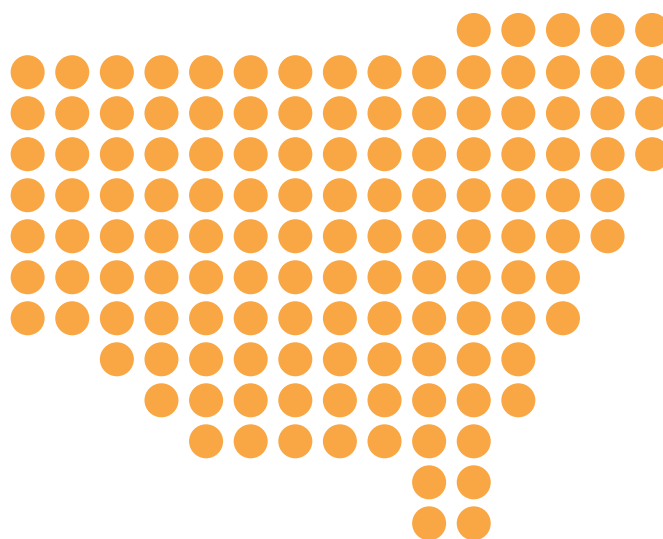


2000/01

ANNUAL REPORT

NSW Health Department



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

Dear Mr Knowles

In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the *Annual Report (Statutory Bodies) Act 1984* and the *Public Finance and Audit Act 1983*, I submit the Annual Report and Financial Statements of the NSW Health Department for the financial year ended 30 June 2001 for presentation to Parliament. Copies are being sent to the Auditor General, Members of Parliament, Treasury, other key Government Departments and Chief Executive Officers of Area Health Services.

Yours sincerely



Michael Reid
Director-General

NSW HEALTH DEPARTMENT

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NSW HEALTH SYSTEM

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

The NSW health system

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

Around 100,000 people work in or directly with NSW Health. This number would be greater if it included the many dedicated volunteers and voluntary organisations who provide valued community support.

The NSW Department of Health

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

NSW Health services comprise...

206	General Public Hospitals
13	Operational Multi Purpose Services
280	Community Health Centres
500	Early Childhood Health Centres
15	Nursing Homes

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

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

Statutory

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

Development of policy

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

Management of public health issues

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

System-wide planning

- system-wide planning of health service provision, resources and workforce planning

Health and health system performance monitoring

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

‘Around 100,000 people work across NSW Health. There are also many volunteers who give their time to NSW Health every day.’

Every day ...

- 3,600 people are admitted into general hospitals for inpatient care
- 17,700 people spend the day in a hospital bed
- 60,300 non-inpatient services are provided
- 5,000 people (or 3 people a minute) are seen in Emergency Departments
- 1,800 calls a day are responded to by Ambulance services

Departmental organisation

The Department is administered through six main functional areas (refer to Organisation chart page 6 & Appendix 2)

Operations

- Finance and Commercial Services
- Information Management
- Assets and Procurement Management
- Office of the Chief Nursing Officer
- Legal and Legislative Services
- Employee Relations

Policy

- Centre for Mental Health
- Primary Health & Community Care
- Statewide Services Development
- Funding and Systems Policy
- Government Relations
- Government Action Plan
- Oral Health

Public Health and Chief Health Officer

- Epidemiology and Surveillance
- Health Promotion
- Health Protection
- Drug Programs Bureau
- Aboriginal Health
- Research and Clinical Policy
- Public Health Business Unit
- Counter Disaster Planning

Executive and Corporate Support

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

Health Public Affairs

- Health Advisory Service
- Communications
- Media Issues Management
- Information Production & Distribution
- Community Relations
- Online Services Development

Internal Audit

- Audit
- Staff Records Management Unit

NSW Minister for Health

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

Public health organisations

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

This includes 17 Area Health Services (AHSs) geographically across NSW, the Ambulance Service, Corrections Health Service and the Children's Hospital at Westmead, who operate as separate entities within their respective fields (*see Appendix 3*). There are also affiliated health organisations managed by religious or charitable bodies who have services and facilities that are formally recognised under the *Health Services Act* as part of the Public Health System.

‘NSW ambulances were sent out 655,190 times in 1999/00. That is 53,280 more than in 1994/95.’

Area Health Services play a major role in the planning, delivery and coordination of local health services, resource management and the maintenance of a balance between treatment and prevention services within their geographic areas. They are responsible for providing services such as public health, community health, public hospitals, psychiatric hospitals, nursing homes, community support services and other outreach programs.

Area Health Services

There are 17 Area Health Services as well as the statewide services of the Ambulance Service of NSW, Corrections Health Service and the Children's Hospital at Westmead.

The Area Health Services (AHS) are :

- Central Coast AHS
- Central Sydney AHS
- Far West AHS
- Greater Murray AHS
- Hunter AHS
- Illawarra AHS
- Macquarie AHS
- Mid North Coast AHS
- Mid Western AHS
- New England AHS
- Northern Rivers AHS
- Northern Sydney AHS
- South Eastern Sydney AHS
- Southern AHS
- South Western Sydney AHS
- Wentworth AHS
- Western Sydney AHS

* refer to Appendix 3 for further AHS information

Health Administration Corporation as the employer

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

Operational management

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

HISTORY

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

CORPORATE GOALS

Corporate goals

Goal 1 Healthier People

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

Goal 2 Fairer Access

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

Goal 3 Quality Health Care

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

Goal 4 Better Value

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

Corporate charter

The NSW Health Department is established under Section 6 of the *Health Administration Act* 1982.

The Department supports the Minister for Health in performing his/her executive and statutory functions. These functions include 'promoting, protecting, developing, maintaining and improving the health and well-being of the people of NSW while considering the needs of the State and the finances and resources available.

Our charter is...

Better Health Good Health Care

Our commitment

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

Working as a Team

Key priorities

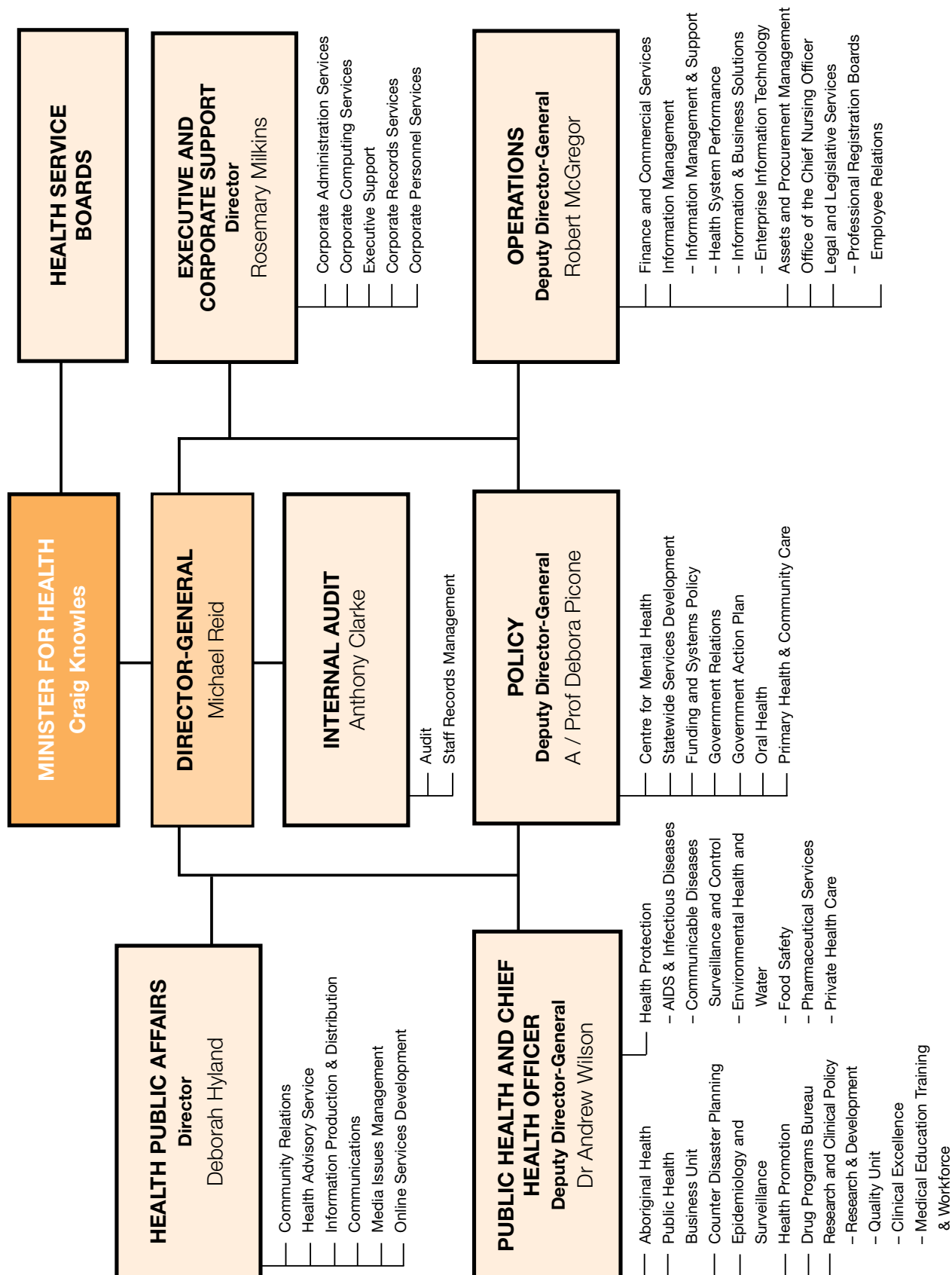
To help us achieve our four corporate goals we focus on *six key priorities*. These are the building blocks that we need as strengths in our health system if we are to achieve our goals.

The *six key priorities* are:

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

Our Corporate Plan describes what and how the Department plans to do against each of the key priorities (refer to Appendix 41).

ORGANISATION CHART*



* Organisation Chart effective as of 30 July 2001. Refer to Appendix 2 for further details.

MINISTER FOR HEALTH

The Hon. Craig Knowles MP

Appointed Minister for Health in April 1999.

DIRECTOR-GENERAL

Michael Reid

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

PUBLIC HEALTH AND CHIEF HEALTH OFFICER

DEPUTY DIRECTOR-GENERAL

Dr Andrew Wilson

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

POLICY

DEPUTY DIRECTOR-GENERAL

Associate Professor Debora Picone

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

OPERATIONS

DEPUTY DIRECTOR-GENERAL

Robert McGregor

Robert McGregor has extensive experience at senior management level in the NSW public sector, having occupied four chief executive officer positions in the past decade. He re-joined the Department in his current position in July 1997.

INTERNAL AUDIT

DIRECTOR

Anthony Clarke

Anthony Clarke was appointed Director, Audit in 1990 and has extensive auditing, financial, administrative and investigation experience in the NSW public health system.

HEALTH PUBLIC AFFAIRS

DIRECTOR

Deborah Hyland

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

EXECUTIVE AND CORPORATE SUPPORT

DIRECTOR

Rosemary Milkins

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

HIGHLIGHTS FOR THE YEAR

NSW Government Action Plan for Health

In March 2000, the Minister for Health, The Hon. Craig Knowles MP announced the NSW Government Action Plan for Health.

The Plan outlines the way forward for health in NSW by building on existing strengths and by making major changes to the health system.

Consumers, clinicians, health planners administrators and management all play a critical role in determining the success of the Plan and providing input into developing health policy and clinical practice.

Setting the scene

In 1999, the Minister for Health, Craig Knowles MP, commissioned two major reviews of the health care system in NSW.

1. *The Report of the Ministerial Advisory Committee on Health Services in Smaller Towns* (chaired by the Hon Ian Sinclair), which focused on strategies for improving health services in smaller rural and remote communities in NSW.
2. *The Report of the NSW Health Council* which focused on strategies for improving the delivery of quality health services, the cost-effectiveness of that delivery and health outcomes of the people of NSW.

Overall, both Reports indicated that the health care system in NSW was performing well. They made a number of practical and achievable recommendations designed to ease current pressure points and to achieve long-term improvements to the public hospital system.

At the Minister's request the Director-General of Health took responsibility for the implementation of the recommendations known as the NSW Government Action Plan for Health.

For the first time NSW Health has a Plan that guarantees:

- three-year recurrent health budgets
- a \$2 Billion cash injection for health services over three years
- fairer distribution of health dollars across NSW.

The Action Plan Implementation Team

This year, under the banner *Working as a Team*, over 1,000 clinicians, consumers, managers and others from across NSW have participated in the Team to date to lead the change process.

To maximise implementation success, the Team:

- adopted an incremental approach to change
- invited clinicians to drive the changes, through clinical leadership
- ensured active consumer involvement in the change process.

The Implementation Team also examined a range of health areas in order to:

- identify areas of potential improvement
- develop new health strategies and services
- ensure quality health services are located appropriately
- introduce advanced medical technologies.

Team structure

The Implementation Team includes:

- over 1,000 clinicians, managers and consumers in leadership positions
- 12 clinical Implementation Coordination Groups (ICGs) – one for each key area of change, Co-chaired by an Area Health Service CEO and a leading clinician, or by a leading nurse and medical clinicians
- a Clinical Council that oversees and leads the overall implementation process – chaired by the Director-General and including the ICG Co-chairs, key independent clinicians and senior executives from NSW Health
- community and/or consumer representation.

Implementation Coordination Groups (ICGs)

The Implementation Coordination Groups focused on a number of key health areas throughout the year. (refer to Appendix 35) These included:

- acute care services
- metropolitan health plan
- chronic disease management
- consumer and community participation
- services in rural communities
- intensive care services
- emergency services
- mental health
- funding policy
- information management

The Acute Care ICG

Co-chairs – A/Prof Brian McCaughan, Anna Thornton

This Group has focused on strategies to improve the quality and accessibility of public hospital facilities and has implemented new day-of surgery and day-only admission targets for NSW. The higher rates of day-of surgery and day-only admissions have shown:

- reductions in infection rates and blood clotting, resulting in a general reduction in complications
- patients are better prepared for their procedure prior to hospital admission
- improved patient satisfaction in many cases
- better bed management and utilisation.

The Teaching & Research ICG

Co-chairs – Prof Stephen Leeder, Prof Jill White

This Group has focused on developing a health service research program that will evaluate the clinical effectiveness of the Government Action Plan as well as coordinating education and training strategies for clinicians and managers within the health system.

The Metropolitan Services ICG

Co-chairs – Jon Blackwell, Prof Kerry Goulston

The production of a Plan for Greater Metropolitan Sydney has been the focus of this Group. For the first time, the Plan provides a blue-print of where and how specialty services will be provided for people living in Sydney, Central Coast, Hunter and Illawarra.

The Models of Care ICG

Co-chairs – A/Prof Mary Chiarella, Prof Ken Hillman

This Group has ensured that the principles of quality are incorporated across the Government Action Plan. The Group is made up of the Co-chairs of the Acute Care, Chronic Care, Intensive Care and Emergency Departments ICGs.

A sub-committee has been established to develop a Health Care in the Community Re-investment Strategy that is aimed at improving the integration and continuity of care delivered to patients across the NSW health care system.

The Intensive Care ICG

Co-chairs – Dr Theresa Jacques, Kate Needham, Prof Malcolm Fisher

This Group has focused on short and long-term strategies to meet increased demand for intensive care services. An additional \$15 Million(M) over three years has been allocated with 22 additional intensive care beds over winter 2000 and 2001 are now operating in NSW. The Group has been assessing future ICU needs in NSW and has developed a statewide Intensive Care Services Plan with an agreed networking model.

The Emergency Departments ICG

Co-chairs – Dr Sue Ieraci, Jane O'Connell

The major focus has been on easing the pressure on Emergency Departments. An additional \$30M is being provided over three years and the Group is overseeing the expenditure of the additional funds as well as monitoring and evaluating improvements. A statewide Emergency Services Plan has developed and implemented as well as strategies to improve collaboration between Emergency Departments and General Practitioners (GPs).

The Chronic and Complex Care ICG

Co-chairs – Prof Ron Penny, Prof Stephen Boyages

Improving health services for people with chronic and complex conditions has been the focus of this Group. This has involved minimising their urgent and unplanned admissions through Emergency Departments by coordinating and managing access to a range of health services. An additional \$45M over three years has been allocated to Area Health Services to implement best practice standards and models of care for three Priority Health Programs – targeting cardiovascular disease, respiratory illness and cancer.

HIGHLIGHTS FOR THE YEAR

The Mental Health ICG

Co-chairs – Prof Marie Bashir, Sandra Stokes, Prof Beverley Raphael

This Group has focused on improving services for people with mental health needs. The Group developed the 'Mental Health Response to Disasters' and 'Mental Health Care in Emergency Departments' Guidelines and are developing a strategic plan for mental health inpatient care for children and young people, a service plan for eating disorders and a strategic plan for non-acute mental health care.

The Consumer and Community Participation ICG

Co-chairs – Julie McCrossin, Deborah Hyland

This Group has focused on ensuring the health system meets consumer and/or community needs at every level and at every stage of the implementation process. It has ensured that every ICG includes at least one community/consumer representative. Draft guidelines for enhancing participation at a local level and a mechanism for statewide community and consumer participation have been developed. The guidelines will undergo community consultation before public release.

The Rural Health ICG

Co-chairs – Kieran Gleeson, Liz Rummery, Martin Bowles

This Group has focused on overseeing improvements to the delivery of health services in rural and remote NSW. This has included developing a community transport system, commissioning 34 multipurpose service sites announced in March 2000, enhancing mental health, orthopaedics and renal services in rural referral hospitals and developing a State/Commonwealth bilateral agreement on rural residential aged care.

The Funding Models ICG

Co-chairs – Deborah Green, Robert McGregor

This Group has focused in developing new funding models to improve the allocation of resources by the NSW health system. Episode funding for acute inpatient care was implemented from July 2000 and aims to create a transparent link between funding and service provision. Funding models have also been developed for Emergency and Intensive Care services, budget holding arrangements for inter-state and inter-Area flows and capital asset charging.

The Information Management ICG

Co-chairs – Dr Diana Horvath, Prof Michael Kidd

Information Management & Technology (IM&T) has focused on developing a comprehensive strategy that will ensure the availability of patient information to clinicians when and where it is needed. The system-wide privacy and security framework will also ensure the quality, consistency, timeliness and ethical use of patient information.

Monitoring success

The following measures have been put in place to ensure that the NSW Government Action Plan outcomes are achieved.

- Each ICG has developed monitoring and evaluation processes for the key aspects of their work programs.
- An External Review and Evaluation Reference Group (chaired by Mrs Gabrielle Kibble and including the Hon. Mr Ian Sinclair and representatives from the Cabinet Office, Treasury and Premiers Department) monitors and evaluates economic and financial performance, health outcomes and clinical effectiveness.

Key 2000-01 achievements*

- An additional 22 ICU beds have been opened, resulting in a 52% decrease in the need to transfer patients because no ICU beds are available on site
- Rural ICUs have been issued enhancement grants for capital and education
- New targets for day-of surgery admission have seen a 13% increase in the past year alone
- Greater Metropolitan Service Plan completed
- \$36.5M has been allocated to Area Health Services for mental health resources, bringing us closer to equitable funding with 150 new acute psychiatric beds, including 90 in rural areas
- NSW Telehealth services have been expanded, with 46 new services and 18 new or expanded clinical services
- Chronic and complex care funding has been provided for 65 new programs – \$45M over three years

* refer to Appendix 39

Sydney 2000 Olympic and Paralympic Games

The 2000 Olympic and Paralympic Games (the Games), held in Sydney between 14 September and 2 November 2000, was the largest event ever held in Australia, with 11,000 athletes from 200 countries, 5,100 officials, 11,000 media personnel and 100,000 international visitors converging on Sydney. Huge crowds watched the sporting events and participated in Olympic-related festivities and cultural events across the city.

The sheer scale of the Games presented a major challenge for the NSW health system. Keeping the Games 'healthy' depended upon maintaining effective mechanisms to protect and monitor health, taking swift action in the event of disease outbreaks or natural or man-made disasters and providing appropriate health services under highly unusual conditions.

Olympic facts

Throughout the Olympic period there were no recorded outbreaks of food-borne or other infectious disease in Sydney, despite:

- an influx of people to Sydney
- the serving of over one million meals at the Athletes' Village
- the establishment of 1,066 food outlets at Olympic venues and the setting up of six Olympic Live Sites with extensive food outlets
- accommodation of up to 3,440 passengers and 2,902 crew at any one time on the 10 cruise ships berthed in Sydney Harbour.

There were no major incidents requiring disaster medical teams, despite:

- a record number of rail transports
- over 1.5M people coming to the city on the night of the Closing Ceremony.

Planning for the Games

Comprehensive planning by NSW Health for the Games was initiated in 1994 with the formation of the Olympic Health and Medical Working Committee (OHMWC), chaired by the Director-General for Health.

“The Sydney Olympic Games were the first Games in history to use a specialist professional medical interpreter service”

Minister for Health, The Hon. Craig Knowles MP

An Olympic Planning Unit (OPU) was established in the Department to coordinate Olympic planning processes and translate them into operational plans, policies and procedures.

Many of the public health strategies developed relied upon strong inter-agency collaborations. Such partnerships underpinned the plans for food safety and environmental health during the Games and would have proved vital in the event of any large-scale health emergencies.

Services provided by NSW Health

NSW Health Olympic Coordination Centre

The NSW Health Olympic Coordinating Centre (HOCC) was established to enable strategic decision making during the Games.

Health surveillance

Surveillance for unusual patterns of injury and disease was implemented across Sydney and inside Olympic venues. A daily report summarising surveillance data for the previous 24 hours was produced and made available on the NSW HealthWeb.

Hospital services

Hospitals within Sydney were organised as a network to minimise the impact of the Games on any one hospital and to ensure strategic management of the hospital caseloads. Thirteen hospitals were specifically designated as Olympic or support hospitals.

HIGHLIGHTS FOR THE YEAR

Food safety program

Throughout the Games, food safety teams at all Olympic venues conducted site inspections and selective sampling and microbiological testing of foods.

Environmental health program

An environmental health presence was provided within Olympic and Paralympic competition and non-competition venues. Each site was inspected prior to competition and at intervals during competition to ensure good public health practices had been adopted.

