and Liabilities

"Cash and Investments" have increased in total by \$29 million from the budget expectation and is mainly attributable to a \$33 million increase in tied or additional "Grants and Contributions".

"Accounts Payable" as at 30 June 1998 has increased by \$45 million from the planned budget and is largely due to a corresponding increase in Operating Expenses.

"Total Borrowings" has increased by \$3 million over budget, such increase comprising the increase in bank overdraft and finalisation of one of the Department's finance leases. Borrowings have increased by \$48 million over the previous year with the increase principally reflecting additional loan funds provided by Treasury in connection with productivity award claims.

"Total Employee Entitlements" has increased by \$25 million over budget expectations.

Cash Flows

The movements from budget reported in the Cash Flow Statement reflect:

	\$M
Increased proceeds from the sale of non current assets	42
Increased purchases of property, plant & equipment	(18)
Repayment of finance leases	8
Other	3
Increase in Cash and Cash Equivalent	19

40. Post Balance Date Events

(a) Salary Agreements

Agreements with unions provide for the following increases payable after 30 June 1998.

	1 July 1998	1 January 1999
	%	%
NSW Nurses Association	3	3
Health and Research Employees Association	6	3
Public Service Association*	5	5
Australian Salaried Medical Officers Federation	3	3

* Agreement negotiated by Premier's Department.

(b) Motor Vehicle Operating Leases

During the 1998/99 financial year an operating lease facility is to be established for the motor vehicle fleet of all Health Services. The new facility will be established through an open tender process to be arranged through the NSW Treasury.

Under the arrangement all existing vehicles suitable for acquisition under an operating lease facility will be sold and leased back to the Department.

The capital funds to be released through the sale of motor vehicles, estimated at \$120 million, is to be paid to the Consolidated Fund to support the resultant operating lease cost associated with the arrangement.

(c) Sessional Visiting Medical Officers Superannuation

For the period 1 July 1993 to 31 January 1994, the Department, by agreement with the Australian Medical Association, withdrew at least 5% from normal hourly rates paid to Sessional VMOs with monies either being lodged to the credit of approved superannuation funds or held in the General Fund. The Department's position is that no superannuation guarantee charge liability exists in respect of NSW Health entities for any Visiting Medical Officer since 1 July 1992. Negotiations on this matter with the Australian Taxation Office (ATO) concluded in 1998/99 with the Department to pay an agreed settlement to the ATO.

(d) Health Service Loans

As a consequence of the introduction by Government in 1989/99 of a savings/loans carried forward policy, the Parent has provided loans and approved of carried forward savings to its controlled entities. In general, this policy has been achieved within the total appropriation to the Department of Health.

The effect of such transactions is reflected in entity accounts but is netted off at Consolidation level between the Parent and its entities.

A query has been raised as to the basis upon the Parent's authority of permitting entities to borrow funds from the Parent or the Parent approving the use of savings in subsequent years.

This query will be addressed in respect of the preparation of 1998/99 financial statements.

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41. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. The Department of Health's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Statement of Financial Position date of 30 June 1998 are as follows:

Financial Instruments	Floating interest rate	Fixed interest rate maturing in:			Non-interest bearing	Total carrying amount as per the Statement of Financial Position
		1 year or less	Over 1 to 5 years	More than 5 years		
	1998 \$000	1998 \$000	1998 \$000	1998 \$000	1998 \$000	1998 \$000
Financial Assets						
Cash	75,966	----	----	----	639	76,605
Receivables	----	----	----	----	108,507	108,507
Shares	----	----	----	----	1,561	1,561
Treasury Corp. Investments	60,775	50,451	2,000	----	----	113,226
Other Loans and Deposits	172,177	46,808	----	----	2,086	221,071
Total Financial Assets	308,918	97,259	2,000	----	112,793	520,970
Financial Liabilities						
Borrowings-Bank Overdraft	25,173	----	----	----	----	25,173
Borrowings-Other	191,806	----	----	----	----	191,806
Accounts Payable	----	----	----	----	256,891	256,891
Total Financial Liabilities	216,979	----	----	----	256,891	473,870

42. Financial Instruments

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract/ or financial position failing to discharge a financial obligation thereunder.

The Department of Health's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position.

Credit Risk by classification of counterparty.

	Governments	Banks	Patients	Other	Total
	1998	1998	1998	1998	1998
	\$000	\$000	\$000	\$000	\$000
Financial Assets					
Cash	639	75,966	----	----	76,605
Receivables	----	242	108,265	----	108,507
Shares	----	----	----	1,561	1,561
Treasury Corp. Investments	113,226	----	----	----	113,226
Other Loans and Deposits	----	221,071	----	----	221,071
Total Financial Assets	113,865	297,279	108,265	1,561	520,970

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables from these entities totalled \$10.656 million at balance date.

c) Net Fair Value

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

d) Derivative Financial Instruments

The Departments of Health holds no Derivative Financial Instruments

NSW Health Department

Notes to and forming part of the Financial Statements for the Year Ended 30 June 1998

43. Year 2000 Date Change

The NSW Health Department is investigating if and to what extent the date change from 1999 to 2000 may affect its activities. The Department has established a program to ensure that the impact of the transition to the year 2000 on the Department, its controlled entities and the people and groups to which it provides services is minimised by seeking to ensure that its significant/core computer hardware, software and/or systems are year 2000 compliant.

The success of the program is dependent on the milestones and achievements that the Department is expected to meet. At the date of this report the Department is not aware of any matter that would significantly impact on the success of the program.

The Department's activities may also be affected by the ability of third parties dealing with the Department to also manage the effect of the year 2000 date change.

END OF AUDITED FINANCIAL STATEMENTS

APPENDIX 1

Addresses and Telephone Numbers of NSW Health Department and selected services

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NSW Health Department

North Sydney Office

73 Miller Street
North Sydney NSW 2060
(Locked Bag 961, North Sydney 2059)
Telephone: (02) 9391 9000
Facsimile: (02) 9391 9101
Director-General: Mr Michael Reid
Hours of business: 8.00am to 5.30pm
Monday to Friday

Foveaux Street Site

28 Foveaux Street
Surry Hills NSW 2010
Hours of business: 9.00am to 5.30pm
Monday to Friday

Gladesville Hospital Site

Gladesville Hospital Site
Punt Road, Gladesville
NSW 2111
Hours of business: 8.00am to 5.30pm
Monday to Friday

Better Health Centre -

Publications Warehouse

Locked Mail Bag 5003
Gladesville
NSW 2111
Ph: (02) 9816 0452
Fax: (02) 9816 0492
Hours of business: 8.00am to 4.30pm
Monday to Friday

Health Professionals

Registration Boards

Level 2
28 Foveaux Street
Surry Hills NSW 2010
(PO Box K599, Haymarket NSW 1238)
Telephone: (02) 9219 0222
Facsimile: (02) 9281 2030
Director: Mr Jim Tzannes
Hours of business: 8.30am to 4.30pm
Monday to Friday

Pharmaceutical Services Branch

Building 29 Gladesville Hospital Campus
Cnr Victoria and Punt Roads
Gladesville 2111
(PO Box 103, Gladesville 2111)
General enquiries:
Telephone: (02) 9879 3214
Facsimile: (02) 9859 5165
Methadone Program:
Telephone: (02) 9879 5246
Facsimile: (02) 9859 5170

Enquiries relating to authorities to prescribe other drugs of addiction

Telephone: (02) 9879 5239
Facsimile: (02) 9859 5175
Chief Pharmacist: Mr John Lumby
Hours of business: 8.30am to 5.30pm
Monday to Friday

Environmental Health Branch

Unit B, Gladesville Hospital
Victoria Road
Gladesville NSW 2112
Ph: (02) 9816 0426
Fax: (02) 9816 034
Director: Dr Stephen Corbett
Hours of business: 9.00am to 5.30pm
Monday to Friday

Food and Nutrition Policy Unit

Ward 20B
Gladesville Hospital
Victoria Road
Gladesville NSW 2111
Ph: (02) 9816 0287
Fax: (02) 9879 7372
Director: Jon McMahon
Hours of business: 9.00am to 5.30pm
Monday to Friday

Selected Services

Division of Analytical Laboratories

Joseph Street
Lidcombe NSW 2141
(PO Box 162, Lidcombe 2141)
Telephone: (02) 9646 0222
Facsimile: (02) 9646 0333
Director & Government Analyst: Dr Edward Crematy
Hours of business: 8.45am to 5.00pm
Monday to Friday

NSW MultiCultural Health

Communication Service
Royal South Sydney Community Health Complex
Joynton Ave
Zetland NSW 2017
Ph: (02) 9382 8111
Fax: (02) 9382 8120
Director: Illona Lee
Hours of business: 8.30am to 5.00pm
Monday to Friday

The NSW Institute of Forensic Medicine

42-50 Parramatta Road
Glebe NSW 2037
(PO Box 90, Glebe NSW 2037)
Telephone: (02) 9660 5977 (24hrs)
Facsimile: (02) 9552 1613
Director: Professor John Hilton
Hours of business: 8.30am to 4.30pm
Monday to Friday
Mortuary hours: 24 hour service (50 Arundel Street, Glebe 2097)

APPENDIX 2

Profiles of Metropolitan and Rural Health Services. (Includes all hospitals, health services which are partially and wholly funded by NSW Health).

CENTRAL COAST AREA HEALTH SERVICE

Gosford Hospital
Racecourse Road Gosford NSW 2250
(PO Box 361 Gosford)
Telephone: (02) 4320 2111
Facsimile: (02) 4325 0566
Chief Executive Officer: Mr Jon Blackwell
Hours of Business: 8.00am - 5.00pm
Monday to Friday

Local Government Areas

Wyong, Gosford

Public Hospitals

Gosford
Woy Woy
Wyong
Long Jetty Health Care Centre

CENTRAL SYDNEY AREA HEALTH SERVICE

Missenden Road
Camperdown NSW 2050
Telephone: (02) 9515 9600
Facsimile: (02) 9515 9611
Chief Executive Officer: Dr Diana Horvath AO
Hours of Business: 8.30am - 5.00pm
Monday to Friday

Local Government Areas

Ashfield, Burwood, Canterbury, Concord, Drummoyne, Leichhardt, Marrickville, South Sydney, Strathfield, Sydney City (part)

Public Hospitals

Balmain Hospital
Canterbury Hospital
Concord Repatriation General Hospital
Dame Eadith Walker Hospital
Royal Prince Alfred Hospital
Rachel Forster Hospital
King George V Memorial Hospital for Mothers and Babies
Rozelle Hospital
United Dental Hospital
Thomas Walker Hospital
Tresillian Family Care Centre - Petersham
Hope Healthcare Group Eversleigh
Public Nursing Home
Our Lady of Loretto Home for the Aged
Other Services
Centre for Education and Information on Drugs and Alcohol (CEIDA)
Division of General Practice
Division of Population Health
HealthQuest
Institute of Forensic Medicine

HUNTER AREA HEALTH SERVICE

Lookout Road
New Lambton Heights NSW 2305
(Locked Bag No 1)
Telephone: (02) 4921 4960
Facsimile: (02) 4921 4969
24 hour Hunter Healthlink 1800 063635
Chief Executive Officer: Professor Katherine McGrath
Hours of Business: 8.00am - 5.00pm
Monday to Friday

Local Government Areas

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

Public Hospitals

Belmont District
Cessnock District
Denman
Dungog and District
John Hunter
Kurri Kurri District
Maitland
Merriwa District
Muswellbrook District
Royal Newcastle
Scott Memorial
Singleton District
Wilson Memorial, Murrurundi
Newcastle Mater Misericordiae
James Fletcher
Morisset
Public Aged Care Facilities
Allandale Aged Care Facility
Muswellbrook Nursing Home
Wallsend Nursing Home
Polyclinics
Nelson Bay
Toronto

ILLAWARRA AREA HEALTH SERVICE

33 Five Islands Road
(Private Bag No. 3)
Port Kembla NSW 2505
Telephone: (02) 4275 5111
Facsimile: (02) 4276 1447
Chief Executive Officer: Mr Ian Southwell
Hours of Business: 8.30am - 5.00pm
Monday to Friday

Local Government Areas

Kiama, Shellharbour, Shoalhaven, Wollongong

Public Hospitals

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

NORTHERN SYDNEY AREA HEALTH SERVICE

c/- Royal North Shore Hospital, Pacific Highway
St Leonards NSW 2065
Telephone: (02) 9926 8418
Facsimile: (02) 9926 6025
Chief Executive Officer: Dr Stephen Christley
Hours of Business: 8.00am - 5.00pm
Monday to Friday

Local Government Areas

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

Public Hospitals

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

Public Nursing Homes

Graythwaite Nursing Home
St Catherine's Villa

Other Services

Kolling Institute
Sydney Dialysis Centre

SOUTH EASTERN SYDNEY AREA HEALTH SERVICE

Primrose House
Cnr Russell Avenue and Malua Street
Dolls Point NSW 2219
(PO Box 430 Kogarah 1485)
Telephone: (02) 9382 9898
Facsimile: (02) 9382 9891
Chief Executive Officer: Ms Deborah Green
Hours of Business: 8.30am - 5.00pm
Monday to Friday

Local Government Area

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

Public Hospitals

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

Affiliated Health Organisations

Calvary Hospital
St Vincent's Hospital Sydney Ltd
Sacred Heart Hospice
War Memorial Hospital (Waverley)
Public Nursing Homes

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

Other services

Scarba Family Centre

SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

Eastern Campus
Liverpool Hospital
Elizabeth Street
(Locked Mail Bag No 17)
Liverpool NSW 2170
Telephone: (02) 9828 5701
Facsimile: (02) 9828 5704
Chief Executive Officer: Mr Ken Brown
Hours of Business: 8.30am - 5.00pm
Monday to Friday

Local Government Areas

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

Public Hospitals

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

Public Nursing Homes

Queen Victoria Memorial Home (Thirlmere)
Carrington Centennial

WENTWORTH AREA HEALTH SERVICE

The Nepean Hospital
Derby Street
(PO Box 63)
Penrith NSW 2751
Telephone: (02) 4724 2120
Facsimile: (02) 4721 0610
Chief Executive Officer: Dr Elizabeth Barrett
Hours of Business: 8.30am - 5.00pm
Monday to Friday

Local Government Areas

Blue Mountains, Hawkesbury, Penrith

Public Hospitals

Blue Mountains District ANZAC Memorial
Nepean
Springwood
Tresillian Wentworth
In addition the Area Health Service contracts with Hawkesbury District Health Service Ltd for the provision of public health services in the Hawkesbury.

Public Nursing Homes

Governor Phillip Special

Queen Victoria Memorial
(Wentworth Falls)
Bodington Red Cross, Wentworth Falls

WESTERN SYDNEY AREA HEALTH SERVICE

Level 3
Dental Clinical School
Westmead Hospital
Cnr Darcy and Hawkesbury Roads
Westmead NSW 2145
Telephone: (02) 9845 7000
Facsimile: (02) 9689 2041
Chief Executive Officer: Mr Alan McCarroll
Hours of Business: 8.30am - 5.00pm
Monday to Friday

Local Government Areas

Auburn, Baulkham Hills, Blacktown, Holroyd, Parramatta

Public Hospitals

Auburn
Blacktown
Cumberland
Mt. Druitt
Westmead

Affiliated Health Organisations

Lottie Stewart and St Joseph's

FAR WEST AREA HEALTH SERVICE

PO Box 457
Broken Hill 2880
Phone: (08) 8080 1333
Facsimile: (08) 8088 1064
Chief Executive Officer: Mr Greg Rochford
Hours of Business: 9.00am - 5.00pm
Monday to Friday

Local Government Areas

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

Public Hospitals

Balranald District
Bourke District
Brewarrina District
Broken Hill Base
Collarenebri District
Walgett District
Wentworth District
Wilcannia Multipurpose Centre

Other Public Health Facilities

Goodooga Health Service
Lightning Ridge Health Service
Menindee Health Service
Ivanhoe Health Service
Tibooburra Health Service
White Cliffs Nursing Service

GREATER MURRAY AREA HEALTH SERVICE

Locked Mail Bag 10
Wagga Wagga 2650
Phone: (02) 6921 5588
Facsimile: (02) 6921 5856
Chief Executive Officer: Mr Michael Moodie
Hours of Business: 8.30am - 5.00pm
Monday to Friday

Local Government Areas

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

Public Hospitals

Albury Base
Barham Koondrook Soldiers' Memorial
Batlow District
Berrigan War Memorial
Coolamon-Ganmain
Cootamundra
Corowa
Culcairn Multi Purpose Service
Deniliquin
Finley
Griffith Base
Gundagai District
Hay
Henty District
Hillston District
Holbrook
Jerilderie District
Junee District
Leeton District
Lockhart and District
Narrandera District
Temora and District (including Adelong Subsidiary)
Tocumwal
Tumbarumba Multi Purpose Service
Tumut (including Adelong Subsidiary)
Urana Multi Purpose Service
Wagga Wagga Base (including The Rock and Tarcutta Community Centres)
Wyalong and District (including Ungarie)

Affiliated Health Organisations

Mercy, Albury

MACQUARIE AREA HEALTH SERVICE

PO Box M61
Dubbo 2830
Phone: (02) 6881 2222
Facsimile: (02) 6881 2225
Chief Executive Officer: Mr Ray Fairweather
Hours of Business: 8.30am - 5.00pm
Monday to Friday

Local Government Areas

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

Public Hospitals

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

Affiliated Health Organisations

Lourdes, Dubbo

MID NORTH COAST AREA HEALTH SERVICE

PO Box 1044
 Taree 2430
 Phone: (02) 6551 5111
 Facsimile: (02) 6552 1798
 Chief Executive Officer : Mr Robert Gore
 Hours of Business: 8.30am - 5.00pm
 Monday to Friday

Local Government Areas

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

Public Hospitals

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

MID WESTERN AREA HEALTH SERVICE

PO Box 143
 Bathurst 2795
 Phone: (02) 6339 5500
 Facsimile: (02) 6339 5521
 Chief Executive Officer: Mr Martin Bowles
 Hours of Business: 8.30am - 5.00pm
 Monday to Friday

Local Government Areas

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

Public Hospitals

Bathurst Base

Blayney District
 Canowindra Soldiers' Memorial
 Condobolin District
 Cowra District
 Cudal War Memorial
 Eugowra Memorial
 Forbes District
 Grenfell
 Lake Cargelligo
 Lithgow District
 Molong District
 Oberon
 Orange Base
 Parkes District
 Peak Hill
 Portland District
 Rylstone District
 Tottenham
 Tullamore
 Trundle

Affiliated Health Organisations

St Vincent's Bathurst
 Fifth Schedule Hospital
 Bloomfield

NEW ENGLAND AREA HEALTH SERVICE

PO Box 83
 Tamworth 2340
 Phone: (02) 6768 3222
 Facsimile: (02) 6766 6638
 Chief Executive Officer: Ms Christine Kibble
 Hours of Business: 8.00am - 5.00pm
 Monday to Friday

Local Government Areas

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

Health Services

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

NORTHERN RIVERS AREA HEALTH SERVICE

PO Box 419
Lismore 2480
Phone: (02) 6620 2217
Facsimile: (02) 6620 2166
Chief Executive Officer: Dr Tony Sherbon
Hours of Business: 8.30am - 5.00pm
Monday to Friday

Local Government Areas

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

Public Hospitals

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

SOUTHERN AREA HEALTH SERVICE

PO Box 1845
Queanbeyan 2620
Phone: (02) 6299 6199
Facsimile: (02) 6299 6363
Chief Executive Officer: Mr Kieran Gleeson
Hours of Business: 8.30am - 5.30pm
Monday to Friday

Local Government Areas

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

Public Hospitals

Batemans Bay District
Bega District
Bombala District
Boorowa District
Braidwood Multi-Purpose Service
Cooma
Crookwell District
Delegate Multi-Purpose Service
Goulburn Base
Moruya District
Murrumburrah-Harden District
Pambula District
Queanbeyan District
Yass District
Young District

Affiliated Health Organisations

Mercy Care Centre , Young
St John of God, Goulburn

AMBULANCE SERVICE OF NSW

Balmain Road
Rozelle NSW 2039
Telephone: (02) 9320 7777
Facsimile: (02) 9320 7800
Chief Executive Officer: James McLachlan
Hour of Business: 9.00am to 5.00pm
Monday to Friday

CORRECTIONS HEALTH SERVICE

Long Bay Hospital
Long Bay Correctional Complex
Anzac Parade
Malabar NSW 2036
Telephone (02) 9289 2977
Facsimile: (02) 9311 3005
Chief Executive Officer: Clinical Associate Professor Debora Picone
Hour of Business: 8.30am to 5.00pm
Monday to Friday

THE NEW CHILDREN'S HOSPITAL

Hawkesbury Road
Westmead NSW 2145
Telephone: (02) 9845 0000
Facsimile: (02) 9845 3489
Chief Executive Officer: Professor Kim Oates
Hour of Business: 8.30am to 5.00pm
Monday to Friday
Hospital: 24 hour service

APPENDIX 3

Chief Executive Service and Senior Executive Service

A. Number of CES/SES positions within the NSW Health Department

CES/SES LEVEL	end of 1994/95	end of 1995/96	end of 1996/97	end of 1997/98
8	1	1	1	1
7	1	1	1	1
6	1	1	2	2
5	3	2	2	2
4	3	4	3	3
3	7	5	5	5
2	17	15	15	15
1	12	7	8	8
TOTAL	45	36	37	37

Note: These figures do not include CES/SES staff employed by Area Health Services or the NSW Ambulance Service.

Source: Human Resource Management, 1998

B. 1997/98 Performance Statements NSW Health Senior Executives

Name: Mr Michael Reid
Position: Director-General
 NSW Health Department
 SES Level 8
Period in position: Full Year

Results**Strategic Initiatives**

Provided coordinated advice to the Minister on the full range of NSW Health activities. Oversighted liaison with Treasury, Cabinet Office and Premier's Department. The Agreement with Treasury provided clear and measurable commitments that aided internal management processes and priority setting, and provided a sound basis to assess conformity with Government policy. Timely and prompt completion of initiatives listed in the Schedule for Implementation of Social Justice Directions Initiatives. Ensured that government priorities contained in the Department's Annual Business Plan with particular emphasis on Mental Health, Aboriginal Health and Drug and Alcohol service delivery were met.

Management Accountabilities

Provided leadership and direction in planning and delivering comprehensive and coordinated health services throughout the State.

Name: Dr Tim Smyth
Position: Deputy Director-General, Policy
 NSW Health Department
 SES Level 7
Period in position: Full Year

Results**Strategic Initiatives:**

Successfully established Policy Division. Lead development of Strategic Directions Statement for Health. Played a major role in renegotiation of the Medicare Agreement and IPART review of NSW Health. Developed framework for Veterans Health Agreement.

Management Accountabilities:

Established Policy Development Committee. Completed Policy Development Guidelines. Facilitated linkages with other Human Services Agencies. Achieved favourable budget result. Provided high level advice to Director-General and Minister. Strengthened Aboriginal Health Partnership.

Name: Dr Andrew Wilson
Position: Deputy Director-General, Public Health and Chief Health Officer
 SES Level 6 Medical

Period in position: Full Year

Results

Strategic Initiatives

Provided coordinated advice to the Director-General and Minister for Health across all areas of public health; directed public health activities at policy, planning and operational level and directed research policy and investment. Provided leadership to the broader public health network across NSW and represented NSW Health at key state and national public health and clinical professional fora.

Management Accountabilities

Managed Public Health Division operational and program budgets, implemented improved accounting system for public health budgets and delivered on all key issues in business plan.

Name: Mr Robert McGregor
Position: Deputy Director-General, Operations
 NSW Health Department
 SES Level 6

Period in Position: Full year

Results

Strategic Initiatives

Establishment and development of Operations Division. Lead and concluded negotiations with Health Unions on co-operative change and innovation in the health system. Provided strategic advice to the Director-General and Minister for Health on all significant operational issues in the health system.

Management Accountabilities

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

Name: Mr Ken Barker
Position: General Manager
 Finance and Commercial Services
 SES Level 5

Period in Position: Full Year

Results

Strategic Initiatives

Supervised the fulfilment of the Department's internal and external financial reporting requirements. Provided substantial input into the 1998/99 Health Budget for Parliament and the subsequent internal Health Budget Strategy. During 1997/98 the financial demands of costs to budget for the Health Expenditure Budget of \$6.3 billion were co-ordinated and this involved the introduction of various initiatives covering revenue best practice, monitoring of enhancement initiatives, budget strategies, creditors and debtors. A weekly cash flow return was also introduced as part of the monitoring process. Networking reforms continued with significant improvement in the delivery of pathology and line services. Processes were established to determine key performance indicators for other support services. A number of private sector initiatives were also progressed.

Management Accountabilities

Continued to provide high level financial and accounting advice to Minister and Director-General and high level support to Area Health Services in budgeting and monitoring of income and expenditure.

Name: Mr David Gates
Position: General Manager
 Information and Asset Services
 SES Level 5

Period in Position: Full Year

Result

Strategic Initiatives

Provided direction and coordination to major projects and new systems development, as well as the development of Total Asset Management policy implementation. Achieved effective investment of the 1997/98 capital allocation, including reforms in procurement practice, and an upgrading to asset disposal revenue support. Managed new strategic programs in the delivery of clinical information, key issues like the Year 2000 compliance project and the replanning of IM&T strategies to the year 2003.

Management Accountabilities

Provided leadership and direction to capital strategies encompassing asset acquisition, disposal, lease and maintenance in both facility and technology investment areas. Managed the supply of information services to the NSW Health system including network and computing services, new systems development, ongoing contract and information management.

Name: Mr Ken Brown
Position: Chief Executive Officer
 South Western Sydney Area Health Service
 SES Level 7
Period in position: Full Year

Results

Strategic Initiatives:

Implemented expansion of health services, including progressive commissioning of Liverpool Hospital, the full commissioning of Braeside Hospital, and increased health services elsewhere in South Western Sydney. Advanced the Macarthur Network after consultation process so that detailed planning on the various components of the Network had commenced at the end of the year, whilst construction of community health centres at Tahmoor and Rosemeadow had commenced, or were due to commence. Entered formal arrangements with Departments of Community Services and Housing to improve cooperation and service to mutual clients. Progressed capital works in

accordance with time and budget targets at Queen Victoria Nursing Home, Fairfield Hospital (Detoxification Unit), and a community health centre at Bowral.

Management Accountabilities:

Achieved favourable budget and activity performance, including benchmarks determined for patients waiting for elective surgery. Reduced significantly the number of ambulance diversions from hospitals, except for life threatening only purposes. Maintained favourable internal and external audits.

Name: Dr Stephen Christley
Position: Chief Executive Officer
 Northern Sydney Area Health Service
 SES Level 7
Period in position: Full year

Results

Strategic Initiatives:

Developed plan to restructure corporate services on an Area-wide basis to improve efficiency and generate resources for reinvestment in clinical services. Progressed a number of Area wide strategic planning initiatives in both acute clinical and extended care service areas. Established an Area wide Mental Health Service. Completed a major capital works proposal seeking funding to consolidate community health care services in key locations throughout the Area and upgrade facilities on the Royal North Shore Hospital campus. Opened a new paediatric emergency department at Royal North Shore Hospital and a psycho-geriatric unit at Greenwich Hospital. Completed negotiations for the devolution of the Statewide budget component of the Sydney Dialysis Centre. Reached agreement on the devolution of the Sydney Home Nursing Service. Ongoing implementation of the Statewide IM&T strategy. Gladesville/Macquarie Hospital awarded a Health promoting Hospital Award for waste management.

Management Accountabilities:

Achieved budget within 1.0 per cent of target. Activity levels for both inpatients and outpatients exceeded target. Auditing requirements fulfilled. Accreditation status of relevant facilities maintained.

Name: Ms Deborah Green
Position: Chief Executive Officer
 South Eastern Sydney Area Health Service
 SES Level 7 - Full Year
Period in position: SES Level 7 - Full Year

Results

Strategic Initiatives:

Completed the rebuilding programme on the Randwick campus of Prince of Wales Hospital, and Sydney Children's Hospital and The Royal Hospital for Women. Developed an overall Corporate Directions Plan for the Health service, and specific plans for Human Resources, Aboriginal Health, Multicultural Health, Bed Management, Emergency Department services, Radiotherapy, Communicable Diseases and Mental Health. Developed partnership arrangements with the four Area Divisions of General Practice. Developed a system of Performance Management of the operations of the Area and its facilities. Population and Clinical Outcomes approaches to the delivery of care were enhanced by the publication of an Area Health Atlas, and the formation of an Outcomes Council as a Board subcommittee, with expert advisory groups on Mental Health, Aboriginal Health, Stroke, Diabetes, Palliative Care and Tobacco Control. Initiatives with the coordination of recruitment and placement of new graduate Nurses continued. Area Accounting systems were standardised with the implementation of "Oracle" software. The implementation of "Trendstar" case mix software across acute facilities in the Area enabled the implementation of shadow case mix budgeting.

Management Accountabilities:

Consolidated the merger of the Eastern Sydney and Southern Sydney Area Health Services into the South Eastern Sydney Area Health Service, in terms of organisational structures, the structure of Board Committees and working parties, By Laws, and Tables of Delegations, and the appointment of senior executives. Internal and external audit reports confirmed a sound system of internal controls. Garrawarra, Sutherland, St George and Sydney Hospitals were accredited.

Name: Dr Diana Horvath
Position: Chief Executive Officer
 Central Sydney Area Health Service
 SES Level 7

Period in position: Full year

Results

Strategic Initiatives:

Progress with planning and implementation of the Area's \$279 million capital asset program. Opened the new Central Clinical School. Opened the Bridge Dementia Care Unit. Finalised establishment of the ANZAC Research Institute. Initiated a review of research development. Continued implementation of Area Tobacco Control Strategy. Palliative Care Services transferred to Concord Repatriation General Hospital. Continued support of health outcomes and health promotion initiatives. Continued development of initiatives in Cancer Services. Continued minimisation of LTOs. Achieved day surgery targets. Achieved strategies in the Area's Bed Management Plan. Cooperation with Western Sydney and Illawarra Area Health Services for the provision of services. Pathology Services Business Unit established. Continued implementation of the Area-wide clinical information system. Implementation of the Area's Aboriginal Employment Strategy. Completed shutdown of Commonwealth Dental Health Program. GPs accredited as honorary visiting GPs. Year 2000 project planning and rectification commenced. Reviewed senior nursing structures. Initiated staff training in suicide prevention and child protection. Received Arthur Anderson International Award for managerial innovation.

Management Accountabilities:

Achieved a favourable net cost of service and accrual budget result. Audit requirements achieved. Debt recovery performance achieved. Improved revenue collection. Continued implementation of risk management strategies. Continued program of loan repayment to NSW Health. Continued to upgrade financial and workforce management systems. All hospitals maintained accreditation status with ACHS. All capital works milestones achieved.

Name: Mr Alan McCarroll
Position: Chief Executive Officer
 Western Sydney Area Health Service
 SES Level 7

Period in position: Full Year

Results

Strategic Initiatives:

Clinical leaders appointed to all clinical streams across the Area. Post acute community care became firmly established as part of community health service delivery, allowing earlier discharge with appropriate care for the Area's acute hospitals. Major capital works at the Blacktown-Mt Druitt Health Service progressed according to schedule. Project Development Plan finalised for the Westmead Institute of Health Research, Westmead Hospital Olympic Hospital Operational Plan completed. Mental health services management structure revised to shift focus of service to the community. Formal communication mechanisms established with local government agencies to develop appropriate strategies to meet changes in population and consumer expectations. Partnership with Local community strengthened.

Management Accountabilities:

Expenditure maintained within budgetary allocations and admission targets exceeded. Casemix weighted cost targets improved on previous year and in comparison to State averages. Administrative efficiency saving, realised a \$1.5m reduction in costs.

Name: Professor Katherine McGrath
Position: Chief Executive Officer
 Hunter Area Health Service
 SES Level 7

Period in position: 9 months (6 October 1997 to 30 June 1998)

Results

Strategic Initiatives:

Restructure of Mental Health Service and Hunter Health Imaging Services completed. Population health function achieved through creation of Newcastle Institute of Public Health. Flexible bed management plan implemented. Review of Cardiac Surgery Services completed. Implementation of aged care reforms progressed. Partnership agreements finalised with Awabakal Medical Service, University of Newcastle and Hunter Urban Division of General Practice. Hunter Medical Research established. Hunter Area Pathology Service (HAPS) established as a Hub centre in the NSW Pathology Network. Successful acquisition and commission of Pacific Linen as a joint venture with Central Coast Area Health Service. Expressions of interest for collocated private hospital on John Hunter campus.

Management Accountabilities:

Favourable budget and activity performance. Exceeded waiting list targets. Audit requirements achieved, capital works program completed.

Name: Mr Ian Southwell
Position: Chief Executive Officer
 Illawarra Area Health Service
 SES Level 7

Period in position: Full Year

Results

Strategic Initiatives:

Implementation of the Area Bed Management Plan for Northern Illawarra Hospital with marked improvement in the key performance benchmarks. Completion and successful commissioning of Stage 1 capital development for Shoalhaven and Wollongong Hospitals and opening of Kiama Hospital. Implementation of the Carenet Illawarra Coordinated Care Project. Completion of the Aboriginal Health Business Plan and development of draft partnership agreement with the Aboriginal Community. Implementation of Otitis Media screening program for Aboriginal children. Completion of needs analysis to assist in implementing the Aboriginal Family Health Strategy. Continued progress on the transfer of 100 nursing home beds from South Eastern Sydney Area Health Service.

Management Accountabilities:

Achieved budget for the year. Admission targets and non inpatient occasions of service exceeded budget for the year. All hospitals accredited by the ACHS. Provision of a comprehensive linen service to Southern Health Service. Continuation of major health improvement strategies on behalf of the Illawarra community. Continuation of good working relationships with VMPs, other clinical staff of the Area, the Minister and the Department. Maintenance of cost competitive services. Improvement in the Area's liability for workers' compensation claims. Ongoing and active promotion of quality program. Discussions with the University of NSW and University of Wollongong to establish strong teaching and research involvement.