Vessel inspection program

Six officers carried out vessel inspections on ten accommodation cruise ships moored in Sydney Harbour over the Olympic Games. Each cruise ship was inspected upon arrival and every three or four days thereafter.

“NSW Health is now a model for formal debriefings for the 2002 Salt Lake City and 2004 Athens delegations”

Minister for Health, The Hon. Craig Knowles MP

Medical interpreter service

The Department maintained a comprehensive medical interpreter service to assist the SOCOG Medical Program in treating non-English speaking people presenting to its medical facilities.

Sexual assault service

A mobile 24-hour sexual assault service was provided to support the Homebush Polyclinic and Concord Hospital.

Counter disaster services

The NSW State Disaster Plan (Displan) was activated on 2 September 2000 and NSW HEALTHPLAN maintained a monitoring role until the conclusion of the Paralympic Games on 2 November.

Olympic facts

Approximately 800 staff were employed to deliver NSW Health services. These included:

- 400 ambulance officers
- 115 food and environmental health officers
- 23 full time medical interpreter service staff
- 38 members of disaster medical teams
- 50 data surveillance officers
- 45 hospital liaison officers
- 8 public health trainees
- 80 Area Health Service and Department of Health staff

NSW Health personnel conducted:

- 7,000 food safety inspections
- 199 environmental inspections
- 4,000 medical interpreter occasions of service

Hospitals reported:

- 769 presentations and 184 admissions of Olympic family members during the Olympic period
- 107 presentations and 44 admissions during the Paralympic period

Ambulance Service of NSW

The Ambulance Service of NSW provided pre-hospital care and transport of patients at Olympic and Paralympic venues from the opening of the Olympic Athletes' Village to the closing of the Paralympic Village.

Provision of linen services

NSW Health linen services laundered all linen from competition areas, the athletes and media villages during the Games period.

After the Olympics

As most of the public health structures, linkages and strategies developed for Games are still in place, the general public health infrastructure in NSW and the capacity to effectively manage the public health aspects of mass gatherings have been permanently enhanced.

New Capital Projects 2000/01

A record capital expenditure of \$554M was achieved in 2000/01. This was represented by investment in major hospital development, refurbishment of existing facilities, health technology and information management.

During 2000/01, 40 new and refurbishment projects were completed. These projects included a new hospital at Blacktown, the Joint Replacement and Rheumatology Unit at Royal Prince Alfred Hospital, psychiatric units at St George and Prince of Wales hospitals, nursing homes at Young and Bodington, multipurpose services at Lake Cargelligo, the refurbishment of the United Dental Hospital and the completion of Bear Cottage Hospice for the Children's Hospital at Westmead. A further 87 projects were commenced or in progress during 2000/01.

For the first time, NSW Health has been guaranteed **\$480M in capital funds each year for the next four years to build and upgrade health services.** This makes it possible to plan for long-term construction programs. The Newcastle Strategy (\$234M), the Central Coast Strategy (\$180.4M) and the Western Sydney Strategy (\$178.5M) will commence first.

Over the next four years NSW Health will also be building, redeveloping or upgrading at least another 60 hospitals and rebuilding or redeveloping 34 hospitals in rural NSW.

\$7.77 Billion Health Budget for 2001/02 – a record high!

On 29 May 2001, the 2001/02 NSW State Budget was announced. Health received an increase of \$350M bringing the total expenditure on health to **\$7.77 Billion** for the coming year. This is a record high and represents as **\$2.5 Billion increase or around 47% since 1994/95.**

All Health Services have additional budget funding provided in 2000/01 including:

- \$10M for relieving pressure on hospital Emergency Departments
- \$5M to improve intensive care services
- \$15M to improve care of chronic care patients with cardiovascular disease, respiratory illness and cancer
- \$5M to improve best practice and the quality of health services.

There will also be **\$1.94 Billion provided for rural and regional health services in NSW.** This represents a 57% increase since 1995. This includes extra funding of \$126M or 7% over the 2000/01 budget for rural and regional health services.

(See also pages 36-38 for further NSW Health 2001/02 budget information.)

Launch of the Greater Metropolitan Report

On 4 June 2001, the first of the NSW Government Action Plan's working groups, the Greater Metropolitan Services Implementation Group, submitted its findings and recommendations to the Minister for Health.

The Report, developed by doctors, nurses, allied health professionals, consumers and managers is a 'blue print' of where and how specialty services will be provided to people living in the Sydney, Central Coast, Hunter and Illawarra areas and how these will be linked to rural communities in NSW.

“This is the most exciting thing that has happened in the 30 odd years I have been in medicine.”

Surgeon, Nepean Hospital

People will now have fairer access to health services, while medical centres of excellence will be strengthened and new ones established.

New statewide Emergency Departments and Intensive Care Service Plans are being developed and will be implemented through the establishment of nine metropolitan networks.

More consistent and effective health services will result from the implementation of the report in areas such as Bone Marrow and Complex Organ Transplants, Maternity, Radiology, Kidney Disease, Cardiovascular, Neurology and Neurosurgical services and in the treatment of severe burns.

KEY ACTIVITY RESULTS 2000-01

Admissions

During 2000/01 there were 1.32 Million admissions to NSW public hospitals (including contracted services). This represents a 0.6% increase over the previous year.

‘Each week there are 810 more admissions than in 1994/95.’

Non-admitted patients

There were more than 20 million non-admitted patient services (NAPS) carried out across the health system during 2000/01. While this represents a 7.3% decrease compared to 1999/2000, the reported decrease is due to changes in reporting guidelines for emergency patients. Adjustments for the effect of this reporting indicate that NAPS were in fact stable over 2000/01 compared to the previous year.

‘Since 1992/93, the average hospital stay has reduced from 9 days to 5 days, while the proportion of same day admissions has increased from 23% to 39%.’

Inpatient performance

The major indicators of performance all showed improvement. Caseload rate increased by 2.3%, bed occupancy increased by 1.2% and Average length of stay decreased by 1.8% to 5.0 days.

Private sector

During 2000/01 the total admissions to private hospitals (including public contracted admissions) increased by 7.4%. This is considerably higher than the 6.2% annual increase reported a year ago. Same-day admissions to private hospitals increased even more (up by 10.7%).

‘Every minute ... more than 3 people are seen in a NSW Emergency Department. This means more than 4,800 people are seen in Emergency Departments every day.’

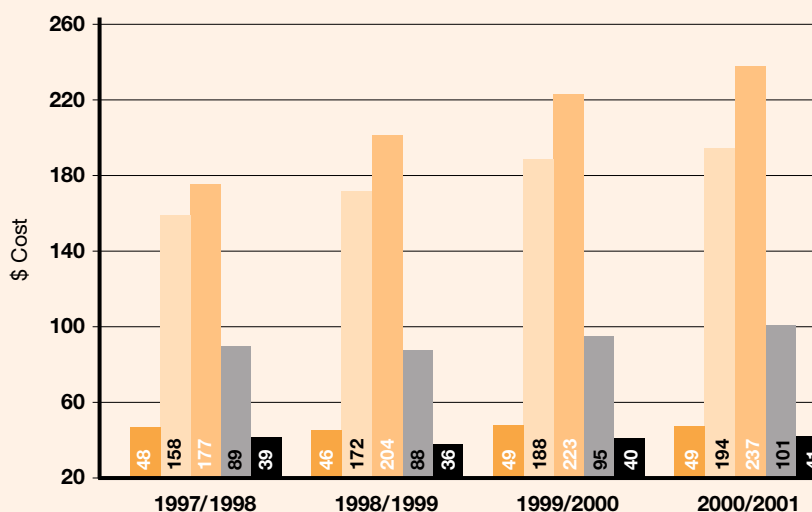
Emergency Department access

It is estimated that during 2000/01, Emergency Department attendances in major hospitals increased by 5.1% or 70,000 with the complexity of patients attending increasing by 0.4%. Overall 30% of attendances were admitted, which was 29,500 or 7% more than in 1999/2000.

All patients attending Emergency Departments are categorised into one of five urgency classifications called triage categories, according to their clinical need. Despite increased activity levels in 2000/01, 100% of the most urgent (resuscitation) patients were treated immediately. This was a 1% improvement in the speed with which patients were seen by doctors in the Emergency Department, compared to the previous year.

Cost per admission

- food supplies cost per patient admission
- drug supplies cost per patient admission
- medical and surgical supplies cost per patient admission
- special service department per patient admission
- fuel, light and power per patient admission



Source: NSW Health Department, 2001

Almost 7,500 extra inpatients each year are being treated in rural hospitals than in 1994/95.

Summary of Indicators for the NSW Public Hospital System 2000/01

Indicators	2000/01 Result ¹	% Change over 1999/00
Accessibility		
Total admissions	1,320,000	0.6
Same day admissions	524,000	1.6
Non-admitted patient occasions of service ²	20,475,000	-7.3
Resuscitation patients treated in 2 minutes (%)	100	1.2
Emergency patients treated in 10 minutes (%)	73	-2.3
Complexity of ED attendances	1.015	0.4
ED attendances admitted	462,000	7.4
Efficiency		
Bed occupancy rate (%)	86.7	1.2
Length of stay (days, including same day cases)	5.0	-1.8
Length of stay (days, excluding same day cases)	7.6	-1.5

¹ The numbers are rounded

² There is an estimated reduction of 1.6 million NAPS in 2000/01 compared to 1999/00 due to a change in definition, namely occasions of service for patients admitted to ward through Emergency Departments are no longer counted as NAPS.

Source: NSW Health Department, 2001

The Winter Strategy

Each year during winter, demand for emergency services increases substantially, placing extra pressures on the hospital system. Specific extra funding of around \$13 Million (M) was made available early in 2000 for winter. More than 600 extra beds were made available and staffing increased by more than 700 equivalent full time positions between May and September 2000.

This year's Winter Campaign also included the production and wide distribution of the 'Winter Tips' postcards and wallet cards which listed 10 practical key health tips to prepare the public for winter.

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

Booked patient access

Same-day surgery or day-only surgery (where patients are admitted into hospital for a surgical procedure and are discharged the same day, thus preventing unnecessary time spent in hospital prior to and after an operation) increased from 54.1% in June 2000 to 57.1% in June 2001. Increasingly hospitals are also treating patients on an ambulatory basis to reduce unnecessary time in hospital rather than admitting them as inpatients for same-day surgery. This is reported to be equivalent to more than 20,000 admissions per year, and impacts on the same-day percentage. The percentage of patients admitted to hospital on the day that their surgery was performed also increased from 72% in June 2000 to 81% in June 2001, surpassing the 80% target for this indicator.

Waiting lists for booked surgery reduced by more than 5,000 during 2000/01, while the number of patients waiting longer than 12 months remained relatively stable. Long-wait patient management is a focus for 2001/02.

HEALTHIER PEOPLE

Key 2000/01 achievements and future initiatives as reported by the NSW Health Department

Goal A – Healthier People

Refer to Appendix 41 for the complete 2000/01 NSW Health Department Corporate Plan

STRATEGY	ACHIEVEMENTS 2000-01
A1 Establish a framework for planning, implementation and evaluation of Statewide and Area Health Services improvement strategies	<ul style="list-style-type: none"> Immunisation publications updated and new Australian Childhood Immunisation Schedule implemented <i>Public Health</i> Statewide Drug Dependency Plan released <i>Public Health</i>
A2 Maintain and progress an effective policy and legislative framework for health promotion, protection and disease management	<ul style="list-style-type: none"> Privacy Management Plan implemented and training sessions provided <i>Operations</i> Commencement of the <i>Smoke Free Environment Act 2000</i> commenced September 2000 <i>Operations</i> <i>NSW Health Promotion Framework</i> published <i>Public Health</i> Medically Supervised Injecting Centre licensed <i>Public Health</i> Policy and guidelines on cryptosporidium in swimming pools developed <i>Public Health</i> Four extra places in the Environmental Health Officer Training Program established <i>Public Health</i> <i>Guidelines for the Handling of Medication in NSW Public Hospitals</i> revised, published and distributed <i>Public Health</i> Successful Smoke Free Workplace Policy implemented <i>Public Health</i>
A3 Develop and enhance partnerships for intersectoral collaboration and a continuum of services within NSW Health	<ul style="list-style-type: none"> Discussion Paper on Establishment and Provision of Hospital in the Home Program completed <i>Operations</i> <i>Suicide Prevention Training Manual for Young People</i> published <i>Policy</i> Strategic Rural Health in Smaller Towns Program to co-locate facilities commenced <i>Operations</i> General Practitioner (GP) Information Management & Technology (IM&T) Discharge Referral Standard completed <i>Operations</i> An Associate Professor of Community Oral Health appointed <i>Public Health</i> Communication and information strategy for new Child Protection Legislation implemented <i>Policy</i> NSW Heroin Overdose Prevention Strategy released <i>Public Health</i> Sydney Heart Rescue Service established <i>Policy</i>
A4 Promote an evidence-based approach to health care and public health programs	<ul style="list-style-type: none"> Methadone Prescribers Accreditation Course established <i>Public Health</i> NSW Drinking Water Quality Database established <i>Public Health</i>
A5 Promote the delivery of comprehensive mental health services	<ul style="list-style-type: none"> Service Guidelines for the Management of People with Co-existing Mental Health and Substance Use Disorder developed <i>Public Health</i> Mental Health IM&T Strategy (targets) prioritised and implemented <i>Operations</i> <i>Getting in Early – an early intervention and prevention strategy in Mental Health for young people in NSW Guidelines</i> developed and distributed <i>Policy</i> Additional Mental Health Liaison Nurses appointed in Emergency Departments <i>Policy</i> 'School Link' Project to improve the delivery of Mental Health Programs <i>Policy</i>

‘In NSW there are over 109,000 Aboriginal and Torres Strait Islander People making up more than 25% of the national indigenous population.’

STRATEGY	ACHIEVEMENTS
A6 Promote the delivery of appropriate health services to Aboriginal communities	<ul style="list-style-type: none"> Aboriginal Health IM&T Strategy implemented <i>Operations</i> Aboriginal Public Health Officers successfully recruited <i>Public Health</i> National Indigenous Australians Sexual Health Strategy implemented and PCR testing programs instigated in all areas <i>Public Health</i> Additional Funding Allocated to NSW Aboriginal Family Health Strategy <i>Policy</i>
A7 Provide accessible information and share knowledge on health, health problems, health workforce, treatments, services and developments in health	<ul style="list-style-type: none"> Centralised assessable population health database established <i>Operations</i> Information System for Oral Health software distributed <i>Operations</i> IM&T for Drug & Alcohol Strategy developed <i>Operations</i> The older people physical campaign 'Rusty the Tinman' conducted <i>Public Health</i> Reports for SOCOG and IOC during the Sydney 2000 Olympics successfully produced <i>Public Health</i> <i>NSW Mothers and Babies Report 1999</i> published <i>Public Health</i> <i>1998 Midwives Data Collection</i> published <i>Public Health</i> <i>1998/99 Sexual Assault Data Collection</i> published <i>Policy</i>
A8 Support Innovation and Research	<ul style="list-style-type: none"> Chronic Care Programs implemented in all health services <i>Public Health</i> Piloted a routine screening for domestic violence for women attending selected health services <i>Policy</i>

Future initiatives

- Development of an evidence-based NSW Service Plan for Eating Disorders to provide guidance to health system professionals in developing effective local programs
- Review of the Department's current Suicide Policy Circular to include the development of risk assessment guidelines, checklist to assess in-patient suicide risk, protocols for Emergency Departments, young people at risk for suicide, mental health in-patient facilities, general hospital wards, community mental health and community health services
- Finalisation of the *Consumer and Community Participation Report* and implementation of its recommendations
- Development and implementation of initiatives arising from *Healthy People 2005: New Directions for Public Health in NSW*, including in the priority areas of falls prevention, tobacco smoke free environments, healthier early childhood, mental and oral health promotion and Aboriginal health
- Establishment of the NSW Health Advisory Line
- Review of the NSW Otitis Media Strategic Plan for Aboriginal Children and development of a NSW Aboriginal Health Impact Statement
- Finalisation of Future Directions for Dementia in NSW 2001-06, which is being developed jointly with the Department of Ageing Disability and Home Care
- Establishment of a NSW Spinal Cord Injury Service to improve care to people with spinal cord injury

FAIRER ACCESS

Key 2000/01 achievements and future initiatives as reported by the NSW Health Department

Goal B – Fairer Access

Refer to Appendix 41 for the complete 2000/01 NSW Health Department Corporate Plan

STRATEGY	ACHIEVEMENTS
B1 Promote the delivery of effective health services to rural and remote communities	<ul style="list-style-type: none"> • Strategic Resource Plans for Rural Health in Smaller Towns Program commenced <i>Operations</i> • Service Plans and building tenders for Strengthening Rural Health in Small Towns Program Phase 1 – encompassing 19 rural communities completed <i>Operations</i> • Centre for Rural and Remote Mental Health established with a Professor and supporting staff appointed <i>Policy</i> • Completion of the information brochures <i>New Ways of Delivering Health Services in Smaller Towns</i> and <i>Introducing a Multi Purpose Service into Your Community</i> <i>Operations</i> • Provision of Rural Nursing Scholarships <i>Operations</i> • Aboriginal Eye Health Program commenced in Far West AHS <i>Policy</i> • Eight Otitis Media Coordinators funded statewide <i>Policy</i> • Enhancing Nursing services in rural and remote areas of NSW with the appointment of the first Nurse Practitioner at Wanarring <i>Operations</i>
B2 Address access issues in all departmental plans and policies	<ul style="list-style-type: none"> • <i>NSW Palliative Care Framework</i> published <i>Policy</i> • Doctors waiting times on the NSW HealthWeb site updated and published <i>Operations</i> • Victim Support Program Fund Program for Preventing Violence completed <i>Policy</i> • Single regional fund holder policy (HEALTHshare) released <i>Policy</i> • Care for Carers Program developed <i>Policy</i> • Expanded the Booked Patient Access Service to include a 1300 telephone line <i>Operations</i>
B3 Use and develop technology to deliver services in ways that improve access	<ul style="list-style-type: none"> • Telepsychiatry for rural and remote mental health services in NSW developed <i>Policy</i> • Revised Telecommunication Strategy approved <i>Operations</i> • Continued rollout of new Telehealth initiatives achieving statewide implementation at over 100 sites <i>Operations</i> • Funding distributed between seven Area Health Services and Aboriginal Community Controlled Health Services to improve health service delivery and access by Aboriginal people <i>Policy</i>
B4 Allocate resources to enable fairer access	<ul style="list-style-type: none"> • 1,542 New Methadone Treatment places created <i>Public Health</i> • Opening of 22 new intensive care unit (ICU) beds since 2000 <i>Policy</i> • Implementation of Mental Health Enhancement Funding Package to provide 150 new acute beds and 700 additional clinical staff <i>Policy</i> • Mental Health Nursing Education and Recruitment Initiative implemented <i>Policy</i> • Partnerships with General Practitioners (GPs) Project Initiative to improve the support given to GPs and to the Public Mental Health System <i>Policy</i>

‘In regional and rural health....NSW Health has introduced 107 Telehealth sites to link rural patients and their doctors with the State’s best clinicians for expert diagnosis, advice and treatment.’

STRATEGY	ACHIEVEMENTS
B5 Promote and facilitate research to identify gaps and barriers to access and health inequalities	<ul style="list-style-type: none"> ● NSW Older People's Health Survey Report 1999 published <i>Public Health</i> ● Improved surveillance of health outcomes relating to illicit drug use <i>Public Health</i> ● The 1997- 98 NSW Health Surveys Report published <i>Public Health</i>
B6 Involve stakeholders in the design, development, implementation, and evaluation of health policy and plans	<ul style="list-style-type: none"> ● Involvement of consumers in Government Action Plan Implementation Groups. Consumer Forums for 250 consumers <i>Health Public Affairs</i> ● Information Policy revised and endorsed by Policy Committee <i>Operations</i> ● Mental Health Service Integrated Project to improve Mental Health services working with private psychiatrists, GPs and non-Government Organisations implemented <i>Policy</i>

Future initiatives

- Finalisation of Discussion Paper on Second Tier Transport Feasibility Study examining current (non-emergency) health related transport services
- Finalisation of Report on Improving Health Care for People with Chronic Illness, with recommendations for improving services statewide to people with chronic health care needs
- Development of a Strategic Plan for Non-Acute Inpatient Mental Health Services in NSW for the establishment of Area Health Service networks to improve service provision to people with mental health needs
- Implementation of a new statewide Emergency Department (ED) Service Plan establishing nine metropolitan ED networks, to improve communication between hospitals and the quality of care
- Implementation of a new statewide Intensive Care Service Plan, establishing nine metropolitan ICU Networks to improve the co-ordination of ICU beds and care of patients and reduce the need for patient transports between hospitals
- Establishment of four neuroscience networks across NSW, with major stroke units being set up in a least one hospital in each network, to ensure people suffering from strokes get the right care at the right time and location
- Establishment of four gynaecological service networks to ensure high quality cancer treatment is available for women statewide
- Establishment of a network of six major trauma centres to provide a complete statewide coverage for metropolitan and rural areas
- Establishment of a Statewide Ophthalmology Service to increase public access to eye surgery
- Establishment of a NSW Severe Burns Service

QUALITY HEALTH CARE

Key 2000/01 achievements and future initiatives as reported by the NSW Health Department

Goal C – Quality Health Care

Refer to Appendix 41 for the complete 2000/01 NSW Health Department Corporate Plan

STRATEGY	ACHIEVEMENTS
<p>C1 Facilitate the implementation of the Quality Framework in NSW, with the quality principles and dimensions of quality, informing quality improvement strategies in the Department</p>	<ul style="list-style-type: none"> ● Approved 60 Area Health Service programs in cardiovascular disease, cancer and respiratory disease <i>Public Health</i> ● National Standards for Mental Health Services in all Areas implemented <i>Policy</i> ● Production of legislation to improve the regulation of medical practitioners and other health service providers <i>Operations</i> ● Production of new legislation to improve the regulatory framework for chiropractors and osteopaths <i>Operations</i> ● Development of legislation requiring consent for use of human issue retained during post mortem examinations <i>Operations</i> ● Released guidelines on hospital infection audit control tool <i>Public Health</i>
<p>C2 Strengthen skills and commitment in quality improvement by increasing capacity to:</p> <ul style="list-style-type: none"> ● identify and monitor outcomes of care and service delivery ● manage and analyse information 	<ul style="list-style-type: none"> ● Coordination of the 'Baxter Better Health Good Health Care Awards' in conjunction with 'Quality Week' <i>Health Public Affairs / Policy</i> ● Current day-only and day-of surgery information available on the web <i>Operations</i> ● Appointment of a Mental Health Nurse Project Officer and establishment of the Mental Health Nursing Working Group <i>Operations</i> ● Reportable incidents database developed <i>Operations</i> ● Appointment of an Indigenous Nursing Project Officer <i>Operations</i> ● Four quality indicators developed for measuring Health Service quality <i>Public Health</i> ● Best practice guidelines developed for Red Blood Cell transfusions <i>Public Health</i> ● Reports of Quality of Care Indicators provided to AHS <i>Public Health</i> ● Sets of Quality Indicators developed for measuring health service quality <i>Public Health</i> ● Quality Indicators and various Workshops in 13 AHS conducted <i>Public Health</i> ● Implemented recommendations of Active Care Implementation Working Group resulting in statewide improvements in day surgery and day-of surgery admission rates <i>Operations</i> ● Developed statewide training program to increase the reliability of the identification of Aboriginal clients in all data collections <i>Policy</i>
<p>C3 Invest in research that will improve the quality of health care and service delivery</p>	<ul style="list-style-type: none"> ● Development of 'Clinicians Toolkit' for improving patient care <i>Public Health</i> ● Development of guidelines for the appointment of visiting practitioners <i>Operations</i>

‘Quality in health care is about doing the right thing the first time, in the right way and at the right time.’