Name: Mr Jon Blackwell
Position: Chief Executive Officer
 Central Coast Area Health Service
 SES Level 5

Period in position: Full Year

Results

Strategic Initiatives:

Implemented budget enhancements of \$12.1m for acute inpatient services and community based services. Opened Obstetrics Delivery Suite and expanded surgical services at Wyong Hospital. Initiated the development of a Quality Ageing Strategy. Established the Central Coast Cancer Care Centre and expanded Haematology and Oncology services. Introduced Sexual Health Outreach Service. Improved the quality of child health services. Established a chronic pain service and a home detoxification program. Expanded the diabetes service. Introduced "Dumping Depression" a campaign to combat suicide. Demonstrated improvements in elective surgery benchmarks and day surgery rates. Increased the number of Aboriginal health staff employed. Improved and expanded Breast Cancer Screening Services. Expanded teaching services at Gosford Hospital. Achieved reduction in Workers' Compensation claims. Maintained whole-of-area accreditation status. Initiated a review of the Health Outcomes Council. Completed Project Feasibility Plans for major developments for Gosford and Wyong Hospitals. Introduced EDIS at Wyong Hospital.

Management Accountabilities:

Achieved an increase in activity levels, well above performance targets set by the Department. CCAHS was ranked as the best performing AHS in NSW and achieved further increase in caseflow and bed occupancy together with a further reduction in average length of stay. Area achieved slight budget surplus. Annual Report won a Silver Annual Report Award.

Name: Mr Tom Hamilton
Position: Chief Executive Officer
 Wentworth Area Health Service
 SES Level 5

Period in position: Full Year (on extended leave from April to June)

Results

Strategic Initiatives:

Commissioned new facilities and service at Nepean Hospital and community health in line with approved "growth funds". Progressed the Stage 2 development of Nepean Hospital in line with budget and approved program. Continuing successful operations with the Hawkesbury District Health Service Ltd (Catholic Health Care) in accordance with the Services Agreement. Progressed the Area Health Plan for submission to the NSW Health Department in line with the finalisation of the Strategic Directions document by NSW Health. Ongoing refinement of an output based budget distribution methodology. Developed joint initiatives with the Australian College of Health Service Executives (NSW Branch) regarding NSW Health policy on health promoting hospitals. Ongoing professional development for Health Service Executives regarding managing organisational change for health improvement. NSW Health Promoting Hospitals project was reported at the Sixth International Health Promoting Hospitals conference in Germany in April 1998.

Management Accountabilities:

Favourable budgetary and activity performance achieved. Accreditation status of appropriate facilities maintained. Continued development of managed care plans in all facilities. Maintained favourable internal and external audit results.

Name: Mr John Horder
Position: Chief Executive Officer
 NSW Ambulance Service
 SES Level 5
Period in position: 9 months (23 September 1997 to 30 June 1998)

Results**Strategic Initiatives:**

Implemented operational restructure aligning Service structure with Area Health Services. Inter-Government agreement with ACT on provision of helicopter retrieval services to south-eastern NSW. Progressed Computer Aided Dispatch project across NSW to improve service delivery, response times and data collection. Progressed \$5.4 million purchase of new vehicles. Introduction of Paramedic staff to rural areas. Major awards renegotiated with strategic workforce changes including: introduction of patient transport classification; introduction of flexible working practices; and recruitment of non-uniformed staff into coordination centres.

Management Accountabilities:

Budget Resources Committee established to optimise resource allocation. Favourable audit results. Improved retention of Aboriginal and Torres Strait Islander staff and increased recruitment of women. Education Centre accreditation as training provider.

Name: Mr Michael Moodie
Position: Chief Executive Officer
 Greater Murray Health Service
 SES Level 5
Period in position: Full Year

Results**Strategic Initiatives:**

Increased level of services provided through hospital setting by 7.7 per cent and community based setting by 4.8 per cent. Reduced the number of elective surgery long wait patients. Completed a review of mental health needs and services. Introduced a professional after hours triage, assessment and information service for people with mental illness. Established a youth health pilot program with special emphasis on suicide prevention. Developed a strategic plan for the expansion of specialist medical services in Griffith. Completed a review of the needs of the frail and aged within the Greater Murray. Undertook the reorganisation and relocation of obstetric services in the Albury/Wodonga region. Established Health Councils in each of the nine Networks of the Greater Murray. Established Multi Purpose Services at Culcairn and Tumbarumba. Improved environmental health services for Aboriginal communities. Improved access to specialist orthopaedic services for the people of Cootamundra area and specialist gynaecology services for Leeton area.

Management Accountabilities:

The Area achieved a 6 per cent improvement in the net cost of service position. Reduction in level of debt. Upgraded hospital sterilisation and anaesthetic equipment. Provided new and additional theatre equipment for major referral centres. Completed the commissioning of a major food production kitchen at Griffith. Increased efficiency of linen services. Fostered projects to promote the benchmarking and best practice approach to the management of services.

Name: Dr Anthony Sherbon
Position: Chief Executive Officer
 Northern Rivers Area Health Service
 SES Level 5
Period in position: Full Year

Results**Strategic Initiatives**

Formulated Vision Purpose and Values Statement for the long term direction of the Health Service through consultation with staff. Finalised clinical services strategic planning and assets strategic planning. Finalised managerial structures for the Health Service and abolished previous sector management structures. Commissioned new Emergency Department at Tweed Heads Hospital and Murwillumbah Hospital Rehabilitation Unit. Commenced ophthalmology services in Grafton. Established an agreement with Aboriginal communities over the establishment of an Aboriginal Medical Service in the Richmond Valley. Improved cervical screening, breast screening and immunisation rates. Introduced markedly more efficient and cost-effective catering services. Introduced Area wide occupational health & safety initiatives.

Management Accountabilities

Improved budgetary outcome with further improvement expected in 1998/99. Achieved waiting list and admission targets. Reduced occupational health & safety risks.

Name: Professor Ronald Kim Oates
 Position: Chief Executive Officer
 Royal Alexandra Hospital for Children
 Senior Staff Specialist
 Period in position: 7 months (1 December 1997 to 30 June 1998)

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98

Results

Strategic Initiatives:

Telemedicine Links with rural centres for paediatric psychiatry consultation. Successful introduction of day stay tonsillectomy for selected patients. Introduction of "admit day of surgery" program for children not in the day surgery group to reduce the length of surgical stay by one day. Second Chair of Educational Research established with Sydney University. Introduction of Kidsnet, a state-wide telephone advisory service for sick children. Establishment of a Children's Advocacy Group. Networking with other Health Areas in the Greater West of Sydney to enhance child health services for families at a local level. Accreditation by Australian Council on Healthcare Standards.

Management Accountabilities:

Introduction of computerised human resources information system. Decision to proceed with a computerised orders system. Occupational Health and Safety review score of 77.8, being in the top 25 per cent of scores. Implementation of a new senior management structure with new divisions of Community Outreach, Research and Education.

The following Senior Executives of Area Health Services have occupied their positions for less than 6 months during 1997/98:

Ms Elizabeth Barrett, CEO, Wentworth Area Health Service.

From the Chief Health Officer's Report - the Health of the People of NSW (1997)



Health-related behaviours

In 1996, only half of NSW adults expended enough energy on leisure-time activity for health benefit. Men (59%) were more likely to report adequate levels of activity than women (42%). In 1995, almost half of NSW men (47%), and less than one-third of women (28%) reported being overweight or obese. In 1995, 27 per cent of men and 20 per cent of women reported current smoking. In the same year, 10 per cent of men and 6 per cent of women reported drinking alcohol at medium or high risk levels.

Health and the environment

Concentrations of lead in ambient air in Sydney have been steadily declining in recent years. The number of days on which desired goals for atmospheric fine particles, nitrogen dioxide and ozone have been exceeded have also declined.

Health of Aboriginal and Torres Strait Islander peoples

In 1996, only 13 per cent of the NSW Aboriginal and Torres Strait Islander population was aged 45 years or over (compared with 34% of the total population). In the period 1990 to 1994, the perinatal mortality rate and the prematurity rate for babies of Aboriginal and Torres Strait Islander mothers were much higher than for other NSW babies. Reported hospitalisation rates for indigenous people for cardiovascular diseases, diabetes mellitus, respiratory diseases, lung cancer and injury and poisoning are consistently around double those for non-indigenous people.

APPENDIX 4

Two Year Comparison of Key Items of Expenditure

Employee Related Expenses	1998 per cent of total		1997 per cent of total		1996 per cent of total		per cent Movement in Line Item Expense		
	\$000	Expense	\$000	Expense	\$000	Expense	1997	1998	
Salaries and Wages	3225,368	49.67	2,880,881	48.23	2,820,000	49.12	2.16	11.96	
Long Service Leave	101,271	1.56	101,504	1.70	107,663	1.87	-5.72	-0.23	
Annual Leave	303,751	4.68	268,247	4.49	267,036	4.65	0.45	13.24	
Workers comp. Insurance	132,400	2.04	112,470	1.88	104,700	1.82	7.42	17.72	
Superannuation	254,274	3.92	252,375	4.23	228,268	3.98	10.56	0.75	
Other Operating Expenses									
Food supplies	64,763	1.00	61,168	1.02	62,062	1.08	-1.44	5.88	
Drug supplies	212,003	3.26	191,202	3.20	169,057	2.94	13.1	10.88	
Medical & Drug Supplies	238,868	3.68	229,247	3.84	215,479	3.75	6.39	4.20	
Special Service Departments	119,963	1.85	123,727	2.07	136,189	2.37	-9.15	-3.04	
Fuel Light and Power	52,959	0.82	55,815	0.93	59,668	1.04	-6.46	-5.12	
Domestic Charges	69,545	1.07	71,081	1.19	66,831	1.16	6.36	-2.16	
Administrative Expenses*	434,267	6.69	389,527	6.52	402,379	7.01	-3.19	11.49	
Visiting Medical Officers	286,643	4.41	260,857	4.37	264,940	4.61	-1.54	9.89	
Maintenance									
Replacements + Minor Equip.	48,741	0.75	50,558	0.85	51,178	0.89	-1.21	-3.59	
Repairs and Maintenance	99,470	1.53	90,381	1.51	87,719	1.53	3.03	10.06	
Grants and Subsidies									
Payments to Third Schedule and other Contracted Hospitals	319,102	4.91	292,240	4.89	287,188	5.00	1.76	9.19	
TOTAL EXPENSES	6,493,604		5,973,131		5,742,308				

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

Source: Finance and Commercial Services Division, 1998

Selected Data for Area Health Services

B: Number of available beds in public hospitals and nursing homes by Area Health Services for the Year Ended 30 June 1998

Area	General Hospitals Care Units	Nursing Home	Community Residential	Other Units	Total Beds
Central Sydney	1,637	165	30	267	2,099
Northern Sydney	1,581	124	151	181	2,037
Western Sydney	1,361	82	105	289	1,836
Wentworth	535	241	21	0	797
South Western Sydney	1,518	194	77	0	1,790
Central Coast	676	0	10	16	702
Hunter	1,468	457	53	276	2,254
Illawarra	782	0	53	0	835
South Eastern Sydney	2,336	258	0	10	2,604
Total Metropolitan	11,895	1,521	500	1,039	14,954
Northern Rivers	814	69	10	49	942
Mid North Coast	598	25	0	16	639
New England	873	0	0	0	873
Macquarie	509	90	16	7	622
Mid Western	863	78	34	211	1,185
Far West	269	0	0	0	269
Greater Murray	1,117	46	25	39	1,226
Southern	584	105	69	128	886
Total Rural Areas	5,628	412	154	450	6,643
Corrections Health	0	0	0	126	126
The New Children's Hospital	243	0	0	0	243
Total Other	243	0	0	126	368
Total NSW	17,765	1,933	654	1,614	21,965
1996/97 Total	18,157	2,101	569	1,669	22,496
1995/96 Total	19,017	2,149	528	1,843	23,536
1994/95 Total	19,020	2,406	492	1,992	23,910
1993/94 Total	19,170	2,659	402	2,194	24,425
1992/93 Total	17,870	2,732	297	1,868	22,767

Source: DOHRS as at 16 July, 1998

APPENDIX 6

Private Hospital Activity Levels for the Year Ended 30 June 1998

	Number of Licensed Beds	Total Admissions			Same Day Admissions			Daily Average			of Inpatients			Bed Occupancy		
		Number	% variation on previous year	Market Share %	Number	% variation on previous year	Market Share% ¹	Number	% variation on previous year	Market Share% ¹	Number	% variation on previous year	Rate(%) ²	Number	% variation on previous year	Rate(%) ²
Central Sydney	497	49,979	2.2	26.8	2.1	34,736	3.1	35.1	-0.3	358	-1.9	60.2	358	-1.9	60.2	-2.6
Northern Sydney	1,502	127,186	5.3	51.7	2.0	70,447	8.5	58.3	1.9	1,290	6.6	80.2	1,290	6.6	80.2	1.6
Western Sydney	388	48,153	5.3	26.8	-0.8	29,697	5.9	33.5	-3.4	273	12.7	60.7	273	12.7	60.7	7.7
Wentworth	296	20,605	6.1	31.8	3.2	7,983	14.1	37.1	6.7	231	2.0	77.9	231	2.0	77.9	1.6
South Western Sydney	259	26,663	-7.2	17.0	-8.3	17,280	-3.4	27.6	-3.0	149	-1.5	48.1	149	-1.5	48.1	10.7
Central Coast	305	20,757	2.3	24.7	-6.5	10,355	7.7	28.2	-5.9	209	1.4	68.4	209	1.4	68.4	1.7
Hunter	459	46,199	-1.7	29.5	-3.6	25,826	8.1	38.5	2.6	381	1.8	79.1	381	1.8	79.1	1.6
Illawarra	282	24,335	2.9	26.1	-4.4	13,811	2.8	30.2	-6.8	195	3.2	63.2	195	3.2	63.2	-2.1
South Eastern Sydney	1,159	115,248	1.7	40.4	2.5	67,473	2.0	48.4	2.8	999	5.2	74.3	999	5.2	74.3	-1.2
Total Metropolitan 1	5,147	479,125	2.4	32.3	0.0	277,608	4.9	39.9	0.3	4,083	4.4	72.0	4,083	4.4	72.0	1.5
Northern Rivers	151	13,763	5.0	18.8	5.2	9,477	14.5	32.9	11.1	90	-2.8	51.9	90	-2.8	51.9	-3.0
Mid North Coast	396	29,149	5.4	43.0	1.3	12,025	5.6	53.3	-1.6	300	4.9	73.3	300	4.9	73.3	5.0
New England	72	4,942	10.3	9.9	7.2	1,824	8.6	11.8	1.1	55	13.6	67.0	55	13.6	67.0	1.1
Macquarie	47	4,055	-4.2	12.4	-2.7	2,551	-2.3	24.7	-8.1	25	-2.7	41.6	25	-2.7	41.6	14.4
Mid Western	102	7,383	7.8	14.8	7.2	3,624	11.3	23.4	3.6	60	4.3	58.0	60	4.3	58.0	4.5
Greater Murray	158	20,460	9.2	25.4	1.5	13,206	14.3	41.1	-4.3	142	6.5	73.9	142	6.5	73.9	13.0
Southern	0	1,334	13.0	3.9	11.3	1,334	13.0	13.1	1.7	4	15.6	n.a.	4	15.6	n.a.	n.a.
Total Rural 1	926	81,086	6.4	20.3	4.0	44,041	10.3	31.9	1.3	676	4.4	66.1	676	4.4	66.1	5.5
TOTAL NSW 1	6,073	560,211	3.0	29.8	0.5	321,649	5.6	38.6	0.3	4,759	4.4	71.1	4,759	4.4	71.1	2.1

1 Calculations include the New Children's Hospital in the Metropolitan Areas, Far West in the Rural Areas and both in Total NSW.

Private hospital market share includes public admissions contracted to private sector.

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

Source: DOHRS as at 18 August 1998

APPENDIX 7

Emergency Department Performance by Area Health Services, 1997/98

Area	Number of Attendances	Recommended levels of performance for each triage category and access block					
		98% Triage 1	83% Triage 2	72% Triage 3	75% Triage 4	85% Triage 5	92% Access Block
		Resuscitation	Emergency	Urgent	Semi-Urgent	Non-Urgent	
		1997/98 % treated in 2 minutes	1997/98 % treated in 10 minutes	1997/98 % treated in 30 minutes	1997/98 % treated in 60 minutes	1997/98 % treated in 120 minutes	1997/98 % admitted within 8 hrs of being seen by doctor
Central Sydney	87,586	98	73	56	64	82	81
Northern Sydney	118,871	99	74	65	70	91	71
Western Sydney	117,386	99	67	64	61	86	81
Wentworth	53,535	95	84	56	60	89	80
South Western Sydney	141,152	93	69	62	63	87	85
Central Coast	41,845	100	72	71	77	91	88
Hunter	110,938	99	76	72	72	93	81
Illawarra	86,837	95	78	79	82	95	86
South Eastern Sydney	181,080	98	79	62	67	91	74
The New Children's Hospital	39,996	98	92	59	46	75	90
Total Metropolitan	979,226	97	75	64	67	89	80
Northern Rivers	48,003	89	62	62	68	90	95
Mid North Coast	41,698	97	79	83	84	91	99
New England	30,916	98	72	61	65	87	99
Macquarie	24,159	95	95	89	91	96	99
Mid Western	66,734	94	87	87	89	98	99
Far West	24,138	100	98	90	88	97	99
Greater Murray	60,761	98	83	76	77	90	95
Southern	14,088	98	94	73	80	95	99
Port Macquarie	16,122	100	86	66	65	87	91
Total Rural	326,619	95	76	74	79	94	97
Total NSW	1,305,845	97	75	66	69	91	83
1996/97 Total	1,240,460	92	73	68	73	93	85

Data based on the EDIS hospitals only, that is, hospitals submitting data to the Emergency Department Information System.

There are 2 new EDIS hospitals in 1997/98. Griffith Base submitted 11,059 records in 1997/98. Bowral submitted 3,568 records from April to June 1998.

Source: *Emergency Department Information System, 1998*

APPENDIX 8

Hospital Statistics for the State of NSW 1996/97

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The following data is provided under the Commonwealth/NSW Medicare Agreement under Part 1 of Schedule J. Please note that due to changes in reporting requirements to the Commonwealth, this data is based on separations of service and not admissions. Data for 1997/98 was unavailable at the time of printing and will be reported at a later date.

	Separations (Inclusive of NHTPs ¹)	Weighted Separations (inc NHTPs)	Day Separations	Weighted Day Separations	Bed days (inclusive of NHTPs)
A. RECOGNISED HOSPITALS (excluding Public Patients under contract to private facilities)					
Total Recognised Hospitals					
Public Patients	988,254	993,686	395,286	216,699	4,261,825
Private Patients	165,267	180,860	65,004	32,353	729,804
Other Private Patients	51,849	73,114	18,936	14,439	361,208
Compensable Patients	12,687	18,406	2,797	2,225	69,816
Medicare Ineligible Patients	6,165	8,093	2,244	1,214	28,028
Total Recognised Hospitals	1,224,222	1,274,159	484,267	266,930	5,450,681
B. i) PRIVATE HOSPITAL FACILITIES (excluding Private Day Hospital Facilities)					
Public Patients treated under contract w/priv. sector	17,405	16,472	5,415	3,140	64,423
Private Patients	329,050	332,610	153,563	95,832	1,201,785
Other Private Patients	43,507	49,632	18,389	11,603	163,807
Compensable Patients	18,434	18,751	7,585	5,922	50,386
Ineligible Patients	225	296	69	42	974
Total Private Hospital Facilities	408,621	417,761	185,021	116,539	1,481,375
ii) PRIVATE DAY HOSPITAL FACILITIES					
Public Patients treated under contract w/priv. sector	822	696	822	696	822
Private Patients	100,820	54,442	100,820	54,442	100,820
Other Private Patients	11,271	5,896	11,271	5,896	11,271
Compensable Patients	904	699	904	699	904
Ineligible Patients	430	177	430	177	430
Total Private Day Hospital Facilities	114,247	61,910	114,247	61,910	114,247
iii) TOTAL PRIVATE HOSPITAL FACILITIES					
Public Patients treated under contract w/priv. sector	18,227	17,168	6,237	3,836	65,245
Private Patients	429,870	387,053	254,383	150,274	1,302,605
Other Private Patients	54,778	55,528	29,660	17,499	175,078
Compensable Patients	19,338	19,450	8,489	6,621	51,290
Ineligible Patients	655	473	499	220	1,404
Total Private Hospital Facilities	522,868	479,672	299,268	178,450	1,595,622
C. TOTAL STATE					
Public Patients	988,254	993,686	395,286	216,699	4,261,825
Public Patients treated under contract w/priv. sector	18,227	17,168	6,237	3,836	65,245
Private Patients	595,137	567,912	319,387	182,627	2,032,409
Other Private Patients	106,627	128,642	48,596	31,938	536,286
Compensable Patients	32,025	37,855	11,286	8,845	121,106
Ineligible Patients	6,820	8,566	2,743	1,434	29,432
TOTAL FOR STATE	1,747,090	1,753,829	783,535	445,379	7,046,303

D. OTHER SERVICES (Non-Inpatients Occasions of Service) 2

Casualty & Emergency Services 2,551,911

Outpatient Services - Individual

Diagnostic Services 2,306,360

Other Medical/Surgical Services 4,692,603

Mental Health Services 129,609

Drug & Alcohol Services 652,651

Dental Services 952,185

Pharmacy Services 392,597

Group Outpatient Services 94,452

Other Non-Admitted Patient Services

Individual Community Health Services 4,857,906

Individual Outreach Services 89,360

Group CH/Outreach Services 652,279

1. NHTP:Nursing Home Type Patient

2. Data extracted from DOHRS

APPENDIX 9

Public Health Outcome Funding Agreement 1997/98 - Commonwealth/NSW Contributions

Health Service	HIV/AIDS		Women's Health		(1) Alternative Birthing		(2) Female Genital Mutilation		(3) Cervical Cancer		(4) Breast Cancer		National Drug Strategy		(5) National Immunisation		Incentives and Demonstration		Grand Total	
	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's	C'wealth \$000's	State \$000's
Central Sydney	1,118	1,118	272	272	0	0	0	0	0	60	1,311	1,311	93	93	0	0	0	0	2,794	2,854
Northern Sydney	429	429	64	64	0	0	0	0	0	60	1,643	1,643	565	565	0	0	0	0	2,701	2,761
Western Sydney	440	440	375	375	0	0	181	0	24	3,005	1,600	1,600	253	253	0	0	0	0	4,254	2,692
Wentworth	300	300	79	79	0	0	0	68	0	0	0	0	317	317	0	0	0	0	696	764
South Western Sydney	377	377	118	118	0	0	0	0	100	0	0	0	924	924	0	0	0	0	1,419	1,519
Central Coast	40	40	92	92	0	0	0	0	70	0	0	0	538	538	0	0	0	0	670	740
Hunter	204	204	42	42	0	0	0	0	60	0	1,610	1,610	90	90	0	0	0	0	1,946	2,006
Illawarra	242	242	70	70	0	0	0	0	95	0	0	0	374	374	0	0	0	0	686	781
South Eastern Sydney	1,500	1,500	269	269	54	0	5	0	276	0	1,246	1,246	805	805	0	0	0	0	3,879	4,096
Northern Rivers	371	371	133	133	55	0	0	0	80	0	0	0	300	300	0	0	0	0	859	884
Mid North Coast	134	134	46	46	0	0	0	0	70	0	0	0	1	1	0	0	0	0	181	251
New England	99	99	37	37	125	0	0	0	72	0	435	435	1	1	0	0	0	0	697	644
Macquarie	52	52	54	54	54	0	0	0	70	0	0	0	294	294	0	0	0	0	454	470
Mid Western	25	25	105	105	0	0	0	0	70	0	618	618	210	210	0	0	0	0	958	1,028
Far West	54	54	16	16	0	0	0	0	60	0	0	0	26	26	0	0	0	0	96	156
Greater Murray	30	30	30	30	0	0	0	0	60	0	0	0	25	25	0	0	0	0	85	145
Southern	18	18	95	95	49	0	0	0	70	0	319	319	1	1	0	0	0	0	482	503
Corrections Health	0	0	0	0	0	0	0	0	0	0	0	0	808	808	0	0	0	0	808	808
Total - AHS's/Corrections	5,433	5,433	1,897	1,897	337	0	186	0	1,365	0	10,187	8,782	5,625	5,625	0	0	0	0	23,665	23,102
Total - NGO	6,005	6,005	557	557	258	0	0	0	743	839	2,335	2,335	2,715	2,440	0	0	0	0	12,613	12,176
Total - Other	0	0	128	128	4	0	0	0	1,347	0	0	0	0	0	9,620	0	2,869	0	13,968	128
Grand Total	11,438	11,438	2,582	2,582	599	0	186	0	2,090	2,204	12,522	11,117	8,340	8,065	9,620	0	2,869	0	50,246	35,406

(1) Figures shown represent 1997/98 contributions only and do not include rollovers from 1995/97. State contributions in excess of the previous cost sharing arrangement are not included.

(2) Program fully funded by the Commonwealth.

(3) NGO share represents NSW share of funding for the NSW Pap Test Register and funding provided to the NSW Family Planning Association for brochure production.

(4) Funding is provided to AHS for the operation of Screening Assessment Services (SAS). Each SAS may provide screening to other AHS residents.

(5) Commonwealth funding is for vaccines actually purchased and delivered in a given year.

Source: Financial Management and Planning, 1998

APPENDIX 10

Section 301 of the Mental Health Act

The commitment to improved quality and availability of mental health information continued for 1997/98. The National Survey of Mental Health Services (NSMHS), which is used to monitor the National Mental Health Strategy was repeated in October 1997 for 1996/97. The report on the 1995/96 Survey was made available by the Commonwealth in May 1998. Audited data from the 1996/97 NSMHS was supplied on time to the Australian Institute of Health and Welfare and as well as informing the construction of a resource distribution formula for mental health it has been used to construct detailed area profiles to aid in Mental Health service planning at area level.

A monthly mental health activity reporting process for service performance indicators was introduced in February 1998 whereby inpatient data from DOHRS and community data collected by area services, are collated into a report for the Finance and Performance Management Committee of the Department. The report aims to raise awareness about mental health issues. It is a constantly evolving report as data quality is actively addressed.

A Census of all clients resident in Mental Health facilities at 30 June 1998 was conducted in July 1998. Data from the Census will be combined with Inpatient Statistics data and National Survey data to demonstrate inter area flows for mental health inpatient services.

Data Sources

All bed data and activity data for some units presented in the attached tables are based on a paper collection from psychiatric hospitals and units specifically for the 1997/98 Annual Report. These data will eventually be provided by the Department of Health Reporting System (DOHRS). Data on admissions, transfers and same day patients for this report were extracted from DOHRS where the specific facility can be identified in that system. Data for 1996/97 were taken from the 1996/97 Department of Health Annual Report. Efforts are continuing to reconcile these reporting differences with modifications both to the DOHRS system and to hospital reporting practices.

Reported bed numbers represent the availability for use on one particular day only (30 June) and do not always indicate general availability over the whole year. The column headed available beds does not refer to empty beds. A bed is available if it is physically able to be used and there are staff to service it whether it is occupied or not. Beds may be temporarily unavailable for occupancy by a patient on a particular day due to renovations or temporary lack of staff.

Psychiatric Hospitals

Changes to bed configuration have occurred in five of the seven psychiatric hospitals listed. These changes are explained only in terms of total bed numbers because the distinction between gazetted and non gazetted beds in 1996/97 was incomplete and cannot be compared between the two years.

Overall, there has been a reduction of 68 beds in stand alone psychiatric hospitals. Bloomfield has closed 24 beds due to the gradual reduction of long term patients over the last two years. Resources have been used to increase medical and other community staff. Kenmore transferred 20 beds to the new admission unit at Goulburn Base Hospital. Another 10 beds will become special care suites on the south coast.

Cumberland Hospital's Riverview Unit closed in May and the 16 beds were combined with eight new beds to become the new Bunya medium secure unit which opened at the end of June 1998. This unit caters for clients who have not been able to be successfully cared for in general inpatient rehabilitation programs. It has a specialised role in developing and providing comprehensive care models for a particularly challenging client group.

The James Fletcher Hospitals have a change program extending from April 1998 to September 1998. The 24 bed co-located Psychiatric Unit at Maitland Hospital opened in April taking four beds from Shortland Clinic and 20 beds from the Casuarina Unit at Newcastle. Shortland Clinic (reported as a non-gazetted unit) closed at 30 June to provide two beds for the Bluegum ward and 16 beds to the new Huon Dual Diagnosis Unit. Bed numbers will stabilise when a Neuropsychiatry Unit opens at Morisset Hospital in Sept/Oct 1998.

The 1095 beds in Psychiatric Hospitals were 83.9 per cent occupied at 30 June 1998 with 919 patients in residence. A further 24 patients were on leave so that 86 per cent of beds were actually committed on that day. Unlike average occupancy over the year, this measure of occupancy is based on one day only and cannot provide a meaningful comparison with the the same measure in the previous year.

Because identified drug and alcohol beds located on the campus of a psychiatric hospital are not available for the admission of psychiatric patients, they are excluded where possible from this report. This involves Cumberland and Rozelle Hospitals.

Unlike 1996/97, it was possible this year to separate drug and alcohol activity in Rozelle. The exclusion of 1100 overnight and 60 same day D&A admissions has resulted in a significant reduction (23 per cent) in the overall admission figures for psychiatric hospitals when compared to 1996/97.

Child and Adolescent Units

Because of the increased focus on child and adolescent mental health, specialist child and adolescent inpatient units have been reported separately this year, however only two years of comparable data exist. The only gazetted child and adolescent beds (8) in NSW are at Redbank House. The other beds in these units are non gazetted and non acute and where appropriate, are used to accommodate family members as well as young clients.

Unlike the gazetted beds (8), all other beds (77) are only staffed and therefore available on an 'as needed' basis. Regular programs in these units generally run for only four out of five week days with special programs during school holidays. Beds listed as available in this report apply to 30 June only and do not indicate general

availability over the whole year. Comparison with last year will depend on the actual day on which 30 June falls each year. Numbers in residence, and both overnight and same day admissions have increased since 1996/97. Sameday admissions to child and adolescent units account for 49 per cent of all sameday admissions to public units outside psychiatric hospitals. Occupancy at 30 June 1998 based on 59 people in 63 available beds was 94 per cent.

Co-Located Gazetted Units and Other Units

Child and adolescent units are not included in this commentary. There was an overall increase of 40 available beds in these units from 817 at 30 June 1997 to 857 at 30 June 1998.

On 30 June 1998 there were 743 available gazetted beds in general hospital psychiatric units compared with 701 on 30 June 1996, an increase of 6 per cent. There were increases of 24 at Maitland, 20 at Goulburn, 11 at Campbelltown, two at Lismore and 30 at Prince of Wales. All 30 beds at Bankstown were available this year. The rationalisation of beds in South Eastern Sydney saw the transfer of all psychiatric activity from Prince Henry Hospital to Prince of Wales with an overall reduction of 20 gazetted beds. These resources were transferred to extra community medical and other staff. Conditions at Prince of Wales are temporary while a new psychiatric unit is being built. Seclusion beds at St Vincent's and Long Bay are not included in the available bed total. 5 beds in the psychogeriatric ward at Manly were degazetted and there were 116 non-gazetted beds on 30 June 1998 compared to 114 on 30 June 1997.

Unlike 1997, current occupant numbers were available for all reported units this year. There were 761 patients occupying 857 beds giving an overall occupancy of 89 per cent (or 91 per cent including those on leave) on 30 June 1998.

16941 overnight admissions to all units occurred over the 12 month period. The apparent 24 per cent increase in admissions over last financial year, is due to a number of factors including the 19 bed increase and reporting by Bankstown Ward D and Long Bay Prison Hospital Ward D which did not report in 1997. The largest difference however is due to the inclusion in the admissions total of transfers into the psychiatric unit from other wards in the same hospital for all reporting facilities in 1998. In previous years this workload was not separated and was reported for some facilities but not others. Direct admissions alone do not reflect the true utilisation of the psychiatric units.

There were 7501 same day admissions to public psychiatric units (excluding child and adolescent) reported for 1997/98, an increase of 4 per cent over 1996/97. In 1997/98 Private and Public psychiatric units provided almost the same amount of same day services.

Private Hospitals

12 private hospitals, authorised under the Mental Health Act, provided inpatient and same day psychiatric services during 1997/98. Overall available bed numbers have dropped by 14 to 503 mainly due to the closure of Lynton early in 1997/98. Overnight admissions increased by 8 per cent to 7804 while same day services increased by 22 per cent to 14566 which represents 49 per cent of same day services provided by all dedicated psychiatric inpatient units both public and private. The degree of substitutability of services delivered in the two sectors of service is unclear.

Community Mental Health

Only limited data on client contacts (occasions of service) is routinely available from community based services, including mental health services. From 1999, a new Community Based Health Information System (CBHIS) will be introduced in NSW mental health services to support improved assessment, care provision and outcome monitoring, as well as administrative reporting. In the meantime, as already indicated, the Centre for Mental Health has commenced a monthly reporting process for basic community mental health information. A section on community health data will be included in the next Annual Report. Currently, DOHRS reports occasions of service for community mental health. Although this is a very broad and non specific measure it does indicate that since 1993/94, ambulatory mental health activity in the public sector has increased by 50 per cent from approx 1m to 1.5m non admitted patient occasions of service. This conforms to one of the main strategies of the First National Mental Health plan, to treat more patients in the community. This was accompanied by a 12 per cent decrease in inpatient beds, a 31 per cent increase in overnight admissions and an apparent 425 per cent increase in same day admissions. Though there is some question about the completeness of recording in previous years there has clearly been a change in methods of mental health service provision over the last five years.

Changes to the Mental Health Act 1990

Amendments to the Mental Health Act made late in the previous financial year were brought into effect on 19 September 1997. These amendments are principally aimed at enabling early intervention to reduce the burden on individuals and the community of untreated mental illness. The criteria for initiation of involuntary treatment has been changed from reliance on the likelihood of "serious physical harm" to broader criteria of "serious harm". The intention of this change is to provide for earlier intervention in episodes of illness deterioration and thus reduce the negative effects on patients and their carers.

Another reform is to provide a framework for the making of agreements with other State and Territory Governments for patients to receive treatment from the nearest convenient mental health service rather than have to travel long distances for treatment in their home state. Other governments across Australia are working on the development of similar legislation. It is, of course, necessary that any two states wishing to make an agreement each have the legislative power to do so. Other major Mental Health policy initiatives are detailed in the main section of this report.

Public Hospital Psychiatric Units gazetted under section 208 of the Mental Health Act 1990 and other Non Gazetted Psychiatric Units

Hospital / Unit	Available beds as at 30/6/97			Available beds as at 30/6/98			In residence as at 30/6/97			In residence as at 30/6/98			Admitted in 12 mths to 30/6/98			On leave as at 30/6/98		Deaths in 12 mths to 30/6/98
	gaz	non gaz	tot	gaz	non gaz	tot	gaz	non gaz	tot	gaz	non gaz	tot	Over Night	Same Day	as at 30/6/98	as at 30/6/98	to 30/6/98	
																		Over Night	Same Day	as at 30/6/98	as at 30/6/98	to 30/6/98
Albury Base - Nolan House	16		16	16		16	13		13	16		16	366	44				7
Bankstown Hosp - 2D 1		20	20		20	20		20		13		13	416					
Bankstown Hosp - Banks House	20		20	30		30	13		13	28		28	583	15		2		
Blacktown - Bungarrabee House	30		30	30		30	13		13	22		22	648	29				1
Broken Hill Base - Special Care Suite	2		2	2		2							76					
Campbelltown Hosp - Waratah House2	19		19	30		30	15		15	30		30	557	20		1		
Coffs Harbour Hosp - Psych Unit	10		10	10		10	10		10	9		9	466	42		2		
Concord Hospital - Ward 34&24	44		44	44		44	42		42	25		25	467	4,710		1		1
Dubbo Base - Special Care Suite	2		2	2		2	1		1	2		2	91					
Gosford District Hosp - Mandala Clinic	30		30	30		30	29		29	29		29	650	136				
Goulburn Base - Chisholm Ross3				20		20	18		18	18		18	264					
Greenwich Hospital - Riverglen Unit	10	10	20	10	10	20	20		20	20		20	210	17		3		
Hornsby & Ku-ring-gai Hospital - Madew Unit	25		25	25		25	23		23	25		25	592	52		1		2
Illawarra Regional Hosp - Mirrabook Unit	10		10	10		10	10		10	11		11	350	6				
James Fletcher-Shortland Clinic4	0	22	22	0	16	16	14		14	11		11	300	13				
Kempsey District		4	4		4	4	4		4	2		2	164	16				
Lismore Base - Richmond Unit5	23		23	25		25	26		26	22		22	1,044	29				
Liverpool Hosp - Psych Unit	30		30	30		30	26		26	26		26	789	36				1
Long Bay Prison Hospital - All Psych units6	44		44	44		44	39		39	83		83	541					
Maitland Hospital - Psych Unit 7				24		24	24		24	24		24	177	7				
Manly District - East Wing General	30		30	20		20	24		24	18		18	743	26		2		
Manly District - East Wing Psychogeriatric 8		5	5	5		5	9		9	9		9						
Nepean Hospital - Piata Unit	30		30	30		30	26		26	28		28	701	94				
Prince Henry - All units 9	36	13	49	0	0	0	43		43	0		0	225	45				
Prince of Wales - Adult Psychiatry	39		39	55		55	37		37	50		50	808	59				3
Prince of Wales - Neuropsychiatric Institute				4		4	4		4	4		4	53					
Prince of Wales - Psychogeriatric				10		10	9		9	9		9	97					1
Royal North Shore - Cummins Unit	20		20	20		20	15		15	18		18	528	15				1
Royal Prince Alfred - Missenden Unit	40		40	40		40	31		31	40		40	896	28		1		1
Shellharbour Hosp - Eloura Unit	34		34	34		34	31		31	32		32	1,310	1,825		2		
Shellharbour Hosp - Lakeview House	20		20	20		20	16		16	16		16	59	0				
St George - Pacific House	18		18	18		18	18		18	16		16	383	16				
St Joseph's Auburn - Psychogeriatric	15		15	15		15	15		15	14		14	139					1
St Vincents - Caritas	27	1	28	27		27	23		23	24		24	600	65				
Sutherland Hospital - Psych Unit	27		27	27		27	27		27	19		19	459	13				
Tamworth Base - Banksia Unit	15		15	15		15	13		13	15		15	522	43				
Wagga Wagga Base - Gissing House	15		15	15		15	14		14	12		12	385	2				
Westmead - Adult Acute Unit	12		12	12		12	13		13	12		12	196	97				
Westmead - Psychogeriatric Unit	8		8	8		8	8		8	9		9	86	1				
1997/98 Total (excl C&A)	701	116	817	743	114	857	652		652	761		761	16,941	7,501		15		19
1996/97 Total (excl C&A)				701	116	817				652		652	13,591	7,184		12		7

Hospital / Unit	Available beds as at 30/6/97			Available beds as at 30/6/98			In residence as at 30/6/97	as at 30/6/98	Admitted in 12 mths to 30/6/98		On leave 30/6/98 as at 30/6/98	Deaths in 12 mths to 30/6/98
	gaz	non	tot	gaz	non	tot			Over Night	Same Day		
Child & Adolescent Units												
Royal North Shore - Arndell	10	20	20	8	8	8	3	8	322	2,873	0	0
Thomas Walker - Rivendell	11	27	27	17	17	17	15	17	277	1,543	0	0
Westmead - Redbank House	8	30	38	8	30	38	13	20	258	2,847	0	0
1997/98 Total Child and Adolescent	8	77	85	8	55	63	31	59	857	7,263	0	0
1996/97 Total Child and Adolescent	8	77	85	31	833	0	6,145	0	0	0	0	0
1997/98 Total all Units	709	193	902	751	169	920	683	820	17,798	14,764	15	19
1996/97 Total all Units				709	193	902		683	14,324	13,329	12	7
1995/96 Total all Units				685				599	12,593	8,640	21	9
1994/95 Total all Units				663				531	11,672	9,589	68	9
1 Bed numbers only, were reported for this unit in 1996/97.												
2 11 bed increase February 1998												
3 Opened 22 December 1998												
4 Closed 30 June 1998. See text for details												
5 Increase of 2 beds												
6 90 beds in 1997/98 but one maintained for seclusion as needed												
7 Opened 30 March 1998.												
8 5 psychiatric beds degazetted August 1997.												
9 All psychiatric services transferred from Prince Henry to Prince of Wales March 1998. See text for details												
10 12 beds unavailable due to school holidays												
11 10 beds unavailable due to school holidays												

Source: Centre for Mental Health, 1998

Public Psychiatric Hospitals with beds gazetted under the Mental Health Act 1990

Deaths in Hospital / Unit	Available beds as at 30/6/97			Available beds as at 30/6/98			In residence as at 30/6/97			Admitted in 12 mths to 30/6/98			On leave 30/6/98 as at to 30/6/98		12 mths to 30/6/98
	gaz	non gaz	tot	gaz	non gaz	tot	as at 30/6/97	as at 30/6/98	Over Night	Same Day	as at to 30/6/98	as at to 30/6/98			
Rozelle Psychiatric	177	62	239	177	62	239	209	184	1385	56	8	8	8		
James Fletcher - Morisset 1	134	38	172	138	30	168	158	150	389	10	0	4	4		
James Fletcher - Newcastle 1	70	18	88	52	18	70	77	67	1904	90	4	4	2		
Bloomfield Psychiatric 2	175	175	175	130	21	151	133	133	751	26	3	3	18		
Gladesville / Macquarie Hospital	183	183	183	183		183	161	154	361	0	2	3	3		
Kenmore Psychiatric 3	84	84	84	54		54	75	45	211	0	0	7	7		
Cumberland Psychiatric 4	222	222	222	230		230	206	186	1403	84	7	2	2		
Total 1997/98	1045	118	1163	964	131	1095	1019	919	6404	266	24	44	44		
Total 1996/97				1045	118	1163		1019	8415	228	72	42	42		
Total 1995/96						1273		1093	8668		93	72	72		
Total 1994/95						1430		1140	8434		115	73	73		

1 James Fletcher Hospital

2 Bloomfield

3 Kenmore

4 Cumberland

For details of changes see text .

24 bed ward closed due to attrition of elderly long term patients by death. Resources to Medical & other staff in Community Services.

20 beds transferred to Chisholm Ross Admission Unit at Goulburn Base Hospital.

10 beds to be relocated as Special Care Suites on the South Coast

16 bed Riverview unit closed in May 1998. 24 bed Bunya Medium Secure complex opened June 1998. See text for details.

Source: Centre for Mental Health, 1998

Private Hospitals in NSW authorised under the Mental Health Act 1990

Available beds as at 30/6/97	In residence as at	Admitted in 12 mths as at 30/6/98		On leave at 30/6/98		12 mths as at 30/6/98	
		30/6/97	30/6/98	Over Night	Same Day	30/6/98	30/6/98
Deaths in Hospital / Unit							
Albury/Wodonga Private	6	4	4	129	0	2	
Evesham	42	24	22	484	1028		
Lingard	35	17	27	404	851		1
Northside Clinic	94	55	57	1107	4269		
Port Macquarie Base ¹	10	10	10	202	6		
South Pacific	32	16	26	505	0	1	
St Edmund's	31	21	24	498	564		
St John of God Burwood	64	60	47	1068	2930	1	
St John of God Richmond 1	77	58	72	863	2161		
Sydney Private Clinic	44	33	26	533	840		2
Wandene	30	27	26	437	692		
Wesley Private	38	32	22	412	1225		1
Total 1997/98	503		363	7804	14566	4	4
Total 1996/97	517		363	6845	11938	2	3
Total 1995/96	520		350	5933	11395	7	1
Total 1994/95	516		319	6077	10540	20	4

¹ Port Macquarie Base and St John of God Richmond also provide contract psychiatric services for public patients

Source: Centre for Mental Health, 1998

APPENDIX 11

Acts Administered by NSW Minister for Health and Legislative Changes during 1997/98

97-98

Legislative Changes

ACTS

Passage of the Health Services Act 1997 to:

- extend area health services to rural NSW
- update legislation establishing and regulating the Public Health System

Passage of the Public Health Amendment (Tobacco Advertising) Act 1997 to:

- provide for the transfer of provisions relating to tobacco advertising to the Public Health Act 1991 subject to amendments.
- provide for additional controls on advertising and improved enforcement powers.

Passage of the Health Professionals (Special Events Exemption) Act 1997 to:

- enable health professionals who accompany overseas sporting or cultural teams to major events (such as the Sydney 2000 Olympics) to be exempt from registration requirements.

Passage of the Walker Trusts Amendment Act 1997:

- with respect to the use and funding of the Dame Eadith Walker Convalescent Hospital for Men; and
- to enable the lease or licensing of certain land.

Passage of the Health Legislation Amendment Act 1997 to:

- amend the Dental Technicians Act to clarify that dental prosthetists can make and fit mouthguards;
- amend the Poisons Act and Drug Misuse and Trafficking Act to enable persons assisting in the care of other persons to administer lawfully prescribed medications;
- amend the Private Hospitals and Day Procedure Centres Act to clarify various definitions;
- amend the Institute of Psychiatry Act to vary the composition of the Institute's Board and to provide for the establishment of committees and which commenced on 1 April 1998.

Other consequential changes to health legislation include amendments by way of statute law revision to the following Acts:

Dental Technicians Registration Act 1975
 Fluoridation of Public Water Supplies Act 1957
 Food Act 1989
 Mental Health Act 1990

Regulations

The following regulations were remade upon their staged repeal under the Subordinate Legislation Act 1989:

Chiropractors and Osteopaths Regulation 1997
 Nurses (Elections) Regulation 1997
 Nurses (Election) Regulation (No. 2) 1997
 Nurses (General) Regulation 1997
 Optical Dispensers Regulation 1997

The following new regulation was made:

Health Professionals (Special Events Exemption) Regulation 1998

Amending Regulations

Pharmacy (General) Amendment Regulation 1997
 Poisons and Therapeutic Goods Amendment Regulation 1997
 Poisons and Therapeutic Goods Amendment (Fees) Regulation 1997
 Public Health Amendment Regulation 1998
 Public Health Legislation Amendment Regulation 1997

APPENDIX 12

NSW Government Action Plan for Women

Government's Philosophy & Whole of Government Approach to addressing women's health issues

NSW Health recognises that women's health issues are best addressed through a comprehensive, collaborative approach involving a range of agencies, working towards improved health outcomes for women. Women's health in NSW encompasses a social view of health acknowledging that factors such as income, social support, ethnicity and gender, all influence health and quality of life.

Government Policy Orientations in relation to women's health

In 1997/98 NSW Health released Women's Health in NSW; A guide to health improvement for women 1998 - 2003 as a discussion paper. Five strategic policy directions have been identified in this document as underpinning the development and delivery of health services for women in NSW.

These policy directions include:

- applying a health outcomes approach to women's health
- focussing on women with most need
- incorporating a gendered analysis to health
- advancing research on women's health experience and morbidity
- working in partnership with government, non-government and community sectors to influence the social determinants of women's health

NSW Health is committed to implementing the principles of the National Women's Health Policy. In 1997/98, in addition to funding provided under the Public Health Outcome Funding Agreement, NSW contributed approximately \$2.832m for the purposes of implementing the seven priority health issues and five key areas of the National Women's Health Policy. These policy priority issues have included:

- reproductive health and sexuality
- the health of ageing women
- emotional and mental health
- violence against women
- occupational health and safety
- health needs of women as carers
- health effects of sex role stereotyping on women

The key areas for action in the health care system to which the Policy has been directed are:

- improvements in health services for women
- provision of health information for women
- research and data collection on women's health
- women's participation in decision making on health
- training of health care providers

The NSW Evaluation of the National Women's Health Program was released in 1998 and provides recommendations to sustain the achievements made through the Program for women and highlights areas for future work.

The Alternative Birthing Services Program and the Female Genital Mutilation Education Program also provide policy direction in relation to women's health in NSW. The Alternative Birthing Services Program promotes greater choice in birthing for women, by developing appropriate models of maternity care and focuses on the needs of Aboriginal and Torres Strait Islander women with special emphasis on ante and post natal care. The Female Genital Mutilation Education Program aims to prevent the occurrence of female genital mutilation in NSW through an emphasis on community education, information and support.

Objectives and Outcomes of the Action Plan for Women

NSW Health has implemented a range of initiatives which have addressed the objectives of the Action Plan for Women in 1997/98. A description of these objectives, goals and outcomes are listed below:

Objective: Reducing Violence Against Women

Goal: Responses to the issue of violence against women occur within a coordinated, whole of government framework

An audit of the implementation by government departments of key reports relating to violence against women was conducted by NSW Health in 1997 including: NSW Domestic Violence Strategic Plan, dubay-jahli - Aboriginal Women and the Law Report, The Off Our Backs Report- A Study Into Anti Lesbian Violence, Reclaiming our Rights: Access to Existing Police, Legal and Support Services for Women with Disabilities or who are Deaf or Hearing Impaired who are Subject to Violence. The audit was overseen by an advisory group

with representation from the Departments of Housing, Health School Education, Women, Community Services, the Attorney General's Department, the NSW Police Service and the Office of the Director of Public Prosecutions.

Goal: Policy development and implementation in the area of violence against women occurs in a coordinated manner across central, regional and local levels.

NSW Health is one of four agencies responsible for funding the NSW Strategy to Reduce Violence Against Women, the NSW Government's statewide strategy to reduce violence against women. NSW Health hosts six of the seventeen Regional Violence Specialists in Area Health Services which form a key component of the Strategy.

Goal: Improve access to appropriate health, welfare and legal services for all women who experience violence

NSW Health funded specialist training positions at the Education Centre Against Violence, in violence against women from non-English speaking backgrounds and violence against Aboriginal and Torres Strait Island women. Performance indicators developed for NSW Health services for 1997 addressed the development of strategies by Area Health Services and worker attendance at training in relation to women from diverse cultural backgrounds and identified groups.

Goal: To reduce violence against women

The Specialist Unit for the Violence Against Women Strategy located within the Attorney General's Department is responsible for community education programs which address the perpetration of violence against women. NSW Health collects comprehensive data on initial presentation of all victims of sexual assault to Sexual Assault Services. This is an important indicator of incidence of sexual violence in NSW. In 1997/98 this data collection was revised in order to provide expanded data about the nature and extent of sexual violence being experienced by victims.

Objective: Improving the health and quality of life of women and girls in NSW.

Goal: Improving access to culturally appropriate health services and information to Aboriginal women in prison.

A review of health services available for Aboriginal women in prison was undertaken jointly conducted by NSW Health, Corrections Health Service and the Department of Corrective Services. Aboriginal women in prison were interviewed to determine health needs and access to culturally appropriate services. A final report has been drafted with recommendations for improved access and delivery of health services to Aboriginal women in prison. The report will be finalised in August 1998.

Goal: Promoting the health benefits of physical activity to women in NSW.

The plan of the NSW Physical Activity Task Force was approved in July 1998. The plan covers the promotion of physical activity in NSW for the period 1998 -2002. The Task Force has produced guidelines entitled Towards Best Practice for the Promotion of Physical Activity in NSW which emphasise the importance of promoting physical activity for women.

During 1997/98 one of the Task Force strategic themes of education and information was addressed through implementation of the Active Australia Campaign. The campaign was designed to address the needs of people aged 25 - 60 years especially the least active and was designed to have particular appeal to women.

In March 1997 the NSW Schools Fitness and Physical Activity Survey was reported. This survey was jointly funded by NSW Health, NSW Department of Education and Training and the National Professional Development Program. The survey findings have emphasised the need to improve fundamental skills among primary school children and to increase participation among girls. Strategies to address this will be taken forward by Task Force agencies in 1998/99.

Further information

Further information can be obtained from Women's Health Policy Officers, Health Service Policy Branch, NSW Health.

APPENDIX 13

Disability Plan

The NSW Government has a strong commitment to social justice; that is, to a fairer community. The Disability Policy Framework translates into action the Government's commitment to improving the opportunities for people with disabilities to share fully in community life.

NSW Health and the NSW Ageing and Disability department have collaborated on the development of the NSW Disability Policy Framework, due for release in October 1998.

The Framework overtakes all current disability planning (as required under section 9, Disability Services Act 1993) and details how NSW Government agencies and service providers will measure and report on their progress in increasing access for people with disabilities.

The three main objectives of the Framework are as follows:

1. The achievement of a planned, coordinated and flexible approach to policy and service provision in NSW for and with people with disabilities and their carers.
2. The creation and promotion of opportunities, services and facilities which enable people with disabilities and their carers to participate in the wider community and to attain a better quality of life.
3. Provision of ways for State Government service providers to measure and report on their progress in increasing access for people with disabilities.

APPENDIX 14

Number of Staff Employed in the Public Health System

97
98

Full Time Equivalent Positions ⁱ	1993/94	1994/95	1995/96	1996/97	1997/98
Department of Health Administrationⁱⁱ					
- Central Office	429	438.4	450.9	467 ⁱⁱⁱ	459
SUB TOTAL	429	438.4	450.9	467	459
Ambulance Service^{iv}					
- Uniform	2102	2270	2165.5	2323.7	2,385
- Clerical	206	192	194	185	200
- Other	152	123	139.1	178	178
SUB TOTAL	2460	2585	2498.6	2639.3	2763
Scientific and Regulatory ^v	255	276	197.8	65	64
Support Services ^{vi}	94	73	52.2	49	52
SUB TOTAL	3238	3558	3199.5	3220.30	3,338
Area/Health Services, Public Hospitals, Community and Other Health Services ^{vii}	71811	72985	73641.5	75701.3	78,518
GRAND TOTAL	75049	72985	73641.5	75701.3	81,856

- i. All figures are as at June 30 1998
- ii. Staff of the Institute of Forensic Medicine were transferred to CSAHS effective from May 1 1996
- iii. Figures do not include temporary, agency or contract staff. SES staff in Central Administration are included.
- iv. The Ambulance Service of NSW was established as a separate authority during 1990.
- v. Figures do not include temporary, agency or contract staff. SES staff are included.
- vi. Figures do not include temporary, agency or contract staff. SES equivalent staff are included.
- vii. 23 District Health Services were amalgamated into eight Rural Health Services effective July 1 1996.

Staff figures extracted from DOHRS report as at June 30 1998.

Source: Human Resource Management, 1998

APPENDIX 15

Equal Employment Opportunity Statistics for the Department

Representation of Women within levels				
	1994/95	1995/96	1996/97	1997/98
Below CO1 total staff	21	nil	1	nil
Below CO1 female staff	18	nil	1	nil
per cent below female staff				
Below CO1	2.3	nil	0.24	nil
CO1 - CO7/8 total staff	179	157	89*	125
CO1 - CO7/8 female staff	124	116	72*	94
per cent total female staff				
CO1 - CO7/8	16	22.64	16.99*	20.26
A&C Grade 1-2 total staff	162	36	20*	17
A&C Grade 1-2 female staff	122	21	14*	13
per cent total female staff				
A&C Grade 1-2	15.8	4.10	3.31*	2.8
A&C Grade 3-5 total staff	210	132	109	93
A&C Grade 3-5 female staff	138	87	71	57
per cent total female staff				
A&C Grade 3-5	17.8	17	16.74	12.28
A&C Grade 6-9 total staff	397	278	241	254
A&C Grade 6-9 female staff	232	159	135	143
per cent total female staff				
A&C Grade 6-9	30	31.06	31.84	30.82
A&C Grade 10-12 total staff	289	264	266*	286
A&C Grade 10-12 female staff	121	111	96	140
per cent total female staff				
A&C Grade 10-12	15.6	21.68	22.64	30.17
A&C>Grade 12				
(non SES) total staff	26	17	10*	21
A&C> Grade 12				
(non SES) female staff	9	7	3*	10
per cent total female staff (non SES)				
> Grade 12	1.2	1.37	0.95*	2.16
SES total staff	41	31	30	31
SES female staff	10	11	9	7
SES per cent total female staff	1.3	2.5	2.12	1.51
TOTAL STAFF	1325	915	766	827
TOTAL FEMALE STAFF	774	512	424	464

Source: Human Resource Management, 1998* Figures for 1996/97 have been amended as they were incorrectly recorded previously

Representation and recruitment of Aboriginal employees, employees with a physical disability and employees from a non-English speaking background

	1994/95	1995/96	1996/97	1997/98
Total employees	1325	915	766	827
Recruited during year	274	188	205	175
Aboriginal people	13	11	11	17
Recruited during year	12	5	3	4
People with disabilities	11	10	31	35
Recruited during year	2	3	31	5
People from NESB	208	186	193	210
Recruited during year	35	22	40	28

Source: Human Resource Management, 1998

APPENDIX 16

Number of Registered Health Professionals in NSW

	1993/94	1994/95	1995/96	1996/97	1997/98
Chiropractors	826	821	†1020	1058	1080
Chiropractors and Osteopaths	94	87	†99	101	212
Dental Technicians	634	621	620	622	618
Dental Prosthetists	367	378	382	392	387
Dentists*	3762	3822	3979	3904	3931
Enrolled Nurses	16521	16565	16578	16477	16343
Medical Practitioners*	21016	21624	22231	22863	23395
Optical Dispensers	1218	1242	1282	1332	1329
Optometrists	1122	1150	1187	1224	1260
Osteopaths	180	180	†289	297	409
Pharmacists*	6357	6371	6505	6593	6692
Physiotherapists	4381	4587	4772	4960	5134
Podiatrists	565	549	606	638	657
Psychologists	3031	3973	4523	4948	5592
Registered Nurses	71959	73178	74131	74659	74895
Total	132033	135148	†138204	†140068	141934

* Information is provided by the NSW Dental, Medical and Pharmacy Boards which are not administered by the Health Administration Corporation.

† Amended figures for 1995/96 relating to the Chiropractors and Osteopaths Registration.

Source: Health Professional Registration Boards, 1998

APPENDIX 17

Personnel Policies and Practices

Equal Employment Opportunity (EEO)

EEO Advisory Committee: Establishment of an EEO Program Advisory Committee whose role is to advise on, and assist with the design of the EEO Management Plan and the co-ordination of the Plan's implementation from a strategic viewpoint. The Committee includes the Director of Affirmative Action, EEO Coordinator, and representatives from ODEOPE, employee organisations, management and the EEO groups.

Grievance Resolution and Anti-Harassment Policies

Grievance Resolution Policy and Procedures and Harassment Free Policy and Procedures issued to all staff as Departmental circulars.

Employment Equity Contact Officers

Several staff trained to provide advice and assistance in the resolution of workplace grievances.

Spokeswomen's Program

The Department issued a new Spokeswomen's Policy to promote the interests and career development of women throughout the Department.

Progress Review and Development Scheme

Implementation within the Department of a Progress Review and Development System designed to identify, develop and evaluate staff performance to assist in the achievement of the Department's goals and objectives.

Job Evaluation

Job Evaluation commenced using the Cullen Egan Dell methodology to evaluate positions and enable job redesign to take place to better achieve the Department's objectives and to provide greater job satisfaction for staff.

Flexible Work Practices

Flexible Work Practices Policy: The Department endorsed the guidelines issued by the Public Employment Office and distributed the document throughout the Department.

Flextime Trial: Through its Joint consultative Committee process, the Department implemented a new flextime system on a trial basis in order to assist staff to better balance their work, family and community commitments.

Work From Home Policy: Development and implementation of Work from Home Policy as part of the Department's endorsement of the Government's Flexible Work Practices Policy.

Organisational Change

Implementation Guidelines for Organisation Reviews: Issue of revised Implementation Guidelines for Organisation Reviews to be used in any future minor or larger scale structural reviews by the Department as part of the Department's commitment to an ongoing process of quality improvement in order to achieve best practice in all of the Department's functional responsibilities.

Restructures: Human Resources assisted in the development and implementation of restructures in several Divisions and Branches including the Information and Asset Services Division, the Mental Health Review Tribunal and the Aboriginal Health Branch.

Work and Family Initiatives

Child and Family Responsibilities Policy and Initiatives: Following from a staff survey on family needs, the Department engaged the services of a child care referral agency, the Lady Gowrie Child Centre Corporate Advisory Service, to assist staff who may have an emergency child care need.

Work and Family Room: The Department allocated and equipped a purpose-specific room for use by staff to care for sick dependents whilst undertaking duty.

Career Development and Quality Initiatives

The Margaret Samuel Memorial Scholarship for Women: The Scholarship is designed to assist female officers in the Department, up to and including Clerk Grade 7/8, to pursue tertiary studies in an area which is relevant to the Department's functions including health and general administration, finance, human resources, information technology and law. The scholarship was awarded to four staff and presented by the Director-General.

Staff Quality Service Awards: Staff are nominated on the basis of their service to fellow employees and the public. This monthly award continues to be a popular and respected goal for staff.

Public Sector Management Course Scholarships: A total of twenty scholarships were awarded to NSW Health employees to attend the Public Sector Management Course conducted by Premier's Department. The scholarship winners included staff from a variety of Area Health Services as well as the Department. From the total of twenty scholarships, thirteen were awarded to female staff.

Recognition of Long Service Awards: The Department introduced an awards scheme recognising long service in NSW Health and the Public Service.

Recruitment

Job Inquiry Kit: A new Job Inquiry Kit was developed and implemented to streamline administrative processes and to provide additional information on EEO, Cultural Diversity and OH&S.

Recruitment and Selection Manual: A Recruitment and Selection Manual is currently being developed and is to be included in the COHRS information system.

Recruitment and Selection Training: Training was conducted for staff who participate on selection panels and to enhance the quality of the process. A Convenor Kit was issued for use by convenors of interview panels.

Criminal Records Checks: Were introduced for all appointments to new positions as a means of safeguarding staff and patient welfare.

Staff Induction Manual: A Staff Induction Manual, Welcome to NSW Health, was developed for all staff in the Department.

APPENDIX 18

Staff Awards and Scholarships

97-98

Scholarships

Public Sector Management Course Scholarships.

The Department offered twenty scholarships to staff from across the NSW Health system to attend the Public Sector Management Course during the 1997/98 financial year. The Public Sector Management Course is conducted by the Public Employment Office and the courses basic objective is to enhance the existing knowledge and skills of public sector management middle managers in order to improve outcomes in the areas of public sector service delivery, productivity and people management.

Of the 20 scholarships awarded eight were awarded to Department staff, and 12 to Area Health Service employees. The successful applicants were from a variety of backgrounds and locations. The names of the Scholarship winners are as follows:

Ms Margaret Banks, Senior Workforce Planner, Workforce Planning.
 Dr Marie Louise Stokes, Medical Officer, Clinical Effectiveness
 Ms Bronwyn English, Secretary, Health Professionals Registration Board.
 Ms Edwina Macoun, Public Health Nutrition Program Coordinator, Food and Nutrition.
 Mr Tony Lowe, Management Analyst Audit.
 Ms Anna Kulesz, Employee Services Officer, Central Office Human Resource Services
 Ms Ingrid Ross, Employee Services Officer, Central Office Human Resource Services.
 Mr Michael Jaques, Clerk, Nurses Registration Board
 Mr Francis Leung, Area Manager, Medical Imaging, Central Coast Area Health Service.
 Ms Anne Norman, Child Protection Co-ordinator, Central Coast Area Health Service.
 Mr David McPherson, Chief Hospital Scientist, SWSP - Deniliquin, Greater Murray Health Service.
 Mr Michael O'Donnell, Manager, Industrial Relations, Greater Murray Health Service.
 Ms Lyn Wheeler, Business Manager, Department of Adolescent Medicine, New Children's Hospital.
 Ms Sally Newport, Nursing Unit Manager, Liverpool Health Service, South Western Sydney Area Health Service.
 Mr Alan Dent, Area Manager, Ambulance Service of NSW.
 Ms Francan Facci, Coordinator, Multicultural Health Service, Illawarra Area Health Service.
 Ms Patricia McDermott, Nurse Unit Manager, Kingswood Community Health Centre, Wentworth Area Health Service.
 Ms Margaret Thornton, Acting Health Service Manager, Monya Hospital, Southern Health.
 Ms Glen Welby, Director, Wilcannia Co-ordinated Care Trial, Far West Health Service.
 Mr Scott McGufficke, Senior Environmental Officer, Far West Health Service.

Staff Quality Service Awards (SQSA)

Name	Branch	Award/Certificate	Month/Year
Blythe O'Hara	Tobacco & Health	SQSA	July-97
Mya Tun	Capital and Asset Management	Commendation	July-97
Claire Dunstan	Pharmaceutical Services	SQSA	Aug-97
Margaret Steele	Pharmaceutical Services	Commendation	Aug-97
John Sabbah	PC Support	Commendation	Aug-97
Elizabeth Pek	Health Improvement	Commendation	Aug-97
Mary McMullen	Minister's Office	Commendation	Aug-97
Leonora Steinwall	Alcohol and Health Unit	Commendation	Aug-97
Felicia Fernandes	IASD - Executive	SQSA	Sep-97
Alan Henn	Contract and Service Performance	Commendation	Sep-97
Grahame Cox	Pharmaceutical Services	Commendation	Sep-97
Shantha Tekkatte	Aboriginal Health	SQSA	Oct-97
Roger Kung	Clinical Effectiveness Branch	Commendation	Oct-97
Rona Baruch	Environmental Health	SQSA	Nov-97
Marian Weatherstone	Information and Data Services	Commendation	Nov-97
Kym Scanlon	Centre for Mental Health	Commendation	Nov-97
	Parmaceutical Services Branch	Commendation	Nov-97
Roberta Burgess	ESU	Commendation	Nov-97

	Private Health Care Monitoring Branch	Commendation	Nov-97
Roger Kung	Clinical Effectiveness Branch	Commendation	Dec-97
Jean McGarry	Evaluation and Monitoring	SQSA	Dec-97
John Ward	Aids & Infectious Diseases	SQSA	Dec-97
Paul Francis	Centre for Disease Prevention	Commendation	Dec-97
Dianne Harriman	Salaries	SQSA	Feb-98
Christine Cowie	Environmental Health	Commendation	Feb-98
Charlene Dawson	Records Management	SQSA	Mar-98
Kirsten Carless	Health Public Affairs	Commendation	Mar-98
Lindsay Maya	Records Management	SQSA	Apr-98
Paul Bakovic	Accounts	Commendation	Apr-98
Nora Kheroian	Pharmaceutical Services	Commendation	April-98
Seda Minassian	Pharmaceutical Services	Commendation	April-98
Hasmik Tehmasian	Pharmaceutical Services	Commendation	April-98
Aggi Christie	Pharmaceutical Services	Commendation	April-98
Melina MarKanian	Pharmaceutical Services	Commendation	April-98
Terence Watson	Executive Support Unit	SQSA	May-98
Val Johnson	Health Public Affairs	Commendation	May-98
Dawn Simpson	Public Health Training	Commendation	May-98
Rosina McDowell	Performance Management	Commendation	May-98
Linda Brookes	Health Improvement	SQSA	Jun-98
Lucelle Wills	Health Services Policy	Commendation	Jun-98
Arthur Neumann	Capital & Asset Management	Commendation	Jun-98
Dennis Jenner	Capital & Asset Management	Commendation	Jun-98
Jude Clement	Finance & Budget	Commendation	Jun-98

Source: NSW Health Department, 1998

Recognition of Long Service Awards

The following staff received Long Service Awards for 30 years or more service to NSW Health:

Robert Champion	Policy Analyst	Contract and Service Performance
Paul Klausen	Team Coordinator	Private Health Care Monitoring Branch
Brian Lambert	Team Coordinator	Private Health Care Monitoring Branch
Cecil Miller	Inspector	Health Professional Registration Board
Sidney Windschuttel	Finance Officer	Financial Management and Planning Branch
Ross Polley	OIC, Administration	Administration Branch
Arthur Bruncker	Facility Planner	Capital and Asset Management Branch
Colin Brewster	Clerk	Performance Management
Penny Jones	Clerk	Private Health Care Monitoring Branch

Source: NSW Health Department, 1998

APPENDIX 19

Overseas Visits by Staff

Dr Barbara-Ann Adelstein, Ambulance Service of NSW: Review of the Medical Priority Dispatch System as proposed in the Ambulance Service CAD Project in the USA. General Fund.