STRATEGY	ACHIEVEMENTS
C4 Enhance information management and analytical skills, including development of new technologies to enhance health services’ management	<ul style="list-style-type: none"> Community Based Health Information System version 1.0 completed <i>Operations</i> State Unique Patient Identifier (UPI) strategy plan completed and implementation commenced <i>Operations</i> Mental Health Implementation and Development Program (MHIDP) implemented <i>Policy</i> Health Information Exchange (HIE) implemented statewide with added functions to support episode funding <i>Operations</i> Mental Health UPI solution developed <i>Operations</i> NSW Electronic Health Record strategy developed <i>Operations</i> Functional specifications for Electronic Prescription Decision Support Software developed <i>Operations</i>

2000 Baxter Better Health Good Health Care Awards*

Ministers Peak Award

Western Sydney Area Health Service

Westmead Intensive Care Unit Mentor Program

Westmead Hospital Intensive Care Unit (ICU) provides a nurturing environment with career development for registered nurses wishing to specialise in intensive care nursing. The Westmead Intensive Care Mentor Program was established to train registered nurses to work in the ICU. Drawing on the experience of Nurse Educators, managers and intensive care nursing staff at Westmead, a formal mentoring program was established for nurses with no experience in critical care. Training runs for 8-10 weeks and includes lectures and practical experience in an ICU with an experienced mentor. Of the original 37 candidates, 35 are still working in critical care areas.

* Refer to Appendix 46 for 2000 Baxter winners

Future initiatives

- Implementation of Mental Health Outcomes and Assessment Training (MHOAT) initiative to improve the quality and availability of information needed to provide effective mental health services across NSW
- Development of a Strategic Plan for Mental Health Inpatient Care for Children and Young People in NSW, to ensure effective child and adolescent inpatient services are established to meet community needs
- Development of Clinical Service Frameworks for the Heart Failure, Chronic Obstructive Pulmonary Disease and selected cancers
- Finalisation of the Mental Health Care in Emergency Department Guidelines to improve the care of people who have mental health problems and attend Emergency Departments
- Establishment of a NSW Virtual Trauma Institute to undertake research and collect evidence-based data with the aim of reducing deaths due to major trauma
- Establishment of the Institute of Clinical Excellence
- Development of the ‘Clinicians Toolkit’ for Improving Patient Care
- Development of a Statewide Patient Safety Strategy

BETTER VALUE

Key 2000/01 achievements and future initiatives as reported by the NSW Health Department

Goal D – Better Value

Refer to Appendix 41 for the complete 2000/01 NSW Health Department Corporate Plan

STRATEGY	ACHIEVEMENTS
D1 Improve internal services provided to staff	<ul style="list-style-type: none"> Improved processes to update and develop NSW HealthNet/Web content implemented <i>HPA / Operations</i>
D2 Recognise, encourage and support staff in meeting Department of Health and individual needs	<ul style="list-style-type: none"> Improved ministerial and briefing training commenced <i>Executive & Corporate Support</i> Occupational Health and Safety policy improved and training implemented <i>Operations</i>
D3 Develop appropriate human resource and industrial frameworks and instruments for NSW Health	<ul style="list-style-type: none"> Post implementation review of the workforce HIRIS including KRONOS undertaken <i>Operations</i> \$554M investment in health infrastructure, IM&T, health technology and maintenance achieved <i>Operations</i>
D4 Promote a clear direction for the NSW and Australian health systems	<ul style="list-style-type: none"> Lead national development standards of Australian standard for Patient Discharge Referral Record <i>Operations</i> Population Health Model under the National Mental Health Strategy adopted <i>Policy</i> National Dental Health Financing Proposal in collaboration with other states and territories developed <i>Public Health</i> NSW data collection for the <i>National Report on Government Services</i> including advising on standards for collection and appropriateness of indicators coordinated <i>Policy</i> Adoption of the Community Health Code Set Developer by NSW Health as the National standard <i>Operations</i>
D5 Provide direction and reform in the use of resources in NSW Health	<ul style="list-style-type: none"> Strategy for reform in the use of resources in NSW Health adopted and funded <i>Operations</i> Service and Resource Allocation Agreement between the NSW Health Department and Treasury signed <i>Operations</i> Targets for the Supply and Production of Blood and Blood Products Agreement reached <i>Operations</i> Trial of units/branches in the use of scanner technology and TRIM to electronically transfer ministerial correspondence completed <i>Executive & Corporate Support</i> Funding model for Intensive Care Units developed <i>Policy</i> Funding model for Emergency Departments developed <i>Policy</i> Resolution of Goods & Services Tax (GST) issues (Visiting Medical Officers (VMOs), Department of Veterans' Affairs (DVAs), Staff Specialists) achieved <i>Operations</i> Department to commence monitoring of Area cost-weighted activity and episode funding expenditure achieved <i>Operations</i> Development and implementation of Episode Funding Model <i>Policy</i> Development of Capital Charging Policy <i>Operations</i>

‘NSW Health spent an extra \$2.5 Billion a year more than in 1994/95 to improve public health care.’

STRATEGY	ACHIEVEMENTS
D6 Provide continuous improvement in resource and performance management in NSW Health	<ul style="list-style-type: none"> • New computer room with centralised servers established <i>Executive & Corporate Support</i> • IT Disaster Recovery Plan reviewed <i>Executive & Corporate Support</i> • Documents to assist clinicians and Area Health Service staff to investigate cost and service variation issues completed <i>Policy</i> • Commencement of Home and Community Care minimum data set collection implemented <i>Operations</i> • <i>NSW Health Services Comparison Data Book – Vol 2</i> published <i>Operations</i> • Emergency Department and booked patient performance indicators developed <i>Operations</i> • Survey on the accreditation status of NSW Public Hospitals completed <i>Operations</i> • Mental Health response to disasters produced <i>Policy</i> • Statewide monitoring and expenditure reporting system for Drug and Alcohol Programs introduced <i>Public Health</i> • Revised Health Electricity Procurement Contract <i>Operations</i> • Guidelines for the Appointment of Visiting Practitioners developed <i>Operations</i> • Health Incident Reporting Information System (HIRIS) developed and implemented <i>Operations</i> • Reports on web for Property Information System (PIS) developed and published <i>Operations</i> • Physical Abuse and Neglect of Children Monitoring System implemented <i>Policy</i> • Electronic Messaging Policy implemented <i>Operations</i> • Established Medical Training Education Council <i>Operations</i>

Future initiatives

- Agreement with Department of Veterans Affairs on funding of veterans in public hospitals
- Development and implementation of an Electronic Health Record for NSW
- Implementation of key components of the Integrated Clinical Information Program, including a unique patient identifier, patient administration, community health, point of clinical care and GP discharge referral systems
- Development of a NSW Mental Health Non-Government Organisation (NGO) Strategy to provide guidance for Area Health Services on developing partnerships with NGOs
- Development of performance indicators to assist Area Health Services with monitoring hospital food services
- Identifying opportunities for improved collaboration with the private sector
- Allocation of energy loans to nine Area Health Services to upgrade infrastructure to reduce energy consumption and costs

Major achievements

- Overall coordination and logistics support of the Government Action Plan for Health
- Submitted the proposals for the second round Coordinated Care Trials to the Commonwealth from Hunter AHS, Mid North Coast AHS and Illawarra AHS
- Devolved budgets for inter-state treatment to Area Health Services from 2001-02 to enhance the management and access of local residents to health services closer to home
- Developed a Budget Holding Model which identifies services that can be provided locally and implements a planned process to reverse the flow of patients outside the Area Health Service
- Established a Clinical Consultative Forum on Funding and Classification issues
- Supported the development and release of the *Report of the Greater Metropolitan Services Implementation Group*, the *Emergency Department Services Plan* and the *Intensive Care Services Plan for Adult Services*
- Finalised the selected Speciality and Statewide Services Plans for Heart and Lung, Liver and Pancreas Transplantation Services
- Progress of Stage 2 of the Mental Health Capital Program
- Commenced implementation of the \$107.5M Mental Health enhancement funding package over three years. This package will provide 150 new acute beds and 700 additional clinical mental health staff and favour regional and rural areas
- Launched and distributed the *Palliative Care Framework* to Area Health Services for implementation
- Developed the Improving the Aged/Acute Care Interface policy to provide flexible care options for older people
- Produced the *Mental Health for Emergency Departments Reference Guide* and associated pocket version. These publications provide practical information to help with the care of people who have mental health problems and who attend Emergency Departments
- Produced the *Disaster Mental Health Response Handbook*. Training has been provided to assist Area Health Services in preparing mental health staff for a coordinated and effective response to disasters. Considerable international interest has been shown in this handbook as a disaster response resource
- Hosted the Aboriginal Health Summit in conjunction with the Australian Medical Association (AMA) (NSW) Ltd, which involved the promotion of better health for Aboriginal and Torres Strait Islander people by General Practitioners
- The revised NSW Aboriginal Health Partnership Agreement with the Aboriginal Health and Medical Research Council of NSW was signed by the Minister for Health. The agreement strengthens collaborative working processes at both State and local/area levels
- Introduced the *Children and Young Persons (Care and Protection) Act 1998* which brought significant changes to the responsibilities of government agencies and health workers. A Training and Communication Plan was implemented for over 40,000 health staff to support the new *Act* and develop comprehensive Frontline Procedures
- Commenced the Program of Appliances for Disabled People (PADP) policy. This program assists eligible residents of NSW who have a permanent or long-term disability to live and participate within their community by providing appropriate equipment, aids and appliances

Challenges during the year

- Supporting and coordinating the processes established to implement the Government Action Plan for Health and facilitating the participation by clinicians and consumers
- Resolving the principles of 2000-01 to 2002-03 interstate bilateral funding arrangements, including outpatients charging mechanisms with major states and territories
- Developing possible sites to pilot HEALTHSHARE with a potential implementation in 2002
- Developing a statewide Paediatric Services Network in collaboration with Area Health Services and the three Children's Hospitals
- Progressing toward the release of the next five year Radiation Oncology Strategic Plan
- Implementing the Mental Health Information and Development Program in partnership with the Commonwealth to provide for the efficient collection of comprehensive information to support the provision of mental health services in NSW
- Investing \$5M toward the partnership with the Commonwealth to enhance mental health nursing education, recruitment, support and development. This initiative will provide clinical support and post graduate education opportunities for 335 registered and enrolled nurses, support for mental health clinical placements, and allow for the development of a specific program to address the mental health of all nurses
- The independent review and negotiation of the Partnership Agreement
- Negotiating with the Commonwealth regarding future funding for implementing the NSW Aboriginal Strategic Plan
- Developing a Summary Paper which identifies the key issues and recommendations from the Brain Injury Service Planning process. The planning process is hampered by the lack of system-wide data

** refer to Appendix 2 for further information on Departmental functional areas*

Future initiatives

- Ongoing coordination and support of the Government Action Plan for Health with a focus on monitoring success and implementation by Area Health Services
- Coordination of negotiations with the States/Territories and the Commonwealth for the new Australian Health Care Agreement
- Implementation of the joint Albury/Wodonga Health Authority.
- Development of a Child and Adolescent Mental Health Inpatient Services Plan
- Provision of a Strategic Plan for Non-Acute Mental Health Inpatient Services in NSW to establish networks in order that Areas without non-acute beds are linked to Areas with these facilities
- Development of funding models that support the role of selected speciality and statewide services
- Set future directions for health service costing and classification development
- Implementation of the recommendations of the Key Hospital Services Plan, Emergency Department and Intensive Care Services Plans
- Further development of networks through the Statewide Paediatric Networking Guidelines
- Release of the Guide to the Role Delineation of Health Services
- Planning for the NSW Health Child Protection Service Plan
- Establishment of the Health Care in the Community Working Group to develop a Health Care in the Community Re-investment Strategy for NSW

Major achievements

- Signed the Service and Resource Allocation Agreement between the NSW Health Department and Treasury
- \$554M investment in health infrastructure, including new assets, redevelopment and maintenance of existing assets, investment in information management and technology and disposal of surplus properties to the value of \$33M
- Secured and monitored achievement of budgets across NSW Health
- Developed a Strategic Asset Management Framework and the new Asset Management and Maintenance Information System to support the delivery of health services
- Developed a public/private partnerships program for major capital infrastructure projects
- Completed service plans and building tenders for the 'Strengthening Rural Health in Small Towns' (SRHiST) Program Phase 1, which encompasses 18 rural communities
- Planned, coordinated and monitored the NSW 'Winter Strategy' hospital performance during the peak demand period in winter
- Provided more timely information on hospital waiting times on the Internet
- Expanded the Booked Patient Access Service to include a dedicated 1300 telephone line
- Enhanced nursing services in rural and remote areas of NSW with the appointment of the first Nurse Practitioner at Wanaaring in the Far West and the authorisation of seven Nurse Practitioners in NSW
- Provided rural nursing scholarships to encourage rural school leavers and others to study nursing. In addition, rural placement grants are provided to encourage undergraduate student nurses to experience a rural setting for their clinical placement
- Implemented a range of initiatives to address nursing recruitment and retention
- Appointed of 20 expert conciliators to support the role of the Health Conciliation Registry
- Implemented the Health Information Exchange (HIE) in all Area Health Services with added functionality to support episode funding
- Developed the Public Health Regulations Regulating Standards for skin penetration, microbial control and swimming pools
- Produced the new *Smoke-free Environment Act* and Regulation 2000 banning smoking in enclosed public places
- Developed guidelines for the appointment of Visiting Practitioners
- Audited the waiting times for resuscitating (extremely urgent) patients in Emergency Departments, which improved reported performance to 100%
- Implemented recommendations of the Acute Care Implementation Working Group resulting in significant statewide improvement in day surgery and day of surgery admission rates
- Completed and endorsed the State Unique Patient Identifier (UPI) Implementation Plan and the Mental Health UPI Strategy Implementation Plan
- Selected a common reporting tool for HIE
- Produced new legislation to improve and strengthen the regulatory framework for chiropractors and osteopaths
- Produced legislation to improve and strengthen the regulation of medical practitioners and other health service providers. This included the introduction of performance review of practitioners
- Developed and introduced legislation requiring consent to use human tissue retained during post mortem examinations
- Commenced major award negotiations with the NSW Nurses Association, Health & Research Employees Association and ASMOF
- Managed the delivery of Net Cost of Service results within agreed NSW Treasury and Departmental targets

Challenges during the year

- Implementing projects in response to the Health Council Report and the Government Action Plan for Health and the provision of prompt and timely data to the GAP Working Groups
- Rolling-out Asset Strategic Planning processes on an Area-wide basis
- Organising community and stakeholder consultation and planning for Area-wide infrastructure redevelopments for Hunter, Central Coast and Western Sydney Area Health Services
- Developing the Asset Management Reform Program in response to the Minister's vision 'better management of health assets for better health care'
- Maintenance of a skilled nursing workforce
- Improving nursing recruitment and retention
- Promoting nursing as an attractive career choice
- Maintaining a safe workplace for all staff
- Developing strategies to address the adverse effects of escalating medical indemnity premiums on health service provision
- Achieving a consensus amongst different health professional groups about which clinical practices should be restricted in order to protect public health and which professional groups should be able to undertake those practices
- Developing adequate insurance coverage for specialist medical services conducted within the NSW health system

** refer to Appendix 2 for further information on Departmental functional areas*

Future initiatives

- Implement the 2001/02 – 2004/05 Asset Acquisition Program totalling \$2,472M with capital allocation of \$529M in 2001/02
- Manage a strategy and assist Area Health Services to reduce the number of patients who have been waiting more than 12 months
- From 2001/02 – 2004/05 plan and redevelop a further 18 small rural hospitals across NSW within the SRHiST Program
- Implement the Government's commitment in new works, including major investment in Hunter, Central Coast, Western Sydney, Rural Health strategies and Information Management and Technology programs
- Develop 'Supernet', the NSW Health broadband Virtual Private telecommunication network
- Continue to address all the issues impacting on recruitment and retention of nurses across NSW
- Implement legislation requiring mandatory medical indemnity insurance for medical practitioners
- Report on the review of the *Public Health Act* 1991 and the development of legislation to implement the Report's recommendations
- Develop Guidelines for Credentialling Medical Practitioners in the NSW system
- Develop a national Notification and Food Safety Information System (NAFSIS)
- Develop a security policy, standards and implementation guidelines to ensure health information is protected from unauthorised parties during the process of storage, transmission and access
- Review and develop legislation to improve and strengthen the regulatory framework for nurses, psychologists, dentists and optometrists
- Monitor the extension of episode funding models, capital charging and budget holding practices within Health Services
- Seek the agreement from NSW Treasury to the extension of the existing three year guaranteed funding practices for NSW Health

Major achievements*

- Released the first *NSW Hepatitis C Strategy 2000-2003*, which established the Hepatitis C Workforce Development Project and secured \$1.7M Commonwealth funds over 3 years for hepatitis C health promotion
- Implemented the new Australian Childhood Immunisation Schedule which achieved 91% full immunisation coverage of all children less than 15 months of age and 84% of all children less than 27 months of age
- Achieved 74% influenza immunisation coverage for all people over 65 years of age
- Released guidelines and an infection control audit tool to assist hospitals in the prevention and management of critical incidents relating to infection control
- Introduced a free supply of insulin syringes and pen needles to NSW residents with diabetes
- Approved the medically supervised 18 month trial injecting centre in Kings Cross
- Managed the first known incursion of Australian Encephalitis in NSW since 1974
- Implemented the 'Nitbusters' School Nit Program
- Completed an Internet based interactive database for rural water supplies in NSW
- Published the 1997 and 1998 *NSW Health Survey*, the *NSW Older People's Health Survey Report 1999* and the *NSW Mothers and Babies Report 1999*
- Provided health services and health surveillance for the 2000 Olympic Games
- Refurbished of the Health Outcomes and Information Statistical Toolkit (HOIST)
- Commenced the Biostatistical Officer Training Program
- Completed the NSW Public Health Officer Training Program by the first Drug and Alcohol Public Health Officers
- Launched the *Heroin Overdose Strategy*
- Introduced accreditation for methadone clinics in New South Wales and the production of the *NSW Methadone Clinic Accreditation Guidelines*
- Created 1,542 additional methadone places and 74,312 additional Counselling Sessions
- Opened the 16 bed treatment centre in Lismore and establishment of a temporary 7 bed detoxification unit at Nepean Hospital
- Implemented the *Smoke-free Environment Act 2000*, with a 90% compliance rate in restaurants
- Gained additional funding of \$1.5M for the implementation of the *NSW Tobacco Action Plan 2000-2004*
- Launched *Health Promotion with Schools: A policy for the health system* in collaboration with the Department of Education
- Funding approved for 60 Area Health Service programs in cardiovascular and respiratory disease and cancer under the Chronic and Complex Care Strategy
- Funding approved for eight Area Health Service and one Corrections Health Service projects in the Aboriginal Vascular Health Program
- Established the Medical Training Education Council
- Established the Area of Need Advisory Committee to oversee changes to the 'Area of Need' Program
- Developed the NSW Biotechnology Strategy 'BioFirst'
- Coordinated the Health Counter Disaster Planning for all events during the 2000 Olympic and Paralympic Games and the 2000-01 New Year celebrations
- Developed and introduced the NSW Oral Health Fee for Service Scheme
- Restricted the sale of medicines containing pseudoephedrine that are used in the illicit manufacture of amphetamine
- Completed six Aboriginal Housing for Health Programs in NSW

Challenges during the year

- The outbreak of pneumonia aboard a Cruise Ship immediately prior to the Olympic Games
- Community concerns expressed over the Northside Sewerage Storage Tunnel and proposed ventilation stacks on a number of road tunnels. Health concerns were at the heart of these debates
- Developing effective mechanisms to monitor health among visitors and Sydney residents during the Sydney 2000 Olympic Games and to take swift action in the event of disease outbreaks or public health emergencies
- Planning and mobilising a health workforce to deliver medical and public health services during the Olympic Games, including 7,000 food safety inspections, 199 environmental inspections and 4,000 medical interpreter occasions of service
- Strengthening collaborations among NSW Government Departments and agencies, NSW Area Health Services and local Councils to underpin the planning for food safety, environmental health, and emergency responses during the Olympic Games
- Maintenance of the supply of blood and blood products in the face of emerging risks such as variant CJD, which caused a reduction of donor numbers
- Improving immunisation coverage of Australia & Torres Strait Island (ATSI) children
- Developing Area-based centralised intake services for drug and alcohol clinics

** refer to Appendix 40 for Quality in Health Care initiatives and achievements*

** refer to Appendix 2 for further information on Departmental functional areas*

Future initiatives

- Commencement of continuous interviewing across the state under the NSW Health Survey Program and expansion of the scope of the program to include all of the domains of Healthy People 2005
- Implementation of the National Guidelines for the appropriate use of red blood cells using the Breakthrough Series methodology
- Development of a Statewide Patient Safety Strategy, including an incident and sentinel event monitoring, reporting and investigation system for NSW
- Establishment of the Public Health Forum to oversee the initiatives set out under the Healthy People 2005 'Framework for Action'
- Development of strategies designed to protect children from the harmful effects of environmental tobacco smoke (ETS) on health
- Development of policies and strategies for Injury Control – 'Prevention of injurious falls among older people', Nutrition – 'Eat Well NSW' and Physical Activity – 'Simply Active Everyday 2002 – 2007'
- Development of the Aboriginal Vascular Health Program
- Implementation of NSW Biotechnology Strategy programs of relevance to NSW Health
- Review of the NSW Research and Development Infrastructure Grants Program
- Implementation of the Research Resource and Asset Program
- Development of the NSW Hepatitis C Care and Treatment Services Plan
- Development of NSW Health Chlamydia Prevention Campaign
- Development of a new NSW Immunisation Strategy
- Release of a Youth Alcohol Plan
- Introduction of buprenorphine as a new medication for opiate dependent people

Major achievements

- Developed and coordinated the NSW Health and Area Health Services Media Plan for the 2000 Olympic and Paralympic Games. This included 24 hour staffing by the Department's Media Issues Management Unit
- Produced the draft *Consumer and Community Participation Report* and completed a public consultation process on the draft document. This process involved approximately 300 people and included 316 submissions
- Coordinated the Smokefree Legislation campaign to promote the *Smoke-free Environment Act*, 2000. This included an information kit for proprietors
- Coordinated the 'Nursing Join the Team and Make a Difference' campaign which used print, radio and a roadshow to promote nursing as career option. The campaign resulted in over 1,700 students calling information packages
- Coordinated the 'Quality in Health Care Week', which included the '2000 Baxter Better Health Good Health Care Awards'
- Coordinated the 'Winter Campaign' which outlined the importance of taking health care measures during winter to the community
- Developed strategies to assist employees and community members in understanding the *NSW Privacy and Personal Information Protection Act*
- Acknowledged the contribution of volunteers to the health system by the introduction of the 'NSW Health Volunteer Appreciation Day'
- Promoted the NSW Health message 'Better Health Good Health Care' through partnerships on campaign planning groups and sponsorships of events such as the 'Rock Eisteddfod Challenge' and 'Croc Eisteddfod Festival', 'Walk to Work and Walk Safely to School Day'
- Developed communication strategies for various Statewide health initiatives
- Produced and disseminated over 200 Departmental publications, including the Department's *Annual Report*
- Responded to 52,000 calls at the Better Health Centre Distribution Warehouse regarding publication enquires
- Completed 40,000 publication orders by phone, fax or email from a database of 1,180 products currently held at the Better Health Centre Distribution Warehouse
- Produced and widely distributed a large number of materials relating to the Government's Action Plan for Health including the *Report of the Greater Metropolitan Services Implementation Group*, Reports from the Emergency Department and Intensive Care Working Groups, a number of bulletins, brochures, summaries and presentations
- Undertook a comprehensive review of the NSW HealthWeb which included consumer and professional focus group testings to recommend ways for improving information content, navigation and accessibility of the Department's website
- Finalised a number of Freedom of Information cases that were subject to review by the Office of the NSW Ombudsman
- Established an inquiry line in response to issues relating to the retention of human tissue. Over 700 calls were received
- Responded to 825,506 calls to the Department's switchboard
- Undertook telephone relocations as part of the renovations of the Miller Street building
- Relocated the reception area to a more accessible position on the ground floor

Challenges during the year

- Undertaking the increasing number of FOI matters being referred to the Administrative Decisions Tribunal
- Dealing with bereaved relatives who called the inquiry line regarding the retention of human tissue
- Managing the events, publications and committee processes arising from the Government Action Plan for Health

Future initiatives

- Finalise and disseminate the *Consumer and Community Participation Report* and develop an action plan for implementing the recommendations
- Establish a telephone and Internet based health advisory service to provide advice and information
- Develop guidelines for consumer involvement in state level committees
- Provide training for Departmental staff on FOI and their obligations under the legislation
- Provide training for Area Health Service staff processing FOI applications
- Oversee the recruitment of members to Area and Statewide Health Service Boards (half term appointments)
- Develop guidelines for the establishment of inquiry lines
- Ensure that resources are appropriately allocated to projects that will provide benefit to the people of NSW
- Develop a Mental Health Bed Surveillance System on the NSW HealthWeb to provide health professionals with information about mental health beds and resources that are available throughout the health system
- Implement recommendations from the NSW HealthWeb review to improve the Department's website
- Implement the Health Services Provider Directory Web Project, which will provide current and comprehensive statewide data on health service providers
- Implement improved search engines to access all NSW Health online resources
- Finalise the Publication and Resource Style Guide

** refer to Appendix 2 for further information on Departmental functional areas*

Major achievements

- Implemented new building classifications for building security and access
- Implemented recommendations made concerning the Medical Appeals Panel
- Introduced an operating lease for computer equipment
- Developed and piloted the waste management initiative
- Commenced implementation of the WRAPP (Waste Reduction And Purchasing Policy) recommendations
- Compiled a review of the Department's copying equipment
- Implemented CAS services on the intranet
- Completed the next stage of the refurbishment
- Completed the energy saving feasibility study
- Developed an integrated training plan
- Conducted the pilot 11/12 senior managers skills program
- Conducted the pilot of Jobs.NSW
- Streamlined job evaluation by using desk topping and the Job Evaluation team
- Implemented training for administrative staff
- Implemented and scoped the Olympic staffing program
- Issued policies related to workers compensation, code of conduct, exit interviews, recruitment and occupational health & safety
- Implemented the electronic job application lodgement facility
- Implemented organisational redesign through the realignment process
- Completed the evaluation of over 300 positions
- Coordinated the integration of CEIDA within the Drug Programs Bureau
- Reviewed the Department's temporary employment practices
- Purchased the new Human Resources payroll system, CHRIS
- Completion of the Corporate Computing Services (CCS) Intranet site
- Introduced IT infrastructure library (ITIL) – a best practice framework for support operations
- Streamlined the acquisition of computer equipment
- Implemented email filtering
- Refurbished the computer room
- Upgraded the Gladesville network
- Commenced Windows 2000 conversion throughout the Department
- Reviewed ministerial processes and product quality
- Provided advanced ESU training programs for all Area Health Services contacts and Departmental staff
- Implemented the HealthQuest review
- Implemented electronic document management for all areas and pilots within the Department
- Documented and reviewed record processes and manuals
- Completed quality control measures for file creation
- Enhanced the on-line file request form and thesaurus
- Commenced the formal approval process for disposal of records
- Provided faster dissemination of Department Circulars
- Uploaded all Departmental circulars on the HealthWeb/HealthNet
- Complied with provisions of the *State Records Act 1998*
- Conducted self assessment of risk using the Treasury 'Toolkit'
- Developed and integrated divisional planning, financial and reporting frameworks

Challenges during the year

- Realigning functions across all divisions
- Planning service delivery during the 2000 Olympics

Future initiatives

- Strategic Recruitment including integrated approach involving on-line recruitment processes and new HR/Payroll system (CHRIS)
- Develop management and leadership programs
- Develop a Whole-of-Department training plan
- Improve performance development systems
- Implement the Disaster Recovery Plan
- Standardise all Departmental operating systems to Windows 2000
- Develop policies and procedures for IT Service Management
- Improve the backend network operating system
- Develop the Occupational Health & Safety Strategic Management Plan
- Increase involvement in Departmental information management strategies
- Revise the Administration Procedures Manual
- Revise strategies for the disposal of furniture and cardboard boxes
- Expand the Waste Management Initiative
- Review internet stationary ordering methods
- Revise the Records Procedures Manual and Online User Guides
- Enhance the Division's website for further electronic delivery
- Implement the Disposal Program
- Review Departmental e-mail and Electronic Records Storage Management

** refer to Appendix 2 for further information on Departmental functional areas*

Major achievements

Major audits / investigations

- UNIX Security Audits
- IM&T Strategic Procurement Audit
- Patient Administration System Implementation Audit
- Series of probity audits for various IM&T Procurements
- Stocca-W Pharmacy Audit
- Development of audit software, programs and toolkits
- Western Sydney Area Health Service – St Joseph's Hospital, Auburn
- Department of Health – NSW Drugs Programs Bureau
- Mid Western Area Health Service – non-Government Organisation Lyndon Community
- Northern Sydney Area Health Service – medical staff recruitment, Royal North Shore Hospital
- Hunter Area Health Service – tendering
- Department of Health – NSW Telehealth Initiative 2000/01
- Ambulance Service of NSW – review of Tender for the Conversion of Ambulance Vehicles
- South Eastern Sydney Area Health Service – sponsorship arrangements
- Central Coast Area Health Service – Ngaimpe Aboriginal Corporation (NGO)
- Central Coast Area Health Service – investigation of Protected Disclosure
- Greater Murray Area Health Service – reply to Audit Report Review of Financial Management
- Department of Health – reply to Grievance Report
- Greater Murray Area Health Service – mental health funding
- Northern Rivers Area Health Service – tendering
- Central Coast Area Health Service – security Guards

- The Children's Hospital at Westmead – fund raising
- Special Purpose and Trust Funds in Area Health Services
- Review of revenue collection procedures in Area Health Services.
- Fraud Control Strategies in Area Health Services (statewide)
- Reporting Corrupt Conduct in Area Health Services (statewide)
- Pre implementation and post implementation audits of the new tax system
- South Western Sydney and Central Coast Area Health Services – quality assurance reviews of Internal Audit Units
- Dissemination of clinical policies in Area Health Services
- Miscellaneous Grants
- Corrections Health Service – post implementation audit of new tax system, annual review of financial reporting
- Aus Health International – Human Resources, donor funded projects and risk assessment

Other

- An increase of 16% in criminal record checks and an 81% in risk assessment reviews undertaken
- Developed and implemented the policy for employment screening for child-related positions in the public health sector and non-government organisations
- Provided presentations to various Professional Boards, Unions, Associations, Health Services and Private Health Organisations for employment screening, risk management and risk assessment
- Identified and rectified potential risk areas in Public Health Sector Organisations
- Recognised by various health services and government bodies for the comprehensive manner in which investigations are conducted
- Performed 103,224 criminal record checks
- Conducted 1,421 risk assessment reviews
- Conducted 25 investigations

Challenges during the year

- Maintaining high level advice on audit and investigation practice and procedures to Health Services
- Addressing emerging issues in relation to the acquisition of Information Systems (IS) and contract management
- Obtaining suitably qualified and experienced contract and employed IS auditors
- Gaining compliance and support of legislative changes to employment screening and risk management for child-related employment
- Conducting employment screening and subsequent risk assessments for Private Health Sector Organisations
- Resolving issues concerning the broad interpretation of 'primarily child-related employment' as defined by the Commission for Children and Young People and subsequently re-defined by the Industrial Relations Commission
- Providing adequate levels of service to the health system despite on-going Information Technology (IT) systems difficulties of external agencies responsible for coordinating employment screening lodgements

Future initiatives

- Conduct statewide investigation of e-mail and internet usage by Health Service personnel
- Redefine the scope of the IT audit framework to accommodate emerging issues and recommendations from the Government Action Plan for Health
- Maintain focus on key corporate information systems
- Increase training to Area Health Services for risk management/assessment, investigations, notifications and reporting guidelines
- On-going review of internal/external processes to ensure quick response and quality service to Area Health Services and Private Health Organisations

** refer to Appendix 2 for further information on Departmental functional areas*

PERFORMANCE AGAINST 2000/01 BUDGET ALLOCATION

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.

2000/01 Budget results

User charges, where applied, are not based on full cost recovery or on commercial returns and instead reflect a contribution to the operating costs of the supply. 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 2001, this net cost was \$6.50 Billion(B) compared with \$6.18B in 1999/2000.

The State Government increased its funding for operating and capital needs to the NSW Health Department from the Consolidated Fund by \$416M or 7.0% to \$6.32B in 2000/01.

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

Government funding does not include depreciation. This means that the Department can expect to realise a decrease in each year's 'Result From Ordinary Activities' unless this is offset by Government funding for capital purposes.

While capital funding is shown as revenue, capital expenditure is not treated as an expense: by its nature, it is reflected in the Statement of Financial Position. The amount the Department receives from year to year for capital purposes varies in line with its capital works program but does influence the amount reported as the 'Result From Ordinary Activities'.

Other factors affecting this result include the value of third party contributions restricted by donor conditions and the savings generated in the NSW Health system to effect repayment of prior year operating loans from Treasury, such loans being fully extinguished in 2000/01.

The Statement of Financial Performance identifies that **total expenses for 2000/01 amounted to \$7.51B or \$20.56M per day**, which is a 4.3% increase over 1999/2000.

Expenses incurred throughout the health system are varied but the major categories include:

- \$4.54B for salaries and employee related expenses (\$4.43B in 1999/2000)
- \$64M for food (\$64M in 1999/2000)
- \$569M for drugs, medical and surgical supplies (\$540M in 1999/2000)
- \$54M for fuel, light and power (\$52M in 1999/2000)
- \$292M for visiting medical staff (\$291M in 1999/2000)

The financial statements identify that, whilst \$316M was charged for depreciation on Property, Plant and Equipment, an amount of \$423M was incurred in capital expenditure. This constitutes a real increase in the value of health assets and reflects the significant capital works program to improve NSW health infrastructure.

Full expenditure of approved capital funds of \$554M was achieved in 2000/01. This expenditure included capital works in Information Management and Technology, Health Technology, capital grants and maintenance. During 2000/01, 40 new and refurbishment projects were completed. A further 87 projects were commenced or are underway including the Central Sydney Resource Transition Program which expended \$116M in 2000/01.

Forward years

The NSW Health Department is responsible for implementing the NSW Government Action Plan for Health to achieve significant improvements in the quality and effectiveness of health services across the State's public hospital system.

(For further information on the NSW Government Action Plan for Health see pages 8-10).

The Plan has been supported by substantial growth funding. Recurrent expenditure of \$7.77B is projected in 2001/02, representing an increase of \$828M over the 1999/2000 Budget year.

The 2001/02 expenditure represents an increase of some \$2.5Billion or around a 47% increase since 1994/95.

Beside this recurrent expenditure a further \$529.2M in Capital spending has been allocated for the rebuilding of hospitals and investment in information technology in the 2001/02 Health Budget.

Key 2000/01 financial indicators

Indicators	2000/01 \$m	Previous Year \$m	Previous Year \$m	+/- on +/- % \$m
Expenses	7,506	7,193	+313	+0.04
Revenue	1,012	1,004	+8	+0.01
Net Cost of Service	6,501	6,177	+324	+0.05
Recurrent	5,939	5,588	+351	+0.06
Capital Appropriation	378	314	+64	+0.20
Net Assets	5,239	4,868	+371	+0.08
Total Assets	6,962	6,573	+389	+0.06
Total Liabilities	1,724	1,705	+19	+0.01

Source: Finance and Commercial Services Division, 2001

2000/01 Performance against net cost of Health Services' Budgets

Health Service	2000/01 Budget	Variation from Budget	
	\$M	\$M	%
Central Sydney Area Health Service	559.4	(17.9)	(3.2)
Northern Sydney Area Health Service	520.7	3.7	0.7
Western Sydney Area Health Service	656.5	(3.6)	(0.5)
Wentworth Area Health Service	255.4	(2.0)	(0.8)
South Western Sydney Area Health Service	597.4	(11.6)	(1.9)
Central Coast Area Health Service	233.5	(4.9)	(2.1)
Hunter Area Health Service	500.3	(5.4)	(1.1)
Illawarra Area Health Service	312.9	(1.2)	(0.4)
South Eastern Sydney Area Health Service	813.1	(5.6)	(0.7)
Metropolitan Subtotal	4,449.2	(48.5)	(1.1)
Northern Rivers Area Health Service	242.5	(0.8)	(0.3)
Mid North Coast Area Health Service	227.5	(0.4)	(0.2)
New England Area Health Service	175.1	0.1	0.1
Macquarie Area Health Service	119.3	(0.4)	(0.3)
Mid Western Area Health Service	196.1	(1.4)	(0.7)
Far West Area Health Service	82.3	(0.6)	(0.7)
Greater Murray Area Health Service	239.7	0.2	0.1
Southern Area Health Service	204.1	0.0	0.0
Rural Subtotal	1,486.6	(3.3)	(0.2)
Ambulance Service of NSW	220.7	2.1	1.0
The Children's Hospital at Westmead	58.4	(0.6)	(1.0)
Corrections Health	38.3	0.0	0.0
Sub total	317.4	1.5	0.5
Issued Budgets	6,253.2	(50.3)	(0.8)

*Brackets denote favourability

Source: Financial and Commercial Services Division, 2001

PERFORMANCE AGAINST 2000/01 BUDGET ALLOCATION

Key Initiatives of 2001/02*

Budgeted total expenditure of **\$7.77Billion in 2001/02** is consistent with the Government announcement during 2000 that the annual expenditure on the provision of health services in NSW is projected to increase to \$8.1Billion by 2002/03.

The Government has continued its commitment to a three-year recurrent health budget, enabling clinicians and managers to plan for growth in demand and related service delivery and workforce needs.

\$98M is being provided in additional growth funding in 2001/02 on top of \$71M provided in 2000/01.

A further \$28M is being provided for mental health services plus an additional \$5M for oral health over funding provided in 2000/01.

In addition to the base \$480M capital budget, a further \$49.2M is being provided to implement key NSW Government Action Plan initiatives, a total of \$529.2M in 2001/02, which is a record level of investment.

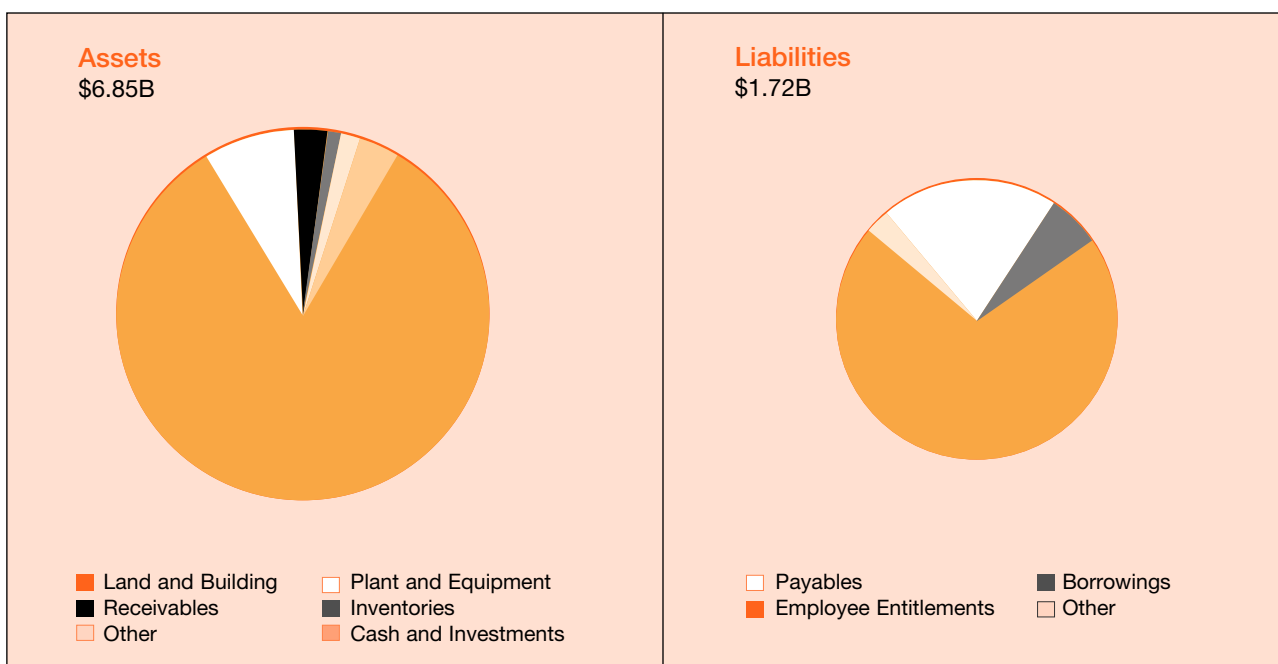
The increase provided enables the direction of funding to the Health population growth and priority areas whilst at the same time maintaining services in established areas.

From 1 July 2001, NSW Health will also implement a number of reforms under the NSW Government Action Plan for Health including:

- the continuation and expansion of episode funding for acute care that was introduced from 1 July 2000
- the introduction of funding models for Emergency Departments and Intensive Care Units
- the introduction of budget holding models to encourage more local provision of certain health services where appropriate. This will also include interstate patient flows which mainly impact border health services
- the phased introduction of a capital charge policy. This will involve a Capital Resource Distribution Formula and assist in the equitable distribution and effective utilisation of health assets.

* refer also to page 13.