Pam Albany, Principal Policy Officer, Injury Prevention Unit: Attend the 4th World Injury Prevention and Control and Childhood Safety Conferences in the Netherlands. General Funds.

Ribeiro Alcides, Senior Hospital Scientist, Quality Control Department, NSW Blood Transfusion Service: Attend the 8th Asia Pacific Reginio Congress in China and visit Tianjin Blood Centre. General Funds.

Ken Barker, Director, AusHealth International: Attend the Director's Meeting of the Oncology Centre in Malaysia. AusHealth International.

Alison Barnwell, NSW Blood Transfusion Service: Present at the 5th International Grief Bereavement Conference in the USA. Trust Funds.

Bill Bellew, Principal Policy Officer, Disease Prevention and Health Promotion: Attend the Speciality Conference on Physical Activity Interventions in the USA. General Funds.

Erica Berry, Clinical Nurse Consultant, Corrections Health Service: Attend the Mental Health Conference and visit Mental Health Services in Finland and Holland. General and Personal Funds.

Lou-Anne Blunden, Policy Analyst, Statewide Services Development Branch: Attend the 14th Annual Meeting of the International Society of Technology Assessment in Health Care (ISTAHC) in Canada. General Funds.

Jennifer Bryant, Senior Scientist, NSW Blood Transfusion Service: Attend the 19th International Society of Analytical Cytology in the USA. General Funds.

Tony Butler, Public Health Officer: Present at the European Conference on HIV and Hepatitis in Prisons in Germany. General Funds.

Edwin Devereaux, President, Health Registration Board: Attend the 72nd Annual Congress of the Federation of Chiropractic Licensing Board in the USA. Funded by Chiropractic and Osteopathic Registration Board Budget.

Derek Ford, Director NBGRL, NSW Blood Transfusion Service: Conduct a Blood Transfusion Workshop in Vietnam. AusAid Grant.

Derek Ford, NBGRL, NSW Blood Transfusion Service: Attend the ASBT/HAS/NZSH Annual Scientific Meeting in New Zealand. Commonwealth Funded.

Derek Ford, Director NBGRL, NSW Blood Transfusion Service: Attend the 8th Asian-Pacific Congress ISBT in China. Commonwealth Funded.

Dr Michael Frommer, Director Research and Development, Public Health Division: Attend the 2nd International Conference on the Scientific Basis of Health issues plus visits to organisations in Holland and the UK. General Funds.

Joanne Hockey, Project Officer, Aboriginal Health Branch: Present at the 3rd "Healing our Spirit" Worldwide Conference in New Zealand. General Fund.

Dr Jim Hyde, Director, Health Services Policy: Attend and present at the Health Education Authority in the UK. General Fund and Sponsorship.

Kathy Jong, Public Health Officer, Public Health Division: Attend the International Collaborative Research Meeting in the UK. Personally Funded.

Keith Masnick, Chairman, Health Registration Board: Attend the World Council of Optometry General Delegates Meeting in Israel. Optometrical Registration Board Budget.

Superintendent James McLachlan, Ambulance Service of NSW: Review the Medical Priority System as proposed in the Ambulance Service CAD project in the USA. General Fund.

Superintendent James McLachlan, Ambulance Service of NSW: Attend the Emergency Management Service Summit in South Africa. General Funds.

Ross Montgomery, Station Officer, Ambulance Service of NSW: Participate in an Exchange Program with Staffordshire Ambulance Service. General Funds.

Catherine Murphy, Senior Policy Analyst, Public Health Division: Attend the Asia-Pacific Group for Infection Control in Hong Kong. Personally Funded.

Catherine Murphy, Senior Policy Analyst, Public Health Division: Assist in the Infection Control component of the ASC & Bamrasnaradura Hospitals Project on HIV/AIDS. AUS/AIDS Funded.

Peter Williams, attended Health Informatics Committee and presented a paper at the International Medical Informatics Association Bermuda Sept 1997. Commonwealth funded.

Louise Newman, Director, NSW Institute of Psychiatry: Present at the 1998 Annual Meeting of the American Psychiatric Association followed by visits to relevant psychiatric facilities in New York and London. NSW Institute of Psychiatry.

Charles Pace, General Manager, Performance Management: Attended the 14th International Congress on Performance Management and Improvement in Health Care in the USA. General Funds.

Carmen Parter, Acting Manager, Health Planning and Evaluation Unit: Present at the 3rd "Healing Our Spirit" Worldwide Conference in New Zealand. General Fund.

Jim Pearse, Director Structure and Funding Policy: Participate in an exchange program with the UK National Health Service. General Funds.

Helen Pearson, Senior Hospital Scientist, NSW Blood Transfusion Service: Attend the 5th European Symposium on Platelet and Granulocyte then visit Blood Bank Institutions in Spain, the Netherlands and the UK. General Funds.

Tim Pegley, Ambulance Officer, Ambulance Service of NSW: Visit the Wellington + Auckland VisiCAD site to observe the delivery of configuration and training services by American Tritech. CAD Implementation Budget.

Dr Andrew Penman, Director, Centre for Disease Prevention: Study Tour in Europe and the USA. General Funds.

Laurie Phillips, Station Officer, Ambulance Service of NSW: Visit the Wellington + Auckland VisiCAD site to observe the delivery of configuration and training services by American Tritech. CAD Implementation Budget.

Kate Purcell, Manager Tobacco and Health Unit: Attend the 10th World Conference on Tobacco and Health in China. General Funds.

Professor Beverley Raphael, Director, Centre for Mental Health: Attend the 1998 Annual Meeting of the American College of Psychiatrists in the USA. General Funds.

Meno Schilling, Associate Director, Systems Integration: Attend the HL7 Plenary and Workgroup Meeting in the USA. General Funds.

Karl Spackman, Ambulance Officer, Ambulance Service of NSW: Visit the Wellington and Auckland VisiCAD site to observe the delivery of configuration and training services by American Tritech. CAD Implementation Budget.

Lyn Stoker, Public Health Officer, Centre for Disease Prevention and Health Promotion: Attend a Planning Mission in China as part of a collaborative World Bank funded project to promote health. Sponsorship.

Helen Taylor, Policy Analyst, Public Health Division: Attend the 2nd International Conference on the Scientific Basis of Health Sciences in the Netherlands. Personally Funded.

Michael Walsh, Registrar, Health Registration Board: Attend the 72nd Annual Congress of the Federation of Chiropractic Licensing Board in the USA. Funded by Chiropractic and Osteopathic Registration Board Budget.

Kirsty Winter, Farm Safety Training Officer, Australian Agricultural Health Unit: Participate in a Staff Exchange Program in Canada. Personally Funded.

APPENDIX 20

Ethnic Affairs Priority Statement

Introduction

The NSW Health Ethnic Affairs Policy Statement (EAPS) was launched in 1991. The current NSW Health Implementation Plan (1995-1999) for multicultural initiatives reflects the NSW Charter of Principles for a Culturally Diverse Society.

The Ethnic Affairs Commission Amendment Act (1996) requires all government agencies to report on their key initiatives in ethnic affairs in their Annual Reports. The three key result areas agencies are required to report against are: Social Justice, Community Harmony and Economic and Cultural Opportunities.

This section outlines the NSW Health Department's achievements in ethnic health for 1997/98 and the progress made in the integration of EAPS into the NSW Health system.

As part of the NSW Public Health System, the Department has a statewide role to provide specific project funding, initiate policy development, and support, facilitate, monitor and report on the annual progress in the integration of the EAPS Key Result Areas into the NSW Public Health System.

The Department's progress is reported under the issues specific to each key Result Area as are the key initiatives planned for 1998/99.

Progress on the Three Key Result Areas (KRAs) in the NSW Health 'Health Services for a Culturally Diverse Society - Implementation Plan'.

KRA 1: Social Justice

1.1 Accessible and Quality Government Programs and Services

- \$470,000 allocated to the Transcultural Mental Health Centre (TMHC) to expand the existing Clinical Brokerage Program to rural areas, appoint mental health professionals to provide supervision and support for MH workers, and pilot an adolescent mental health clinic at Westmead Hospital to provide language specific services to young people.
- NESB Policy Analyst Position has been designated at the Centre for Mental Health to work on Transcultural Mental Health Issues.
- Recurrent \$142,120 to the TMHC to develop mental health information and resources in different languages.
- Development of a holistic model for NESB dementia assessment for GPs and Aged Care Assessment Teams that will provide equitable access to assessment, diagnostic and support services for NESB people with dementia and their carers.
- The implementation of the 'Cultures in the Workplace Program' for the Alzheimer's Association of NSW.
- Funding the Canterbury Multicultural Youth Health Service to provide GP access, primary care programs and music programs to youth from NESB.
- Implementation of the Culturally Sensitive Assessment of Frail Ethnic Older People program.
- Funding to Wentworth Area Health Service to deliver multicultural access programs (Culture in the Workplace Program) to a number of Sexual Assault Services across NSW.
- Specific Child and Youth program targeting children who have been tortured and children of torture and trauma survivors. STARTTS and a youth program, essentially through camps, provide individual counselling for young people, and residential programs are provided.
- In partnership with the Commonwealth Government and the Central Sydney Area Health Service, the 'Good Beginnings Program' is targeting the Vietnamese community.
- Publication of falls prevention material in 4 languages.
- Multicultural Health Communication Service continues to provide specialist NESB services.
- Interpreter Health Promotion Project (ongoing) provides information on alcohol harm minimisation and smoking reduction in 12 different languages to ethnic groups in the Hunter – including training component for 13 interpreters to enable them to provide alcohol and smoking information to NESB communities while waiting with their client for an appointment. Written support materials were translated.

1.2 Responsive and Equitable Policy

- Draft Strategy for the Mental Health of People of NESB has been prepared.
- Draft Framework for Provision of Palliative Care in NSW: A Discussion Paper incorporating service issues for people from NESB.
- Development of the draft Strategic Directions in Refugee Health Care in NSW.
- Distribution of the booklet 'Understanding Childhood Immunisation' in 12 different languages.
- Free Hepatitis B vaccine to children from at risk ethnic communities.
- Distribution of measles information and comment from parents in 14 languages.
- Commonwealth funded free pneumococcal vaccine to Aboriginal & Torres Strait Islander under 15 yrs, and flu vaccine for over 50 yrs of age.
- Assisting Aboriginal Health with the development of Aboriginal Health Immunisation strategy.
- 1997 NSW Health Survey questionnaire translated into five community languages; almost 500 interviews conducted in languages other than English; information collected on health status, risks to health and use of and satisfaction with health services.

- October 1997 - Asthma Week Article on Primary Prevention of Asthma in 17 non-English language papers.

1.3 Participation on Decision Making Bodies

- \$120,000 allocated to the TMHC for the development of infrastructure to support participation of NESB consumers & carers in service planning.
- \$80,000 allocated to develop young people's participation in consultation, resources development, and planning of services.
- NESB representation on Area Health Boards. Development of ongoing Multicultural Health Orientation program for all Board Members. Annual program implemented.
- Representative of Aboriginal Health on Immunisation Advisory Committee.
- Establishment of the Department of Health Equity Advisory Committee with representation of people from culturally diverse backgrounds.

1.4 Cultural Diversity in Government Services

- \$700,000 allocated to Western Sydney Area Health Service for the TMHC as a statewide service to provide information on different referral and community support options, referral services through its database on NSW bilingual/cultural health professionals, a consultative service through its panel of sessional bilingual/cultural health professionals with experience in mental health and other areas.
- Aboriginal Sexual Health Services.

1.5 Cultural Diversity in Funded Services

- \$110,000 provided to the TMHC to develop promotion, prevention and early intervention programs.
- Over \$1.2m funding to services to target NESB women, these include, the Fairfield Multicultural Family Planning Association, the Immigrant Women's Health Information Service, Ethnic Obstetric Liaison Officer Program, Multicultural Women's Liaison Officer, NESB Women's Training Officer and NESB Women's Health Project Officer.
- Ongoing funding to the Drug and Alcohol Multicultural Education Centre and the Thalassaemia Association of NSW.

1.6 Culturally Diverse Workforce

- \$120,000 has been allocated to the TMHC to develop & provide education and training to staff on cross cultural issues.
- \$20,000 allocation to develop Competency Standards for Multicultural Workers
- Commenced developing Bilingual workforce policy.
- Employment of bilingual youth workers at the Canterbury Multicultural Youth Health Service.
- First intake of Aboriginal & Torres Strait Islander people onto the NSW Public Health Officer Training Program.
- Development needs of individuals are identified through the Progress Review & Development processes and contribute to the Department's staff development planning.
- Promotion of Skillmax courses throughout the Department.
- Funding of an Information Service for overseas trained health professionals in conjunction with the Migrant Skills & Qualifications Services, Department of Education and Training.
- Funding for 3 clinical bridging programs for overseas trained doctors; 56 candidates participated in a mix of fast track and standard bridging courses with an overall pass rate of about 80% at the clinical examination of the Australian Medical Council.
- Pre-employment orientation program for overseas trained doctors entering the NSW medical workforce. A pilot program was developed and conducted in December 1997 for 27 participants. Evaluation indicates that of those overseas trained doctors who undertook the course performance in the first year in the NSW medical workforce was improved compared with colleagues who had not undertaken this program.

1.7 Access to Interpreters and Translators

- Recurrent allocation of \$150,000 to provide interpreter services in rural NSW.
- Employment of interpreter training officer in Greater Murray Health Service.
- Allocation of \$10,000 to train interpreters on dementia assessment and related issues.
- Ongoing funding of \$190,000 to implement a mobile interpreter service for NESB women in Central Sydney and South Eastern Sydney Area Health Services.
- List of staff participating in Community Language Allowance Scheme (CLAS) maintained and available to staff.

1.9 Planning for Cultural Diversity

- Incorporation of EAPS in Departmental planning process.
- Research infrastructure funding provided to the Centre for Health Equity Training Research and Evaluation and the Social Health Research Unit.

1.10 Improved Settlement Services

- Recurrent allocation of \$300,000 to establish the NSW Refugee Health Service.
- Development of Beach Street 2: an intermediate level English language course for newly arrived immigrants and refugees, focusing on health issues and health promotion. Developed by AMES and funded by NSW Health.

KRA 2: Community Harmony

2.1 Community Development

- \$30,000 to support the Transcultural Mental Health Centre Conference to be held in November 1998.
- \$55,000 allocation to train bilingual community educators on dementia
- Funding to Education Centre Against Violence to work with a number of ethnic groups to develop culturally appropriate information regarding sexual violence.
- Launch of Portuguese responsible use of alcohol campaign in May 98 which aimed to increase community understanding of the health and social risk associated with alcohol abuse and awareness of 'Responsible Service of Alcohol' legislation and practices - this was achieved through a needs assessment survey, articles published in 3 Portuguese language papers, radio advertisements/broadcasts and development & distribution of resources.
- Hunter Migrant Health Service provided information on safe/responsible drinking of alcohol over the Christmas period to Multicultural Health Workers for distribution to their communities.
- A report conducted by the Hunter Migrant Health Service identified excessive alcohol consumption as a risk among Macedonian youth. Wallet cards DDU (Drink Drunk the Difference is U) messages were distributed to Macedonian youth at the community disco and received positive feedback.
- In the Hunter area, an interactive computer system - Health CHIPS, (ongoing 98/99) was placed in the Macedonian Hall for a month. This program available in Macedonian & English contained a drinking assessment quiz. It provided feedback, relevant contacts for information, advice & help to users.
- Development of NESB DDU poster by the Illawarra Health Service for communities in the Port Kembla area. Safe drinking messages developed by young people were based on an identified need to target young people and/or their parents who drink hazardously. The posters were translated in 5 languages and distributed to local schools, youth groups and community organisations.

2.4 Valuing Diversity

- Establishment of the Department of Health Equity Advisory Committee with representation of people from culturally diverse backgrounds.

2.5 Anti Harassment and Anti-Discrimination

- The drafting of an Anti-Racism Policy for the Department of Health.
- Freedom from Harassment Policy and Procedures developed and circulated throughout the Department.

2.6 Harmonious Workplaces

- Funding to the Wentworth Area Health Service to package the Anti-Racism Strategy for use by other Area Health Services.
- Qualitative information is available on equity issues in the workplace.
- Grievance Policy and Resolution Procedures developed and circulated throughout the Department.
- Establishment of Equity Contact Officers and provision of effective training programs.

2.7 Aboriginal Reconciliation

- Exploring the development of a Centre for Cross-Cultural Health that aims to target undergraduate academic programs to develop curricula that focus on multicultural and aboriginal health.

KRA 3: Economic and Cultural Opportunities

3.1 Trade and Business Activities

- The NSW Multicultural Health Communication Service web site is accessed by over 30,000 various sources per month. This opens the business of the service to a wide range of potential consumers, including other NSW government agencies and numerous international agencies.

3.2 Improved Employment Outcomes

- Merit processes used for recruitment of staff.

3.3 Contributions by Ethnic Communities

- All NSW Health Multicultural health statewide services, that is, DAMEC, NSW Multicultural Health Communication Service, STARTTS and the TMHC all have NESB consumer representation on management committees

3.6 Sydney 2000 Olympics

- Commenced implementation of the Sydney 2000 Medical Interpreter Service Plan.

Key Initiatives for 1998/99

KRA: 1 Social Justice

1.1 Accessible and Quality Government Programs and Services

- Development of multilingual material for inclusion on the Alzheimer's Association of NSW website.
- Continuation of counselling, access to GPs, advocacy work to NESB youth through the Canterbury Multicultural Youth Health Service.
- Focussing initiatives in NESB Mens Health.
- In partnership with The Cabinet Office and the Department of Community Services, the 'Families First Initiative' will target families of NESB living in the South Western Sydney, Mid North Coast and Northern Rivers Area Health Services.
- Promotion of smoke alarms in NESB population.
- Multicultural Health Communication Service.
- Interpreter Health Promotion Project (ongoing) provides information on alcohol harm minimisation and smoking reduction in 12 different languages to ethnic groups in the Hunter - included training component for 13 interpreters to enable them to provide alcohol and smoking information to NESB communities while waiting with their client for an appointment.

1.2 Responsible and Equitable Policy

- Finalisation of Mental Health Strategy and Palliative Care Framework.
- Revision of Adult Sexual Assault, Child Sexual Assault and Child Protection manual with emphasis on ensuring services are responsive and equitable.
- Distribution of the booklet 'Understanding Childhood Immunisation' in 12 different languages.
- Free Hepatitis B vaccine to children from at risk ethnic communities.
- 1998 NSW Health Survey questionnaire translated into five community languages and interviews conducted in these languages.
- Development of information pamphlet for people presenting to Emergency Departments with acute asthma - in relevant community languages.

1.3 Participation on Decision Making Bodies

- Representative of Aboriginal Health on Immunisation Advisory Committee.
- Representation of members from EEO groups on key committees and other decision making bodies.

1.4 Cultural Diversity in Government Services

- Aboriginal Sexual Health services will continue as a priority.

1.5 Cultural Diversity in Funded Services

- NESB sex worker health promotion for Sydney Sexual Health Centre & Sex Workers Outreach Project will continue.
- CSAHS multicultural project will continue the HIV/AIDS project.

1.6 Culturally Diverse Workforce

- Priority given to target groups for training and development.
- Promote the role of the Equity Advisory Committee to address the needs of staff from culturally diverse backgrounds.
- Provide specific programs developed for the particular needs of staff from culturally diverse backgrounds.
- Consultation with stakeholders to review and improve functions of the Information Service for overseas trained health professionals resulting in the creation of a work plan with deliverables and time frame identified.
- Information Service client satisfaction survey underway.
- Introduction of topic specific seminars for the Information Service to address needs identified by clients jointly conducted with the Australian Medical Council, and the Australian Dental Council.
- Establishment of an advisory board to the Information Service.
- Identification and implementation of other funding sources including some user pay contribution for clinical bridging programs for overseas trained doctors.
- Pre-employment Orientation Program to be conducted in November 1998 for overseas trained doctors commencing in the NSW medical workforce in 1999.
- Continued evaluation of the Pre-employment Orientation Program.
- Possible use of the NSW Health Pre-employment Orientation Program model by other States and Territories.

1.7 Access to Interpreters and Training

- Ongoing funding to provide interpreter services in rural areas of NSW.
- Promotion of the use of the Community Language Allowance Scheme (CLAS) by ensuring staff are aware of the location and language spoken by bilingual colleagues.

1.9 Planning for Cultural Diversity

- Evaluation of the NSW Health Ethnic Affairs Program and development of Departmental EAPS 2000-2005.
- Research infrastructure funding provided to the Centre for Health Equity Training Research and Evaluation and the Social Health Research Unit.

1.10 Improved Settlement Services

- \$50,000 one-off allocation to research refugee health issues.

KRA 2: Community Harmony**2.1 Community Development**

- Launch of limited literacy drug information resources by Health Minister in August 1998. A series of brochures and posters were designed to provide basic information on the effects of alcohol, tobacco and caffeine to people with language backgrounds other than English.
- In the Hunter area, an interactive computer system - Health CHIPS, (ongoing 98/99) was placed in the Macedonian Hall for a month. This program available in Macedonian & English contained a drinking assessment quiz. It provided feedback, relevant contacts for information, advice & help to users.

2.4 Valuing Diversity

- Representation of members from EEO groups on key committees and other decision making bodies.

2.5 Anti-Harassment and Anti-Discrimination

- The finalisation and implementation of the Department's Anti-Racism Policy.
- Development of an overarching EEO Policy for the Department.
- Review of existing and new Human Resource policies with equity implications to ensure adherence to equity principles.
- Development of an Anti-Racism Policy.

2.6 Harmonious Workplaces

- Qualitative information is available on equity issues in the workplace.
- Development of an Exit Interview Policy.
- Review of Grievance Policy and Procedures.
- Development and Implementation of a confidential grievance reporting system.
- Conduct Grievance Resolution and Harassment Awareness training for all staff and managers.
- Provision of training programs for Equity Contact Officers, production of promotional material and review of program.

2.7 Aboriginal Reconciliation

- The development of a community consultation process to further explore proposed development of a Centre for Cross-Cultural Health focusing on multicultural and aboriginal health.
- Employment of Aboriginal Health Promotion Officer.

KRA 3: Economic and Cultural Opportunities**3.2 Improved Employment Outcomes**

- Recruitment and Selection Techniques training conducted for all managers and staff involved in the selection process.
- Department policy, guidelines and procedures on recruitment and selection processes reviewed.

3.6 Sydney 2000 Olympics

- Commence recruitment and training of Interpreters.

APPENDIX 21

Year 2000 Millennium Bug

Scope & Status

The NSW Health Department has completed a Year 2000 Business Risk Assessment & Planning (BRA&P) study in accordance with directives from the NSW Government. The BRA&P study has allowed the Department to identify and prioritise potential Year 2000 problems and to develop a plan to rectify such problems.

The work undertaken has included detailed examination of the services, infrastructure and facilities at the following locations:

- Levels 4 to 11, 73 Miller Street, North Sydney;
- Levels 2, 3, 4, 5, 8 and 9 of 28-32 Foveaux Street, Surry Hills;
- The Gladesville Hospital Campus; and
- "The Priory" Salter Street, Gladesville.

The initiatives covered by this report address the needs of the Department and run parallel to similar planning studies being conducted by each of the 17 Area Health Services and the New Children's Hospital, plus the Australian Red Cross Blood Service and the Ambulance Service of NSW. In this respect, the Department has followed the principles set down by the NSW Health Statewide Year 2000 Steering Committee.

NSW Health's Year 2000 project is based on the NSW Government's Year 2000 Business Risk Analysis Methodology.

Preliminary responsibilities for managing and planning rectification work have been agreed with the Department's Year 2000 Committee.

Steps have been taken to clarify the Department's responsibilities for on-going audit and review.

Throughout the Year 2000 Project, the Department has also participated in the Statewide Y2K Project Manager's Forums and Year 2000 Seminars.

Contingency Plans

Disaster planning within the NSW Health Services is currently being reviewed and updated in co-operation with the Area Health Services; the Department of Health's role in coordinating a whole-of-Health response is part of that review.

Compliance Strategies

The NSW Health Department aims to ensure:

1. that the Department's operational processes, business outcomes and services to stakeholders is identified, and
2. that appropriate approaches are adopted to minimise those impacts at least cost and within the time frames required to achieve Year 2000 conformity according to the following definition.

Year 2000 conformity shall mean that neither performance or functionality is affected by dates prior to, during and after the year 2000. In particular:

- a) No value for current date will cause any interruption to services;
- b) Date-based functions will behave consistently for dates prior to, during and after the year 2000;
- c) Date-based information will be processed and stored so that the century in any date is either specified explicitly or by reference to unambiguous inferencing rules; and
- d) The year 2000 must be recognised as a leap year.

There are no significant on-going cost burdens associated with these works.

These costs may vary further as the project progresses because the processes used to develop the Plan involve an element of risk management and some suppliers have not yet identified the impact of Year 2000 on their products or their prices. The estimates are based on the best information which could be obtained in time for this report.

APPENDIX 22

Occupational Health and Safety

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-
98

Occupational Health and Safety Statistics 1997/98

No of injuries:	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
per month	5	9	6	4	2	3	3	7	5	4	5	3	56
Occurring at Work	2	5	2	2	1	3	2	3	4	3	2	2	31
Occurring to/from work	0	2	2	1	1	0	1	4	0	0	0	0	11
Occurring at North Sydney	3	2	2	1	0	0	0	0	1	1	1	1	12
Caused by falls	1	5	4	3	0	1	0	4	2	2	4	0	26
Caused by lifting	1	2	1	1	0	2	2	0	1	0	1	1	12
Caused by motor vehicle	2	0	0	0	1	0	0	1	0	0	0	0	4
Other causes	1	1	1	0	1	0	1	2	2	2	0	1	12
Total time lost	0	1	1	6.7	0	4	2	1	0	0	1	0	16.7

There were 56 reported injuries from July 1997 to June 1998 with 16.7 hours lost. 55 per cent of all injuries occurred in the work place. Injuries caused by falls accounted for 46 per cent, and injuries caused by lifting accounted for a further 21 per cent.

The Departments Occupational Health and Safety Committee conducted numerous floor audits regarding potential safety hazards and made a number of recommendations which were acted upon to improve the working environment for employees.

APPENDIX 23

Consultants Used by the Department during 1997/98

Consultant	\$ Cost	Purpose
Mastech Asia Pacific	\$36,700	NDD programming
David Lowe & Anne		
Malcolm Consultants	\$30,000	Health Outcomes HIV Treatments Demonstration Project
BSR Pacific	\$54,650	Development of the NSW Central Cancer Registry Information Management Technology Strategy
Meyers Strategy Group P/L	\$139,160	Report on Risk Management Systems for the NSW Food Industry
Qual-Med Pty Ltd	\$55,000	To identify the critical control points in methadone services and delivery systems which have an effect on program integrity and service outcomes and to specify performance limits for these points. To develop a quality management system for methadone maintenance treatment in NSW.
Palin Communications	\$48,100	To assess the capacity of health services to provide increased access to methadone: to identify and evaluate the barriers to participation in MMT by potential providers: to make recommendations about ways of increasing access and to develop a marketing strategy which promotes and maintains participation in MMT by service providers.
Sedgewicks	\$201,037	Occupational Health and Safety.
Marlowe Hampshire	\$45,811	Progress Review and Development.
O'Connor Consulting Services P/L	\$34,800	Aged Care - Paediatrics - Rehabilitation - Community Health - Neo-natal Intensive Care - Paediatric Intensive Care
Jill Hardwick and Ruth Cotton	\$36,180	Rural Locum Relief Pool Feasibility Study
David Quinn	\$40,000	Provision of advice and assistance with the NSW and National Hospital Cost Data Collection. Funded through a grant from the Commonwealth Department of Health and Family Services.
Market Attitude Research	\$30,000	Conduct an evaluation of the Services Pty Ltd Innovative Health Services for Homeless Youth Program Phase 2. Jointly cost shared by the NSW Health Department and the Commonwealth Department of Health and Family Services.
Australian Association of Adolescent Health	\$30,000	Conduct a best practice project in adolescent health. These funds (NSW Branch) were provided as a one-off grant through the Innovative Health Services for Homeless Youth Program.
NSW Institute of Psychiatry and the Tresillian Family Care Centre	\$200,000	Undertake the Post Natal Depression.
Macavoy Computing Consultants	\$48,000	Development of a computerised system for the day-to-day management of the Program of Appliance for Disabled People (PADP).
NSW Institute of Psychiatry	\$138,555	Development of a mental health education and training strategy and directory.
Phillipa Milne & Associates	\$57,670	Selected Specialities Planning
Scarf Associates, Health Services Consultants		Project: Renal transplants, neurosciences, interventional cardiology and cardiovascular surgery, spinal injuries.
Phillipa Milne & Associates	\$31,800	Artificial Limb Service - Review of Manual.
Astech Consultancy	\$35,490	IM&T strategies for rural health service.
Simsion Bowles Associates	\$61,446	1998 IM&T strategy update.
ISG Consulting	\$43,840	Conduct Patient billing systems.
KPMG Management	\$51,621	Clinical Costing.
Astech Consultancy	\$47,880	Rationalisation study for South East Sydney AHS.
Riskcorp Sydney	\$46,574	Risk Management assessment for Community Health Information Development.
Coopers And Lybrand	\$39,832	Year 2000 impact assessment at Australian Red Cross blood services.
Gutteridge Haskins	\$40,147	Site Investigation for former Parramatta Hospital District Site.
Toohar Gale	\$44,302	Gladesville Hospital - Health Innovations Park.
Rosemary Broomham	\$44,600	Thematic History.
Price Waterhouse Urwick	\$121,000	Development of a Business Case for a Corporate Product Catalogue.

There were also 132 consultancies costing less than \$30,000. The total cost of these was \$1,403,619.

APPENDIX 24

Capital Works Programs

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98

Major Capital Works Projects in Progress

Major Capital Works Projects

In Progress	Estimated Total Cost \$'000	Cost to Date \$'000	Estimated Completion Date
Allandale Hospital	29,100	1,000	Jun-02
Ambulance CAD Building Works	3,638	2,135	Jun-99
Ambulance Communications	13,928	9,375	Jun-99
Ambulance Quay Street Relocation	5,690	2,950	Jun-99
Ballina Redevelopment	3,930	3,930	Oct-97
Bankstown Acute	1,000	1,000	Aug-97
Bellbrook PHP	480	480	Jul-97
Blacktown LGA	96,131	19,022	Jun-00
Blue Mountains Hosp. Upgrade	7,000	2,956	Jul-99
Bodington Red Cross Hospital	9,100	250	Jul-00
Broken Hill Redevelopment	32,184	4,245	Feb-00
Calvary Hosp.	17,000	1,261	Nov-00
Campbelltown Hosp. Acute	3,173	3,097	May-97
Central Sydney RTP	287,400	28,670	Feb-03
Coffs Harbour	53,579	5,270	Jun-01
Cowra Hosp. Redevelopment	1,650	1,187	Jun-99
Culcairn MPS	1,699	1,335	Oct-98
Cumberland Drug & Alcohol	3,510	2,687	Sep-98
Cumberland Education/Library etc	2,633	2,633	Apr-97
Cumberland Roads & Landscape	1,615	1,121	Feb-98
Cumberland Secure Unit	4,540	4,365	Jun-98
Delegate MPS	1,795	1,665	Jun-98
Dorrigo MPS	2,461	1,400	Dec-98
Dubbo	18,100	7,494	Dec-99
Fairfield Detox.	3,737	576	Dec-98
Garrawarra Centre for Aged Care	11,800	115	Oct-00
Goulburn Acute Unit	3,492	3,210	Nov-97
Governor Phillip Special Hospital	7,400	500	Feb-00
Grafton	2,470	2,290	Aug-98
Grenfell MPS	3,270	181	May-00
Illawarra CSB	50,674	49,225	Sep-98
IAHS Nuclear Medicine	944	861	Dec-95
Inner West New Canterbury Hosp.	79,724	78,724	Oct-98
Inverell Emergency	1,000	182	Jun-99
John Hunter Cardiac Cath. Lab.	2,050	2,050	Dec-98
Kiama Upgrade	1,408	1,364	Jun-98
Lake Cargelligo MPS	1,910	200	Feb-00
Lakehaven Community Health Centre	1,383	172	Jan-00
Lithgow Community Health Centre	1,520	30	Jun-99
Lithgow Redevelopment	27,066	16,402	Jul-99
Liverpool Chil/Adolescent Unit	2,000	260	Apr-00
Liverpool Linear Accelerator	1,800	1,800	Oct-97
Liverpool Redevelopment	192,808	192,808	Nov-96
Long Bay Prison Hosp.	3,136	2,016	Jun-00
Long Jetty Community Health Centre	1,767	200	May-99
Long Jetty Inpatient Unit	320	2	May-99
Lower North Coast Strategy	26,350	3,861	Dec-01
Macarthur Sector Community Health	6,600	2,562	Apr-99
Macarthur Sector Strategy	79,000	1,168	Jun-02
Macquarie Care Centre	4,800	180	Dec-99
Maitland Stage 1	28,071	27,120	Dec-96

Major Capital Works Projects

In Progress	Estimated Total Cost \$'000	Cost to Date \$'000	Estimated Completion Date
Magnetic Resonance Research Inst.	2,000	318	Jun-00
Mount St. Joseph's	5,900	150	Oct-00
Mudgee	2,075	1,489	Jun-99
Mulli Mulli PHP	655	655	Jun-98
Murwillumbah Co-Location	1,500	25	Sep-99
Narrabri CHC	1,342	1,326	Nov-97
Neonatal Emergency Transport	3,691	289	Dec-99
Nepean Development	99,000	96,945	Nov-98
Nepean Stage 2A	61,200	17,525	Oct-01
North Sydney Psychogeriatric Unit	3,031	3,031	Feb-97
Nowra CHC	2,801	2,751	Jun-97
NSW Breast Cancer Institute	3,229	107	Jul-99
Oberon MPS	2,600	310	Dec-99
Orange Community Services Centre	400	400	Jun-98
Prince Henry Refurb.	5,237	1,600	
POW Acute	36,582	36,582	Jul-97
POW Ambulatory Care	104,989	104,886	May-98
POW HIV/AIDS Unit	4,800	1,188	Feb-99
POW Psych. Unit	9,500	150	Nov-00
Queen Victoria Picton	7,600	5,580	Oct-98
RNH Hydrotherapy	1,070	303	Dec-98
RNSH Linear Accelerator	1,800	1,800	Dec-97
RNSH Paediatrics	11,700	61	Dec-00
RNSH Renal Dialysis	3,500	3,500	Jun-98
Royal Hospital For Women POW	46,903	46,903	Aug-96
Shoalhaven Redevelopment	8,438	8,315	Jun-97
St George CT	1,108	1,095	Jun-97
St George Education Centre	5,800	809	Mar-00
St. George Hydrotherapy	1,503	1,503	Oct-96
St George Psych. Unit	6,500	1,490	Mar-01
St George Stage 4	154,504	154,373	May-97
St. Joseph's Home	7,000	250	Aug-00
St Vincents	101,800	8,647	Apr-02
Sutherland Hosp. Upgrade	6,666	3,053	Nov-98
Sydney/Sydney Eye	32,040	31,050	Dec-98
Trangie MPS	1,383	108	Jun-99
Trundle MPS	1,130	100	Jun-99
Tumbarumba MPS	1,817	1,322	Oct-98
Tweed Heads Stage 3	25,000	646	Dec-01
Warren MPS	2,993	166	Nov-99
Weilmoringle PHP	492	471	Sep-98
Wentworth Community Health	9,317	9,317	Jan-98
Westmead Emergency	3,430	3,430	Mar-98
Westmead Secure Unit	1,450	12	Jun-00
West Wyalong	6,400	1,013	Sep-99
Westlakes Polyclinic	5,150	4,621	Jul-98
Westmead Institutes of Health	5,250	364	Dec-99
Wilcannia MPS	3,000	184	Jun-00
TOTAL	1,963,112	1,057,800	

Source: Capital and Asset Management, 1998

Reasons for Significant Delays to Major capital Works or Programs

Lithgow Hospital Redevelopment

Delay due to extended user consultation process and tender received being over budget.