Total Assets and Liabilities as at 30 June 2001



Source: Finance and Commercial Services Division, 2001

OPERATING STATEMENT FOR 2000/01

2000/01 Operating Statement for total expenses

Expenses Include	2000/01 \$M	1999/2000 \$M	1998/99 \$M	1997/98 \$M	1996/97
Salaries and employee related expenses	4,538	4,431	4,309	4,017	3,628
Food	64	64	62	65	61
Drugs, medical and surgical supplies	569	540	508	451	420
Fuel, light and power	54	52	48	53	56
Visiting medical staff	292	291	299	287	261

Source: Finance and Commercial Services Division, 2001

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

Health Service	1999/00 \$000	2000/01 \$000	Increase	
			\$M	%
Central Sydney Area Health Service	549.0	566.8	17.8	3.2
Northern Sydney Area Health Service	455.8	477.1	21.3	4.7
Western Sydney Area Health Service	491.1	517.3	26.2	5.3
Wentworth Area Health Service	187.7	196.3	8.6	4.6
South Western Sydney Area Health Service	441.2	466.4	25.2	5.7
Central Coast Area Health Service	176.0	187.7	11.7	6.6
Hunter Area Health Service	423.7	445.1	21.4	5.1
Illawarra Area Health Service	214.1	225.9	11.8	5.5
South Eastern Sydney Area Health Service	718.0	750.4	32.4	4.5
Subtotal	3,656.6	3,833.0	176.4	
Northern Rivers Area Health Service	184.0	197.0	13.0	7.1
Mid North Coast Area Health Service	158.8	171.1	12.3	7.7
New England Area Health Service	133.5	139.1	5.6	4.2
Macquarie Area Health Service	86.1	90.4	4.3	5.0
Mid Western Area Health Service	145.7	150.6	4.9	3.4
Far West Area Health Service	50.0	52.3	2.3	4.6
Greater Murray Area Health Service	178.7	185.5	6.8	3.8
Southern Area Health Service	121.3	126.7	5.4	4.5
Subtotal	1,058.1	1,112.7	54.6	
Total Areas	4,714.7	4,945.7	231.0	
The Children's Hospital, Westmead	104.3	108.1	3.8	3.6
Ambulance Service	145.8	153.7	7.9	5.4
Corrections	26.4	28.1	1.7	6.4
Total	4,991.2	5,235.6	244.4	4.9

Note: These figures reflect annual Net Cash Allocations for 1999/2000 and 2000/01

CERTIFICATION OF ACCOUNTS

CERTIFICATE OF ACCOUNTS

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

- (i) the financial statements of the NSW Health Department parent entity for the year ended 30 June 2001 have been prepared in accordance with the requirements of applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) Consensus Views, the requirements of the Public Finance and Audit Act 1983, and its regulations and Financial Reporting Directions published in the Financial Reporting Code for Budget Dependent General Government Sector Agencies or issued by the Treasurer under section 9(2)(n) of the Act and the requirements of the Health Administration Act 2000, and its regulations.

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

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


In respect of the consolidated financial statements:

- (i) the financial statements for the NSW Health Department and its controlled entities for the year ended 30 June 2001 have been prepared in accordance with applicable Australian Accounting Standards other authoritative pronouncements of the Australian Accounting Standards Board (AASB), UIG Consensus Views, the requirements of the Public Finance and Audit Act, 1983, and its regulations and the Financial Reporting Directions published in the Financial Reporting Code for Budget Dependent General Government Sector Agencies or issued by the Treasurer under Section 9(2)(n) of the Act and the requirements of the Health Administration Act 2000, and its regulations.

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

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

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


Michael Reid
Director-General

18 September 2001



BOX 12 GPO
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT DEPARTMENT OF HEALTH

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

Scope

I have audited the accounts of the Department of Health for the year ended 30 June 2001. The financial report includes the consolidated financial statements of the consolidated entity comprising the Department and the entities it controlled at the year's end or from time to time during the financial year. The Director-General is responsible for the financial report consisting of the statements of financial position, statements of financial performance, statements of cash flows, program statement - expenses and revenues and summary of compliance with financial directives, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament and the Director-General based on my audit as required by sections 34 and 45F(1) of the *Public Finance and Audit Act 1983* (the Act). My responsibility does not extend to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

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

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

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

Audit Opinion

In my opinion, the financial report of the Department of Health complies with section 45E of the Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Department and the economic entity as at 30 June 2001 and the results of their operations and their cash flows for the year then ended.

A handwritten signature in black ink, appearing to read 'R J Sendt'.

R J Sendt
Auditor-General

SYDNEY
19 September 2001

STATEMENT OF FINANCIAL PERFORMANCE AS AT 30 JUNE 2001

PARENT					CONSOLIDATED		
Actual 2001 \$000	Budget 2001 \$000	Actual 2000 \$000		Notes	Actual 2001 \$000	Budget 2001 \$000	Actual 2000 \$000
			EXPENSES				
60,259	70,358	73,167	Operating Expenses				
219,481	256,263	297,192	Employee Related	3	4,538,483	4,617,581	4,430,697
928	1,084	2,307	Other Operating Expenses	4	1,878,827	1,755,762	1,735,908
5,393	6,200	6,131	Maintenance	5	197,815	182,462	193,508
6,062,434	6,033,961	5,656,402	Depreciation and Amortisation	6	315,558	335,576	304,821
6,519	8,016	8,016	Grants and Subsidies	7	565,563	562,198	517,247
			Borrowing Costs	8	9,824	9,700	11,113
6,355,014	6,375,882	6,043,215	Total Expenses		7,506,070	7,463,279	7,193,294
			REVENUE				
91,946	91,387	95,637	Sale of Goods and Services	9	767,786	695,976	707,343
3,550	3,528	948	Investment Income	10	32,884	18,051	24,680
3,306	3,286	2,820	Grants and Contributions	11	150,043	132,366	150,115
6,478	6,439	16,338	Other Revenue	12	61,408	35,693	121,475
105,280	104,640	115,743	Total Revenue		1,012,121	882,086	1,003,613
(987)	-----	19,345	Gain / (Loss) on Disposal of Non Current Assets	13	(6,686)	-----	12,260
6,250,721	6,271,242	5,908,127	NET COST OF SERVICES	33	6,500,635	6,581,193	6,177,421
			GOVERNMENT CONTRIBUTIONS				
5,939,094	5,937,271	5,587,504	Recurrent Appropriation	15	5,939,094	5,937,271	5,587,504
378,367	351,717	313,922	Capital Appropriation	15	378,367	351,717	313,922
			Acceptance by the Crown				
			Entity of Employee				
6,725	6,248	5,467	Entitlements and Other Liabilities	16	334,084	357,081	297,555
6,324,186	6,295,236	5,906,893	TOTAL GOVERNMENT CONTRIBUTIONS		6,651,545	6,646,069	6,198,981
73,465	23,994	(1,234)	RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES		150,910	64,876	21,560
			NON-OWNER TRANSACTION CHANGES IN EQUITY				
-----	-----	-----	Net increase in Asset Revaluation Reserve		219,748	-----	-----
			Total Revenues, Expenses and Valuation Adjustments recognised Directly in Equity		219,748	-----	-----
73,465	23,994	(1,234)	TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS		370,658	64,876	21,560

The accompanying notes form part of these Financial Statements

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2001

PARENT					CONSOLIDATED		
Actual 2001 \$000	Budget 2001 \$000	Actual 2000 \$000		Notes	Actual 2001 \$000	Budget 2001 \$000	Actual 2000 \$000
			ASSETS				
			Current Assets				
20,909	3,759	6,141	Cash	18	225,646	304,438	292,662
40,918	40,542	24,422	Receivables	19	185,909	157,289	127,629
-----	-----	-----	Inventories	20	62,287	60,140	59,258
14,735	-----	59,007	Other Financial Assets	21	180,752	31,983	58,356
76,562	44,301	89,570	Total Current Assets		654,594	553,850	537,905
			Non-Current Assets				
			Property, Plant and Equipment				
110,680	112,376	115,676	Land and Buildings	22	5,698,893	5,518,491	5,387,544
7,847	7,145	5,545	Plant and Equipment	22	546,817	529,407	577,444
118,527	119,521	121,221	Total Property, Plant and Equipment		6,245,710	6,047,898	5,964,988
-----	-----	-----	Receivables	19	4,361	4,234	4,234
43,415	23,291	26,894	Other Financial Assets	21	51,554	40,416	61,202
-----	-----	-----	Other		6,295	5,201	5,301
161,942	142,812	148,115	Total Non-Current Assets		6,307,920	6,097,749	6,035,725
238,504	187,113	237,685	TOTAL ASSETS		6,962,514	6,651,599	6,573,630
			LIABILITIES				
			Current Liabilities				
83,344	82,888	82,888	Payables	24	348,589	346,664	324,082
1,307	1,307	47,038	Interest Bearing Liabilities	25	16,539	9,875	62,309
			Employee Entitlements and				
5,823	6,176	5,895	Other Provisions	26	569,987	554,072	534,599
-----	-----	23,550	Other	27	11,578	28,537	28,537
90,474	90,371	159,371	Total Current Liabilities		946,693	939,148	949,527
			Non-Current Liabilities				
53,391	53,391	58,987	Interest Bearing Liabilities	25	88,702	93,289	95,789
2,138	1,531	1,501	Employee Entitlements and				
-----	-----	-----	Other Provisions	26	653,326	647,655	620,926
55,529	54,922	60,488	Total Non-Current Liabilities	27	776,952	779,364	755,892
146,003	145,293	219,859	TOTAL LIABILITIES		1,723,645	1,718,512	1,705,419
92,501	41,820	17,826	NET ASSETS		5,238,869	4,933,087	4,868,211
			EQUITY	28			
30,140	30,140	30,140	Reserves		808,410	589,332	589,332
62,361	11,680	(12,314)	Accumulated Funds		4,430,459	4,343,755	4,278,879
92,501	41,820	17,826	TOTAL EQUITY		5,238,869	4,933,087	4,868,211

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2001

PARENT			Notes	CONSOLIDATED		
Actual 2001 \$000	Budget 2001 \$000	Actual 2000 \$000		Actual 2001 \$000	Budget 2001 \$000	Actual 2000 \$000
				CASH FLOWS FROM OPERATING ACTIVITIES		
				Payments		
(273,185)	(282,991)	(245,484)		(4,360,763)	(4,441,957)	(4,231,196)
(6,062,434)	(6,033,961)	(5,656,402)		(575,609)	(562,198)	(517,247)
(6,519)	(8,016)	(8,016)		(9,824)	(9,700)	(11,113)
(274,650)	(311,967)	(321,334)		(2,294,957)	(2,197,416)	(1,874,608)
(6,616,788)	(6,636,935)	(6,231,236)		(7,241,153)	(7,211,271)	(6,634,164)
				Receipts		
96,653	96,393	87,324		765,953	695,976	692,637
2,727	2,705	1,246		32,315	18,051	24,750
40,403	43,899	9,846		408,437	408,466	175,317
139,783	142,997	98,416		1,206,705	1,122,493	892,704
				CASH FLOWS FROM GOVERNMENT		
5,939,094	5,937,271	5,637,548		5,939,094	5,937,271	5,637,548
378,367	351,717	313,922		378,367	351,717	313,922
219,812	219,335	178,386		219,812	237,827	178,386
(23,550)	(23,550)	(26,494)		(23,550)	-----	(26,494)
6,513,723	6,484,773	6,103,362		6,513,723	6,526,815	6,103,362
36,718	(9,165)	(29,458)	33	479,275	438,037	361,902
				CASH FLOWS FROM INVESTING ACTIVITIES		
4,370	-----	18,868		41,362	53,808	78,067
40,029	42,007	33,142		157,821	48,144	-----
(4,424)	(4,500)	(1,494)		(422,794)	(472,294)	(377,558)
(32,919)	-----	-----		(269,823)	(985)	(37,446)
1,668	-----	(85)		-----	-----	-----
8,724	37,507	50,431		(493,434)	(371,327)	(336,937)
				CASH FLOWS FROM FINANCING ACTIVITIES		
1,678	-----	20,641		1,678	-----	20,641
(32,363)	(30,724)	(51,267)		(49,818)	(54,934)	(53,160)
(30,685)	(30,724)	(30,626)		(48,140)	(54,934)	(32,519)
14,757	(2,382)	(9,653)		(62,299)	11,776	(7,554)
6,141	6,141	15,794		277,391	277,391	284,945
11	-----	-----		-----	-----	-----
20,909	3,759	6,141	18	215,092	289,167	277,391

PROGRAM STATEMENTEXPENSES AND REVENUE FOR THE YEAR ENDED 30 JUNE 2001

	Program 1.1*		Program 1.2*		Program 1.3*		Program 2.1*		Program 2.2*		Program 2.3*		Program 3.1*		Program 4.1*		Program 5.1*		Program 6.1*		Not Attributable		Total	
	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	
EXPENSES																								
Operating Expenses																								
Employee Related	426,443	394,361	13,487	12,377	409,848	396,185	491,831	467,735	1,777,500	1,805,224	287,752	269,685	380,891	363,928	479,620	440,244	94,600	83,079	176,511	197,879			4,538,483	4,430,697
Other Operating Expenses	127,746	126,994	5,125	5,514	191,511	169,305	150,723	151,085	897,241	781,571	108,630	107,930	107,977	108,166	149,729	163,153	70,009	70,590	70,136	51,600			1,878,827	1,735,908
Maintenance	14,765	14,280	276	516	22,149	21,424	19,094	16,393	76,518	76,352	15,892	14,618	12,065	11,484	17,685	19,831	9,279	8,509	10,092	10,101			197,815	193,508
Depreciation and Amortisation	19,335	18,518	451	586	38,670	36,744	29,856	29,668	138,913	137,078	21,973	23,849	18,573	17,988	28,299	24,922	6,406	5,365	13,082	10,103			315,558	304,821
Grants and Subsidies	65,843	75,001	7,424	6,207	53,773	63,104	6,412	6,724	224,307	199,141	5,464	6,724	30,025	8,276	135,377	144,829	698	517	36,240	6,724			565,563	517,247
Borrowing Costs	1,340	1,367	2	10	553	493	1,604	1,543	4,882	1,725	697	657	161	154	336	4,888	40	186	209	90			9,824	11,113
TOTAL EXPENSES	655,472	630,521	26,765	25,210	716,504	687,255	699,520	673,148	3,119,361	3,001,091	440,408	423,463	549,892	509,996	811,046	797,867	181,032	168,246	306,270	276,497			7,506,070	7,193,294
REVENUE																								
Sale of Goods and Services	18,156	11,529	1,720		42,584	36,620	58,167	44,080	426,641	432,691	32,651	49,505	36,643	23,057	128,142	99,688	11,832	4,747	11,250	5,426			767,786	707,343
Investment Income	1,818	1,647	35	20	2,958	1,868	1,376	947	11,793	8,362	1,546	1,449	933	407	2,077	5,831	1,030	864	9,318	3,285			32,884	24,680
Grants and Contributions	13,508	11,869	1,351	1,072	10,844	13,303	4,444	2,287	52,019	47,692	7,689	9,037	3,905	2,284	19,133	12,525	(10,157)	128	47,307	49,918			150,043	150,115
Other Revenue	3,452	4,069	48	53	3,842	4,281	2,292	9,407	26,614	77,517	1,536	1,850	1,667	1,427	8,924	9,818	927	898	12,106	12,155			61,408	121,475
TOTAL REVENUE	36,934	29,114	3,154	1,145	60,228	56,072	66,279	56,721	517,067	566,262	43,422	61,841	43,148	27,175	158,276	127,862	3,632	6,637	79,981	70,784			1,012,121	1,003,613
Gain/(Loss) on Disposal of Non Current Assets	(214)		(13)		(681)		(228)		(2,747)	12,260	(270)		(381)		(407)		(138)		(1,607)				(6,686)	12,260
NET COST OF SERVICES	618,752	601,407	23,624	24,065	656,957	631,183	633,469	616,427	2,605,041	2,422,569	397,256	361,622	506,925	482,821	653,177	670,005	177,538	161,609	227,896	205,713			6,500,635	6,177,421
Government Contributions **																							6,651,545	6,198,981
RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES																							150,910	21,560
Administered Revenues (not attributed to Programs)																								
Consolidated Fund																								
- Taxes, Fees and Fines																							1,606	1,391
TOTAL ADMINISTERED REVENUES																							1,606	1,391

* The name and purpose of each program is summarised in Note 17

** Appropriations are made on an agency basis and not to individual programs.

Consequently government contributions must be included in the 'Not Attributable' column.

	2001				2000			
	Recurrent Appropriation \$000	Expenditure/ Net Claim on Consolidated Fund \$000	Capital Appropriation \$000	Expenditure/ Net Claim on Consolidated Fund \$000	Recurrent Appropriation \$000	Expenditure \$000	Capital Appropriation \$000	Expenditure \$000
ORIGINAL BUDGET APPROPRIATION / EXPENDITURE - Appropriation Act - Additional Appropriations - s24 PFandAA – transfers of functions between departments - s26 PFandAA – Commonwealth specific purpose payments	5,890,859	5,888,123	351,717	351,717	5,476,726	5,428,243	291,918	291,918
	-----	-----	-----	-----	670	670	339	339
	-----	-----	-----	-----	500	500	-----	-----
	46,412	46,412	-----	-----	10,941	10,941	-----	-----
	5,937,271	5,934,535	351,717	351,717	5,488,837	5,440,354	292,257	292,257
OTHER APPROPRIATIONS / EXPENDITURE - Treasurer's Advance - Section 22 - expenditure for certain works and services - Transfers from another agency (s26 of the appropriation Act)	6,362	6,362	26,650	26,650	35,732	34,232	-----	-----
	-----	-----	-----	-----	145,335	140,335	22,465	22,465
	(1,803)	(1,803)	-----	-----	(923)	(923)	(800)	(800)
	4,559	4,559	26,650	26,650	180,144	173,644	21,665	21,665
TOTAL APPROPRIATIONS [SUBTOTAL 2] /EXPENDITURE / NET CLAIM ON CONSOLIDATED FUND [TOTAL 1]	5,941,830	5,939,094	378,367	378,367	5,668,981	5,613,998	313,922	313,922
AMOUNT DRAWN DOWN AGAINST APPROPRIATION [TOTAL 3]		5,939,094		378,367		5,637,548		313,922
LIABILITY TO CONSOLIDATED FUND * [TOTAL 4]		-----		-----		23,550		-----

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

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

1. THE NSW HEALTH DEPARTMENT REPORTING ENTITY

- a** The NSW Health Department economic entity comprises all the operating activities of the NSW Ambulance Service; Area Health Services constituted under the *Health Services Act 1997*; the Royal Alexandra Hospital for Children and the Corrections Health Service and all Central Administration units of the Department.

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

- b** In addition to the consolidated results, the Department's financial statements also include results for the parent entity, denoted in note 1(a) as Central Administration.
- c** The consolidated accounts are those of the consolidated entity comprising the Department of Health (the parent entity) and its controlled entities. In the process of preparing the consolidated financial statements for the economic entity, consisting of the controlling and controlled entities, all inter entity transactions and balances have been eliminated.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The NSW Health Department's financial statements are a general purpose financial report which has been prepared on an accruals basis and in accordance with applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) Consensus Views, the requirements of the *Public Finance and Audit Act 1983* and Regulations, and the Financial Reporting Directions published in the *Financial Reporting Code for Budget Dependent General Government Sector 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.

In the absence of a specific Accounting Standard, other authoritative pronouncement of the AASB or UIG Consensus View, the hierarchy of other pronouncements as outlined in AAS6 'Accounting Policies' is considered.

Except for certain investments and land and buildings, plant and equipment, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency. The accounting policies adopted are consistent with those of the previous year except as indicated in note 2(g).

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

a Employee entitlements

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

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

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

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

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

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

b Superannuation benefits

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

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

c Insurance

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

d Revenue recognition

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

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

Parliamentary appropriations and contributions from other bodies

Parliamentary appropriations are generally recognised as revenues when the agency obtains control over the assets comprising the appropriations/contributions. Control over appropriations and contributions is normally obtained upon the receipt of cash.

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

The effect of this change which was applied in 1999/2000 for the year ending 30 June 2000 was that \$23.550 million, the amount owing to the Consolidated Fund, was accounted for as a current liability and not as a revenue. The liability was disclosed in Note 27 as part of 'other current liabilities' and was subsequently extinguished in the 2000/01 financial year.

Patient Fees

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

Use of Hospital Facilities

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

e Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except:

- the amount of GST incurred by the Department/its controlled entities as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense
- receivables and payables are stated with the amount of GST included.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

f Research and development costs

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

g Changes in accounting policy – interstate patient flows

In 2000/01 health services' financial policy was amended to include the flows to/from other Australian States and Territories in the accounting records of affected Health Services rather than showing the expense and revenue as a Parent entity transaction. The reporting adopted provides a greater accuracy of the cost of service provision to each Area's resident population and discloses the extent to which services are provided to non NSW residents. The change in treatment has no impact on the consolidated reporting of the Department.

However, the effect of the change on the 2000/2001 Net Cost of Services was a decrease of \$89.4 million for the Parent Entity. If the change in accounting policy had been adopted in the previous year the 1999/2000 comparatives for both Expenses and Net Cost of Services would have been decreased by \$86.2 million.

The composition of patient flow revenue/expense is disclosed in Note 4 and Note 9.

h 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.

Where settlement of any part of cash consideration is deferred, the amounts payable in the future are discounted to their present value at the acquisition date. The discount rate used is the incremental borrowing rate, being the rate at which similar borrowing could be obtained.

i Plant and equipment

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

j Depreciation

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

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

Buildings	2.5%
Electro Medical Equipment	
- Costing less than \$200,000	10.0%
- Costing more than or equal to \$200,000	12.5%
Computer Equipment	20.0%
Computer Software	20.0% to 33.3%
Infrastructure Systems	2.5%
Office Equipment	0.0%
Plant and Machinery	10.0%
Linen	20.0%
Furniture, Fittings and Furnishings	5.0%

k 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.

In accordance with Treasury policy, the NSW Health Department has applied the AAS38 'Revaluation of Non Current Assets' transitional provisions for the public sector and has elected to apply the same revaluation basis as the preceding reporting period, while the relationship between fair value and the existing valuation basis in the NSW public sector is further examined. It is expected however, that in most instances the current valuation methodology will approximate fair value.

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.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the 'result for the year from ordinary activities', the increment is recognised immediately as revenue in the 'result for the year from ordinary activities'.

Revaluation decrements are recognised immediately as expenses in the 'result for the year from ordinary activities' except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

Revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

l Maintenance and repairs

The costs of maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset in which case the costs are capitalised and depreciated.

m 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 Statement of Financial Performance in the periods in which they are incurred.

n Other financial assets

Marketable securities and deposits are valued at cost unless specifically stated in Note 21. Non marketable securities are brought to account at cost.

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

For current other financial assets, revaluation increments and decrements are recognised in the Statement of Financial Performance.

Interest revenues are recognised as they accrue.

o 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.

p Trust funds

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

q Administered activities

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

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

r Administrative restructuring

Transfer of the net assets of the Centre for Education and Information on Drugs and Alcohol (CEIDA) was effected for Central Sydney Area Health Service on 1 July 2000. The transfer of \$1.210 million has been treated as a direct adjustment to the opening balance of Accumulated funds in the Parent Entity's accounts. Details of assets and liabilities transferred are disclosed in Note 40.

s 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, other financial assets, accounts payable and interest bearing liabilities.

In accordance with Australian Accounting Standard AAS33, 'Presentation and Disclosure of Financial Instruments', information is disclosed in Note 38 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

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

Cash

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

Terms and conditions – Monies on deposit attract an effective interest rate of between 3.7% and 6.5% as compared to 3.7% and 6.5% in the previous year.

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 (Other Financial Assets)

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 Statement of Financial Performance 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 90 to 185 days and effective interest rate of 3.5% to 6.8% as compared to 2.0% to 6.6% in the previous year. Fixed term deposits have a maturity of up to 5 years and effective interest rates of 4.0% to 7.9% as compared to 4.8% to 8.0% in the previous year.

Payables

Accounting policies – Payables 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.

Interest bearing liabilities

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

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

Classes of instruments recorded at market value comprise:

Treasury Corporation Hour Glass investments

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

Terms and conditions – Deposits have a maturity of up to 3 years with effective interest rates of 5.0% to 11.7%. This compares with interest rates of 5.0% to 11.8% in the previous year.

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

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

t Payables

These amounts represent liabilities for goods and services provided to the Department and its controlled entities and other amounts, including interest. Interest is accrued over the period it becomes due.

u Interest bearing liabilities

All loans are valued at current capital value. The finance lease liability is determined in accordance with AAS17 'Leases'.

v Reclassification of financial information

As a result of applying AAS1 'Statement of Financial Performance' and AAS36 'Statement of Financial Position', the format of the Statement of Financial Performance (previously referred to as the Operating Statement) and the Statement of Financial Position has been amended. As a result of applying these Accounting Standards, a number of comparative amounts were represented or reclassified to ensure comparability with the current reporting period.

w Budgeted amounts

The budgeted amounts are drawn from the budgets as formulated at the beginning of the financial year and with any adjustments for the effects of additional appropriations, s 21A, S 24 and/or s 26 of the *Public Finance and Audit Act 1983*.

The budgeted amounts in the Statement of Financial Performance and the Statement of Cash Flows are generally based on the amounts disclosed in the NSW Budget Papers (as adjusted above). However, in the Statement of Financial Position, the amounts vary from the Budget Papers, as the opening balances of the budgeted amounts are based on carried forward actual amounts, ie. per the audited financial statements (rather than carried forward estimates).

x Exemption from Public Finance and Audit Act 1983

The Treasurer has granted the Department an exemption under section 45e of the *Public Finance and Audit Act 1983*, from the requirement to use the line item title 'Surplus/(Deficit) for the Year from Ordinary Activities', in the Statement of Financial Performance. The Treasurer approved the title 'Result for the Year from Ordinary Activities' instead.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

PARENT			CONSOLIDATED										
2001 \$000	2000 \$000		2001 \$000	2000 \$000									
		3. EMPLOYEE RELATED EXPENSES											
		Employee related expenses comprise the following specific items:											
45,766	59,276	Salaries and Wages	3,570,986	3,494,474									
4,475	3,907	Superannuation	331,834	295,995									
1,971	1,292	Long Service Leave	106,582	103,160									
3,862	4,402	Recreation Leave	344,932	337,848									
-----	-----	Nursing Agency Payments	36,180	27,379									
-----	-----	Other Agency Payments	7,965	6,586									
726	790	Workers Compensation Insurance	136,227	161,755									
3,459	3,500	Payroll Tax and Fringe Benefits Tax	3,777	3,500									
60,259	73,167		4,538,483	4,430,697									
		Salaries and Wages includes \$2,200,089 paid to members of Health Service Boards consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.The payments have been made within the following bands:											
		<table><tr><th>\$ range</th><th>No. Paid</th><th>\$</th></tr><tr><td>\$0 to \$14,999</td><td>181</td><td>1,823,349</td></tr><tr><td>\$15,000 to \$29,999</td><td>18</td><td>376,740</td></tr></table>	\$ range	No. Paid	\$	\$0 to \$14,999	181	1,823,349	\$15,000 to \$29,999	18	376,740		
\$ range	No. Paid	\$											
\$0 to \$14,999	181	1,823,349											
\$15,000 to \$29,999	18	376,740											
		Additional payments made on a Statewide basis, for example for travel total \$119,665.											
		4. OTHER OPERATING EXPENSES											
132	299	Visiting Medical Officers	292,358	290,923									
2,080	2,968	Drug Supplies	255,946	246,257									
32,270	30,384	Medical and Surgical Supplies	313,342	293,287									
-----	-----	Special Service Departments	133,691	125,305									
85	90	Domestic Charges	79,963	77,575									
-----	-----	Food Supplies	64,077	63,870									
298	231	Fuel, Light and Power	54,368	52,100									
26,477	16,356	Computer Related Expenses	49,653	38,593									
3,013	3,003	Travel Related Costs	75,475	69,481									
2,113	2,113	Postal and Telephone Costs	46,498	47,502									
10,634	9,297	Staff Related Costs	31,186	24,544									
87,472	61,708	Insurance	93,868	71,086									
2,581	87,101	Interstate Patient Outflows, NSW	91,994	87,101									
-----	-----	Operating Lease Rental Expenses	22,293	12,900									
5,057	4,935	Rates and Charges	26,093	24,418									
2,371	2,006	Printing and Stationery	34,970	33,211									
-----	38,089	Forgiveness of Health Service Debt (a)	-----	-----									
-----	-----	Sundry Operating Expenses (b)	99,852	93,093									
44,898	38,612	General Expenses (c)	113,200	84,662									
219,481	297,192		1,878,827	1,735,908									

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$000
		4. OTHER OPERATING EXPENSES (CONTINUED)		
		In 2000/01 payments for Interstate patient outflows were recognised in the financial statements of each Health Service affected. Note 2(g) refers.		
-----	38,089	(a) Forgiveness of Health Service Debt Forgiveness of Health Service Debt	-----	-----
		In 1999/2000 the Minister for Health approved the release of several Area Health Services from their obligation to effect repayment on operating loans of \$38.1 million in previous years. This individually significant item is referenced above.		
		(b) Sundry Operating Expenses comprise:		
-----	-----	Aircraft Expenses (Ambulance)	24,045	22,173
-----	-----	Contract for Patient Services	68,535	64,219
-----	-----	Isolated Patient Travel and Accommodation Assistance Scheme	7,272	6,701
-----	-----		99,852	93,093
		(c) General Expenses include:-		
1,809	1,548	Advertising	12,896	9,551
495	284	Books and Magazines	9,036	8,027
		Consultancies		
2,480	2,354	- Operating Activities	13,648	14,714
4,803	5,976	- Capital Works	8,402	8,527
709	350	Courier and Freight	7,115	6,416
180	180	Auditors Remuneration - Audit of financial reports	1,893	1,869
5,353	5,358	Health Professional Registration Board Expenses	5,353	5,358
312	393	Legal Expenses	4,520	4,701
-----	-----	Membership/Professional Fees	3,196	2,692
-----	-----	Payroll Services	436	476
6	39	Provision for Bad and Doubtful Debts	14,832	13,363
		5. MAINTENANCE		
928	2,307	Repairs and Routine Maintenance	125,603	119,968
		Other:		
-----	-----	Renovations and Additional Works	17,131	15,883
-----	-----	Replacements and Additional Equipment less than \$5,000	55,081	57,657
928	2,307		197,815	193,508

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$000
		6. DEPRECIATION AND AMORTISATION EXPENSE		
640	640	Depreciation - Buildings	180,402	170,707
2,130	2,868	Depreciation - Plant and Equipment	131,513	130,471
2,623	2,623	Amortisation	3,643	3,643
5,393	6,131		315,558	304,821
		7. GRANTS AND SUBSIDIES		
		Payments to the Red Cross Blood Transfusion Service	52,352	51,076
52,352	51,076	Operating Payments to Other Affiliated Health Organisations	335,681	326,297
-----	-----	Capital Payments to Affiliated Health Organisations	49,778	34,586
-----	-----	Grants-		
17,773	6,833	External Research	17,773	12,067
1,583	1,540	NSW Institute of Psychiatry	1,583	1,540
3,498	8,245	National Drug Strategy	3,498	8,245
31,993	24,339	Non Government Voluntary Organisations	80,015	67,711
5,944,685	5,555,644	Payments to Controlled Health Entities	----	----
10,550	8,725	Other Payments	24,883	15,725
6,062,434	5,656,402		565,563	517,247
		8. BORROWING COSTS		
6,519	8,016	Finance Lease Interest Charges	9,824	11,113
6,519	8,016		9,824	11,113
		9. SALE OF GOODS AND SERVICES		
		Sale of Goods and Services comprise the following:		
-----	-----	Patient Fees	233,210	223,035
-----	-----	Staff-Meals and Accommodation	12,443	14,056
-----	-----	Use of Hospital Facilities	93,859	76,469
43,805	37,263	Department of Veterans' Affairs Agreement Funding	230,744	222,553
-----	-----	Ambulance Non Hospital User Charges	24,303	21,998
26,427	23,580	Motor Accident Authority Third Party Receipts	26,427	23,580
-----	-----	Car Parking	11,423	10,703
-----	-----	Child Care Fees	4,177	4,022
-----	-----	Commercial Activities	17,858	15,861
-----	146	Fees for Medical Records	2,450	3,295
170	-----	Lease and Rental Income	11,491	10,244
-----	-----	Non Staff Meals	13,972	13,638
-----	-----	Linen Service Revenues - Non Health Services	8,056	6,062
-----	-----	Sale of Prosthesis	17,795	15,820
-----	-----	Services Provided to Non NSW Health Organisations	8,199	6,317
877	-----	Patient Inflows from Interstate	877	-----
215	11,793	Revenue from Health Service Asset Sales	-----	-----
3,268	4,706	Computer Support Charges - Health Services	-----	-----
17,184	18,149	Other	50,502	39,690
91,946	95,637		767,786	707,343

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$000
		10. INVESTMENT INCOME		
3,321	847	Interest	32,083	24,130
229	101	Other	801	550
3,550	948		32,884	24,680
		11. GRANTS AND CONTRIBUTIONS		
-----	-----	University Commission grants	1,037	1,565
3,306	2,820	Grants	71,352	85,541
-----	-----	Other -		
-----	-----	Clinical Drug Trials	7,027	4,444
-----	-----	Wholesale and Retail Trade	56	164
-----	-----	Manufacturing	523	295
-----	-----	Finance, Property and Business Services	271	516
-----	-----	Public Administration	173	235
-----	-----	Community Services	8,357	6,397
-----	-----	Recreation, Personal and Other Services	61,247	50,958
3,306	2,820		150,043	150,115
		12. OTHER REVENUE		
		Other Revenue comprises the following:-		
-----	9,500	Adjustment of Asset Values	-----	81,747
-----	-----	Commissions	706	604
-----	-----	Conference and Seminar Fees	511	412
5,601	5,358	Health Professional Registration Fees	5,601	5,358
-----	-----	Treasury Managed Fund Hindsight Adjustment	21,184	6,968
-----	-----	Sale of Merchandise, Old Wares and Books	1,589	1,331
877	1,480	Sundry Revenue	31,817	25,055
6,478	16,338		61,408	121,475
		13. GAIN/(LOSS) ON DISPOSAL OF NON CURRENT ASSETS		
2,406	11,393	Property, Plant and Equipment	135,565	150,628
(604)	(1,282)	Less Accumulated Depreciation	(91,072)	(74,233)
1,802	10,111	Written Down Value	44,493	76,395
(815)	(29,456)	Less Proceeds from Sale	(37,807)	(88,655)
(987)	19,345	GAIN/(LOSS) ON DISPOSAL OF NON CURRENT ASSETS	(6,686)	12,260

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

14. CONDITIONS ON CONTRIBUTIONS

	Purchase of Assets \$000	Health Promotion, Education and Research \$000	Other \$000	Total \$000
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date	8,724	32,280	13,835	54,839
Aggregate of Contributions recognised as revenues during the financial year which were specifically provided for expenditure over a future period	3,130	12,272	5,719	21,121
Revenues recognised in previous years which were obtained for expenditure in the current financial year	12,680	30,965	7,700	51,345
Total Amount of unexpended Contributions as at Balance Date	64,916	166,164	52,666	283,746

Comment on restricted assets appears in Note 23

	PARENT AND CONSOLIDATED	
	2001 \$000	2000 \$000
15. APPROPRIATIONS		
Recurrent appropriations		
Total recurrent drawdowns from Treasury (per Summary of Compliance)	5,939,094	5,637,548
Less: Repayment of Prior Year Consolidated Fund Monies	-----	(26,494)
Less: Liability to Consolidated Fund (per Summary of Compliance)	-----	(23,550)
TOTAL	5,939,094	5,587,504
Comprising: Recurrent appropriations (per Statement of Financial Performance)	5,939,094	5,587,504
TOTAL	5,939,094	5,587,504
Capital appropriations Total capital drawdowns from Treasury (per Summary of Compliance)	378,367	313,922
TOTAL	378,367	313,922
Comprising: Capital appropriations (per Statement of Financial Performance)	378,367	313,922
TOTAL	378,367	313,922

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$000
		16. ACCEPTANCE BY THE CROWN ENTITY OF EMPLOYEE ENTITLEMENTS AND OTHER LIABILITIES		
		The following liabilities and/or expenses have been assumed by the Crown Entity or other government agencies:		
4,475	3,907	Superannuation	331,834	295,995
1,971	1,292	Long Service Leave	1,971	1,292
279	268	Payroll Tax	279	268
6,725	5,467		334,084	297,555

17. PROGRAMS/ACTIVITIES OF THE AGENCY

Program 1.1 Objective:	Primary and Community Based Services 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 Objective:	Aboriginal Health Services To raise the health status of Aborigines and to promote a healthy life style.
Program 1.3 Objective:	Outpatient Services To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.
Program 2.1 Objective:	Emergency Services 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 Objective:	Overnight Acute Inpatient Services 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 Objective:	Same Day Acute Inpatient Services 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 Objective:	Mental Health Services 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 Objective:	Rehabilitation and Extended Care Services 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 Objective:	Population Health Services 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 Objective:	Teaching and Research To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$000
20,909	6,141	18. CURRENT ASSETS – CASH		
-----	-----	Cash at bank and on hand	122,904	66,923
		Deposits at call	102,742	225,739
20,909	6,141		225,646	292,662
		Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as follows:		
20,909	6,141	Cash	225,646	292,662
-----	-----	Bank Overdraft	(10,554)	(15,271)
20,909	6,141	CLOSING CASH AND CASH EQUIVALENTS (PER STATEMENT OF CASH FLOWS)	215,092	277,391
		In 2000/01 the definition of Cash was amended to include all Treasury Corporation Cash and Cash Plus deposits as well as term deposits of less than 90 days.		
		19. CURRENT/NON CURRENT RECEIVABLES		
		Current		
14,349	12,671	(a) Sale of Goods and Services	129,663	113,387
10,408	11,165	Other Debtors	49,040	19,822
16,263	686	Prepayments	28,292	11,658
41,020	24,522	Sub Total	206,995	144,867
(102)	(100)	Less Provision for Doubtful Debts	(21,086)	(17,238)
40,918	24,422		185,909	127,629
		(b) Bad debts written off during the year - Current Receivables		
-----	-----	- Sale of Goods and Services	7,116	9,839
4	39	- Other	3,868	2,761
4	39		10,984	12,600
		Non Current		
-----	-----	(a) Sale of Goods and Services	213	-----
-----	-----	Prepayments	4,148	4,234
-----	-----		4,361	4,234
		Receivables includes:		
-----	-----	Patient Fees - Compensable	22,484	25,473
-----	-----	Patient Fees - Ineligibles	11,704	11,838
-----	-----	Patient Fees - Other	26,269	24,570
-----	-----	Goods and Services Tax reimbursements from Australian Taxation Office	26,237	-----

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

19. (C) RECONCILIATION OF NON CURRENT ASSETS – RECEIVABLES

	Sale of Goods and Services		Prepayments		Total	
	\$000	\$000	\$000	\$000	\$000	\$000
	Parent	Consolidated	Parent	Consolidated	Parent	Consolidated
2001						
Carrying amount at start of year	----	----	----	4,234	----	4,234
Additions/New Receivables	----	213	----	----	----	213
Disposals/repayments	----	----	----	(86)	----	(86)
Carrying amount at end of year	----	213	----	4,148	----	4,361
2000						
Carrying amount at start of year	----	----	----	2,310	----	2,310
Additions/New Receivables	----	----	----	2,012	----	2,012
Disposals/repayments	----	----	----	(88)	----	(88)
Carrying amount at end of year	----	----	----	4,234	----	4,234

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$000
		20. INVENTORIES		
		Current - Finished Goods at cost		
----	----	Drugs	22,418	22,105
----	----	Medical and Surgical Supplies	29,311	26,401
----	----	Food Supplies	3,459	2,619
----	----	Engineering Supplies	1,942	2,449
----	----	Other including Goods in Transit	5,157	5,684
----	----		62,287	59,258
		21. CURRENT/NON CURRENT OTHER FINANCIAL ASSETS		
		Current		
7,400	7,400	Other Loans and Deposits	180,720	58,030
----	----	Shares	32	326
7,335	51,607	Other – Intra Health Loans	----	----
14,735	59,007		180,752	58,356
		Non Current		
----	----	Other Loans and Deposits	40,103	54,845
3,201	3,201	Shares	11,451	6,357
40,214	23,693	Other – Intra Health Loans	----	----
43,415	26,894		51,554	61,202
		In 2000/01 the definition of Cash was amended to include all Treasury Corporation Cash and Cash Plus deposits as well as term deposits of less than 90 days.		

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

21. RECONCILIATION OF NON CURRENT OTHER FINANCIAL ASSETS

	Other Loans and Deposits		Shares		Other		Total	
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
	Parent	Consolidated	Parent	Consolidated	Parent	Consolidated	Parent	Consolidated
2001								
Carrying amount at start of year	----	54,845	3,201	6,357	23,693	----	26,894	61,202
Additions	----	54,744	----	4,357	22,567	----	22,567	59,101
Disposals	----	(69,486)	----	(9)	(6,046)	----	(6,046)	(69,495)
Net revaluation increment less revaluation decrements	----	----	----	746	----	----	----	746
Carrying amount at end of year	----	40,103	3,201	11,451	40,214	----	43,415	51,554
2000								
Carrying amount at start of year	----	37,531	----	1,517	75,041	----	75,041	39,048
Additions	----	163,239	----	642	5,857	----	5,857	163,881
Disposals	----	(145,925)	----	(627)	(57,205)	----	(57,205)	(146,552)
Net revaluation increment less revaluation decrements	----	----	----	1,624	----	----	----	1,624
Transfer from Current Assets	----	----	3,201	3,201	----	----	3,201	3,201
Carrying amount at end of year	----	54,845	3,201	6,357	23,693	----	26,894	61,202

22. PROPERTY, PLANT AND EQUIPMENT

	PARENT				
	Land \$000	Buildings \$000	Leased Buildings \$000	Plant and Equipment \$000	Total \$000
Balance 1 July 2000					
At Valuation date 30 April 1999	52,807	25,082	----	----	77,889
At Cost	135	528	52,462	24,074	77,199
Capital Expenditure/Donations	----	----	----	4,424	4,424
Transfers from administrative restructuring	----	----	----	144	144
Disposals	(1,655)	(82)	----	(669)	(2,406)
Balance at 30 June 2001					
<i>At Valuation date 30 April 1999</i>	51,152	25,000	----	----	76,152
<i>At Cost</i>	135	528	52,462	27,973	81,098
TOTAL	51,287	25,528	52,462	27,973	157,250
Depreciation Balance 1 July 2000					
At Valuation date 30 April 1999	----	676	----	----	676
At Cost	----	17	14,645	18,529	33,191
Charge for the year [see note 2(h)]	----	640	2,623	2,130	5,393
Transfers from administrative restructuring	----	----	----	67	67
Adjustment for disposals	----	(4)	----	(600)	(604)
Balance at 30 June 2001					
<i>At Valuation date 30 April 1999</i>	----	1,312	----	----	1,312
<i>At Cost</i>	----	17	17,268	20,126	37,411
TOTAL	----	1,329	17,268	20,126	38,723
Carrying Amount at 30 June 2001					
<i>At Valuation date 30 April 1999</i>	51,152	23,688	----	----	74,840
<i>At Cost</i>	135	511	35,194	7,847	43,687
TOTAL	51,287	24,199	35,194	7,847	118,527

Land and Buildings for the parent entity were valued by the State Valuation Office independently of the Department on 30 April 1999. Plant and Equipment is recognised on the basis of depreciated cost.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

22. PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

	CONSOLIDATED				
	Land \$000	Buildings \$000	Leased Buildings \$000	Plant and Equipment \$000	Total \$000
Balance 1 July 2000					
At Valuation	650,735	5,007,969	-----	114,705	5,773,409
At Cost	324,147	2,471,633	93,257	1,317,114	4,206,151
Capital Expenditure/Donations	5,211	334,511	-----	82,049	421,771
Disposals	(28,473)	(41,195)	-----	(65,897)	(135,565)
Reclassifications	(250)	(32,533)	-----	32,783	-----
Valuation Increments/Adjustments	80,747	41,401	-----	-----	122,148
Balance at 30 June 2001					
At Valuation	968,041	6,402,682	-----	197,241	7,567,964
At Cost	64,076	1,379,104	93,257	1,283,513	2,819,950
TOTAL	1,032,117	7,781,786	93,257	1,480,754	10,387,914
Depreciation Balance 1 July 2000					
At Valuation	-----	2,593,574	-----	100,296	2,693,870
At Cost	-----	548,002	18,621	754,079	1,320,702
Charge for the year [see note 2(h)]	-----	180,402	3,643	131,513	315,558
Writeback on disposals	-----	(37,425)	-----	(53,647)	(91,072)
Reclassifications	-----	(1,696)	-----	1,696	-----
Transfer on Revaluation	-----	(96,854)	-----	-----	(96,854)
Balance at 30 June 2001					
At Valuation	-----	3,064,025	-----	172,921	3,236,946
At Cost	-----	121,978	22,264	761,016	905,258
TOTAL	-----	3,186,003	22,264	933,937	4,142,204
Carrying Amount at 30 June 2001					
At Valuation	968,041	3,338,657	-----	24,320	4,331,018
At Cost	64,076	1,257,126	70,993	522,497	1,914,692
TOTAL	1,032,117	4,595,783	70,993	546,817	6,245,710

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

Valuations for each of the Health Services are performed regularly within a five year cycle.