Multi - Purpose Service Program

Establishing agreed services profiles with the various stakeholders including the community took time to resolve. In addition, obtaining approval from the Commonwealth regarding acceptable accommodation standards, combined with keeping projects within budget also delayed the program.

Prince Henry Hospital Upgrade

Delay in resolution to scope of work - Department of Urban Affairs and Planning have been engaged to undertake site Master Planning for best site utilisation.

West Wyalong Hospital Development

Protracted negotiations on the siting of the new facility have delayed construction by approximately twelve months.

Westmead Breast Cancer Institute

The project required significant review of planning due to the need to establish a cancer care zone in the Westmead Hospital.

Major Information Technology Projects in Progress

Project	Cost to Date (\$)	Estimated Completion Date
Year 2000 Coordination	6.5 m	June 1999
Community Health	17.7 m	June 2001
Health Information Exchange	11.6 m	December 1999
Clinical Costing	10.7 m	ongoing
Telehealth	1.5 m	ongoing
Ambulance CAD	5.8 m	June 1999
Interface development	2.2 m	ongoing
Telecommunications Strategy	2.2 m	ongoing
Dietary/Food Services	4.9 m	ongoing
Pharmacy	1.1 m	June 2000
Staff Scheduling	1.0 m	June 1999

Reasons for Significant Delays to Major Information Technology Projects Health Information Exchange

Rollout delayed due to fast tracking of additional feeder systems. Rollout now back on track with all implementations to commence in 1998-99.

Community Health

Pilot of initial module delayed due to change in prototyping strategy for implementation. Full system availability remains on target for April 1999.

APPENDIX 25

Recommendations from the Royal Commission into Aboriginal Deaths in Custody

Key actions taken to address the recommendations are as follows:

- Development of an Aboriginal Health Information Strategy which aims to provide information that will better support service providers in the planning and delivery of health services for Aboriginal people.
- An environmental health maintenance program for Aboriginal communities - "Housing for Health". The pilot of the "Housing for Health" program is currently being undertaken in Muli Muli Community in Northern NSW. Young Aboriginal people are being trained to become Environmental Health Officers.
- The Partnership between the NSW Health and NSW Aboriginal Health Resource Cooperative (AHRC), continues to enhance opportunities for communities themselves to actively address their health needs and to be involved in improving health and restoring physical, social, emotional and cultural well-being.
- Development of the NSW Aboriginal Health Policy which aims to establish standards of delivery for culturally appropriate service delivery.
- Aboriginal people are represented on all Area Health Service Boards where there is a significant Aboriginal population.
- To improve access to health services by Aboriginal people, the Department has allocated seeding funds for the employment of Aboriginal Hospital Liaison Officers at hospitals that service significant Aboriginal communities.
- Revision of the Aboriginal Employment Strategy to significantly increase employment outcomes for Aboriginal people through affirmative action strategies focusing on the recruitment training and career development outcomes for Aboriginal and Torres Strait Islander people.
- The Department is undertaking a number of initiatives to address the problem of alcohol and drug abuse among Aboriginal people including: the development of an Indigenous Community and Alcohol Action Plan; a training and needs analysis of Aboriginal Health Workers to identify drug and alcohol information requirements; a research project examining the impact mainstream drug and alcohol messages have on Aboriginal people; and a series of Aboriginal Youth Alcohol Forums.
- Finalisation of the Aboriginal Mental Health Policy: A Strategy for the delivery of Mental Health Services for Aboriginal people in NSW. The policy reflects the National Policy and the partnership approach to the development and implementation of services.
- Funding of 30 Aboriginal Community Controlled Health Organisations to deliver complimentary health services which include public health, dental, drug and alcohol, HIV/AIDS and maternal health through the Non Government Organisation Program.
- The establishment of Aboriginal Community Health Posts for rural and remote Aboriginal communities that have little or no access to mainstream health services through the Capital Works Program.
- Hearing problems among Aboriginal children are being addressed through the NSW Otitis Media which recognises the urgent need for early intervention to prevent and control Otitis Media and hearing loss in young Aboriginal children and proposes a "whole of child approach."
- Non Aboriginal people continue to receive training and education through the Cultural Awareness Program.

APPENDIX 26

Freedom of Information Statistical Summary

97
98

Freedom of Information Requests:

These statistics are set out in accordance with the requirements of the FOI Act of NSW and in the format prescribed by the Premier's FOI Procedure Manual.

New requests

FOI Requests	Personal Other		Total		% variance		
	96/97	97/98	96/97	97/98	96/97	97/98	
New requests							
(inc transferred in)	22	37	67	33	89	70	-21%
Brought forward	5	2	11	5	16	7	-56%
Total to be processed	27	39	78	38	105	77	-27%
Completed	21	35	33	35	85	70	-20%
Transferred out	5	2	5	2	10	4	-60%
Withdrawn	1	1	4	-	5	1	-80%
Total processed	27	38	73	37	100	75	-27%
Ongoing (carried forward)	-	1	5	1	5	2	-60%

Results of requests

Result of request	Personal Other		Total		% of all		Total	
	96/97	97/98	96/97	97/98	96/97	% of all	97/98	% of all
Apps.								
Granted in full	15	24	33	9	48	56%	33	38%
Granted in part	4	7	19	23	23	27%	30	44%
Refused	2	7	12	5	14	16%	12	18%
Deferred	-	-	-	-	-	-	-	-
Completed	21	38	64	37	85	100%	75	100%

Formal consultations

	Cases Consultations			
	96/97	97/98	96/97	97/98
Number of requests requiring formal consultations	24	36	77	82

Significant Correction of Personal Records

Personal records amended	Personal	Other
	97/98	97/98
All completed requests	-	-

Discount Allowed

Type of discount variance	Personal		Other		Total		%
	96/97	97/98	96/97	97/98	96/97	97/98	
Public interest	-	-	2	5	2	5	+150%
Financial hardship	9	10	1	6	10	16	+60%
Financial hardship (non-profit organisation)	-	-	-	-	-	-	
Under 18 yrs of age	-	-	-	-	-	-	
Total	9	10	3	11	12	21	+75%

FOI requests granted in part or refused

Basis of disallowing or restricting access	Personal		Other		Total	
	96/97	97/98	96/97	97/98	96/97	97/98
Section 19 (app. incomplete, wrongly directed)	-	-	-	-	-	-
Section 22 (deposit not paid)	-	-	3	-	3	-
Section 25(1)(a1) (diversion of resources)	-	-	-	1	-	1
Section 25(1)(a) (exempt)	8	6	38	23	46	29
Section 25(1)(b), (c), (d) (otherwise available)	-	-	-	-	-	-
Section 28(1)(b) (documents not held)	1	5	8	4	9	6
Section 24(2) (deemed refused, over 21 days)	-	2	-	-	-	2
Section 31(4) (released to medical practitioner)	1	-	-	-	1	-
Totals	10	13	49	28	59	38

Costs and Fees of Requests Processed

Costs and Fees	Incurred Costs		FOI Fees Received	
	96/97	97/98	96/97	97/98
All completed requests	\$9,621.89	\$12,771.25	\$2,255.00	\$6,966.00

Processing Time

Processing Hours	Personal		Other		Total	
	96/97	97/98	96/97	97/98	96/97	97/98
0-10 hrs	18	26	60	26	78	52
11-20 hrs	4	10	6	5	10	15
21-40 hrs	0	2	2	6	2	8
Over 40 hrs	-	-	-	-	-	-

Reviews and Appeals

	96/97	97/98
Number of internal reviews finalised	6	6
Number of Ombudsman's reviews	2	6
Number of District Court appeals finalised	-	-

Grounds on which Internal Review Requested

	Personal				Other			
	upheld 96/97	varied 97/98						
Access refused	-	-	-	-	3	-	-	-
Deferred	-	-	-	-	-	-	-	-
Exempt matter	-	3	-	-	1	1	-	2
Unreasonable charges	-	-	-	-	-	-	-	-
Charges unreasonably incurred	-	-	-	-	2	-	-	-
Amendment refused	-	-	-	-	-	-	-	-
Third party	-	-	-	-	-	-	-	-
Total	-	3	-	-	6	1	-	2

During 1997/98 the NSW Health Department received 70 new requests for information under the Freedom of Information Act of 1989 compared to 89 for the 1996-97 financial year. Overall the number of FOI applications has decreased by approximately 27%. Seven applications were carried over from the 1996/97 reporting period. Of the 77 requests received, 26 were granted in full, 30 granted in part and 12 refused, 4 transferred to other agencies and 1 withdrawn. There were six applications for Internal Reviews. Two were varied with four being upheld. Four applications have been carried forward to the next reporting period. In 1997/98 six cases were referred by applicants to the Office of the NSW Ombudsman. One case was withdrawn and five are outstanding.

There was one request for an amendment of records, which was refused by the Department in favour of a file notation. There were no Ministerial Certificates issued and no District Court appeals.

36 applications required 82 consultations with parties outside of the NSW Health Department. Processing FOI requests during 97/98 cost an estimated \$12,771.25 and fees received totalled \$6,966. However, the annual operating cost to the Department is approximately \$120,000 which is far in excess of the above amounts. This figure comprises the wages and general administration of operating resources in the FOI unit. The Department, has as a matter of principle, a policy of keeping the fees charged for processing FOI applications to a reasonable figure in order to assist FOI applicants.

There has been a 48% increase in the number of FOI applications of a personal nature received during the last 12 months due to the increased number of requests for Medical Appeals Panel documents. However, the number of non personal requests has decreased by approximately 49%.

Six applications were received from Opposition Members of Parliament which is a drop of 25% on number of applications submitted the previous year. The most significant FOI applications received by the

Department related to public health issues such as the contamination of Wallis Lake oysters and other outbreaks of Hepatitis A.

Statement of Affairs

Section 14 (1)(a) of the FOI Act requires a Statement of Affairs of the agency to be published every 12 months. The NSW Department of Health's Statement of Affairs is incorporated within this Annual Report.

A description of the Department's structure and functions are outlined in the Annual Report. The Department has a direct effect on the general public by providing health services to assist in improving the health and well-being of the people of New South Wales.

The Department has a number of Committees that assist with policy development within the health system. These Committees are also listed within the Annual Report.

A Summary of Affairs is produced by the Department on a six monthly basis. The Summary lists all policy documents held by the Department and how to access the documents.

The FOI Act allows a member of the public a right to apply for records to be amended if they are: out of date; misleading; incorrect; or incomplete. Members of the public can apply to have records amended by applying in writing to the FOI Coordinator, NSW Department of Health, LMB 961 North Sydney 2059. There is no application fee for amendment of records.

For further information relating to Freedom of Information, Amendment of Records or to obtain a copy of the Summary of Affairs contact the Freedom of Information Coordinator on (02) 9391 9703.

Days to Process Request

Elapsed time	Personal		Other		Total 96/97	% of all apps.	Total	
	96/97	97/98	96/97	97/98			97/98 apps.	% of all apps.
0-21 days	10	21	24	12	34	38%	33	49%
22-35 days	5	14	7	19	12	13%	25	37%
(consultation period)								
over 35 days	-	-	2	-	2	2%	-	-
(extended consultation)								
over 21 days	5	1	27	2	32	35%	3	4%
(out of time determination)								
over 35 days	2	2	8	4	10	11%	6	9%
(out of time determinations)								
Total	22	38	68	37	90	100%	75	100%

APPENDIX 27

Infectious Diseases Notification in NSW

Report of Notification Diseases in NSW (1991-1997:
based on Financial Year (Onset Date)

Financial Year	91/92	92/93	93/94	94/95	95/96	96/97	97/98	Total
Adverse event after immunisation	36	17	32	30	21	31	67	234
AIDS	431	430	520	493	424	234	71	2603
Arboviral infection	339	635	420	504	1189	1830	529	5446
Blood lead level	Not notified before Dec-96					86	688	774
Brucellosis	.	4	2	6	.	3	1	16
Cholera	.	.	1	.	2	3	1	7
Cryptosporidiosis	Not notified before Dec-96					1	73	1229
Diphtheria	.	.	.	.	.	.	.	.
Foodborne illness	1483	171	160	347	96	228	259	2744
Salmonella infection	1053	940	1073	1236	1277	1510	1708	8797
Gastroenteritis (inst)	295	489	298	296	1414	739	805	4336
Gonorrhoea	444	479	381	397	483	592	809	3585
Hepatitis A	1408	728	548	610	889	1307	1260	6750
Hepatitis B	2694	3608	4381	5020	4779	4022	4231	28735
Hepatitis C	2803	5113	8328	9315	8435	8530	9688	52212
Hepatitis D	5	8	21	18	12	14	5	83
Hepatitis E	.	.	2	1	.	7	6	16
Hepatitis, viral - NOS	26	9	3	1	5	1	2	47
HIV INFECTION	756	534	472	461	409	410	365	3407
H. influenzae infection	259	197	91	31	25	14	16	633
Haemolytic Uraemic Syndrome	Not notified before Dec-96					.	5	5
Legionnaires' disease	91	70	62	73	68	55	40	459
Leprosy	7	3	5	2	4	.	1	22
Leptospirosis	24	16	18	6	22	32	28	146
Listeriosis	14	13	12	13	12	27	31	122
Malaria	180	147	191	148	144	191	170	1171
Measles	542	938	2357	1559	334	188	243	6161
Meningococcal disease	120	138	158	143	117	184	217	1077
Mumps	21	9	15	13	22	34	34	148
Mycobacterial infection (non-TB)	433	417	533	566	467	388	311	3115
Mycobacterial tuberculosis	498	393	401	408	447	437	415	2999
Whooping cough	101	410	2039	1241	1263	1992	4398	11444
Q fever	179	321	359	217	265	286	239	1866
Rubella	75	541	1060	368	2547	345	88	5024
Syphilis	857	810	981	990	832	660	563	5693
Tetanus	5	5	3	2	.	2	4	21
Typhoid & paratyphoid	41	32	36	45	37	44	30	265
Total	15220	17625	24963	24560	26042	24499	28483	161392

NB All Data subject to change due to late reports or changes in case classification

Source: NSW Health, Infectious Diseases Surveillance System, NSW Malaria Register, NSW HIV Database
AIDS and Infectious Diseases Branch, 1998

APPENDIX 28

Funding Grants

Grants made by the Department 1997/98

97
98

Grant to	Value	What the grant was given for
Garvan Institute of Medical Research	\$2,300,000	research on cancer, diabetes, neurology and obesity
Westmead Institutes of Health Research	\$916,000	research on cancer, liver disease, virology, immunology and allergy
Centenary Institute of Cancer Medicine and Cell Biology	\$890,000	research on immunology and cancer
Heart Research Institute	\$720,000	research on the mechanisms of heart disease
Children's Medical Research Institute	\$703,000	research on embryology, neurobiology and gene therapy
Prince of Wales Medical Research Institute	\$698,000	research on the brain and nervous system
South Western Sydney Health Research Foundation	\$500,000	research foundation established
Melanoma & Skin Cancer Research Institute	\$423,000	research on skin cancer
Centre for Thrombosis & Vascular Research	\$366,000	research on heart disease and cancer
Kolling Institute	\$351,000	research on growth disorders, diabetes, allergy and cancer
Centre for Health Economics Research & Evaluation	\$348,000	health services research
Victor Chang Institute	\$285,000	research on heart disease
Institute of Respiratory Medicine	\$272,000	research on respiratory diseases, sleep disorders and Sudden Infant Death Syndrome
Centre for Immunology	\$204,000	research on HIV/AIDS, cancer, allergy, inflammation and heart disease
Institute of Magnetic Resonance Research	\$200,000	research on diagnosis in cancer, stroke and neurological diseases
Maternal Health Research Centre	\$193,000	research on premature birth
Institute for Research into Neoplastic Diseases of the Blood (Kanematsu Laboratories)	\$153,000	research on cancers of the blood cells
Institute of Dental Research	\$150,000	research on oral health
Mood Disorders Unit	\$120,000	research on mental health
Australian Centre for Immunisation Research	\$100,000	research on immunisation
Australian Rural Health Research Institute, Wagga Wagga	\$100,000	research on rural health
Social Health Research Unit	\$100,000	research on the relationship between social conditions and health
NSW Centre for Research Training and Evaluation in Equity in Health	\$100,000	research on the relationship between social conditions and health
Cancer Epidemiology Research Unit, NSW Cancer Council	\$90,000	research on cancer statistics
Centre for Education and Research on Ageing	\$90,000	research on ageing, and health services research
Centre for Health Services Development	\$90,000	health services research
Health Services Research Group	\$90,000	research on health service statistics
Centre for Perinatal Health Services Research	\$90,000	research on perinatal statistics
Newcastle Environmental Toxicology Research Unit	\$90,000	research on the health effects of pollution
National Centre for Health Promotion	\$90,000	research on health promotion
Centre for Hospital Management & Information Systems Research	\$90,000	health services research
Hunter Centre for Health Advancement	\$90,000	research on health promotion
Department of Public Health & Community Medicine, Westmead Hospital	\$66,000	research on public health
Illawarra Environmental Health Unit	\$43,000	research on environmental health
Ms Tonia Harvey Western Sydney AHS	\$75,000	develop policy guidelines – second of a three year project to review the 1991 NSW Nursing Strategy. Report finalised which looks at the degree to which the strategy has been implemented and barriers to implementation
Ms Tonia Harvey Western Sydney AHS	\$25,000	develop course – objective is to develop a distance learning course on alcohol and other drugs for nurses and improve the capacity of nurses to identify and respond to the needs of patients with dependency problems
National Drug and Alcohol Research Centre	\$79,781	examine methadone program – feasibility survey on using buprenorphine to assist methadone client withdraw from methadone completed and report underway. Pilot study designed and submitted for ethics approval Dr James Bell South Eastern AHS
Dr James Bell South Eastern AHS	\$31,400	examine methadone program – role of naltrexone in accelerated detoxification for heroin users and methadone clients under sedation reviewed. Pilot complete and report in preparation. Proposal submitted to NH&MRC for randomised control trial.
Dr Jon Currie Western Sydney AHS	\$500,000	examine methadone program – pilot underway to examine the role of naltrexone in accelerated detoxification for heroin users and methadone clients both under sedation and anaesthesia
National Drug & Alcohol Research Centre	\$100,000	establish monitoring system – MOU signed with NDARC to establish a monitoring system for the outcomes of drug treatment services that will compliment the Minimum data set
Northern Rivers Health Service	\$42,000	Best Practice in Early/Brief Intervention for Alcohol – First research paper published in March 1998 issue of "Addictions". Study ongoing
Academic Unit of Sexual Health	\$15,000	Needs assessment of sexual health medicine – report pending

Grant to	Value	What the grant was given for
NSW Vaccine Preventable Diseases Unit	\$50,000	Research to improve testing for preventable diseases – evaluation of whole cell Bordetella pertussis IgA, pertussis toxin and other antigens for use in the serological diagnosis of pertussis
Centre for Hospital Management and Information and clinical Systems Research, University of NSW	\$50,000	Comparison of results of costing in cost modelling costing sites, and development and refinement of NSW cost weights based on the 1996-97 Hospital Cost Data Collection. Funded through a grant from the Commonwealth Department of Health and Human Services.
Centre for Hospital Management and Information Systems Research, University of NSW	\$50,000	Development of hospital cost functions to introduce explanatory variables other than casemix into models designed to predict hospital costs, and to analyse the relative efficiencies of public and private sector hospitals. Funded through a grant from the Commonwealth Department of Health and Human Services.
Centre for Health Services Development, Patient University of Wollongong	\$100,000	Further analysis of the National Sub and Non Acute Casemix database to (a) examine patterns of care and episodes of illness and to refine service weights; and (b) respond to specific requests related to the database and continuation of provision of advice on implementation of the classification. Funded through a grant from the Commonwealth Department of Health and Human Services.
St Vincent's Hospital Darlinghurst	\$14,000	A study into the prevalence of mental disorders, disability and health services use among homeless people in inner Sydney.
Centenary Institute	\$800,000	To enable laboratory fit out for expanded research program

Other grants made by the Department

Health promotion grants made by Aboriginal Health Branch

Aboriginal Health Resource Cooperative	\$5,000	Medical supervision of NARLA Carnival
Jumbanna Centre for Aboriginal Indigenous Education Research Cultural Affirmation	\$5,000	Indigenous Men's Healing and Indigenous Studies
Katungal Aboriginal Corporation Community Football Promotional Day	\$1,000	Rossy Smith All Blacks Touch and Medical Services
International Women's Development Agency	\$300	Funding for International Women's Day Celebration

Environmental health grants made by Aboriginal Health Branch

Aboriginal Health Resource Cooperative	\$620,000	Environmental Health Forum Contribution
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Statewide enhancement grants made by Aboriginal Health Branch

Aboriginal Health Resource Cooperative	\$250,000	Joint local and regional Aboriginal health planning
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Health Public Affairs grants and sponsorship

NSW Council of Social Services	\$20,650	Consumers consultation
Christmas Party for Special Children	\$1,950	2SM Xmas party for special children
John Fairfax	\$100,000	Sponsorship of the 1997 City to Surf
Women's Health Information Resource	\$3,500	Funding for printing of Day of Action postcard
Department of Education and Training	\$20,000	Sponsorship of 1998 Youth Week
Sydney Children's Hospital	\$10,000	Grant for hospital opening

Public Health Division Grants excluding NGO's and External Grants

Organisation grant was given to	Amount	Purpose
ACHPER	\$5,000	Physical Activity Health Week in School
ACT Health and Community Care	\$10,000	Implementing the Health Outcomes Approach
A division Pty Ltd	\$5,000	Contribution to KX Accord Launch
Aust Institute of Environmental Health National Conference	\$3,000	Exhibition sponsorship
Australian College of Surgeons	\$9,000	Public Education Display Powerhouse Museum
Australian Medical Association	\$4,000	AMA Program
Barrier Division of GP's	\$7,000	Diabetes Integrated Care Pilot Project
C'wealth Dept Health & Family Services	\$5,000	SIGNAL contribution
Catholic Education Comm	\$220,000	Drug Education Program
CEIDA	\$1,667,000	Core funding
CEIDA	\$125,000	Aids/Infectious Education Project
CEIDA	\$4,358	Aids Library Network
CEIDA	\$519,000	Youth Alcohol Strategy/Drink Drunk The Difference is You
CEIDA	\$65,000	GP's Project
CEIDA	\$65,000	Improve school base health re drugs
CEIDA	\$895,000	Quit Campaign
Child Health Promotion Unit	\$1,000	Contribution to symposium
Corrective Services	\$1,194,207	D & A workers in prison
Corrective Services	\$280,000	HIV/AIDS related prevention Service
Corrective Services	\$305,710	D & A Intervention Proj/Courts Assessment Program
Damien Trimmingham Foundation	\$65,060	Seeding Grant
Department of Community Medicine	\$22,140	Nutrition program
Dept Community Services	\$68,163	Staff Development Program
Dept Gaming and Racing	\$80,000	Contribution to proof of age card scheme
Dept of Local Councils	\$25,000	Development of resource manuals
Dept of TAFE NSW	\$472,266	Services in TAFE institutions
Dept Public Health & Community Services	\$7,888	Self reported height & weight project
Dept School Education	\$1,261,980	Drug Education Team Program
Faculty of Medicine Uni Sydney	\$500,000	Support ACPEH
Food Safety Campaign	\$25,000	Food Safety Campaign Strategy
Food Safety Campaign	\$25,000	Food Safety Campaign Strategy
Foodweek	\$3,000	Sponsorship of Better Health Innovation
Hawkesbury-Nepean Catchment Management Trust	\$45,000	Sydney Fresh Food Bowl project
ISQUA	\$5,000	Sponsorship - Lets Address the Real Problem
Kidsafe	\$108,000	Management of Scalds Prevention
Kidsafe	\$150,000	Child safety issues
National Association of Diabetes	\$20,000	Statewide implementation of the NSW Diabetes Clinical Management Guidelines
National Asthma Campaign	\$66,008	Support Australian six step Asthma Campaign
National Community Based Approach to Drug Law Enforcement	\$60,000	National Community Based Approach
National Heart Foundation	\$4,000	Passive Smoking
National Heart Foundation	\$11,000	Dissemination of the unstable Angina Guidelines
National Heart Foundation	24,507	Support Acute Coronary project officer
Network for Fitness Professionals	\$5,000	Sponsorship
Network of Alcohol and Drug Agencies- Parramatta	\$20,919	Health Outcomes Pilot
Network of Alcohol and Drug Agencies- Parramatta	\$40,090	Technology Grant
NSW Cancer Council	\$28,500	Passive Smoking in Hospitality Industry
NSW Cancer Council	\$544,000	Sun Protection Campaign
NSW Cancer Council	\$18,000	Information Strategy catalogue
NSW Cancer Council	\$20,227	Grant to cover funds deficit at the NSWCC
NSW Medicines Information Centre	\$50,000	Support consumer medicine information service
NSW Multicultural Health Centre	\$14,950	Burns Prevention in NESB communities
NSW Multicultural Health Centre	\$85,000	Multicultural communications
NSW Physiotherapy	\$3,000	Post graduate grant
NSW Premiers Dept	\$7,500	Bondi Beach Community Safety Committee
NSW Therapeutic Assessment Group	\$83,894	Investigate/evaluate new initiatives in therapeutics
Pharmaceutical Partnership	\$2,000	Funding to support workshop
Pharmacy Guild	\$11,900	Expansion of pharmacy places/recruitment
Port Macquarie Division of GP's	\$7,346	Diabetes Integrated Care Pilot Project
Public Health Assoc	\$10,000	Sponsorship for 2nd nat PHA TB conference
Rock Eisteddford	\$100,000	Sponsorship
School Canteen Assoc	\$70,000	NSW School Canteen Strategy
The Legislature	\$15,000	Joint select committee on safe injections
The Meeting Planners	\$7,839	Biophysical aspects of HIV infection
University of Newcastle	\$20,000	Never Too Late Project
University of Newcastle	\$42,500	Surgical Adverse Events Study 1998
University of Newcastle	\$44,000	Aboriginal Scholarships (PHTOP)
University of Newcastle	\$56,063	Measure consumer participation in decisions about health service delivery
University of Sydney	\$6,250	Never Too Late Project
University of Sydney	\$16,000	Evaluation of costs and benefits of strategies for detection and early treatment of type 2 diabetes

APPENDIX 29

Non Government Organisations Funded by the Department during 1997/98

Program:

48.2 Ambulatory, Primary and (General) Community Based Services

48.2.2 Aboriginal Health Services

Aboriginal Health Services

Aboriginal Medical Service Co-op Ltd	\$138,600	Preventative health care and drug and alcohol services for Aboriginal community in the Sydney inner city area.
Armidale & District Services Inc	\$299,700	Dental services and education for Aboriginal communities in the New England and north west NSW areas.
Australian College of Health Service Executives	\$59,000	Coordinator for Australian Aboriginal Trainee Health Service Management Program.
Awabakal Newcastle Aboriginal Co-op Ltd	\$167,550	Preventative health care, drug and alcohol and dental health services for Aboriginal community in the Newcastle area.
Biripi Aboriginal Corporation Medical Centre	\$207,400	Preventative health care, drug and alcohol and dental health services for Aboriginal community in the Taree area.
Bourke Aboriginal Health Service Ltd	\$95,100	Preventative health care, cervical cancer screening and drug and alcohol services for Aboriginal community in Bourke and surrounding areas.
Brewarrina Aboriginal Health Service	\$37,700	Drug and alcohol services for Aboriginal community in the Brewarrina district.
Bulgarr Ngaru Medical Aboriginal Corporation	\$112,300	Dental Health Best Practice project for Aboriginal community in the Grafton area.
Coomealla Youth Development Aboriginal Corporation	\$46,200	Drug and alcohol services for Aboriginal community in the Dareton/Wentworth area.
Cummeragunja Housing & Development Aboriginal Corporation	\$57,400	Preventative health services for Aboriginal community in the Moama/Echuca area.
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$330,900	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Sydney Western Metropolitan area.
Durri Aboriginal Corporation Medical Service	\$207,400	Preventative health care, drug and alcohol services and Dental Health Best Practice project for Aboriginal community in the Kempsey area.
Eastern Zone House Aboriginal Corporation	\$37,700	Drug and alcohol services for Aboriginal community in the Matraville area.
Eleanor Duncan Health Centre - Yerin Aboriginal	\$95,250	Grant for health and medical services both at the Centre and on Health Service an outreach basis, for Aboriginals in the Wyong area.
Illaroo Cooperative Aboriginal Corporation	\$37,400	Personal Care Worker for the Rose Mumbler Retirement Village.
Illawarra Aboriginal Medical Service	\$318,200	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Illawarra area.
International Women's Development Agency	\$300	One off grant contribution to International Women's Day celebrations (Funded through Aboriginal Health Branch).
Jumbunna Centre	\$5,000	One off grant for indigenous men's healing and cultural affirmation gathering (Funded through Aboriginal Health Branch).
Katungul Aboriginal Corporation Community	\$112,300	Dental Health Best Practice project.
Katungul Aboriginal Corporation Community Promotion & Medical Services	\$1,000	& Medical Services
MDEA & Nureen Aboriginal Women's Cooperative	\$32,000	One off grant for Rossy Smith Memorial AIDS Awareness Day (Funded through Aboriginal Health Branch).
Munjuwa Qeanbeyan Aboriginal Corporation	\$37,700	Counselling and support service for women and children in stress from domestic violence.
Ngaimpe Aboriginal Corporation	\$46,250	Drug and alcohol project.
NSW Aboriginal Health Resource Aboriginal Committee Co-op Ltd	\$636,600	Grant for drug and alcohol treatment centre for men in the Central Coast area and NSW.
NSW Aboriginal Health Resource	\$5,000	Peak body advising State and Federal Governments on health matters and supporting Aboriginal community controlled health initiatives.
NSW Aboriginal Health Resource	\$250,000	One off grant for medical supervision at 1997 annual Aboriginal Committee Co-op Ltd football carnival at Nambucca Heads (Funded through Aboriginal Health Branch).
NSW Aboriginal Health Resource	\$250,000	One off grant to develop joint local and regional Aboriginal Health Committee Co-op Ltd Plans (Funded through Aboriginal Health Branch).
The Oolong Aboriginal Corporation Inc	\$37,700	Drug and alcohol residential treatment services for Aboriginal clients.
Orana Haven Aboriginal Corporation	\$37,700	Drug and alcohol services for Aboriginal community in Brewarrina.(Rehabilitation Centre)
Riverina Medical & Dental Aboriginal Corporation	\$244,700	Preventative health care and dental services for Aboriginal community in the South Western area of the state.
South Coast Medical Service Aboriginal Corporation	\$47,150	Preventative health care and drug and alcohol services for Aboriginal community in the Nowra area.
Stolen Generation Memorial Foundation	\$5,000	One off grant contribution towards establishing Memorial Foundation (Funded through Aboriginal Health Branch).
Tharawal Aboriginal Corporation	\$145,650	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Campbelltown area.
Thubbo Aboriginal Medical Cooperative Ltd	\$18,700	Preventative health services for Aboriginal community in the Dubbo area.
Walgett Aboriginal Medical Service Co-op Ltd	\$136,500	Preventative health care and drug and alcohol services for Aboriginal community in Walgett and surrounding areas.

Weigelli Centre Aboriginal Corporation	\$28,275
Wellington Aboriginal Corporation Health Service	\$94,300
TOTAL	\$4,169,625

Grant for drug and alcohol counselling, retraining and education programs for Aboriginals in the Cowra area .
Drug and alcohol services for Aboriginal community in Wellington.

97
98**Program:****48.2 Ambulatory, Primary and (General) Community Based Services****48.2.1 Primary and Community Based Services****AIDS**

Aboriginal Medical Service Co-operative Ltd	\$132,500
AIDS Council of NSW Inc	\$5,662,000
Australian Federation of AIDS Organisations (AFAO)	\$19,500
Awabakal Newcastle Aboriginal Co-op Ltd	\$88,200
Biripi Aboriginal Corporation Medical Centre	\$88,000
Bourke Aboriginal Health Service Ltd	\$44,300
Bulgarr Ngaru Medical Aboriginal Corporation	\$22,000
Coomoalla Health Aboriginal Corporation	\$37,150
Daruk Aboriginal Community Controlled	\$44,300
Durri Aboriginal Corporation Medical Service	\$22,000
Hepatitis C Council of NSW	\$217,300
Illawarra Aboriginal Medical Service	\$44,500
Katungul Aboriginal Corporation Community	\$80,000
National Centre in HIV Social Research	\$52,126
NSW Users & AIDS Association Inc	\$908,200
PLWHA (NSW) Inc	\$299,900
Pharmacy Guild of Australia (NSW Branch)	\$1,322,940
Pius X Aboriginal Corporation Medical Service	\$44,300
Rozelle Neighbourhood Centre Inc	\$495,308
Walgett Aboriginal Medical Service Co-op Ltd	\$44,300
Wellington Aboriginal Corporation Health Service	\$44,300
TOTAL	\$9,713,124

HIV/sexual health community education and counselling service for the local Aboriginal community, and statewide where appropriate. Statewide distribution of condoms via Aboriginal Medical Services.
Community based education, prevention and support services for HIV infected people and those at high risk. Includes the Sex Worker Outreach Project (SWOP) .
A grant towards the operating costs of the HIV/AIDS Social Research newsletter.
HIV/sexual health awareness project for the local Aboriginal community.
HIV/sexual health education project for Aboriginal communities in the mid north coast to north coast area of NSW.
HIV/sexual health awareness project for the Aboriginal communities of Bourke, Brewarrina and Engonnia.
HIV/sexual health education project for Aboriginal communities in the mid north coast area of NSW .
Aboriginal HIV/Sexual health project.
HIV/AIDS/sexual health education program and needle/syringe
Medical Service Co-op Ltd exchange service for Aboriginal communities in the Western Sydney and Wentworth Health areas.
HIV/sexual health education project for Aboriginal communities in the north coast area of NSW.
Support, information and referral services for people affected by Hepatitis C.
HIV/sexual health education and support service for Aboriginal communities in the Illawarra area.
HIV/sexual health education and support project for Aboriginal & Medical Services communities in the Nowra - Eden area of the South Coast.
Contribution towards the costs of the Six Monthly Sydney Gay School of Behavioural Sciences Community Surveillance Report.
Community based HIV/AIDS and Hepatitis C education, prevention, harm reduction information, referral and support services for illicit drug users.
Community based education, information and referral support services for HIV infected people.
Co-ordination of needle and syringe exchange scheme in retail pharmacies throughout NSW.
HIV/sexual health education and support service for the Aboriginal community in the Moree area.
Supported accommodation for HIV positive clients with special needs.
HIV/sexual health awareness project for the Walgett Aboriginal community.
Aboriginal HIV/AIDS/sexual health project.

Program:**48.2 Ambulatory, Primary and (General) Community Based Services****48.2.1 Primary and Community Based Services****Alternative Birthing Services**

Durri Aboriginal Corporation Medical Service	\$96,750
Illawarra Aboriginal Medical Service	\$51,750
Tharawal Aboriginal Corporation	\$25,876
Walgett Aboriginal Medical Service Co-op Ltd	\$96,750
TOTAL	\$271,126

Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area.
Provision of outreach ante/postnatal services to Aboriginal women in the Illawarra area.
Provision of outreach ante/postnatal services to Aboriginal women in the Campbelltown area.
Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area.

Program:**48.2 Ambulatory, Primary and (General) Community Based Services****48.2.1 Primary and Community Based Services****Community Services**

Australian Association for the Welfare of	\$101,900
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Information and advice on the non-medical needs of children and Child Health Inc adolescents in the health care system for families, parents and health professionals.

Australian Association for Adolescent Health (NSW) Inc	\$52,200	Provision of policy on adolescent health and promotion of adolescent health issues to the community and to health professionals.
Doctors Reform Society	\$50,000	One off grant for pilot project - Integration of Patient Care.
Lake Macquarie Clubhouse Inc	\$10,000	One off grant to maintain current services pending becoming self funding.
Lifeline Central Coast Counselling Service	\$5,000	A one off grant to assist in upgrading counsellor training.
Mothers of Sexually Abused Children (MOSAC) Campbelltown	\$10,000	One off grant to assist in service development for victims of sexual assault.
Nancy De Vries Appeal	\$5,000	One off grant to assist with the Nancy De Vries appeal.
NSW Community and Health Accreditation and Standards Program (CHASP) Inc	\$154,800	Implementation of Community and Health Accreditation and Standards Program (CHASP) in health services and NGOs in NSW.
NSW Council of Social Services	\$80,000	Project grant for policy development in the areas of consumer participation, rural health, Health NGO's, community care, intergovernmental issues and promotion of non acute services.
NSW Council of Social Services	\$20,656	One off grant for Health Consumers Strategy Consultation discussion paper (Funded through Health Public Affairs).
Reclaim the Night Collective	\$1,000	One off grant to assist with the reclaim the night anti violence against women march and rally.
Schizophrenia Fellowship of NSW Inc	\$15,000	One off grants, \$5,000 for Third Australian Clubhouse conference and \$10,000 for Tamworth Clubhouse project.
Surf 'n' Theatre Company	\$7,000	One off grant to assist in the production of the play "Punch in the Face" on health issues for older high school students.
United Hospital Auxiliaries of NSW	\$109,300	Coordination and central administration of the United Hospital Auxiliaries spread throughout NSW.
University of Sydney - Postgraduate Committee	\$17,900	Continuing medical education to improve the standard of perinatal in Medicine care.
TOTAL	\$639,756	

Program:

48.2 Ambulatory, Primary and (General) Community Based Services

48.2.1 Primary and Community Based Services Drug and Alcohol

Life Education NSW - Mobiles & Centres	\$1,567,400	A health oriented audio visual program for primary school children.
School of Behavioural Sciences (Macquarie University)	\$51,300	Specialist clinical studies courses on drug and alcohol dependence.
Network of Alcohol & Other Drugs Agencies Inc	\$108,500	Peak body for non government organisations providing alcohol and other drug services.
The Oolong Aboriginal Corporation Inc	\$138,100	A residential drug and alcohol treatment and referral service for Aboriginal people.
University of Sydney - Health Education Unit	\$182,900	Provides consultancy, library resources, training and education to schools, universities, government departments, parents, community groups and others interested in drug/health education.
TOTAL	\$2,048,200	

Program:

48.2 Ambulatory, Primary and (General) Community Based Services

48.2.1 Primary and Community Based Services Health Promotion & Education

National Heart Foundation (NSW Division)	\$121,100	Program to encourage physical activity through provision of training and resources for General Practitioners.
TOTAL	\$121,100	

Program:

48.2 Ambulatory, Primary and (General) Community Based Services

48.2.1 Primary and Community Based Services Home and Community Care Program

Age Concern	\$6,000	Provision of podiatry services to the frail aged at Adamshurst Day Hospital.
Anglicare (Chesalon - Barrenjoey)	\$192,050	Day Care Centre for dementia clients.
Bankstown City Aged Care Ltd	\$169,905	Day care centre for dementia clients.
Ethnic Communities Council of Newcastle & the Hunter Region Inc	\$134,800	Day care centre for Italian, Polish, Greek and Macedonian communities and an ethnic food service.
Far West HACC Services Inc	\$9,500	Podiatry services.
Forster Neighbourhood Centre Inc.	\$37,600	Podiatry services for the frail aged and disabled.
Gosford City Community & Information Services Ltd	\$65,000	Centre based respite for dementia sufferers.
Gunning District Community & Health Service Inc	\$59,900	Community nursing, Meals on wheels, education and occasional transport services.
Kiama Municipal Council	\$55,800	Home nursing services for the frail aged and disabled in the Kiama area.
Kingsgrove Community Aid Centre Inc	\$11,900	Podiatry service for the frail aged and disabled in the Kingsgrove area.
Kogarah Community Mobile Nursing Service	\$155,500	Home nursing services for the frail aged and disabled in the Kogarah area.
Lane Cove Community Aid Service	\$190,000	Home nursing service to frail aged and disabled.
Myrtle Cottage Group Inc	\$38,300	A centre based program which provides activities designed to stimulate and challenge frail aged and physically disabled adults.
Newcastle City Council	\$20,400	Home nursing service for the frail aged and disabled in the Newcastle area.
Port Kembla Uniting Blue Nursing Service	\$29,100	Home nursing services for frail aged and disabled people in Port Kembla.

St Vincent de Paul Society, Arthur Duckworth Frail Aged & Respite Day Centre	\$139,400	Centre day respite for the frail aged and disabled.
Tamworth Dementia Respite Service Inc	\$74,700	Short term home based respite and centre based respite to clients who have dementia.
The Hammond Village	\$149,900	Provision of Personal Care Assistants for the Hammondville Day Care Centre.
United Protestant Assoc. Murray Vale Dementia Day Care Centre	\$20,900	Day Care Centre for dementia clients.
Wollondilly Senior Friendship Group Inc	\$118,355	Day care service for the frail aged and younger disabled residents of Wollondilly LGA.
TOTAL	\$1,679,010	

Program:
48.2 Ambulatory, Primary and (General) Community Based Services
48.2.1 Primary and Community Based Services
Innovative Health Services for Homeless Youth

CHAIN - Community Health for Adolescents	\$253,151	Preventative, early intervention and primary health care to young in Need, Inc homeless people and young people at risk of homelessness.
The Settlement Neighbourhood Centre	\$72,762	A program providing culturally appropriate camps and living skills (Muralappi Program) activities for young Aboriginal people in and around Redfern.
TOTAL	\$325,913	

Program:
48.2 Ambulatory, Primary and (General) Community Based Services
48.2.1 Primary and Community Based Services
Mental Health Services

After Care Association of NSW	\$20,000	One off grant for "Emily's Party" celebrations representing 90 years of ACA services (Funded through the Centre for Mental Health).
Australian Community Health Association	\$11,500	One off grant for a national standards pilot project (Funded through the Centre for Mental Health).
Coffs Harbour Aboriginal Family Community	\$2,000	One off grant for security costs for a drug and alcohol awareness Care Centweekend (Funded through the Centre for Mental Health).
Mental Health Services Conference Inc	\$25,000	One off grant for THEMHS conference (Funded through the Centre for Mental Health).
Mental Health Co-ordinating Council NSW	\$14,794	One off grant for attendance at International Suicide Prevention Conference (Funded through the Centre for Mental Health).
Mental Health Co-ordinating Council NSW	\$201,400	Peak organisation providing support to NGOs sector efforts for the efficient and effective delivery of mental health services.
Mental Illness Education	\$61,250	School education pilot project and evaluation (Funded through the Centre for Mental Health).
NSW Association for Mental Health Inc	\$30,000	One off grant \$30,000 for Mental Health Week 1997 (Funded through the Centre for Mental Health).
NSW Consumer Advisory Group (CAG)	\$104,000	Contribution to consumer input into mental health policy making process (Funded through the Centre for Mental Health).
SANDS (NSW) Inc	\$2,100	One off for Connections-Partnerships in Care 7th Conference.
Society of St Vincent de Paul - Vincentian Village	\$50,000	Three year project funding for supervisor of operations at Vincentian Village.
Schizophrenia Fellowship of NSW Inc	\$100,300	One off grant to develop evidence based best practice guidelines for people suffering from schizophrenia and for symposium "Schizophrenia Awareness Week".
The Peer Support Foundation Ltd young	\$165,100	Service providing for physical and mental wellbeing of people and the community through sustained peer-led programs.
Youth Insearch Foundation (Aust) Inc	\$50,000	One off grant for rural youth counselling project (Funded through the Centre for Mental Health).
TOTAL	\$837,444	

Program:
48.2 Ambulatory, Primary and (General) Community Based Services
48.2.1 Primary and Community Based Services
National Women's Health Program

Bankstown Women's Health Centre	\$75,000	Counselling and support services for women in the Bankstown area.
Coffs Harbour Women's Health Centre Co-op Ltd	\$50,000	Counselling support services and stress management clinics and to provide accessible health services to all women in the Coffs Harbour area.
CHAIN - Community Health for Adolescents	\$20,000	Preventative, early intervention and primary health care for babies.in Need, Inc
Cumberland Women's Health Association Inc	\$25,000	Health education, information referral and resourcing on a wide range of women's health issues for women in the Parramatta Holroyd and Baulkham Hills areas.
Daruk Aboriginal Community Controlled	\$96,900	Antenatal and postnatal outreach service for Aboriginal women Medical Service Co-op Ltd with gestational diabetes.
Family Planning NSW Ltd	\$370,000	Family planning services for NESB women in the Fairfield area.
Immigrant Women's Health Service Inc	\$140,000	Health education/promotion and information programs to immigrant and refugee women.

Lismore & District Women's Health Centre Inc	\$50,000	Clinics on stress management, pain management, nurse practitioner programs, crisis counselling and an incest survivor group.
Mallee Sexual Assault Unit Inc	\$46,000	Counselling and support services to adult and child victims of sexual assault living in border communities.
Older Women's Network Inc - Bankstown	\$63,000	A pilot project aimed at developing a health promotion and wellness Older Women's Wellness Centre model for older women living in South Western Sydney Area.
SANDS (NSW) Inc	\$42,400	Support and information to women and families who have experienced miscarriage, stillbirth, neonatal death and infant death.
NSW Rape Crisis Centre Inc	\$100,000	Counselling, information and support for survivors of rape, attempted rape, sexual abuse and harassment.
Women's Incest Survivors Network	\$7,400	Grant to assist in the publication and distribution of a newsletter.
TOTAL	\$1,085,700	

Program:**48.2 Ambulatory, Primary and (General) Community Based Services****48.2.1 Primary and Community Based Services****Palliative Care Program**

Sydney Adventist Hospital	\$43,143	Enhancement of cancer support centre services to palliative care clients and their carers.
TOTAL	\$43,143	

Program:**48.1 Population Health Services****48.1.1 Population Health Services****Population Health Services**

NSW Cancer Council	\$1,486,986	Management and operation of the NSW Pap Test Register (PTR).
NSW Cancer Council	\$787,738	Management and operation of the NSW Central Cancer Registry (CCR).
TOTAL	\$2,274,724	

Program:**48.2 Ambulatory, Primary and (General) Community Based Services****48.2.1 Primary and Community Based Services****Rural Doctors Program**

The Rural Doctors Network Ltd - Cadetship	\$375,000	The Rural Medical Cadetship Program provides financial support for medical undergraduates in exchange for their agreement to work two years after graduation in rural NSW. The RDN plays a role in the integration of this Program with undergraduate, vocational training and post graduate rural programs.
The Rural Doctors Network Ltd- Core Funding	\$422,600	The Rural Doctors' Network provides on-going support for rural and remote General Practitioners through provision of access to quality, accredited continuing education and the development of professional networks. The RDN supports recruitment and retention of General Practitioners to rural and remote NSW.
The Rural Doctors Network Ltd- Medical	\$151,000	The Rural Medical Undergraduates Program coordinates and Undergraduate supports undergraduate placements in rural hospitals and general practice and facilitates implementation of undergraduate activities with Universities and Rural Health Training units.
TOTAL	\$948,600	

Program:**48.2 Ambulatory, Primary and (General) Community Based Services****48.2.1 Primary and Community Based Services****Women's Health Services**

South Coast Women's Health	\$133,900	Clinical, counselling and health education services for Aboriginal & Welfare Aboriginal Corp (Waminda) women and girls in the Shoalhaven area.
Women's Health Information Resource	\$121,100	Peak body for the coordination of policy, planning, service delivery, & Crisis Centres Association NSW staff development, training, education and consultation between non government women's health services, the Department and other government and non government services.
Women's Health Information Resource	\$3,500	One off grant for printing of Day of Action postcard project (Funded & Crisis Centres Association NSW through Health Public Affairs).
TOTAL	\$258,500	

APPENDIX 30

Selected Significant Publications

97
98

- 1996/97 NSW Health Annual Report Summary
1996/97 NSW Health Department Annual Report
A guide to rehabilitation and support services for children and young People
A picture of health : the health status of the people of Macquarie Health Area / prepared by the Centre for Population Health, Macquarie Health Service
Aboriginal Health Series : What every Aboriginal person needs to know about AIDS
Accounting Manual for Areas, District Health
Active Australia - CamPAign News Vol 1
AIDS Test
Ambulance Service of NSW Annual Report 1996/97
An Analysis of the Impact of the Food Safety Campaign Group and Food Safety Awareness Week
Annual Report 1996-97 : Australian Medical Workforce Advisory Committee
Better Practice Guidelines for Admission and Discharge of Patients for Elective Procedures
Better Practice Guidelines for Frontline Complaints Handling : Complaints - opportunities to improve
Collaborative Workshop Report - Clinical Information Systems
Common data set for community child youth and family health
Community Health Framework : Discussion Paper
Day surgery - implications for health planning : discussion paper
Delegations manual - administrative financial staff
Diabetes - What to eat
Diabetes : Am I at risk?
Diabetes and your feet - How to look after them
Diabetes in pregnancy - am I at risk?
Doctors' Mental Health Working Group : Report and Recommendations 29 May, 1997
Dogs and Kids
Ear Nose and Throat Surgery Workforce in Australia : Supply and Requirements 1997 - 2007
Emergency and elective performance in NSW Hospitals : June 1997
Environmental factors relevant to a cluster of leukaemia cases - Randwick ; Sydney Children's Hospital, 1997.
Evaluation of immunisation outcomes in western NSW : Castlereagh Health District, Far West Health District, Macquarie Health District, Orana Health District - East Dubbo, NSW : Western NSW Public Health Unit, NSW
- Every Boundary Broken : Sexual Abuse of Women Patients in Psychiatric Institutions
Exercise : You only have to take it regularly, not seriously.
Facts on Walking for Pleasure and Health
Getting in Early - "Sally's Story". A video for mental health professionals
Guidelines for Storage and Handling of Pre-Sterilised Consumables for NSW Health Purchasing / Supply / Stores / Warehousing Departments
Guidelines for the development of sexual health services in NSW Health improvement plan guidelines
Health Promotion in NSW : Report of the Review Committee
Health promotion strategic plan : skin cancer control in NSW 1995-2000
Helping Families Protect their Children from Drugs
Hepatitis C : What you need to know
Hospitals in NSW - November 1997
Important Questions for the Community : Review of the Human Tissues Act 1983 Assisted Reproductive Technologies
Improving Asthma Care and Outcomes : Report of the Asthma Health Improvement Project 1995 - 1997
- Improving Cardiac Care and Outcomes : NSW Policy Standards for Cardiac Rehabilitation
Improving Diabetes Care and Outcomes : A Guide to Diabetes Education for Health Professionals
Improving Diabetes Care and Outcomes : Principles of Care and Consensus Guidelines of Diabetes Mellitus in Children and Adolescents
Improving Diabetes Care and Outcomes : Principles of Lifestyle and Nutritional Management of Diabetes
Improving Health Care and Outcomes : Unstable Angina: Diagnosis and Management : A Quick Reference Guide
Koori Health Series : Alcohol
Koori Health Series : Exercise for heart health
Koori Health Series : Smoking and your heart
- Koori Women's Health Series : Breast Care & Breast Feeding
Koori Women's Health Series : Chlamydia
Koori Women's Health Series : Contraceptives
Koori Women's Health Series : Getting your tubes
Koori Women's Health Series : Hepatitis B
Koori Women's Health Series : High Blood Pressure
Koori Women's Health Series : Hysterectomy
Koori Women's Health Series : Immunisation
Koori Women's Health Series : Menopause
Koori Women's Health Series : Obesity
Koori Women's Health Series : Pap Smears
Koori Women's Health Series : Sexually Transmitted Disease (The Pox or the Jack)
Koori Women's Health Series : The IUD
Koori Women's Health Series : The Pill
Koori Women's Health Series : Worms
Life's most embarrassing problem
Local Management of Media Reporting on Suicide Deaths
Measuring Key Aspects of Food Habits and Food Intakes in Population-based surveys in NSW: Recommendations for Short Modules
Memorandum of Understanding Between NSW Health and Sydney Water Corporation
NSW Aboriginal and Torres Strait Islander : HIV/AIDS Volunteer Carers
NSW Aboriginal mental health policy : a strategy for the delivery of mental health services for Aboriginal people in NSW
NSW Acute Care Costs 1996/97 : Report of the NSW 1996/97 Hospital Cost Survey
NSW Health department business plan 1997-1998
NSW Public Hospitals Comparison Data 1996/1997 Operation
Passive Smoking in the Hospitality Industry - Options for Control Policies and procedures for the methadone treatment of opioid dependence in NSW
Policy Development Guidelines
Preventing and managing reported increases in suicide in local communities
Projections of incidence of major cancers in NSW to 2001 / by Richard Taylor, Don McNeil. - [Sydney] : NSW Cancer Council, 1997.
Report on the 1993 NSW Diabetes Outcomes
Review of benzene-related cancer risks: mechanistic aspects and attribution of risks, 1997.
Review of HIV-related poverty in NSW
Review of the Human Tissue Act 1983 : Discussion Paper; Assisted Reproductive Technologies October 1997
Rural and Remote Nursing Summary Report 19/20 February 1998
Rural Health Support Unit : Function and Services and Public Hospitals - November 1995
Sexually Transmitted Diseases and their prevention
Smoke Alarms "Now there's no excuse"
Some Infectious Diseases of Children
Strategic Directions in Refugee Health Care
Suicide - We can all make a difference
Technical Series TS-19 : Asset Strategic Planning Benchmark Support
The Ear Nose and Throat Surgery Workforce in Australia : Supply and Requirements 1997 - 2007
The General Surgery Workforce in Australia : Supply and Requirements 1996 - 2007
The Geriatric Medicine Workforce in Australia : Supply and Requirements 1996 - 2007
The Health of the People of NSW: Report of the Chief Health Officer
The Quality of Human Immunodeficiency Virus (HIV) Coded Data in NSW
The Rehabilitation Medicine Workforce in Australia : Supply and Requirements 1997
Understanding the Contexts of Risk-Taking Among Sydney Gay Men
Waiting for inpatient treatment : a N.S.W. perspective: discussion paper
What Koories should know about condoms
Workforce Planning Study For Neonatal Intensive Care, Paediatric Intensive Care, and Community Health Nurses
Workshop (NDOW)

APPENDIX 31

Significant Circulars Released by NSW Health during 1997/98

CIR97/64	CIRCULAR - Provisions for Denture Services
CIR97/65	CIRCULAR - Provision of Services Under the Pensioners Dentures Scheme by Private Dental Providers (Dental Practitioners and Dental Prosthetists)
CIR97/66	CIRCULAR - Day Only Arrangements - Amendments to the Type B (day only) and Type C (exclusions) lists
CIR97/67	CIRCULAR - Amendments to new consent award for nurses employed in the public hospital system
CIR97/68	CIRCULAR - NSW Cervical Screening Program Pap Tests for Women's Health Employed by Area Health Services
CIR97/69	CIRCULAR - Public Holidays for 1997/1998 Employees in Area/Rural Health Services
CIR97/70	CIRCULAR - Public Hospitals Act 1929 Scale of Fees for Relief
CIR97/71	PERSONNEL - Circular - Dental Staff Specialists - Private Practice and Oncall / Recall Allowances
CIR97/72	PERSONNEL - Circular - Grievance Policy & Resolution Procedures
CIR97/73	PERSONNEL - Circular - Freedom From Harassment Policy & Procedures
CIR97/74	PERSONNEL - Circular - Visiting Medical Officers - Sessional - Increased Remuneration
CIR97/75	GOVERNMENT RELATIONS - Circular - Outpatients Pharmaceutical Charges and Safety Net Arrangements
CIR97/76	INDUSTRIAL RELATIONS - Circular - Support Services Enterprise Agreement Rates of Pay
CIR97/77	CLINICAL PRACTICES - Circular - Provision of Free Vaccines on the National Health and Medical Research Council (NHMRC) Recommended Immunisation Schedule
CIR97/78	OCCUPATIONAL HEALTH AND SAFETY (OHS) - Circular - NAF P - III Vapourising Liquid Fire Extinguishers
CIR97/79	INFORMATION MANAGEMENT - Circular - Dental Services - Activity Reporting
CIR97/80	PERSONNEL - Circular - Procedures for Recruitment and Employment of Staff and Other Persons - Vetting and Management of Allegations of Improper Conduct
CIR97/81	INDUSTRIAL RELATIONS - Circular - New Remuneration Arrangements for Orthotists / Prosthetists Employed in the Public Health System
CIR97/82	FINANCIAL MANAGEMENT - Circular - Public Hospital Charges for Prostheses
CIR97/83	PERSONNEL - Circular - Nominations for the Public Service Medal
CIR97/84	OCCUPATIONAL HEALTH AND SAFETY (OHS) - Circular - NAF P - III Vapourising Liquid Extinguishers
CIR97/85	PERSONNEL - Circular - Commitments to Ethical Work Practices and Ethics Training Courses
CIR97/86	INFORMATION MANAGEMENT - Circular - Waiting Lists Collection - Public Hospitals and Public Contracted Private Hospitals Modifications Introduced for 1997/1998 Collection Year
CIR97/87	HEALTH FUNDING - Circular - Day Only Arrangements - Amendments to the Type B (Day Only) and Type C (Exclusion) Lists
CIR97/88	CLINICAL PRACTICES - Circular - Hospital Protocol for Unexpected Infant Death
CIR97/89	OCCUPATIONAL HEALTH AND SAFETY (OHS) - Circular - Policy and Guidelines for the Management of Occupational Rehabilitation in NSW Public Health Care Facilities
CIR97/90	INDUSTRIAL RELATIONS - Circular - Hospital Employees Medical Radiation Scientists (State) Award Hospital Employees Pharmacists (State) Award Hospital Managers (State) Award
CIR97/91	INDUSTRIAL RELATIONS - Circular - Salary Increase for Public Hospital and Public Service Awards
CIR97/92	DISEASE PREVENTION - Circular - Notification of Diseases Under the Public Health Act 1991
CIR97/93	CLINICAL PRACTICES - Circular - Management of People with HIV Infection Who Risk Infecting Others
CIR97/94	INDUSTRIAL RELATIONS - Circular - Hairdressers Employed in Public Hospitals and Area Health Services
CIR97/95	DISEASE PREVENTION - Circular - Disinfection of Transvaginal Ultrasound Transducers
CIR97/97	PERFORMANCE MANAGEMENT - Circular - Critical Incident Manual: Policy and Guidelines
CIR97/98	STRATEGIC MANAGEMENT - Circular - Government Risk Management and Insurance Arrangement Guidelines on Use of Risk Management Consultants
CIR97/99	INDUSTRIAL RELATIONS - Circular - New Consent Award for Skilled Trades Staff in the Public Hospital System
CIR97/100	STATEWIDE SERVICES - Circular - Meals on Wheels Service - Charges Made by Public Hospitals for Meals Supplied
CIR97/101	STATEWIDE SERVICES - Circular - Public Hospital Charges for Prostheses
CIR97/102	PERSONNEL - Circular - Accessing Leave Entitlements and Flexible Work Hours Arrangements to Observe Religious Duties
CIR97/104	PERSONNEL - Circular - Managing Displaced Employees
CIR97/105	FINANCIAL MANAGEMENT - Circular - Ophthalmologists - Fee for Service for Cataract/Implant Operations
CIR97/106	EPIDEMIOLOGY AND SURVEILLANCE - Circular - Hypertension in Pregnancy
CIR97/107	EPIDEMIOLOGY AND SURVEILLANCE - Circular - Guidelines for Investigation of a Stillbirth
CIR97/109	ALCOHOL AND OTHER DRUGS - Circular - Section 100 Highly Specialised Drugs
CIR97/110	INDUSTRIAL RELATIONS - Circular - Salary Increase for Staff in Public Hospitals
CIR97/111	INDUSTRIAL RELATIONS - Circular - Salary Increase for Staff in Public Hospitals and Health Services Covered by the Public Hospital Nurses' (State) Award
CIR97/112	INDUSTRIAL RELATIONS - Circular - Salary Increase for Nursing Staff Covered by the Health Administration Corporation and Department of Health - Nurses' (State) Award
CIR97/113	WORKFORCE PLANNING - Circular - Reimbursement of Child Care Costs for Health Service Board Members
CIR97/114	HEALTH SERVICES DEVELOPMENT - Circular - Victims Rights Act 1996
CIR97/115	PERSONNEL - Circular - SES Motor Vehicle Charges
CIR97/116	PERSONNEL - Circular - Participation at External Seminars
CIR97/117	PERSONNEL - Circular - Recruitment Consultants
CIR97/118	STATEWIDE SERVICES - Circular - Adult Intensive Care Bed Finding
CIR97/119	STAFF AND MANAGEMENT DEVELOPMENT - Circular - Management Development Strategy for NSW Health
CIR97/120	STAFF AND MANAGEMENT DEVELOPMENT - Circular - Workforce Learning and Development Strategy for NSW Health
CIR97/121	INFORMATION TECHNOLOGY & TELECOMMUNICATIONS - Circular - Standard Contract Clauses
CIR97/122	STAFF AND MANAGEMENT DEVELOPMENT - Circular - Guidelines for Use of the Work and Family Room
CIR97/123	INDUSTRIAL RELATIONS - Circular - Public Hospital (Training Wage) Award
CIR97/124	GOVERNMENT RELATIONS - Circular - Public Hospital Charges for Prostheses
CIR97/125	PERSONNEL - Circular - Meal Allowances on Overtime
CIR97/126	PERSONNEL - Circular - Meal Allowances on Overtime - Clause 5
CIR97/127	INDUSTRIAL RELATIONS - Circular - Hairdressers Employed in Public Hospitals and Area Health Services
CIR97/128	CLINICAL PRACTICES - Circular - Guidelines for Pre-Operative Autologous Blood Collection
CIR97/129	CLINICAL PRACTICES - Circular - Application of Hot or Cold Packs
CIR97/130	INFORMATION MANAGEMENT - Circular - Inpatient Statistics Collection - Public Hospitals Submission of Data for the Inpatient Statistics Collection Separations Dated from 1 July 1997
CIR97/131	CLINICAL PRACTICES - Circular - NSW Healthplan Counter Disaster Planning and Coordination
CIR97/132	PERSONNEL - Circular - Out-of-Pocket Expenses and Christmas Season Parties
CIR97/133	INDUSTRIAL RELATIONS - Circular - Maternity Leave
CIR97/134	INFORMATION MANAGEMENT - Circular - Inpatient Statistics Collection Forms Private Hospitals and Day Procedure Centres
CIR97/135	HEALTH SERVICES DEVELOPMENT - Circular - Notification of Suspected Child Abuse and Neglect and Exchanging Information in Child Protection Investigations
CIR97/136	INDUSTRIAL RELATIONS - Circular - New Awards made for Staff Employed in Public Hospitals
CIR97/137	INDUSTRIAL RELATIONS - Circular - Pharmacists - Private Dispensing Fee
CIR97/138	PERSONNEL - Circular - National Health and Medical Research Council Research Personnel Salary Scales
CIR97/139	CLINICAL PRACTICES - Circular - RH Immunoglobulin (Anti-D)
CIR97/140	CLINICAL PRACTICES - Circular - Withdrawal of Circular No.97/106 - Hypertension in Pregnancy
CIR98/1	INDUSTRIAL RELATIONS - Circular - Recognition of Service - Australian Capital Territory (ACT) Public Service
CIR98/2	INDUSTRIAL RELATIONS - Circular - Hairdressers Employed in Public Hospitals and Area Health Services