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$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	127,082	83,694
-----	-----	Perpetually Invested Funds	6,000	5,548
-----	-----	Research Grants	31,801	47,749
-----	-----	Private Practice Funds	31,948	29,270
-----	-----	Other	86,915	83,369
-----	-----		283,746	249,630

Major categories included in the Consolidation are:

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

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$000
		24. PAYABLES		
		Current		
45,848	51,690	Creditors	281,080	259,305
-----	-----	Interest	-----	163
		Other Creditors		
-----	576	Capital Works	18,141	21,281
7,748	10,605	Other	49,368	43,333
29,748	20,017	Intra Health Liability	-----	-----
83,344	82,888		348,589	324,082

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2001

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$000
		25. CURRENT/NON CURRENT INTEREST BEARING LIABILITIES		
		Current		
-----	-----	Bank Overdraft	10,554	15,271
-----	47,038	Other Loans and Deposits	738	47,038
1,307	-----	Finance Leases [See note 29(d)]	5,247	-----
1,307	47,038		16,539	62,309
		Non Current		
-----	3,603	Other Loans and Deposits	4,079	3,603
53,391	55,384	Finance Leases [See note 29(d)]	84,623	92,186
53,391	58,987		88,702	95,789
		Repayment of Borrowings (Excluding Finance Leases)		
-----	47,038	Not later than one year	11,292	62,309
-----	3,603	Between one and five years	3,340	3,603
-----	-----	Later than five years	739	-----
-----	50,641	TOTAL BORROWINGS AT FACE VALUE (Excluding Finance Leases)	15,371	65,912
		26. CURRENT/NON CURRENT LIABILITIES – EMPLOYEE ENTITLEMENTS AND OTHER PROVISIONS		
		Current		
3,866	4,042	Recreation Leave	387,597	370,009
-----	-----	Long Service Leave	68,508	62,898
987	799	Accrued Salaries and Wages	69,379	53,992
-----	-----	Sick Leave	48	64
970	1,054	Taxation and Other Payroll Deductions	44,455	47,636
5,823	5,895	Aggregate employee entitlements	569,987	534,599
		Non Current		
2,138	1,501	Recreation Leave	53,530	52,381
-----	-----	Long Service Leave	598,999	567,752
-----	-----	Sick Leave	797	793
2,138	1,501	Aggregate employee entitlements	653,326	620,926
		27. OTHER LIABILITIES		
		Current		
-----	-----	Income in Advance	11,578	4,987
-----	23,550	Liability to Consolidated Fund	-----	23,550
-----	23,550		11,578	28,537
		Non Current		
-----	-----	Income in Advance	34,924	39,177
-----	-----		34,924	39,177
		Income in advance has been received as a consequence of Health Services entering into agreements for the provision and operation of private health facilities and car parks.		

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

28. EQUITY

	PARENT						CONSOLIDATED					
	Accumulated Funds		Asset Revaluation Reserve		Total Equity		Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000
Balance at the beginning of the Financial Year	(12,314)	(11,080)	30,140	30,140	17,826	19,060	4,278,879	4,257,483	589,332	454,690	4,868,211	4,712,173
Changes in Equity - transactions with owners as owners												
Increase in net assets from administrative restructuring (Note 40)	1,210	-----	-----	-----	1,210	-----	-----	-----	-----	-----	-----	-----
TOTAL	1,210	-----	-----	-----	1,210	-----	-----	-----	-----	-----	-----	-----
Changes in Equity - other than transactions with owners as owners												
Result for the Year from Ordinary Activities	73,465	(1,234)	-----	-----	73,465	(1,234)	150,910	21,560	-----	-----	150,910	21,560
Increment on Revaluation of:												
Land	-----	-----	-----	-----	-----	-----	-----	-----	80,747	106,587	80,747	106,587
Buildings and Improvements	-----	-----	-----	-----	-----	-----	-----	-----	138,255	26,267	138,255	26,267
Investments	-----	-----	-----	-----	-----	-----	-----	-----	746	1,624	746	1,624
Transfers to/(from) Revaluation Reserves	-----	-----	-----	-----	-----	-----	670	(164)	(670)	164	-----	-----
TOTAL	73,465	(1,234)	-----	-----	73,465	(1,234)	151,580	21,396	219,078	134,642	370,658	156,038
BALANCE AT END OF FINANCIAL YEAR	62,361	(12,314)	30,140	30,140	92,501	17,826	4,430,459	4,278,879	808,410	589,332	5,238,869	4,868,211

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$000
		29. COMMITMENTS FOR EXPENDITURE		
		(a) Capital Commitments		
		Aggregate capital expenditure contracted for at balance date but not provided for in the accounts		
576,442	597,950	Not later than one year	576,442	597,950
500,359	536,968	Between one and two years	500,359	536,968
1,004,652	481,049	Between two and five years	1,004,652	481,049
492,845	79,608	Later than five years	492,845	79,608
2,574,298	1,695,575	Total Capital Expenditure Commitments (including GST)	2,574,298	1,695,575

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$000
		29. COMMITMENTS FOR EXPENDITURE (CONTINUED)		
		(b) Other Expenditure Commitments		
		Aggregate other expenditure contracted for at balance date but not provided for in the accounts		
-----	-----	Not later than one year	12,320	12,172
-----	-----	Between one and two years	1,859	1,189
-----	-----	Between two and five years	4,768	1,867
-----	-----	Later than five years	-----	11
-----	-----	Total Other Expenditure Commitments (including GST)	18,947	15,239
		(c) Operating Lease Commitments		
		Commitments in relation to non cancellable operating leases are payable as follows:		
5,973	6,058	Not later than one year	62,559	51,250
5,740	6,133	Between one and two years	56,150	48,660
16,852	16,856	Between two and five years	128,583	111,772
18,150	24,200	Later than five years	102,329	107,727
46,715	53,247	Total Operating Lease Commitments (including GST)	349,621	319,409
<i>These operating lease commitments are not recognised in the financial statements as liabilities.</i>				
		(d) Finance Lease Commitments (including GST)		
8,977	7,786	Not later than one year	13,311	11,758
9,515	8,977	Between one and two years	13,809	12,933
32,109	30,293	Between two and five years	44,987	42,220
59,664	70,996	Later than five years	97,268	110,066
110,265	118,052	Total Finance Lease Commitments	169,375	176,977
(45,543)	(51,936)	Less: Future Financing Charges	(64,108)	(68,702)
(10,024)	(10,732)	Less: GST Component	(15,397)	(16,089)
54,698	55,384	Finance Lease Liabilities	89,870	92,186
54,698	55,384	Non-Current	89,870	92,186
54,698	55,384		89,870	92,186
		(e) Contingent Asset related to Commitments for Expenditure		
		The total 'Expenditure Commitments' above includes input tax credits of \$248.298 million in relation to the Parent Entity and \$282.931 million in relation to the NSW Health Department that are expected to be recoverable from the Australian Taxation Office for the 2000/01 year.		
		The comparatives for 1999/2000 are \$169.327 million and \$200.102 million respectively.		

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

30. TRUST FUNDS

The NSW Health Department's controlled entities hold Trust Fund monies of \$112.4 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	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000
Cash Balance at the beginning of the financial year	3,932	3,355	14,233	15,856	99,115	85,438	117,280	104,649
Receipts	9,052	8,226	9,658	17,162	158,931	126,912	177,641	152,300
Expenditure	(9,106)	(7,649)	(10,503)	(18,785)	(162,951)	(113,235)	(182,560)	(139,669)
Cash Balance at the end of the financial year	3,878	3,932	13,388	14,233	95,095	99,115	112,361	117,280

31. CONTINGENT LIABILITIES (PARENT AND CONSOLIDATED)

(a) Claims on Managed Fund

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

(b) 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.

The calculation of hindsight adjustments has been reviewed in 2000/01 to provide an interim adjustment after three years with a final adjustment at the end of year five.

The interim hindsight adjustment has now been effected for the 1997/98 year and resulted in a decrease in Net Cost of Services of \$18.181 million.

A contingent liability may now exist in respect of the 1998/99, 1999/00 and 2000/01 Workers Compensation Fund years.

The Treasury Managed Fund provides estimates as at 30 June each year and the latest available for the first two of these years, viz those advised as at 30 June 2000 estimate that a liability of \$4.106 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 2001.

(c) Third Schedule Organisations

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

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

(d) Bank Guarantees

Northern Sydney and Western Sydney Area Health Services provided third party suppliers with bank guarantees to the value of \$837,561 in respect of equipment purchased overseas. This practice thereby obviated the need for prepayment and ensured the payments were not made until the goods were actually received in Australia, minimising any financial risk for failure to supply. The provision

of these guarantees was not in accordance with the requirements of the *Public Authorities Financial Arrangements Act 1987* in that the Treasurer's approval was not obtained.

(e) Other Legal Matters

Seven legal matters are currently before the Courts which if the Department were unsuccessful in all matters, could give rise to a liability of \$785,000.

32. CHARITABLE FUNDRAISING ACTIVITIES

Fundraising Activities

The consolidation of fundraising activities by health services under Departmental control is shown below. Income received and the cost of raising income for specific fundraising, has been audited and all revenue and expenses have been recognised in the financial statements of the individual health services. Fundraising activities are dissected as follows:

	Income Raised \$000's	Direct Expenditure* \$000's	Indirect Expenditure* \$000's	Net Proceeds \$000's
Appeals (Consultants)	120	-----	-----	120
Appeals (In House)	26,474	700	1,999	23,775
Fetes	191	42	6	143
Raffles	126	5	16	105
Functions	6,551	592	28	5,931
	33,462	1,339	2,049	30,074
Percentage of Income	100%	4.0%	6.1%	89.9%

* 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	9,333
Purchase of Land and Buildings	588
Research	1,975
Purchase through General Fund	685
Held in Special Purpose and Trust Fund Pending Purchase	17,493

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

PARENT			CONSOLIDATED	
2001 \$000	2000 \$000		2001 \$000	2000 \$000
		33. RECONCILIATION OF NET CASH FLOWS FROM OPERATING ACTIVITIES TO NET COST OF SERVICES		
36,718	(29,458)	Net Cash Used on Operating Activities	479,275	361,902
(5,393)	(6,131)	Depreciation	(315,558)	(304,821)
		Acceptance by the Government of Employee		
(6,725)	(5,467)	Entitlements and Other Liabilities	(334,084)	(297,555)
(565)	(602)	(Increase)/Decrease in Provisions	(67,788)	(80,332)
		Increase/(Decrease) in Prepayments and		
20,051	7,078	Other Assets	65,985	15,823
24,762	22,584	(Increase)/Decrease in Creditors	(3,295)	(49,377)
		Net Loss/(Gain) on Sale of Property, Plant		
987	19,345	and Equipment	(6,686)	12,260
(5,939,094)	(5,611,054)	Recurrent Appropriation	(5,939,094)	(5,611,054)
(378,367)	(313,922)	Capital Appropriation	(378,367)	(313,922)
(1,121)	9,500	Other	(1,023)	89,655
(6,250,721)	(5,908,127)	NET COST OF SERVICES	(6,500,635)	(6,177,421)
		34. NON CASH FINANCING AND INVESTING ACTIVITIES		
----	----	Assets Received by Donation	2,117	7,908
----	----		2,117	7,908

35. 2000/01 VOLUNTARY SERVICES

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

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

36. UNCLAIMED MONIES

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

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

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

37. BUDGET REVIEW

Net Cost of Services

The actual Net Cost of Services of \$6.501 billion was less than budget by \$80 million, ie a variation of less than 1.3%. The variation is comprised of:

	\$M
An increase in third party contributions restricted by donor conditions	34
Reduced depreciation charges	20
Lower than anticipated superannuation expense	23
Other revenue favourabilities not offset by increased expenditures	3
	80

Result for the Year from Ordinary Activities

As Government funding to Agencies does not include non cash depreciation expenses, it is normal for the Department to realise a decrease in each year's 'Result for the Year from Ordinary Activities' unless the annual depreciation expense is offset by Government funding for capital purposes.

While capital appropriation funding is shown as revenue, accounting doctrines require that capital expenditure is not to be treated as a matching expense item. By its nature capital expenditure adds value to an entity's asset base and is correctly reflected in the Department's Statement of Financial Position. The amount the Department receives from year-to-year for capital purposes varies in line with its capital works program and therefore movement in this annual amount influences the size of the 'Result for the Year from Ordinary Activities'. This is demonstrated in that, of the variation from budget for 'Result for the Year from Ordinary Activities', the principal components were:

	\$M
The budget variance to which capital allocations from Government exceeded depreciation	47
An increase in third party contributions restricted by donor conditions	34
Other revenue favourabilities not offset by increased expenditures	3
The increase in Consolidated Fund Recurrent Payments	2
	86

Assets and Liabilities

'Cash' and 'Other Financial Assets' have increased by \$81 million from the budget expectation. This resulted from:

	\$M
An increase in third party contributions restricted by donor conditions	34
An increase in the proceeds from asset sales above the Department's revised expectations in the last quarter of 2000/01	27
Movement in Employee Provisions	22
Other	(2)
	81

Receivables increased by \$29 million above the budget expectation and included \$26 million due from the Australian Taxation Office (\$7 million above budget) as input tax payments made by NSW Health in respect of Goods and Services purchased and an increase in prepayments of \$17 million principally relating to payments made up to February 2002 in respect of medical insurances.

Property, Plant and Equipment increased by \$198 million, the movement being essentially explained as a combination of asset revaluations performed by independent valuers \$219 million, a reduction in depreciation charges \$20 million, a reduction in Property, Plant and Equipment purchases (\$50 million) and a reduction in asset disposals/other adjustments of \$9 million.

The reduction in Property, Plant and Equipment acquisitions is offset by the expensing of capital expenditures to the value of \$50 million which do not qualify as assets.

Cash Flows

- 2000/01 payments exceeded the budget by \$30 million, such amount including the expensing of capital projects in excess of budget estimates (\$50 million), less a variation in GST flows not anticipated by the Department.
- 2000/01 receipts were \$84 million more than budget. This principally relates to the cash component of revenue favourabilities reported in the Statement of Financial Performance less the effect of GST flows.
- The movement in Cash Flows from Government results from supplementation provided after the Budget was formulated and the repayment of monies advanced in the 2000/01 year for Commonwealth monies due but not received. The Summary of Compliance with Financial Directives refers.
- The Purchase of 'Land and Buildings' and 'Plant and Equipment' is \$50 million less than the initial budget. This results from the increased expensing of Capital sourced projects (\$50 million) reported within the Net Cost of Services Result.
- The net increase in investments of \$112 million is partly offset by increased cash and reflects changed definitions affecting classification and an overall increase of \$81 million in Cash/Investments reported on previously in this note under 'Assets and Liabilities'.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

38. 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 2001 are as follows:

Financial Instruments	Floating interest rate		1 yr or less		Fixed interest rate maturing in: Over 1 to 5 yrs		More than 5 yrs		Non-interest bearing		Total carrying amount as per Statement of Financial Position	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000
Financial Assets												
Cash	121,896	178,945	102,742	112,577	-----	-----	-----	-----	1,008	1,140	225,646	292,662
Receivables	-----	-----	-----	-----	-----	-----	-----	-----	157,830	115,971	157,830	115,971
Shares	-----	-----	-----	-----	-----	3,482	-----	-----	11,483	3,201	11,483	6,683
Other Loans and Deposits	-----	-----	202,490	40,643	18,333	47,414	-----	15,972	-----	8,846	220,823	112,875
TOTAL FINANCIAL ASSETS	121,896	178,945	305,232	153,220	18,333	50,896	-----	15,972	170,321	129,158	615,782	528,191
Financial Liabilities												
Borrowings-Bank Overdraft	10,554	15,271	-----	-----	-----	-----	-----	-----	-----	-----	10,554	15,271
Borrowings-Other	35,172	142,827	2,045	-----	16,847	-----	40,623	-----	-----	-----	94,687	142,827
Accounts Payable	-----	-----	-----	-----	-----	-----	-----	-----	348,589	324,082	348,589	324,082
TOTAL FINANCIAL LIABILITIES	45,726	158,098	2,045	-----	16,847	-----	40,623	-----	348,589	324,082	453,830	482,180

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	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000
Financial Assets										
Cash	31,416	97,262	194,230	195,400	-----	-----	-----	-----	225,646	292,662
Receivables	-----	-----	-----	-----	60,457	61,881	97,373	54,090	157,830	115,971
Shares	3,201	3,201	-----	-----	-----	-----	8,282	3,482	11,483	6,683
Other Loans and Deposits	173,295	-----	47,528	112,975	-----	-----	-----	-----	220,823	112,975
TOTAL FINANCIAL ASSETS	207,912	100,463	241,758	308,375	60,457	61,881	105,655	57,572	615,782	528,291

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables from this source totalled \$11.704 million at balance date.

c) Net Fair Value

As stated in Note 2(s) 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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

39.OLYMPIC GAMES EXPENDITURE

Expenditures incurred for staff made available for Olympic Games related work are as follows:

	2000/01 \$000	1999/2000 \$000
Staff employed (109 full time equivalent in 2000/01 and 12 full time equivalent in 1999/2000) on initiatives directly and specifically related to the Games	5,706	605
Staff seconded (3 full time equivalent) to other agencies on initiatives directly and specifically related to the Games	147	-----
	5,853	605

40. INCREASE IN NET ASSETS FROM ADMINISTRATIVE RESTRUCTURING

As indicated in Note 2(r) the Centre for Education and Information on Drugs and Alcohol (CEIDA) transferred to the NSW Health Department from Central Sydney Area Health Service on 1 July 2000.

Net assets transferred are as follows:

Assets		
Cash		11
Inventories		24
Receivables		90
Other Financial Assets – Current		1,711
Plant and Equipment		77
TOTAL ASSETS		1,913
Liabilities		
Payables		299
Employee Entitlements		404
Total Liabilities		703
INCREASE IN NET ASSETS FROM ADMINISTRATION RESTRUCTURING		1,210

The Net Cost of Services result relevant to CEIDA (including the comparatives reported by Central Sydney Area Health Service for 1999/2000) is as follows:

	Actual 2001 \$000	Actual 2000 \$000
Expenses		
Operating Expenses		
<i>Employee Related</i>	860	1,603
<i>Other Operating Expenses</i>	717	1,199
Maintenance	29	11
Depreciation and Amortisation	14	17
Total Expenses	1,620	2,830
Revenue		
Sale of Goods and Services	17	130
Investment Income	68	68
Grants and Contributions	1,200	-----
Other Revenue	-----	2,977
Total Revenue	1,285	3,175
Gain (Loss) on Disposal of Non Current Assets	-----	(2)
NET COST OF SERVICES	335	343

END OF AUDITED FINANCIAL STATEMENTS

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ADDRESSES AND TELEPHONE NUMBERS OF NSW HEALTH DEPARTMENT AND SELECTED SERVICES

NSW Health Department

North Sydney Office

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

Director-General Mr Michael Reid
Business hours 9.00am – 5.30pm
Monday to Friday

Foveaux Street Site

28 Foveaux Street
Surry Hills NSW 2010
Business hours 9.00am – 5.30pm
Monday to Friday

Gladesville Hospital Site

Victoria Road
Gladesville NSW 2111
Business hours 7.00am – 5.30pm
Monday to Friday

Better Health Centre – Publications Warehouse

(Locked Mail Bag 5003,
Gladesville NSW 2111)
Tel. 9816 0452
Fax. 9816 0492
Business hours 8.00am – 4.00pm
Monday to Friday

Health Professionals Registration Board

Level 2
28 Foveaux Street
Surry Hills NSW 2010
(PO Box K599, Haymarket
NSW 1238)
Tel. 9219 0222
Fax. 9281 2030
Director Mr Jim Tzannes

Business hours 8.30am – 5.00pm
Cashier services close at 4.30pm
Monday to Friday

Pharmaceutical Services Branch

Building 29
Gladesville Hospital Site
Cnr Punt and Victoria Road
Gladesville NSW 2111
(PO Box 103
Gladesville NSW 1675)
General enquiries
Tel. 9879 3214
Fax. 9859 5165

Methadone Program

Tel. 9879 5246
Fax. 9859 5170
Enquiries relating to authorities to
prescribe other drugs of addiction
Tel. 9879 5239
Fax. 9859 5175
Chief Pharmacist & Director
Mr John Lumby
Business hours 8.30am – 5.30pm
Monday to Friday

Environmental Health Branch

Administration Building
Gladesville Hospital Site
Victoria Road
Gladesville NSW 2111
(PO Box 798
Gladesville NSW 1675)
Tel. 9816 0373
Fax. 9816 0377
Manager Dr Stephen Corbett
Business hours 8.30am – 5.00pm
Monday to Friday

Food Branch

Unit 20B, Gladesville Hospital Site
Victoria Road
Gladesville NSW 2111
(PO Box 798, Gladesville
NSW 1675)
Tel. 9816 0268
Fax. 9817 7596
Manager John McMahon
Business hours 9.00am – 5.00pm
Monday to Friday

Selected services

NSW Multicultural Health Communication Service

Level 1, North Block
Sydney Hospital
Macquarie Street
Sydney NSW 2000
(GPO Box 1614, Sydney
NSW 2000)
Tel. 9382 7516
Fax. 9382 7517
Manager Ilona Lee
Business hours 8.30am – 5.00pm
Monday to Friday

Dept of Forensic Medicine

50 Parramatta Road
Glebe NSW 2037
(PO Box 90, Glebe NSW 2037)
Tel. 8584 7800 (24hrs)
Fax. 9552 1613
Director
Business hours 8.30am – 4.30pm
Monday to Friday
Mortuary hours: 24 hour service
(50 Arundel Street, Glebe 2037)

POLICY

Deputy Director-General

A/Prof Debora Picone

Function within NSW Health

The key role of Policy is to develop policies, plans and guidelines for improving and maintaining health services and for allocating resources to health services.

Policy development involves liaison and consultation with government agencies, Health Services, clinicians, non-government organisations, the community and key stakeholders in order to develop policies and plans which enhance equitable access, effectiveness and efficiency of health services for the people of NSW.