CIR98/3	MENTAL HEALTH - Circular - NSW Aboriginal Mental Health Policy - A Strategy for the Delivery of Mental Health Services for Mental Health People in NSW
CIR98/4	EPIDEMIOLOGY AND SURVEILLANCE - Circular - Midwives Data Collection - Modifications to be Introduced from 1 January 1998
CIR98/5	INDUSTRIAL RELATIONS - Circular - New Consent Award and Determination for Senior Medical Practitioners Employed in the Public Health System
CIR98/6	OCCUPATIONAL HEALTH AND SAFETY (OHS) - Circular - Department of Health manual handling Numerical Profile
CIR98/7	PERSONNEL - Circular - Public Sector Employees Contesting Elections
CIR98/8	PERSONNEL - Circular - Managing Salary Corrections for Health Service and Public Hospital Employees
CIR98/9	FINANCIAL MANAGEMENT - Circular - Logistics Networking
CIR98/10	FINANCIAL MANAGEMENT - Circular - Air Travel and Related Contract Senior Medical Practitioners
CIR98/11	DISEASE PREVENTION - Circular - Management of Health Care Workers Potentially Exposed to HIV
CIR98/12	HEALTH FUNDING - Circular - Day only Arrangements - Amendments to the Type B (Day Only) and Type C (Exclusion) Lists
CIR98/13	PERSONNEL - Circular - Department of Health Service Award Scheme
CIR98/14	FINANCIAL MANAGEMENT - Circular - Air Travel and Related Contract Senior Medical Practitioners
CIR98/15	ALCOHOL AND OTHER DRUGS - Circular - Misuse of Pseudoephedrine
CIR98/16	STAFF AND MANAGEMENT DEVELOPMENT - Circular - Spokeswomens PROGRAM within the NSW Public Health System
CIR98/17	INDUSTRIAL RELATIONS - Circular - Salary Increase for Public Hospital and Public Service Awards Agreements and Determinations Covered by the Public Service Association of NSW
CIR98/18	PERFORMANCE MANAGEMENT - Circular - Booked Patient and Waiting Time Management - Operating Guidelines March 1998
CIR98/19	INDUSTRIAL RELATIONS - Circular - Fees Payable to Sessional Optometrists in Public Hospitals
CIR98/20	CLINICAL PRACTICES - Circular - NSW Newborn Screening Program
CIR98/21	WORKFORCE PLANNING - Circular - Superannuation Rules for Employees Aged 65 Years and Over
CIR98/22	DISEASE PREVENTION - Circular - Control of Foodborne Listeriosis in Health Care Institutions
CIR98/23	STRATEGIC MANAGEMENT - Circular - The Aboriginal Employment Strategy
CIR98/24	MEDICINES AND POISONS - Circular - Section 100 Highly Specialised Drugs
CIR98/25	PERSONNEL - Circular - Accessing Leave Entitlements and Flexible Work Hours Arrangements to Observe Religious Duties
CIR98/26	DISEASE PREVENTION - Circular - Provision of Free Acellular Diphtheria Tetanus Pertussis Vaccine (DTPa) To Health Professionals
CIR98/27	INDUSTRIAL RELATIONS - Circular - Health Employees Administrative Staff (State) Award
CIR98/28	INDUSTRIAL RELATIONS - Circular - Health Employees Conditions of Employment (State) Award
CIR98/29	LEGAL - Circular - Subpoenas
CIR98/30	INFORMATION MANAGEMENT - Circular - Confirmation of the Implementation of ICD-10-AM in NSW on 1 July 1998
CIR98/31	MENTAL HEALTH - Circular - Policy Guidelines for the Management of Patients with Possible Suicidal Behaviour for NSW Health Staff and Staff in Private Hospital Facilities
CIR98/32	CLINICAL PRACTICES - Circular - Overseas Visitors to NSW during the lead up to the Olympic and Paralympic Games
CIR98/33	INDUSTRIAL RELATIONS - Circular - Ambulance Service of NSW Administrative and Clerical Employees Enterprise Agreement
CIR98/34	INDUSTRIAL RELATIONS - Circular - Operational Ambulance Officers (State) Award
CIR98/35	INDUSTRIAL RELATIONS - Circular - Ambulance Service of NSW Maintenance Officers - Enterprise Agreement 1996
CIR98/36	FINANCIAL MANAGEMENT - Circular - Policy for Management of Ad Hoc Requests for Funding from Organisations External to NSW Health
CIR98/37	INDUSTRIAL RELATIONS - Circular - NSW Nurses Association Annual Conference and Professional Day
CIR98/38	OCCUPATIONAL HEALTH AND SAFETY (OHS) - Circular - Occupational Health and Safety (First Aid) Regulation 1989
CIR98/39	GOVERNMENT RELATIONS - Circular - Impact of the Commonwealth Aged Care Act 1997: Guidelines for State Government Residential Aged Care Facilities and Multipurpose Services on Resident Fees and Accommodation Charges and Bonds
CIR98/40	INDUSTRIAL RELATIONS - Circular - Award and Determination for Senior Medical Practitioners Employed in the Public Health System
CIR98/41	GOVERNMENT RELATIONS - Reciprocal Health Care Agreement - Republic of Ireland
CIR98/42	INDUSTRIAL RELATIONS - Circular - Chaplaincy Services to the NSW Health system
CIR98/43	ENVIRONMENTAL HEALTH - Microbial Control
CIR98/44	ENVIRONMENTAL HEALTH - Technical Requirements for the Provision of Cold and Heated Water
CIR98/45	STATEWIDE SERVICES - Guidelines for NSW Multi Purpose Services
CIR98/46	INDUSTRIAL RELATIONS - Salary Increase for Staff in Public Hospitals Health Services and The NSW Ambulance Service Covered by the Health and Research Employees Association (HREA)
CIR98/47	PERSONNEL - Circular - Managing Displaced Employees
CIR98/48	INDUSTRIAL RELATIONS - Circular - Salary Increase for Staff in Public Hospitals
CIR98/49	COMMERCIAL SERVICES - Circular - Networking of Pathology Services
CIR98/50	HEALTH TECHNOLOGY - Circular - Exposure of Sonographers to Ionising Radiation
CIR98/51	DISEASE PREVENTION - Circular - Provision of Services under the Pensioners Dentures Scheme by Private Dental Providers (Dental Practitioners and Dental Prosthetists)
CIR98/52	FINANCIAL MANAGEMENT - Trustee Amendment (Discretionary Investments) Act 1997
CIR98/53	ENVIRONMENTAL HEALTH - Circular - National Guidelines for the Use of Rainwater Tanks
CIR98/54	INDUSTRIAL RELATIONS - Circular - Hairdressers Employed in Public Hospitals and Area Health Services
CIR98/55	INFORMATION MANAGEMENT - Leave Entitlements for Reserve Forces Day Parade - 1 July 1998
CIR98/56	FLEET MANAGEMENT - Circular - Private Use of Area/Hospital Motor Vehicles by Employees - Policy

APPENDIX 32

Selected Significant Committees

Executive Committee

Michael Reid, (Chair), Director-General NSW Health
Robert McGregor, Deputy D-G Operations
Dr Tim Smyth, Deputy D-G Policy
Dr Andrew Wilson, Deputy D-G Public Health
Deborah Hyland, Executive Director, Health Public Affairs
Rosemary Milkins, Director, Executive Support Unit

Audit Committee

Michael Reid, (Chair), Director-General NSW Health
Robert McGregor, Deputy D-G Operations
Dr Tim Smyth, Deputy D-G Policy
Dr Andrew Wilson, Deputy D-G Public Health

Performance and Finance Committee

Michael Reid, Director-General NSW Health
Robert McGregor, (Chair), Deputy D-G Operations
Dr Tim Smyth, Deputy D-G Policy
Dr Andrew Wilson, Deputy D-G Public Health
Deborah Hyland, Director, Health Public Affairs
Rosemary Milkins, Director, Executive Support Unit
David Gates, GM, Information & Asset Services
Colleen Doepel, GM, Organisation Development
Charles Pace, GM, Performance Management
Ken Barker, GM, Finance & Commercial Management
Jim Pearse, Policy Division
Arthur Diakos, Operations Division
Dr Nick Shiraev, Operations Division
Michael Stokes, Operations Division

Senior Executive Forum

Michael Reid, (Chair), Director-General NSW Health
Dr Andrew Wilson, DD-G Public Health and Chief Health Officer
Dr Tim Smyth, DD-G Policy
Robert McGregor, Deputy D-G Operations
David Gates, GM, Information & Asset Services
Colleen Doepel, Organisation Development
Charles Pace, GM, Performance Management
Ken Barker, GM, Finance & Commercial Management
Deborah Hyland, Director, Health Public Affairs
Rosemary Milkins, Director, Executive Support Unit
Dr Stephen Christley, Chief Executive Officer (CEO), Northern Sydney (AHS)
Dr Diana Horvath, CEO, Central Sydney AHS
Professor Katherine McGrath, CEO, Hunter AHS
Ian Southwell, CEO, Illawarra AHS
Debbie Green, CEO, South Eastern Sydney AHS
Jon Blackwell, CEO Central Coast AHS
Ken Brown, CEO, South Western Sydney AHS
Tom Hamilton, CEO, Wentworth AHS
Alan McCarroll, Western Sydney AHS
Superintendent J McLachlan, State Superintendent, Ambulance Service
Professor Kim Oates, CEO, The New Children's Hospital
Judith Meppem, Chief Nursing Officer, NSW Health

Committee of Chairman of NSW State Committees of Medical Colleges

David Storey, (Chair), Royal Australasian College of Surgeons
Michael Reid, Director-General NSW Health (Co-Chair)
Dr Stephen Cahill, Royal Australasian College of Radiologists (Co-Chair)
Dr Tony King, The Royal Australian College of Ophthalmologists
Dr Simon Willcock, Royal Australian College of Practitioners
Dr Elsa Bernardi, Royal Australian and New Zealand College of Psychiatrists
Dr Phillip Byth, John Hunter Hospital
Dr Allan Cooper, Australasian College of Dermatologists
Dr Matthew Crawford, Australian and New Zealand College of Anaesthetists
Dr Linda Dayan, Sexual Health Clinic, Royal North Shore Hospital
Dr Allan Ferrier, Obstetrician
Dr Ian Gardner, Occupational Physician
Dr Paul Gaudry, Emergency Medicine, West Mead Hospital
Dr David Gorman, Royal Australasian College of Physicians
Dr Donald Holt, Public Health Unit, Northern Sydney Area Health Service
Dr David Lillystone, Paediatrics, Hornsby Child Health
Dr Ben Moroszeki, Australasian Faculty of Rehabilitation Medicine
Dr David Nevell, Royal College of Pathologists of Australasia
Dr Robert Porter, Hunter Area Health Service
Dr Jeannine Liddle, Public Health Unit, Mid Western Area Health Service
Dr Andrew Wilson, DD-G Public Health and Chief Health Officer
Dr Tim Smyth, DD-G Policy
Robert McGregor, Deputy D-G Operations

Clinical Advisory Group

Michael Reid, (Chair), Director-General NSW Health
Professor John Horvath, NSW Medical Board
Dr Caroline deCosta, General Practitioner
Dr Sue Ieraci, Liverpool Hospital, Emergency Medicine
A/Professor Stephen Boyages, Westmead Hospital, Endocrinology
John Hollinshead, Royal Australasian College of Surgeons
Debra Thomas, Royal Hospital for Women
Dr Julian Lee, Australian Medical Association

Infection Control Advisory Group

Dr John Dixon Hughes, (Chair), Medical Services Committee
Dr Barbara-Ann Adelstein, NSW Ambulance
Professor Syd Bell, Prince of Wales Hospital
Phyllis Davis, Prince of Wales Hospital
Joan Englert, Royal Prince Alfred Hospital
Jonathan Milligan, Prince of Wales Hospital
Professor Rosemary Munro, South Western Sydney Area Pathology
Ross O'Donoghue, NSW Health
Sue Resnik, Albion Street Clinic
Dr Richard West, Royal Australasian College of Surgeons
Jo Winchcombe, Hornsby - Kurring-gai Hospital
Cathryn Murphy, NSW Health

Information System Steering Committee (ISSC)

Robert McGregor, (Chair), Deputy DG Operations

Dr Tim Smyth, Deputy DG Policy
Dr Andrew Wilson, Deputy DG Public Health
David Gates, GM IASD
Ken Barker, GM FACS
Charles Pace, GM Performance Management
Judith Meppem, Chief Nursing Officer
Dr Diana Horvath, CEO CSAHS
Prof Katherine McGrath, CEO HAHS
Christine Kibble, CEO NEHS
Dr Stephen Christley, CEO NSAHS
Deborah Green, CEO SESAHS
Colin Froud, Deputy CEO SWSAHS
Alan McCarroll, CEO WSAHS
Prof Kim Oates, CEO New Children's Hospital
Denise Robinson, CEO St Vincent's Hospital
Denis Nosworthy, IT Director SWSAHS

Ministerial Advisory Committee on Alcohol, Tobacco and Other Drugs

Richard Walsh, (Chair), ACP Publishing
Dr Ingrid Van Beek, Kirketon Road Centre
Mal Brammer, NSW Police
Gregory Chesher, Pharmacologist
Dr Chris Clarke, Thoracic Physician
David John Collins, Macquarie University
Linda Goldspink-Lord, Macarthur Drug and Alcohol Youth Project
Chrissa Loukas, Legal Representation Officer
Russell Paine, Importer
Garth Popple, Network of Alcohol and Drug agencies
Pat Swan, AHRC
Deborah Zador, Concord Repatriation Hospital

Ministerial Advisory Committee Quality in Health Care

Prof Bruce Armstrong, Director NSW Cancer Council
Mrs Lyn J Brown, Consumers Advocate, Illawarra Health Service
Ms Trudy de Vries, Operational Risk Manager, KPMG
Ms Lesia Gale, General Manager, Campbelltown Health Service
Ms Betty Johnson, National Convenor, Older Women's Network
Dr Allan M Kerrigan, VMO - Paediatrics, Orange Base Hospital
Professor Michael Kid, Professor of General Practice, University of Sydney
Professor John Lumby, EM Lane Chair of Surgical Nursing, Concord Hospital
A/Professor Brian McCaughan, Cardiothoracic Surgeon & Clinical Director, Central Sydney Area Health Service
Dr Marjorie Pawsey, Australian Council on Health Care Standards
Mrs Dorelle Purcell, Rural Community Member - Moree
Ms Maureen E Robinson, Director of Physiotherapy, John Hunter Hospital
Ms Kathleen Ryan, Manager Quality Improvement, St Vincents Hospital
Ms Christine Simpson, Aboriginal Medical Service Walgett
Dr Margaret Tobin, South Eastern Sydney Area Mental Health, St George Hospital
Ms Sally J Torr, Community Health, South Eastern Sydney Area Health Service
Dr Ross McL Wilson (Chair), Consultant Physician, Royal North Shore Hospital
Ms Marilyn Walton (Ex-Officio), Commissioner, Health care Complaints Commission
Dr Andrew Wilson, NSW Health
Ms Amanda Adrian, NSW Health
Dr Marie-Louise Stokes, NSW Health
Ms Jennifer Collins, General Manager, Bega Base Hospital
Dr Bill Cowie, NSW Health
Mr Peter Williams, NSW Health

Ministerial Advisory Committee on AIDS Strategy

Dr Roger Garsia, (Chair), Director, Clinical AIDS Services, Central Sydney Area Health Service
Dr Michael Boyle, Staff Specialist Clinical Immunology, John Hunter Hospital
Bernie Coates, Executive Director, AIDS Council of NSW
Professor David Cooper, Director, Nat. Centre in HIV Epidemiology & Clinical Research
Professor John Dwyer, Clinical Director, Prince of Wales Hospital
Dr Julian Gold, Director, Albion Street (AIDS) Centre
Associate Professor, Sue Kippax, Director, Nat. Centre for HIV Social Research, Macquarie University
Dr Marilyn McMurchie, General Practitioner
Professor Adrian Mindel, Academic Unit of Sexual Health, Sydney Hospital
Professor Tania Sorrell, Director, Centre for Infectious Diseases & Microbiology, Westmead Hospital
Dr Alex Wodak, Director, Drug and Alcohol Services, St Vincent's Hospital, Darlinghurst
Bill Whittaker, People Living With HIV/AIDS Inc
Ex officio
Ross O'Donoghue, A/Director, Health Protection, NSW Health
Dr Andrew Wilson, Chief Health Officer, NSW Health

Ministerial Advisory Committee on Body Image and Eating Disorders

Libby Darlison, (Chair), Premier's Council for Women
Wendy Gillet, Department of Sport and Recreation
Janet Davy, Department of School Education
Susanne Hollis, Department for Women
Dian Tiantier, South Eastern Sydney Area Health Service
Jane Caro (Co-Chair), Australian Advertising Federation
Anna Manzoney, Australian Association of National Advertisers
Ursual Hufngal, Chic Model Management
Dr Gail Huon, University of NSW
Associate Professor Janice Russell, Northside Clinic
John Watkins MP, Member for Gladesville
Kathryn Wood, NSW Health
Katreana Forsyth, Bathurst Community Health

NSW Casemix Clinical Committee

Dr Sanjeev Bandi, Dubbo Base Hospital
Dr Christopher Duggan, Central Coast Area Health Service
Dr Helen McCathie, Concord Hospital
Dr Roger Gurr, Blacktown City Mental Health Service
Dr Geoffrey Shead, Westmead Hospital
Dr Michael Smith, Neringah Hospital
Dr Ralph Hanson (Chair), New Children's Hospital
Dr Terry Finnegan, Royal North Shore Hospital
Dr Alan Rosen, Royal North Shore Hospital and Community Mental Health Service
Lorraine Ferguson, NSW College of Nursing
Dr Roger Garsia, Royal Prince Alfred Hospital
Julie Newman, Casemix Area Network

Dr Lynette Lee, South Eastern Area Health Service
Deniza Mazevska, NSW Health
Maureen Frances, NSW Health
Jim Pearse, NSW Health

Resource Distribution Formula Advisory Committee

Jim Pearse, (Chair), Structural & Funding Policy
Dr Christine Bennett, Westmead Hospital
Sharyn Campbell, Department of Ageing & Disability
Dr Stephen Christley, Northern Sydney Area Health Service
Professor Rufus Clarke, Wentworth Area Health Service
Paul Corben, Mid North Coast Public Health Unit
Glenn Desailly, Central Coast Area Health Service
Dr Gary Eckstein, Essential Equity
Professor Bob Gibberd, University of Newcastle
Andrew Gibbs, Structural & Funding Policy (Executive Officer)
Richard Gilbert, Central Sydney Area Health Service
Grantly Hunt, Hunter Area Health Service
Dr Jim Hyde, Health Services Policy
Damien Israel, South Western Sydney Area Health Service
Assoc. Professor Kathy Eagar, University of Wollongong
Dr E Khoo, Mid Western Area Health Service
Dr Lynette Lee, South Eastern Sydney Area Health Service
Dr Colin Macarthur, South Western Sydney Area Health Service
Enrico Sondalini, Structural & Funding Policy
Alain St Flour, Finance & Commercial Services

Senior Administrators Working Group Meeting On Implementation Of Services Responding To Physical and Emotional Abuse and Neglect of Children

Dr Tim Smyth, (Chair), Deputy Director-General, Policy
Melissa Gibson, Health Services Policy
Maree Walk, Health Services Policy
Jenny Thompson, Central Sydney Area Health Service
Professor Graham Vimpani, Hunter Area Health Service
Terry Clout, Deputy CEO, Illawarra Area Health Service
Rhonda Gleeson, Macquarie Area Health Service
Dr Kevin Wolfendon, Mid-North Coast Area Health Service
Trish Strachan, Mid-Western Area Health Service
Heather Gough, Northern Sydney Area Health Service
Dr Kieran Moran, South Eastern Sydney Area Health Service
Carol Madge, Southern Area Health Service
Dr Victor Nossar, South Western Sydney Area Health Service
Agnes Macmillian, Wentworth Area Health Service
Patricia Bowditch, Western Sydney Area Health Service
Margaret Gibbons, Western Sydney Area Health Service
Robyn Lamb, New Children's Hospital
Margaret Oldfield, Deputy Director General, Department of Community Services

NGO Liaison Committee

Tim Agius, (Chair), Aboriginal Health Branch,
Sandra Bailey, NSW Aboriginal Health Resource Co-op Ltd
Ros Bragg, NCOSS
Kate Butler, Health Services Policy Branch
Stevie Clayton, AIDS Council of NSW Inc
Peter Connie, Network of Alcohol & Other Drugs Agencies Inc
Dr Tony Sherbon, Northern Rivers Health Service
Dr Katherine McGrath, Hunter Area Health Service
Sue Fardy, Hunter Area Health Service
Tonina Harvey, Western Sydney Area Health Service
Dr Jim Hyde, Health Services Policy Branch
Will Maehler, Financial Management & Planning Branch
Wendy Manning, Performance Management Division
Ian Southwell, Illawarra Area Health Service
Felicity Reynolds, Mental Health Co-ordinating Council NSW
David Samild, Disease Prevention & Health Promotion,
Dr Tim Smyth, Deputy Director-General, Policy
Maurice Terare, Aboriginal Health Branch,
Maz Thoon, Women's Health Information Resource
Dr Diana Horvath, Central Sydney Area Health Service
Ken Brown, South Western Sydney Area Health Service

Allied Health Consultative Forum

Mark Brown, Australian Physiotherapy Association
Jo Burton, Dietitians Association of Australia
Kate Butler, Health Services Policy Branch
Ruth Dewar, Health Services Policy Branch
Roger Dunston, Australian Association of Social Workers
Victims of Crime Contact Officer -NSAHS
Jean Fagan, Australian Association of Occupational Therapists (NSW)
Marcia Fleet, Australian Institute of Radiography
Liz Gill, Public Health Division, NSW Health Department
Bettina Glauerd, Audiological Society of Australia
Julie Hornbrook, Australian Association of Social Workers
Julia Kelly, Orthoptic Association of Australia
Suzanne Kennewell, Dietitians Association of Australia (NSW)
Kathy Meleady, Statewide Services
Susanne Olsen, Australian Podiatry Association (NSW)
Meredith Rodenhuis, Speech Pathology Australia
Genevieve Smith, Speech Pathology Australia
Dr Tim Smyth, (Chair), Deputy Director-General, Policy
Andrew Teece, Australian Institute of Radiography
Karen van Rijswijk, Australian Podiatry Association
Melinda Whitton, Orthoptic Association of Australia
Deborah Wilcox, Office of the Deputy Premier and Minister for Health
Helen Wilson, Australian Association of Occupational Therapists (NSW)
Lai Wong, Australian Physiotherapy Association (NSW)

NSW Aboriginal Health Partnership

Michael Reid, (Chair), Director-General
Dr Tim Smyth, Deputy Director-General, Policy
Tim Agius, Aboriginal Health Branch
Sandra Bailey, Aboriginal Health Resource Cooperative Ltd
Naomi Mayers, Redfern Aboriginal Medical Service
Val Keed, Central West Dental Service
Joyce Willia, Wellington Aboriginal Corporation Health Service
Eddie Briggs, Armidale & District Services
Pam Mitchell, Coomealla Health Aboriginal Corporation
Val Weldon, Riverina Medical & Dental Aboriginal Corporation
Steve Blunden, Durri Aboriginal Medical Service
Christine Simpson, Walgett Aboriginal Medical Service
Frank Vincent, Daruk Aboriginal Medical Service

Craig Ritchie, Awabakal Aboriginal Medical Service
Ray Eldridge, Katungal Aboriginal Medical Service
Dianne O'Brien, Cumeragunga Aboriginal Health Service
Craig Ardler, South Coast Medical Service
Mavis Golds, Northern Rivers Health Service
Lois Goolagong, Mid Western Health Service
Val Dahlstrom, New England Health Service
Joe Flick, Macquarie Health Service
Iris McLeod, Illawarra Area Health Service
Brendan Kelaher, South Western Sydney Area Health Service
Marilyn Wilson, Hunter Area Health Service
Steve Gibson, Far West Health Service, Upper Western Sector
Richard Weston, Far West Health Service, Lower Western Sector
Gail Daylight, South East Sydney Area Health Service
Elaine Lomas, Western Sydney Area Health Service
Cecil Lester, Southern Health Service
Vicki Bradford, Central Coast Area Health Service
Bob Davis, Mid North Coast Health Service

NSW Maternal and Perinatal Committee (Ministerial Committee)

Professor William Walters, (Chair), University of Newcastle
Dr George Angus, Royal College of Obstetrician and Gynaecologists
Dr Susan Arbuckle, Royal College of Pathologists of Australasia
Professor Michael Bennett, NSW University
Dr Andrew Berry, Australian College of Paediatrics
Sue Botham, NSW Neonatal Nurses Association
Dr John Daniels, AHRC
Associate Professor Warrick Giles, Royal College of Obstetrician and Gynaecologists
Professor David Henderson-Smart, Perinatal Services Network
Dr John Hobbs, Royal College of Pathologists of Australasia
Dr Penelope Knowlden, Royal College of General Practitioners
Dr Des Mulcahy, Australian College of Paediatrics
Pamela Mulholland, NSW Midwives Association
Dr Lis Murphy, NSW Health
Margo Pym, NSW Health
Dr John Smolenic, Royal College of Obstetrician and Gynaecologists
Dr Lee Sutton, Neonatal Intensive Care Study Group
Dr Lee Taylor, NSW Health
Professor Brian Trudinger, University of Sydney
Penny Waterson, Maternity Alliance

Health Economic Reform Committee

Dr Tim Smyth, (Chair), NSW Health
Ken Barker, General Manager, Finance & Commercial Services
Ken Brown, Chief Executive Officer, South Western Sydney Area Health Service
Dr Stephen Christley, Chief Executive Officer, Northern Sydney Area Health Service
Reta Creegan, South Eastern Sydney Area Health Service
Colleen Doepel, General Manager, Corporate Services
Emilio Ferrer, Office of the Deputy Premier, Minister for Health and Minister for Aboriginal Affairs
David Gates, General Manager, Information and Asset Services
Robert Gore, Chief Executive Officer, Mid North Coast Area Health Service
Frank Greathead, The Cabinet Office
Dr Jane Hall, Centre for Health Economics Research and Evaluation
Prof John Hickie, NSW Casemix Clinical Committee
Dr Diana Horvath, Chief Executive Officer, Central Sydney Area Health Service
Prof Katherine McGrath, Chief Executive Officer, Hunter Area Health Service
Trish Oakley, Office of the Deputy Premier, Minister for Health and Minister for Aboriginal Affairs
Charles Pace, Performance Management
Jim Pearse, NSW Health
Chris Puplick, Chairman, Central Sydney Area Health Service
Enrico Sondalini, NSW Health
Ian Southwell, Chief Executive Officer, Illawarra Area Health Service
Philip Wheeler, Premier's Department
Dr Andrew Wilson, Deputy Director General Public Health and Chief Health Officer

Major Projects Procurement Review

Robert McGregor, (Chair), Deputy DG Operations
Len Dockrill, Dockrill Health Projects
Steve Haldine, Program Director CSAHS - Resource Transition Program
John Taylor, Australian Pacific Projects
Lindsay Kelly, Rice Daubney Group
John Wiles, Project Director RGA Australia
Andrew Craig, Thiess Contractors
John Bedford, DOH
Tony Burg, DOHJ
Brian Baker, Client Executive Healthcare and Community Services
Kathy Meleady, Director Statewide Services Development
Chris Johnson, NSW Government Architect
Ian Forbes, Head School of Health Services Management University of NSW
Greg O'Neill, Rider Hunt
Ken Brown, Chief Executive Officer SWSAHS
Tim Ambler, Concrete Constructions
Michael Stokes, Director Capital and Asset Management
Mike Hannon, General Manager Project Management Services Group DPWS
Alan Griffin, General Manager Strategic Resource Management Services Group DPWS
Carolyn Burrell, General Manager Property DPWS
Don Murphy, Manager Procurement Policy DPWS
Andy Milcz, Client Manager DPWS
Terry Clout, D/Chief Executive Officer IAHS
Tony Angles, Project Director St Vincents Hospital
Ian Moon, McConnell Smith and Johnson Architects
Ted Toohar, Toohar Gale and Associates
Warwick Farley, Project Manager Nepean Hospital Project DPWS

Infectious Diseases Advisory Committee

Dr Jeremy McNulty, (Chair), AIDS Branch
Rob Menzies, AIDS Branch
Prof Sydney Bell, Prince of Wales Hospital, High Street
Prof Tania Sorrell, Dept of Infectious Diseases, Westmead Hospital
Dr Mark Ferson, Director, South Eastern Sydney PHU
Deborah Frew, Legal Branch
Alison Kesson, Royal Newcastle Hospital

Casemix Policy Advisory Committee

Lorraine Ferguson, NSW College of Nursing

Dr Siun Gallagher, Western Sydney Area Health Service
 A/Prof Kathy Eager, Centre for Health Services Development, University of Wollongong
 Dr Ralph Hanson, New Children's Hospital
 Graham Jenkins, Wentworth Area Health Service
 Professor Bob Gibberd, Health Services Research Group, University of Newcastle
 Julie Newman, Casemix Area Network
 Professor George Palmer, Centre for Hospital Management and Information Systems Research, University of NSW
 Grantley Hunt, Hunter Area Health Service
 Dr Richard Parkinson, Greater Murray Health Service
 Donna Priddis, South Eastern Sydney Area Health Service
 Scott Lisle, NSW Health
 Deniza Mazevska, NSW Health
 Peter Williams, NSW Health
 Jim Pearse, (Chair), NSW Health

Senior Officers Coordinating Committee (SOCC)

Deborah Allen, (Chair), Corrective Services
 Geoff Barnden, The Cabinet Office
 Phil Bickerstaff, Treasury
 Richard Button, A-G's Department
 Elizabeth Callister, Department of Education and Training
 Eleanor Davidson, Department of Education and Training
 Peter Dwyer, Department of Education and Training
 Frank Hansen, NSW Police
 Tim Keogh, Juvenile Justice
 Toni Milne, Department of Community Services
 Steve Robertson, The Cabinet Office
 Noel Walker, Ministry for Police
 Dr Jennifer Gray, NSW Health
 Dr Peter McCarthy, NSW Health
 Kate Purcell, NSW Health
 Nathan Rees, NSW Health
 Lyn Stoker, NSW Health
 Patricia Ward, NSW Health

General Practitioners Advisory Committee

Dr Peter Clyne, (Chair), The Royal Australian College of General Practitioners
 A/Professor H Lindsay Thompson, The Canterbury Division of General Practice Limited
 Dr Robyn Napier, NSW Branch of the AMA
 Dr Ken Mackey, NSW Rural Divisions Co-ordinating Unit, Rural Doctors Association
 Dr Gerard Barold, Eastern Sydney Division of General Practice
 Dr Ian Cameron, Rural Doctors Resource Network
 Dr Robert Marr, Doctors Reform Society of NSW
 Dr Jenny Beange, Dubbo Plains Division of General Practice
 Dr Phillip Knowles, Medical Services Committee
 Dr Richard Hurst, St George Division of GP
 Dr Andrew Wilson, Chief Health Officer, NSW Health
 Michael Reid, Director-General
 Dr Tim Smyth, Deputy Director-General, Policy,
 Dr Jim Hyde, Director, Health Services Policy
 Christine Foran, Health Services Policy

NSW Aboriginal Health Forum

Dr Tim Smyth, (Chair), Deputy Director-General, Policy
 Tim Agius, Aboriginal Health Branch
 Robert Griew, Commonwealth Department of Health and Family Services
 Joe Dalzell, Commonwealth Department of Health and Family Services
 Sandra Bailey, Aboriginal Health Resource Cooperative Ltd
 Frank Vincent, Daruk Aboriginal Medical Service
 Pam Mitchell, Coomealla Health Aboriginal Corp.
 Naomi Mayers, Redfern Aboriginal Medical Service
 Commissioner John Delaney, Aboriginal and Torres Strait Islander Commission

Critical Care Advisory Committee

Dr Tony O'Connell, (Chair), Paediatric Intensive Care
 Dr Tony Burrell, Orange Base Hospital
 Jim McLachlan, NSW Ambulance Service
 Dr Marianne Vonau, The Randwick Centre
 Tina Kendrick, Australian Confederation of Critical Care Nurses
 Dr Theresa Jacques, Australian and New Zealand Intensive Care Society
 Linda Si, Emergency Nurses Association
 Dr Robert Dowsett, Australian College for Emergency Medicine
 Dr Barry Duffy, Sydney Children's Hospital
 J M Wyllie, Royal Australasian College of Surgeons
 Dr Barbara-Ann Adelstein, NSW Ambulance Service
 Dr Ron Manning, Trauma System Advisory Committee
 Dr David Cooper, Australasian College of Physicians
 Dr Phil Hungerford, Rural Critical Care Subcommittee
 Associate Professor T Campbell, Royal Australian College of Physicians
 Lynda Smart, Statewide Services Development Branch

Selected Specialties Services Planning Project Steering Committee

Ken Brown, (Chair), South Western Sydney Area Health Service
 Deborah Green, South Eastern Sydney Area Health Service
 Dr Tony Sherbon, Northern Rivers Area Health Service
 Richard Gilbert, Central Sydney Area Health Service
 Dr Don Holt, Northern Sydney Area Health Service
 Professor James Bishop, Sydney Cancer Centre
 Dr Nigel Lyons, Hunter Area Health Service
 Alan McCarroll, Western Sydney Area Health Service
 Dr Vasco de Carvalho, Central Coast Area Health Service
 Tineke Robinson, Illawarra Area Health Service
 Dr Tim Smyth, Deputy Director-General, Policy
 Kathy Meleady, Statewide Services Development Branch
 Leonie Baden, Statewide Services Development Branch
 Dr Steevie Chan, Statewide Services Development Branch
 Amanda Adrian, Private Health Care Monitoring Branch
 Enrico Sodalini, Structural and Funding Policy Branch

Fluoridation of Water Supplies Advisory Committee

Dr Alan Patterson, (Chair), Chief Dental Officer, NSW Health
 Bill Ho, Department of Land and Water Conservation
 Dr Craig Lilienthal, Australian Medical Association
 Clr J Mallon, Local Government and Shires Association
 Dr Shanti Sivanewaran, Westmead Community Dental Hospital
NSW Health Department Research and Development Advisory Committee
 Dr Andrew Wilson, (Chair), NSW Health

Dr Michael Frommer, NSW Health
 Professor Deborah Saltman, Department of General Practice, Manly Hospital
 Professor John Shine, Garvan Institute of Medical Research
 Peter Dunn, Charles Sturt University
 Assoc Professor Kathy Eager, Centre for Health Service Development
 Professor Michael Hensley, John Hunter Hospital
 Dr Diana Horvath, Central Sydney Area Health Service
 Professor Stephen Hunyor, Cooperative Research Centre for Cardiac Technology
 Betty Johnson, Older Women's Network
 Professor Stephen Leeder, University of Sydney
 Professor Judith Lumby, NSW College of Nursing
 Professor John McCallum, University of Western Sydney
 Dr Graham Mann, Westmead Hospital
 Professor Ronald Penny, Centre for Immunology, St Vincents Hospital
 Dr Stephanie Short, University of NSW
 Tom Geczy, Industry Division
 Professor Beverley Raphael, NSW Health
 Professor Chris Tennant, Royal North Shore Hospital

State Health Confidentiality and Ethics Committee

Dr Michael Frommer, (Chair), NSW Health
 Dr Rebekah Jenkin, NSW Health
 Anthony Schembri, State-Wide Health Confidentiality and Ethics Committee
 Karen Crawshaw, NSW Health
 Reverend Elenie Poulos, MLC School
 Rabbi Raymond Apple, State-Wide Health Confidentiality and Ethics Committee
 Dr Bruce Armstrong, NSW Cancer Council
 Dr Lee Taylor, NSW Health
 Carmel Donnelly, NSW Health
 Timothy Dixon, Australian Privacy Foundation
 Dr Angela Todd, NSW Health
 Dr Ann Daniel, University of NSW

Joint Consultative Committee

Michael Reid, (Chair), Director-General
 Colleen Doepel, General Manager, Corporate Services
 Steve McNab, Manager, Central Office Human Resource Services
 Anna Kulesz, Employee Services Officer, Central Office Human Resource Services
 Ayshe Lewis, Public Service Association of NSW
 John Agland, PSA representative
 Liz Gill, PSA representative
 Maureen Frances, PSA representative
 Brett Holmes, NSW Nurses' Association
 Paul Klausen, NSW Nurses' Association representative

NSW Health Industry Liaison Committee

The Hon Andrew Refshauge, (Chair), Deputy Premier, Minister for Health, Minister for Aboriginal Affairs
 Trish Oakley, Chief of Staff, Minister's Office
 Michael Reid, Director-General, NSW Health Department
 Robert McGregor, Deputy Director-General, Operations, NSW Health Department
 Colleen Doepel, General Manager, Corporate Services, NSW Health Department
 Nick Gerrand, Director, Workforce Relations, NSW Health Department
 Gail Gregory, Executive Officer, NSW Labor Council
 Representatives from the following Unions:
 Australian Salaried Medical Officers' Federation (NSW)
 Health and Research Employees' Association
 NSW Nurses' Association
 Public Service Association of NSW
 Construction Forestry Mining Energy Union

Equity Advisory Committee

Michael Reid, (Chair), Director-General/Director of Affirmative Action
 Colleen Doepel, General Manager, Corporate Services/Women's Liaison Officer
 Anna Kulesz, Equity Co-ordinator, Central Office HR Services
 Carol Davies, Director, Office of the Dir. of Equal Opportunity in Public Employment
 Amanda Adrian, NSW Nurses Association
 Kim Ryan, The Health and Research Employees' Association of NSW
 Maureen Frances, Public Service Association of NSW
 Jane Timbrell, Public Service Association of NSW
 Sleiman Saleeba, Manager, Telecommunications IASD
 Judith Meppem, Director of Nursing/Chief Nursing Officer
 Carmen Parter, Coordinator Aboriginal Health Strategy, Aboriginal Health Branch
 Liz Gill, Project Officer, Clinical Policy & Practice, Public Health
 Michael Kakakios, Policy Manager, Health Services Policy
 David Pallot, Manager, Records Branch
 John Robinson, Project Officer, Centre for Mental Health
 Maria Rosales, Health Professionals Registration Boards, Foveaux Street
 Melina Markarian, Pharmaceutical Services, Gladesville Hospital
 Melissa Gibson, Departmental Spokeswoman
 Marie Wilson, Coordinator Aboriginal Employment Strategy

Rural Health Workforce Strategy Implementation

Colleen Doepel, (Chair), NSW Health Department, General Manager, Corporate Services
 Susan Mitchell, Councillor, NSW Farmers' Association,
 Local Government & Shires Associations of NSW, Cr. Bill Bott, President
 Allied Health Alliance, Helen Wilson
 National Rural Health Alliance, Sue Wade
 Rural Doctors Resource Network, Dr Ian Cameron
 Mid Western Area Health Service, Barry Johnston, CEO
 Australian Medical Association, Dr Robyn Napier, Director of General Practice, NSW Branch
 Rural Doctors' Association, Dr Geoff White
 Australian Medical Workforce Advisory Committee, Paul Gavel, Executive Officer
 Rural Health Support Unit, Vicki St Lawrence, Manager and Susan Law, Project Officer
 Workforce Planning Unit, NSW Health Department, Maureen Thomas, Manager and Dr John Sanders, Project Officer.

State Continuous Improvement Steering Committee

Deborah Green, Chief Executive Officer, South Eastern Sydney Area Health Service (Chair)
 Trish Oakley, Chief of Staff, Office of the Minister for Health
 Judith Meppem, Chief Nursing Officer, NSW Health Department
 Ken Barker, General Manager, Finance & Commercial Services, NSW Health Department
 Joan Englert, Director of Nursing Services, Central Sydney Area Health Service
 Kieran Gleeson, Chief Executive Officer, Southern Area Health Service
 Brad Goulding, Organiser, Health & Research Employees' Association
 Jill Liffie, Manager, Professional Services, NSW Nurses Association
 Dr Jim Degen, Manager, Industrial Services, Australian Medical Association (NSW Branch)
 Dr Denis Smith, Chief Executive Officer, Australian Council on Healthcare Standards
 Lorraine Ferguson, Acting Executive Director, The NSW College of Nursing
 Joanne Young, Manager, Service and Quality Improvement, NSW Health Department
 Dr Nick Shirazev, Director, Evaluation and Performance, NSW Health Department
 Robert Lagaida, Director, Contract and Service Performance, NSW Health Department
 Dr John Hollinshead, Australasian College of Surgeons (NSW Branch) (and from June 1998 Dr Michael Hollins)
 Dr Peter Smerdley, Royal Australasian College of Physicians (NSW Branch)
 Sharelle Murphy, Speech Pathologist, Allied Health Alliance
 Charles Pace, General Manager, Performance Management Division, NSW Health Department
 Dr Andrew Wilson, Chief Health Officer and Deputy Director-General Public Health, NSW Health Department
 Colleen Doepel, General Manager, Corporate Service Division, NSW Health Department
 Sue Olsen, Podiatrist, Allied Health Alliance
 Sandra Bailey, Chief Executive Officer, N.S.W. Aboriginal Health Resource Co-operative Ltd
 Dr Stephen Christley, Chief Executive Officer, Northern Sydney Area Health Service
 Amanda Adrian, Director Private Health Care Monitoring Branch, NSW Health Department
 Jim Pearce, Director, Structural & Funding Policy, NSW Health Department

Corporate Governance in Health Steering Committee

John Dunlop, Chairperson Royal Alexandra Hospital for Children
 Paul Naylor, Health Services Association
 Grattan Wilson, Chairperson, Southern Area Health Service
 Elisabeth Rummery, Chairperson, Northern Rivers Area Health Services
 Dr Stephen Christley, CEO Northern Sydney Area Health Service
 Robert Gore, CEO Mid North Coast Area Health Service
 Robert McGregor, Deputy Director-General Operations (Chair)
 Karen Crawshaw, Director Legal and Legislative Services
 Robert Lagaida, Director, Contract & Service Performance
 Anthony Clarke, Director, Audit
 Roslyn Johnson, Associate Director Community Relations
 Sandi Fleischmann, Executive Officer

Other Committees

Aboriginal Health Information Management Group Angela Todd 9391 9637
 Aboriginal Women in Prison Working Party - Lynette Pugh 9391-9587
 Aboriginal Working Party on Dementia - Ruth Dewar 9491-9479
 Adolescents who Sexually Abuse Children Progra Advisory Board - Jo Spangaro 9391 9317
 Adverse Event Following Immunisation Advisory Committee
 Advisory Panel - Blood Borne Viruses - Core Members
 AHIP - Working Parties - Dr Isabelle Smith 9391 9212
 Ambulatory Care Reform Committee - Daniel Sprange 9391-9595
 ANZFA States and Territories Senior Food Officers Committee - Elizabeth Flynn, 6271 2222
 Arbovirus Disease Control Advisory Group - ADCAG
 Area Directors of Mental Health Services - Christine Minkov 9391-9953.
 Area Directors of Nursing Meeting, Judith Meppem, Chief Nursing Officer
 Asthma Health Improvement - NSW Expert Panel on Asthma
 Child Care Nutrition Working Party - Edwina Macoun, 9816 0531
 Child Health Policy Advisory Committee - Caroline Wraith, Health Services Policy Branch, NSW Health, 9391 9503
 Clinical Information Access Project Committee - Dianne Ayres 9391 9794
 Clinical Systems Reference Group - Dianne Ayres 9391 9794
 Clinical Systems Steering Committee - Dianne Ayres 9391 9794
 Collaborative Projects Planning Committee - Dianne Ayres 9391 9794
 Community Consultation Steering Committee - Meryl Edwards 9391 9319
 Community Health Information Steering Committee - Elizabeth Moss 9816 0480
 Consumer Information Resources Project Advisory Committee - Rita Davenport 9515 3363
 Emergency Department Strategy Implementation Group - Steevie Chan 9391-9481
 External Reference Panel for Food and Drug Interface Matters - Bill Porter, 9816 0599
 Facilities Management Steering Committee - Graham Michalk 9391 9753
 Food Regulation Review Committee - Bill Blair, 02 6271 222
 Food Standards Code Review Committee - Simon Brooke-Taylor, 02 6271 2225
 General Practitioner Working Party on Dementia - Ruth Dewar 9391-9479
 Group of Health Architecture and Planning Program - Michael Stokes 9391 9428
 Health Information Exchange Executive Steering Committee - Denis Comarmond 9391 9763
 Health Outcome Performance Indicators Steering Committee - Meryl Edwards 9391 9319
 HERC State Government Nursing Home Committee - Belinda Vincent 9391-9695
 Heritage Steering Committee - Michael Stokes 9391 9428
 HOSPAS Product User Advisory Committee - Greg Curry 9391 9082
 Hospital Review Groups - Deniza Mazevska 9391-9590
 ICD10-AM Implementation Executive Committee - Greg Curry 9391 9082
 IHSHY Commonwealth/State Advisory Group Contact - Jennifer Ford 9391-9646
 Immunisation Advisory Committee
 Information Management Strategy Review Committee - Kevin Johnston 9391 9918
 Information Privacy Project Steering Committee - Sue Doyle 9391 9091
 Inpatient Data Users Advisory Committee - John Agland 9391 9108
 Intensive Care Strategic Planning Working Group - Steevie Chan 9391-9481
 Interface Pilot Management Committee - Meno Schilling 9391 9764
 IPTAAS Review Steering Committee - Evelyn Agar 9391-9514
 Joint Investigation Tea Statewide Management and Monitoring Committee - Melissa Gibson - 9391 9506
 Maternity Services Advisory Committee - Judith Meppem 9391-9529
 Medical Committee - John Lumby 9879 3214
 Medicare Renegotiation Steering Committee - Catherine Katz 9391-9469
 Men's Health Policy Advisory Committee - Andrew Gow 9391 9516
 Meningococcal Expert Group
 National Alcohol Strategy Committee (NSASC)
 National Drug Strategic Framework (NDSF) Steering Committee
 National Heart Foundation Takeaway Food Project Advisory Committee - Edwina Macoun, 9816 0531
 NESB Dementia Working Party Membership - Ruth Dewar 9391-9479
 NSW Action Plan on Dementia Care Reference Group - Ruth Dewar 9391-9479
 NSW Birth Defects Register Advisory Committee - Susan Travis 9351 7747
 NSW Breast Cancer Advisory Committee - Helen Moore 9391 9225
 NSW Food Advisory Committee - Dr Greg Stewart 9515 9625
 NSW Genetics Service Advisory Committee - Jenny Blackwell 9391-9520
 NSW Health Hepatitis Advisory Committee
 NSW Health Survey Steering Group - Bill Cowie 9391 9558
 NSW Injury Prevention Forum - Carl Earle 9391-9549
 NSW Palliative Care Expert Reference Group - Dr Andrew Wilson 9391-9181
 NSW Physical Activity Taskforce
 NSW Public Health Bulletin Advisory Committee - Dr Lynne Madden, 9391 9956
 NSW Strategy to Reduce Violence Against Women Evaluation Committee - Jo Spangaro 9391 9317
 NSW Stroke Expert Working Group
 NSW Sudden Infant Death Syndrome Advisory Committee - Elisabeth Murphy 9391 9475
 NSW Trauma System Advisory Committee - Steevie Chan 9391-9481
 NSW Vaccine Preventable Studies Unit
 Nuclear Medicine Advisory Committee - Cathryn Cox 9391-9507
 Olympic Public Health Committee - Ross O'Donoghue 9391 9288
 Operating Theatre Information Systems Steering Committee - Dianne Ayres 9391 9794
 Paediatric Services Review Committee - Kathy Meleady 9391-9476
 PANOC Services Evaluation Committee - Maree Walk 9391 9687
 PANOC Statewide Meeting - Maree Walk 9391 9687
 Patient Administration Systems and Services Steering Committee - Carol Medcalf 9391 9782
 Patient Data Linkage Management Group - Paula Querin 9391 9092
 Patient Data Tracking Committee - Meryl Edwards 9391 9319
 Peak Nursing Forum - Judith Meppem, Chief Nursing Officer Peer Poisons Advisory Committee - John Lumby 9879 3214
 Poultry Industry Consultative Committee 4930 2415
 Pre-Trial Diversion of Offenders (Child Sexual Assault) Board - Jo Spangaro 9391 9317
 Program Structure Review Committee - Scott Lisle 9391-9805
 Public Health Liaison Committee - Dick Jane, 6391 3691
 Public Health Officer Training Program Advisory Committee - Dr Lynne Madden, 9391 9956
 Radiology Advisory Committee - Cathryn Cox 9391-9507
 Refugee Health Advisory Committee - Michael Kakakios 9391-9462
 Resource Allocation Working Party - Lynette Pugh 9391-9587
 Restaurant & Catering Industry Association - Caterers' Accreditation Board - David Martin, 9777 7685
 Rural CEOs Casemix Committee - Trish Spillane 6620 2151
 Rural Critical Care Committee - Lynda Smart 9391-9526
 Rural Water Quality Advisory Committee - Adrian Farrant, 9816 0292
 Senior Officers Group of the Directors-General of Human Services Agencies Dr Jim Hyde 9391-9919
 Sexual Assault Medical Issues Working Party - Jo Spangaro 9391 9317
 Sexual Assault Statewide Meeting - Jo Spangaro 9391 9317
 Sexual Health Advisory Committee
 Smoke Free Dining
 SNAP Steering Committee - Scott Lisle 9391-9590
 Special Committee Investigating Deaths Associated With Surgery - Ros Johnson 9391 9810
 Special Committee Investigating Deaths Under Anaesthesia - Ros Johnson 9391 9810
 Statewide National Women's Health Program & Women's Health Steering Committee for the Evidence Based Review of the National Asthma Management Handbook - K Whorlow, (03) 9214 1476
 Steering Committee for Transfer of NSW Blood Transfusion Service - Catherine Katz 9391-9469
 Strategic Inter Governmental Alliance for Nutrition (SIGNAL) - Edwina Macoun 9816 0531
 Stroke Expert Working Group, Bill Cowie 9391 9558 TAFE Liaison Committee, Judith Meppem, Chief Nursing Officer
 Trauma System Advisory Committee - Lisa Chytra 9391 9470
 Tuberculosis Advisory Committee
 Waste Management Advisory Committee - Warren Mathews, 4827 3436
 Whole of Government Committee for Development of the Government Precinct, North Parramatta, Michael Stokes 9391 9428
 World Wide Web Steering Committee, Deborah Hyland 9391 9563

APPENDIX 33

Code of Conduct

The people of NSW have a right to expect that all Government services are conducted with efficiency, impartiality and integrity. This obligation requires that all health system staff perform their duties at a high standard and that any conflict of interest between private activities and official duties must be resolved in favour of the public interest.

Some of the requirements which come under this Code of Conduct are the subject of specific provisions of various Acts and Regulations. Some are generally acknowledged conventions which reflect community expectations of people employed in Government services. Others are particular applications of general principles which are considered appropriate and necessary to ensure that integrity is maintained within Government employment. Requirements and standards change, and consequently Codes such as this may require regular revision and amendment.

Staff should be aware that a Code can provide assistance for both employers and employees when they are required to decide what are acceptable standards of behaviour.

It is not a replacement for any Act or Regulation, and the provisions of criminal codes and legislation such as the Public Finance and Audit Act, 1983 and the Independent Commission Against Corruption Act, 1988 still apply to all workers in the health system. If there is any conflict between the Code and the provisions of any Act or Regulation, the latter provisions prevail.

Staff should familiarise themselves with the contents of this Code of Conduct, and should ensure they observe its provisions. They should also realise that departure from the provisions of this Code and the Acts on which it is based could be grounds for disciplinary action.

All health system staff have the normal rights of all employees, including common law rights. These are set out in various Acts and Regulations, including the Anti-Discrimination Act, 1977 and the two Acts mentioned above.

Bodies such as the Anti-Discrimination Board, the ICAC, the Department's Human Resources Branch and privately operated ethics committees can provide further advice on these matters.

Chief Executive Officers, and Executive Directors are advised to ensure that this Code of Conduct is brought to the notice of all staff. Employees are expected to observe the Circular's contents as part of the conditions of their employment.

Conflict of Interest

When at work, staff should act in the general public interest and not in a manner designed primarily to gain unfair advantage for themselves or other individuals, in areas such as the letting of contracts or purchasing of goods and services.

Staff should disclose in writing to a senior officer any pecuniary or other definite interest held by them which could lead to a potential conflict between personal interest and official duty.

Staff who exercise a regulatory, inspectorial, or other discretionary function in relation to members of the public should notify a senior officer when dealing with relatives and close friends and, wherever possible,

disqualify themselves from the dealing.

Acceptance of Gifts and Benefits

Staff may accept token gifts or benefits, such as a box of chocolates or flowers from a grateful patient. However, if the gift or benefit is intended to influence decisions about how work is done, contracts let or goods purchased (or if it could reasonably be perceived as such), it should not be accepted.

An offer of such a gift should be politely declined and any unsolicited gift be promptly and publicly returned. Gifts include acceptance of subsidised or free travel or accommodation arrangements from companies supplying goods or services.

Personal and Professional Behaviour

Staff should refrain from any form of conduct, in relation to other staff or public, intended to cause any person offence or embarrassment. In the performance of their duties staff:

- Should not wilfully disobey or wilfully disregard any lawful order given by any person having the authority to make or give the order.
- In cases of dispute arising from compliance or non-compliance with an order, staff may appeal to the department head, district general manager or chief executive officer against being required to carry out the order.
- However, as far as it is possible and practical, they should comply with the order until the department head, district general manager or chief executive officer decides on the appeal.
- Should observe the strictest practices of honesty and integrity, and avoid conduct which could suggest any departure. This may include a duty to bring to notice dishonesty on the part of other staff.
- Should ensure their work is carried out efficiently, economically and effectively, and that the standard of work reflects favourably on their organisation.
- Should follow the policies of their organisation, whether or not they approve of these policies. Should an extreme situation arise in which a staff member finds a policy at major variance with his or her personal views, the matter should be discussed with a senior officer, the department head, district general manager or the chief executive officer with a view to having the situation resolved. If that is not possible, the staff member should consider requesting transfer to another position in which the Conflict does not arise or, as a last resort, resigning.
- Must not seek to influence any person in order to obtain promotion, or other advantage.

Fairness

Staff should deal with issues or cases in a consistent, prompt, fair and non-discriminatory manner.

Public Comment and Disclosure of Official Information

Individuals have the right to make public comment and publicly debate political and social issues.

However, staff should make it clear that other than in the course of duty or when giving evidence in court, they are not making an official comment nor speaking as health system employees representing an official position of the health system.

Contents of official documents or privileged knowledge may only be released by staff with the authority to do so, and personal opinions should not be offered in place of facts.

Official information must not be used for personal gain, for example to obtain rewards from a successful tenderer supplied with inside information.

Use of Official Resources

Staff should ensure that resources, funds, staff or equipment under their control, are used effectively and economically in the course of their duties for the purposes of health system business. Official facilities and equipment include, for example, typing facilities, photocopiers and computers.

Requests to use resources outside of core business, for example to aid in a charitable activity, should be referred to an appropriate senior officer.

Unless permission has been granted, staff must not use the services of other staff or official facilities for private purposes. Where there are specific directions on the use of official facilities for private purposes or conditions for their use, these must be strictly complied with.

Outside Employment

Full-time staff who wish to engage in paid employment outside their official duties should obtain the prior approval of their chief executive officer or equivalent. This requirement does not apply to part-time or casual staff.

Staff must also establish if there is to be any conflict of interest between the duties of their health system job and the other work they wish to do. The duties of their Health job must come first.

Approving officers should consider the effects of second jobs on performance when considering whether to approve or not. An after-hours part-time job may not affect primary performance; a second full-time job could, and if so judged should not be approved.

Political Participation

Staff who participate in political activities need to ensure that this involvement does not conflict with their responsibility to serve the government of the day in a politically neutral manner when engaging in their work duties.

If a staff member becomes aware that a potential conflict has arisen or is likely to arise, then they should inform the chief executive officer or equivalent in their organisation.

Security of Official Information

All staff are to ensure that confidential and sensitive documents cannot be accessed by unauthorised persons. Such papers should be retained in secure storage overnight or when otherwise unattended. Chief executive officers, district general managers and senior managers are responsible for seeing that premises are secure and that suitable arrangements are in place to maintain security of confidential and sensitive documents, including transferring these by hand when necessary.

Where appropriate, chief executive officers, district general managers and senior managers should ensure that confidential papers are tabled at board meetings rather than circulated, and that any copies are collected and destroyed under supervision at the end of the meeting.

The deliberate release of confidential documents or information to unauthorised persons constitutes a serious offence.

What is Corrupt Conduct?

- "Corrupt Conduct" is defined in the Independent

Commission Against Corruption Act. The definition is intentionally as broad as possible to avoid loopholes.

- A key notion is misuse of public office in the public sector of NSW.

Corrupt conduct happens when:

- A public official carries out public duties dishonestly or unfairly;
- Anyone (including a public official) does something that could result in a public official carrying out public duties dishonestly or unfairly;
- Anyone (including a public official) does something that has a detrimental effect on official functions, and which involves any of a wide range of matters, including (for example) fraud, bribery, official misconduct, violence;
- A public official (or former public official) breaches public trust; or
- A public official (or former public official) misuses information or material obtained in the course of duty.

It is not corrupt conduct unless:-

- It involves (or could involve):
 - a criminal offence;
 - a disciplinary offence; or
 - reasonable grounds to dismiss a public official.

"Corrupt conduct" is not itself a criminal offence.

Reporting Corrupt Conduct

Section 11 of the ICAC Act, 1988, requires the principal officer of a public authority (the Director-General, and Chief Executives of Area Health Service, the Ambulance Service, and of public hospitals and institutions designated under the Public Hospitals Act 1929) to report instances of suspected corrupt conduct to the Commission.

Principal officers can only fulfil this requirement if staff convey this information to them.

Departmental Circulars 92/99 and 93/70 outline mechanics through which staff should report instances of corrupt conduct to the principal officer. Local policies have also been developed and should be consulted where available.

Reports made within the organisation will be treated in confidence and measures will be taken to avoid victimisation of those who report from within the organisation.

The principal officer will provide some feedback on the actions taken to the person who reports; staff have the alternative option of reporting instances of corrupt conduct directly to the Commission.

APPENDIX 34

Fraud Policy

The Department has developed a fraud control strategy in accordance with the NSW Government's policy to limit fraud exposure. Circular 93/70 was issued to all employees of the Department to significantly raise the awareness of employees about the need for fraud prevention, detection, reporting and deterrence. It is included in the Information for Employees manual issued to each employee. If fraudulent behaviour is minimised the risk of scarce resources being diverted from appropriate use in providing health services to the public will be significantly reduced.

Fraud Defined

The term "fraud" is used in many contexts and the following are two general definitions: Fraud, briefly stated, is a false representation or concealment of a material fact to induce someone to part with something of value. Fraud is dishonesty, generally in the context of a false representation made by means of a statement or conduct, with the intention of gaining a material advantage.

Some examples of fraudulent behaviour could include:

- Improper use of a corporate credit card.
- An excessive claim for expenses or a subsistence allowance.
- Payment of salary or wages to a fictitious employee.
- False recording of work attendance and time.
- Not recording leave taken or the false classification of leave.
- Using a Departmental petrol supply card for a petrol purchase for a private purpose.
- Acceptance of offers of kickbacks for preferential treatment.

Indicators of involvement in fraudulent behaviour could include:

- Refusing to take leave or only taking leave for very short periods or shunning promotion or transfer for fear of detection.
- Gambling in any form beyond ability to stand the loss.
- A lavish lifestyle beyond apparent means.
- Excessive altering of manual or computerised records under the guise of making authorised corrections.
- Refusing other employees access to manual or computerised records without reasonable grounds.
- Bragging about exploits, and/or carrying unusual amounts of money.

Responsibility for Fraud Control

Responsibility for fraud control which includes fraud prevention, detection and deterrence is primarily a management responsibility. While the Director-General has overall responsibility, General Managers are responsible for their respective divisions, Directors are responsible for their branches and this responsibility is delegated through lower levels of management to first line managers. Internal audit has a role in fraud prevention, detection, reporting and deterrence. It provides a constructive service to management by

assessing the adequacy and effectiveness of the system of internal control in the Department and reports on omissions, weaknesses or deficiencies to management to facilitate corrective action. The Audit Branch investigates possible fraud that it detects and allegations of fraudulent activity reported to the Branch Managers should ensure that they monitor performance and supervise their staff adequately and effectively to prevent and detect fraud.

Risk Assessment Reviews

As managers at all levels in the Department are primarily responsible for fraud prevention and detection they should conduct fraud risk analysis on an ongoing basis in their areas of responsibility, owing to changes in their environment, and take appropriate counter measures to limit that risk to a minimum level.

Whistleblower Protection for Employees

Employees of the Department are encouraged to come forward and report suspected cases of fraud or other for of corrupt conduct without prejudice under the provisions of the Protected Disclosures Act 1994. If an employee makes a report it will be treated as confidential and the employee will be notified of the outcome. Circular 95/60 provides further information about protected disclosures.

Reporting Possible Corrupt Conduction

If an employee of the Department knows about or has good reasons to suspect possible corrupt conduct, including fraudulent activity, the employee must report it immediately to his/her manager. If an employee feels that he/she cannot report it to his/her manager or the manager does not act on the report promptly, he/she can report it to:

- a manager at a higher level; or
- a senior officer of the Audit Branch of the Department;
- directly to the Independent Commission Against Corruption.

Fraud Deterrence

All employees should be aware that the Department will vigorously investigate suspected instances of fraud. Investigations are usually conducted by the Audit Branch. This may involve investigations in cooperation with the NSW Police Service and/or the ICAC. Where there is evidence of fraud, appropriate disciplinary action in accordance with the provisions of the Public Sector Management Act 1988 and the Regulations thereunder will be implemented. Criminal prosecution may also be instituted as well as civil action to recover any losses of public money or property.

Fraud Awareness and Training

This strategy document applies and has been issued to all employees of the Department. Managers should ensure that copies of this document are available to staff to enable staff to remain aware of its contents. The Audit Branch intends to conduct fraud awareness training for managers and other staff to help maintain fraud awareness.

Code of Conduct and Ethics

All staff of the Department are expected to be aware of the contents of the Code of Conduct

This is an excerpt from Circular 93/70.

APPENDIX 35

NSW Health Commitment to Service*

This Commitment to Service explains what you can expect from the NSW public health system, no matter where you live in NSW.

The public health system is committed to giving you the best possible health care. It includes many services and facilities to safeguard and improve your health:

- Large and small public hospitals
- Community health services such as early childhood centres
- Ambulances
- Mental health services
- Some nursing homes•
- Scientific and laboratory services
- Health promotion activities such as "Me No Fry"
- Illness prevention progra such as immunisation

We protect the health of the community through public health measures such as investigating and controlling infectious disease outbreaks.

We encourage environmentally friendly practices and responsible waste disposal in our facilities.

The people of NSW play an important part in improving their own health. We provide information, through health promotion and illness prevention campaigns, to help maintain a high level of health in the community. More information about services is available through your Area or District Health Service (these are listed below).

OUR COMMITMENT TO YOU IS: Access to Health Services

As an Australian resident:

- We will offer you access to a range of public hospital and community-based health services.
- You will receive health care on the basis of health need, regardless of your financial situation or whether you have health insurance.
- In an emergency, when urgent treatment is required to prevent loss of life, we will give you immediate treatment in a public hospital. Non-emergency health needs will be treated within a reasonable time, according to the condition.

Non-residents should inquire about charges before receiving health care.

Individual Care

- Our staff will look after you with care and skill that meet recognised standards, practices and ethics.
- We will respect your dignity. We will treat you, your family, friends and carers courteously and with full acknowledgment of your culture, religious beliefs and conscientious convictions, and your right to privacy.
- You will be treated with fairness, regardless of race or nationality, language, age, sex, sexual preference or disability.

Information about your Health and Available Services

- We will provide information about your current health condition, the names and responsibilities of the professionals involved in your care, where relevant, your expected hospital admission date, and general information about services available to you.
- Free interpreter services will be arranged if you need them.
- We will respect the privacy and confidentiality of the information we hold about you. Confidential information will be given to another person only if this is important to your health or if it is required by law. There are strict rules about the way we deal with this information.
- You can see your medical records, subject to some legal provisions.
- We will do our best to answer any questions you have about other health services and professionals in your area. We can also advise you about community organisations which may be able to help you.

Taking Part in Decisions about Your Health

- You choose whether to be treated in hospital as a private or public patient (unless your treatment is an insurance matter involving an injury at work or in a motor vehicle accident). The choice will be explained to you and you will be told about any costs you may have to pay.
- We will clearly explain the proposed health care, significant risks and alternatives, in language you will understand, before you agree to treatment.
- We will encourage you to take part in planning your health care.
- We will obtain your consent before treatment, except in emergencies or where legally restricted.
- You can decide whether or not to take part in medical research.
- You can decide if you do not wish to take part in health student education.
- We will obtain a second opinion for you on request. Tell the person who is caring for you, whether in a hospital or community setting, that you would like another opinion and a consultation will be arranged.
- We will discuss your continuing health care with you before you are discharged from a health service.

A Chance to Have Your Say

- Staff at all levels in NSW Health are interested in your suggestions and feedback. We need you to tell us what you think and give us your ideas so that we can continue to improve our services. You can give your views, make suggestions or express concerns to your hospital administrator or community centre manager.

If You Are Not Happy with the Service

- Local Health staff want to resolve problem quickly. Do not hesitate to tell them about any concerns. People such as the patient representative or advocate, ethnic health worker, hospital or centre

manager can help.

- If you are not satisfied with the local response or wish to offer general comments, Area and District Health Service managers can assist you. The telephone numbers and addresses of Area or District Health Service appear below.
- If you believe further action is needed, you can contact the NSW Health Department by writing to:
The Director-General
NSW Health Department
LMB 961
North Sydney NSW 2059
- If you still have difficulties, you can contact the Health Care Complaints Commission. The Commission is independent of the Health Department and all other public health facilities, and was set up especially to review people's complaints about health services in NSW.

Health Care Complaints Commission
Level 5, 28-36 Foveaux Street,
Surry Hills NSW 2010
Telephone (02) 9219 7444

- The NSW Health Commitment to Service incorporates the Public Patients' Hospital Charter, which is required under the Medicare Agreement between the NSW and Commonwealth Governments.
- If you would like more information about the Commitment to Service, such as how to choose between public and private patient status when you are admitted to hospital, or what charges for services to expect, you can obtain a copy of "Guide to the NSW Health Commitment to Service" by contacting:

Better Health Centre
Locked Mail Bag 5003
Gladesville NSW 2111
Telephone (02) 9816 0452
Fax (02) 9816 0492

- If you have any questions about the Commitment to Service, we have established The NSW HealthLine to help you:

NSW HealthLine
Telephone : 132 329
(cost of a local call from anywhere in NSW)

* This statement has been reviewed and a new Public Patients Hospital Charter will be released during 1998/99.

Glossary of Terms

Adjusted Daily Average (ADA)

Is a comprehensive measure of the average daily patient workload of a health care facility. You take the daily average of the admitted patients plus an equivalent conversion factor for non-inpatient occasions of service and neo-natal activity.

Admission

Is the process by which a person commences a period of residential care.

Average Length of Stay (ALOS)

Is the average number of days each admitted patient stays in hospital. This is calculated by dividing the total number of occupied bed days for the period by the number of actual separations in the period.

Accrual Accounting

Recognises revenues and expenses in the accounting period in which goods and services are provided or consumed, rather than in periods when cash is received or paid. In addition, it provides information on the assets and liabilities of an economic entity.

Ambulatory Care

Is any form of care other than as a hospital inpatient.

Best Practice

Is identifying and matching the best performance of others.

Bed Days

The total number of bed days of all admitted patients accommodated during the period being reported taken from the count of the number of inpatients at midnight (approximately) each day. Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

Casemix

Building useful classifications of patient care episodes and making use of patient care classifications to manage health care - part of a scientific approach to producing good information about health care (see DRGs - Diagnosis Related Groups)

Clinical Pathways

Systematic approach to achieving particular outcomes for an inpatient, which identifies the resources required in amount and sequence for that type of case.

Chargeable Patients

Any admitted patient or registered non-inpatient for whom a charge can be raised by a hospital or Area Health Service for the provision of health care.

Continuous Quality Improvement (CQI)

Organisational ethos of continuous improvement by seeking users' service requirements and ensuring the organisation is capable of meeting them. Quality management focuses on improving the processes by which services or products are produced, as well as the quality of the service or product itself.

Diagnosis Related Groups (DRG's)

The best known casemix system. It is designed to classify every acute inpatient episode from admission to discharge into one of approximately 500 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.

FTE

Full time equivalent.

Inpatient

An inpatient is a person who is admitted to hospital.

Non-Inpatient Occasions of Service (NIOOS)

Services provided to clients/patients without being admitted to hospital for example emergency department services, outpatient department services and community health services.

Quality Indicator

A measure of performance that reflects how well a process is delivering a service to a customer and meeting their needs.

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Malabar NSW 2036
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