Branches

- Statewide Services Development
- Funding and Systems Policy
- Government Relations
- Centre for Mental Health
- Oral Health (from 1 July 2001)
- Government Action Plan
- Aboriginal Health (to 30 June 2001)

Goals

- Act as a focal point for the development of culturally appropriate Aboriginal and Torres Strait Islander health policy in the New South Wales public health system
- Develop strategies and policies that establish and enhance an efficient, effective and equitable funding model for the NSW health system in order to support broader health system goals and quality health care
- Lead and manage the strategic relationships with the Commonwealth and other state and territory governments, including leadership in the negotiation and management of the Australian Health Care Agreement (AHCA)

- Provide leadership in the reform and development of mental health services in NSW through the development of planning, policies, programs and service models to improve access, health outcomes and the effectiveness of the NSW mental health services across the life span
- Develop policies that give direction to primary and community based services. To develop innovative service models and programs to ensure improved equity, access and health outcomes for targeted population groups including women, people from non English speaking background, older people, people with disabilities, children and young people in rural and remote areas
- Develop manage and coordinate NSW Health policy and planning in relation to acute health services for which there are statewide implications, and in relation to infrastructure (capital)
- Support and coordinate the processes established to implement, monitor and evaluate the Government Action Plan for Health
- Encourage and contribute to whole of Government and collaborative initiatives to improve the health of the people of NSW
- Ensure policy development follows strong adherence to social justice principles and recognises the needs of disadvantaged groups and communities
- Encourage the advancement of strong inter-sectoral linkages and coordination of health services with related portfolios, the non-government sector and the Commonwealth
- Provide expert advice to NSW Health on trends in health service demand, cost and activity
- Develop innovative models of care that improve the health of the NSW population
- Improve the quality and availability of information needed for the provision of effective health services across NSW
- Develop collaborative partnerships to enhance the planning and delivery of health care services

2

OPERATIONS

Deputy Director-General

Robert McGregor

Function within NSW Health

Operations is made up of 7 main areas and has many functions within the health system.

Functions include:

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

Divisions

- Employee Relations
- Finance and Commercial Services
- Information Management
 - Information Management and Support
 - Health System Performance
 - Information and Business Solutions
 - Enterprise Information Technology
- Legal and Legislative Services
- Asset and Procurement Management
- Office of the Chief Nursing Officer
- Performance Management

Goals

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

PUBLIC HEALTH

Deputy Director-General, Chief Health Officer

Dr Andrew Wilson

Function within NSW Health

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

Branches

- Counter Disaster Planning
- Drug Programs Bureau
- Epidemiology and Surveillance
- Aboriginal Health (as from 1 July 2001)
- Health Promotion
- Research and Clinical Policy
 - Research and Development
 - Quality Unit
 - Clinical Excellence
 - Medical Education Training and Workforce
- Health Protection
 - AIDS and Infectious Diseases
 - Communicable Diseases Surveillance and Control
 - Environmental Health and Water
 - Food Safety
 - Pharmaceutical Services
 - Private Health
- Public Health Business Unit

Goals

- Work with communities and organisations in our society
- Promote and protect health
- Prevent injury, ill health and disease
- Consolidation of the work of the Chronic and Complex Care Special Interest Groups to develop tools to be used in the Clinical Service Frameworks for the Heart Failure, Chronic Obstructive Pulmonary Disease and Cancer
- Implement the Government's response to the 'NSW Drug Summit' as it pertains to Health and ensure the initiatives of the NSW Drug Treatment Services Plan are accessible and driven by a quality framework

HEALTH PUBLIC AFFAIRS

Director

Deborah Hyland

Function within NSW Health

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

Branches

- Communications
- Community Relations
- Information Production and Distribution
- Health Advisory Service
- Online Services Development
- Media Issues Management

Goals

- Develop and implement communication strategies to raise awareness of health issues in the community and specific target groups by a variety of mediums including electronic publishing and publications translated into various languages
- Coordinate and consult with Department and Area Health Services staff on statewide health issue campaigns, media launches, community consultations, special events and sponsorship activities
- Ensure that resources are appropriately allocated to projects that will provide benefit to the people of NSW
- Assist community access to information through Freedom of Information and via the Department's switchboard
- Manage media enquiries and interviews with NSW Health staff members

- Advise the public of major health issues and disease outbreaks, through media releases and media conferences
- Ensure that the community is appropriately involved in health system decision making processes
- Produce and disseminate timely and accurate health information through publications and resources, web pages and positive news media stories
- Manage the development, maintenance and support of the NSW HealthNet/Web
- Identify opportunities for Electronic Service Delivery (ESD) within NSW Health and develop a coordinated approach across the health system to provide online delivery of information and services
- Set policies, directions and standards to support the development of web-based content and applications

EXECUTIVE & CORPORATE SUPPORT

Director

Rosemary Milkins

Function within NSW Health

Executive and Corporate Support's strategic direction is closely integrated with NSW Health Department's goal of 'Better Value' which will benefit from improved corporate services and executive support.

It recognises that achieving 'Better Value' is based on an infrastructure of effective support services that emphasise staff and stakeholder needs as well as providing leadership and direction in the efficient use of resources.

Functions include:

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

- Provision of support and guidance to staff on all human resource issues
- Provision of records management, mailroom services, circulars and the servicing of subpoenas for the Department

Branches

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

Goals

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

INTERNAL AUDIT

Director

Anthony Clarke

Function within NSW Health

Audit comprises two main Branches that have many functions within the health system.

It is responsible to the Director-General and the Audit Committee. Functions include:

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

Branches

- Audit
- Staff Records Management Unit

Goals

- Develop and implement audit plans consistent with Strategic Directions for Health and corporate plans
- Increase focus on recommendations from the Government Action Plan for Health particularly those results from the Information Management Implementation Coordination Group and their impact on audit plans and programs
- Continue to develop and maintain professional competencies of investigation staff
- Streamline of Criminal record checking process for all applicants with particular attention to contracted agency staff to public health facilities
- Streamline CRC process for University Students undertaking placements
- Undertake amendments to data lodgement system to reduce duplicity of lodgements

Central Coast Area Health Service

Gosford Hospital
Holden Street
Gosford NSW 2250
(PO Box 361 Gosford)
Tel. 4320 2111 Fax. 4325 0566
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Jon Blackwell

Local Government Areas
Wyong, Gosford

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

Central Sydney Area Health Service

Building 11
RPA Campus
Missenden Road,
Camperdown NSW 2050
Tel. 9515 9600 Fax. 9515 9611
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Dr Diana Horvath AO

Local Government Areas
Ashfield, Burwood, Canterbury,
Canada Bay, Leichhardt, Marrickville,
Strathfield, and parts of Sydney and
South Sydney

Public Hospitals
Balmain Hospital
Canterbury Hospital
Concord Repatriation General
Hospital
Royal Prince Alfred Hospital
Dame Eadith Walker Hospital
King George V Hospital
Rachel Forster Hospital
Thomas Walker Hospital
Rozelle Hospital
United Dental Hospital

Other services

Centre for Education and Information
on Drugs and Alcohol (CEIDA)
– till April 2000
Division of General Practice
Division of Population Health
HealthQuest
NSW Institute of Forensic Medicine
Tresillian Family Care Centre

Hunter Area Health Service

Lookout Road
New Lambton Heights NSW 2305
(Locked Bag No 1)
Tel. 4921 4960 Fax. 4921 4969
24 hour Hunter Healthlink
1800 063635
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Professor Katherine McGrath

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

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

Public Aged Care Facilities

Allandale Aged Care Facility
Muswellbrook Nursing Home
Wallsend Nursing Home

Polyclinics

Nelson Bay
Toronto

Illawarra Area Health Service

33 Five Islands Road
Port Kembla NSW 2505
(Private Bag No. 3)
Tel. 4275 5111 Fax. 4276 1447
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Dr Tony Sherbon

Local Government Areas
Kiama, Shellharbour, Shoalhaven,
Wollongong

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

Northern Sydney Area Health Service

c/- Royal North Shore Hospital
Pacific Highway
St Leonards NSW 2065
Tel. 9926 8418 Fax. 9926 6025
Business hours 8.00am – 5.00pm
Monday to Friday
Chief Executive Officer
Dr Stephen Christley

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

PROFILES OF METROPOLITAN AND RURAL AREA HEALTH SERVICES

Public Hospitals

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

Public Nursing Homes

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

Other services

Kolling Institute
Sydney Dialysis Centre

South Eastern Sydney Area Health Service

Primrose House
Cnr Russell Avenue and Malua Street
Dolls Point NSW 2219
(PO Box 430 Kogarah 1485)
Tel. 9947 9898 Fax. 9947 9891
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Deborah Green

Local Government Area

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

Public Hospitals

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

Affiliated Health Organisations

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

Public Nursing Homes

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

Other services

Eastern Sydney Scarba Service
Early Intervention Program

South Western Sydney Area Health Service

Eastern Campus
Liverpool Hospital
Elizabeth Street
(Locked Mail Bag 7017)
Liverpool BC 1871
Tel. 9828 5700 Fax. 9828 5704
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Ian Southwell

Local Government Areas

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

Public Hospitals

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

Public Nursing Homes

Queen Victoria Memorial Home
(Thirlmere)
Carrington Centennial Hospital

Third Schedule Institutions

Braeside (part of Hope Healthcare)
Carrington Centennial Hospital
Karitane

Wentworth

Area Health Service

Nepean Hospital Campus
Derby Street
(PO Box 63)
Penrith NSW 2751
Tel. 4734 2120 Fax. 4734 3734
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Dr Greg Stewart

Local Government Areas

Blue Mountains, Hawkesbury, Penrith

Public Hospitals

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

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

Public Nursing Homes

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

Western Sydney Area Health Service

Level 3
Dental Clinical School
Westmead Hospital
Cnr Darcy and Hawkesbury Roads
Westmead NSW 2145
Tel. 9845 7000 Fax. 9689 2041
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Alan McCarroll

Local Government Areas

Auburn, Baulkham Hills, Blacktown,
Holroyd, Parramatta

PROFILES OF METROPOLITAN AND RURAL AREA HEALTH SERVICES

Public Hospitals

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

Affiliated Health Organisations

Lottie Stewart and St Joseph's Hospitals

Far West Area Health Service

PO Box 457
Broken Hill 2880
Tel. (08) 8080 1333 Fax. (08) 8080 1682
Business hours 8.30am – 5.00pm (CST)
Monday to Friday
Chief Executive Officer
Heather Gray

Local Government Areas

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

Local Health Services

Balranald Health Service
Bourke Health Service
Brewarrina Health Service
Broken Hill Health Service
Collarenebri Health Service
Goodoonga Health Service
Lightning Ridge Health Service
Menindee Health Service
Ivanhoe Health Service
Tibooburra Health Service
Walgett Health Service
Wentworth Health Service
Wilcannia Health Service

Other Public Health Facilities

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

Greater Murray Area Health Service

Locked Mail Bag 10
Wagga Wagga 2650
Tel. 6933 9185 Fax. 6933 9188
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Karyn McPeake

Local Government Areas

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

Public Hospitals

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

West Wyalong and District Hospital
(including Ungarie)
Affiliated Health Organisations
Mercy Hospital, Albury

Macquarie Area Health Service

PO Box M61
Dubbo 2830
Tel. 6841 2222 Fax. 6841 2225
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Debra Thoms

Local Government Areas

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

Public Hospitals

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

Affiliated Health Organisations

Lourdes Hospital, Dubbo

PROFILES OF METROPOLITAN AND RURAL AREA HEALTH SERVICES

Mid North Coast Area Health Service

PO Box 126
Port Macquarie 2444
Tel. 6588 2949 Fax. 6588 2942
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Terry Clout

Local Government Areas

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

Public Hospitals

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

Mid Western Area Health Service

PO Box 143
Bathurst 2795
Tel. 6339 5500 Fax. 6339 5521
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Dr George Bearham

Local Government Areas

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

Public Hospitals

Bathurst Base Hospital
Blayney District Hospital
Bloomfield Hospital
Canowindra Soldiers' Memorial Hospital
Condobolin District Hospital
Cowra District Hospital
Cudal War Memorial Hospital
Eugowra Memorial Hospital
Forbes District Hospital
Grenfell Hospital
Lake Cargelligo Multi Purpose Health Service
Lithgow and Integrated Health Facility
Molong District Hospital
Oberon Hospital
Orange Base Hospital
Parkes District Hospital
Peak Hill Hospital
Portland District Hospital
Rylstone District Hospital
Tottenham Hospital
Tullamore Hospital
Trundle Hospital

Affiliated Health Organisations

St Vincent's Hospital Bathurst

New England Area Health Service

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

Local Government Areas

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

Public Hospitals

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

Northern Rivers Area Health Service

Locked Bag 11
Lismore 2480
Tel. 6620 2100 Fax. 6621 7088
Business hours 8.30am – 5.00pm
Monday to Friday
Chief Executive Officer
Chris Crawford

Local Government Areas

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

Public Hospitals

Ballina District Hospital
Byron District Hospital
Campbell (Coraki) Hospital
Casino and District Memorial Hospital (including Bonalbo Subsidiary)
Grafton Base Hospital
Kyogle Memorial Hospital
Lismore Base Hospital (including Nimbin Subsidiary)

PROFILES OF METROPOLITAN AND RURAL AREA HEALTH SERVICES

Maclean District Hospital
Mullumbimby and District War
Memorial Hospital
Murwillumbah District Hospital
Tweed Heads District Hospital
Urbenville and District
Multi-Purpose Service

Southern Area Health Service

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

Business hours 8.30am – 5.30pm
Monday to Friday

Chief Executive Officer
Dr Denise Robinson

Local Government Areas

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

Public Hospitals

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

Affiliated Health Organisations

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

Ambulance Service of NSW

Balmain Road
Rozelle NSW 2039
Locked Bag 105
Rozelle NSW 2039
Tel. 9320 7777 Fax. 9320 7800

Business hours 9.00am – 5.00pm
Monday to Friday

Chief Executive Officer
Greg Rochford

Corrections Health Service

Long Bay Hospital
Long Bay Correctional Complex
Anzac Parade
Malabar NSW 2036

Tel. 9289 2977 Fax. 9311 3005

Business hours 8.30am – 5.00pm
Monday to Friday

Chief Executive Officer
Dr Richard Matthews

Statewide Health Service includes:

Correctional Centres
Police/court cell complexes
Long Bay Hospital
Drug Court Program
Court Liaison Program

The Children's Hospital at Westmead

Hawkesbury Road
Westmead NSW 2145
Tel. 9845 0000 Fax. 9845 3489

Business hours 8.30am – 5.00pm
Monday to Friday
Hospital: 24 hour service

Chief Executive Officer
Professor Kim Oates



1 Far West Area Health Service

Tel. (08) 8080 1333 Fax. (08) 8080 1682

Local Government Areas

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

2 Greater Murray Area Health Service

Tel. 6933 9185 Fax. 6933 9188

Local Government Areas

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

3 Macquarie Area Health Service

Tel. 6841 2222 Fax. 6841 2225

Local Government Areas

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

4 Mid North Coast Area Health Service

Tel. 6588 2949 Fax. 6588 2942

Local Government Areas

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

5 Mid Western Area Health Service

Tel. 6339 5500 Fax. 6339 5521

Local Government Areas

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

6 New England Area Health Service

Tel. 6768 3222 Fax. 6766 6638

Local Government Areas

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

7 Northern Rivers Area Health Service

Tel. 6620 2100 Fax. 6621 7088

Local Government Areas

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

8 Southern Area Health Service

Tel. 6299 6199 Fax. 6299 6363

Local Government Areas

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

Statewide Services

Ambulance Service

Tel. 9320 7777 Fax. 9320 7800

Corrections Services

Tel. 9289 2977 Fax. 9311 3005

The Children's Hospital at Westmead

Tel. 9845 0000 Fax. 9845 3489

MAP OF METROPOLITAN AREA HEALTH SERVICES

4



1 Central Coast Area Health Service

Tel. 4320 2111 Fax. 4325 0566

Local Government Areas

Wyong, Gosford

2 Central Sydney Area Health Service

Tel. 9515 9600 Fax. 9515 9611

Local Government Areas

Ashfield, Burwood, Canterbury, Canada Bay, Leichhardt, Marrickville, Strathfield and parts of Sydney and South Sydney

3 Hunter Area Health Service

Tel. 4921 4960 Fax. 4921 4969

Local Government Areas

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

4 Illawarra Area Health Service

Tel. 4275 5111 Fax. 4276 1447

Local Government Areas

Kiama, Shellharbour, Shoalhaven, Wollongong

5 Northern Sydney Area Health Service

Tel. 9926 8418 Fax. 9926 6025

Local Government Areas

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

6 South Eastern Sydney Area Health Service

Tel. 9947 9898 Fax. 9947 9891

Local Government Areas

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

7 South Western Sydney Area Health Service

Tel. 9828 5700 Fax. 9828 5704

Local Government Areas

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

8 Wentworth Area Health Service

Tel. 4734 2120 Fax. 4734 3734

Local Government Areas

Blue Mountains, Hawkesbury, Penrith

9 Western Sydney Area Health Service

Tel. 9845 7000 Fax. 9689 2041

Local Government Areas

Auburn, Baulkham Hills, Blacktown, Holroyd, Parramatta

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PERFORMANCE STATEMENTS FOR NSW HEALTH SENIOR EXECUTIVES (SES 5 and above)

name **Michael Reid**
position title **Director-General**

total remuneration package **SES8 (\$318,315)**
period in position **4 years**

Strategic initiatives

- Advised the Minister on the full range of NSW Health activities
- Oversighted liaison with the Cabinet Office, Premier's Department and NSW Treasury
- Presided over a substantial strengthening of the financial position of NSW Health
- Oversighted specific funding enhancements in key areas of the NSW Health system to address population growth and increased demand
- Maintained a system of Performance Agreements with Health Services that significantly aided assessment of performance and implementation of government policy
- Oversighted continued implementation of the Government Action Plan. The following significant milestones were achieved:
 - completion of the Emergency Services Plan, the Intensive Care Service Plan, the Health Care in the Community Reinvestment Strategy and the Metropolitan Services Plan
 - statewide implementation of Priority Health Care Programs in chronic care
 - provision of guidelines for enhancing consumer participation
- Oversighted the establishment of the Institute of Clinical Excellence and the implementation of quality frameworks across the NSW Health system

Management accountabilities

- Continued to provide leadership and direction in planning and delivering comprehensive and coordinated health services throughout the State within the budget allocated by Treasury
- Provided continued support for the Executive Development Support Centre
- Initiated the Health Executive Leadership Program to develop leadership skills in senior managers within NSW Health. The first program will commence in February 2002

name **Robert McGregor**
position title **Deputy Director-General Operations**

total remuneration package **SES6 (\$225,755)**
period in position **4 years**

Strategic initiatives

- Provided strategic advice to the Director-General on significant financial and operational issues in the health system.
- Led consultation and liaison with Health Unions on key employee relations issues

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
- Supported the implementation of the NSW Government Action Plan for Health

name **Debora Picone**
position title **Deputy Director-General
Policy**

total remuneration package **SES6 (\$200,735)**
period in position **1 year**

Strategic initiatives

- Provided strategic advice to the Director General and Minister for Health
- Directed policy activities across NSW Health
- Led Department's development and implementation of Government Action Plan
- Represented NSW Health and Minister in key state and national negotiations

Management accountabilities

- Provided effective advice on policy issues across NSW Health and in relation to other services
- Managed Policy Division operational and program budget

name **Dr Andrew Wilson**
position title **Chief Health Officer and
Deputy Director-General
Public Health**

total remuneration package **SES6 (specialist medical)
(\$242,107)**
period in position **4 years**

Strategic initiatives

- Provided advice to the Director-General across all areas of public health
- Directed public health activities at policy, planning and operational levels
- Provided leadership to the broader public health network including initiating the development of a public health strategy for beyond 2000
- Represented NSW Health at key state and national public health fora including chairing the National Public Health Partnership
- Developed Healthy People 2005

Management accountabilities

- Managed Public Health Division operational and program budgets
- Supported the implementation of the NSW Government Action Plan for Health

PERFORMANCE STATEMENTS FOR NSW HEALTH SENIOR EXECUTIVES (SES 5 and above)

name
position title

Ken Barker
General Manager
Finance and
Commercial Services

total remuneration package **SES5 (\$204,770)**
period in position **7 years**

Strategic initiatives

- Financial coordination and monitoring of NSW Health budget during 2000/01 with a favourable Net Cost of Services financial result
- Issue of 2000/01 allocation letters reflecting financial principles of Government Action Plan as announced on 8 March 2000
- Responsible for developing of a Capital Charging Policy
- Involvement in financial aspects of Episode Funding and related funding models arising from Government Action Plan
- Coordination of linen tender for NSW Health to supply to 2000 Olympics
- Financial advice of medical indemnity issues

Management accountabilities

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

name
position title

Jozefa Sobski
Chief Information Officer
Information Management
Division

total remuneration package **SES5 (\$180,738)**
period in position **3 months**

Strategic initiatives

- Established the Information Management Division
- Purchased the Statewide licence for Patient Administration Systems
- Reviewed and established the Governance and Program Management Structure for IM&T
- Implemented the quality processes for project management

Management accountabilities

- Strategic direction, priority setting and management of program implementation for the Information management Division
- Coordination of IM policy and programmatic responses to Government Action Plan initiatives and other NSW Health policies
- Development of overall IM&T strategies for the NSW health system, consistent with NSW Health priority and direction
- Management and coordination of information processes and reporting for NSW Health system performance improvement

name **Mr David Gates**
position title **General Manager
Information and Asset
Services (Director, Asset
Management and
Strategic Procurement
from April 2001)**

total remuneration package **SES5 (\$185,788)**
period in position **7 years**

Strategic initiatives

- Development of and funding approval for major Area Asset realignment strategies in Central Coast, Hunter and Western Sydney AHS
- Completion of the design and tendering for the first 18 rural hospital projects in the SRHIST Program
- Development of a Health Infrastructure Public-Private Partnerships Program
- Development of the new Integrated Clinical Information Systems Program, including strategies for implementation of Statewide Unique Patient Identifier and the NSW Electronic Health Record
- Implementation of major new information systems including the Health Information Exchange and Community Health Information System

Management accountabilities

- Achieved \$554M expenditure in health infrastructure including new assets, redevelopment, maintenance and information technology and \$33M revenue from the sale of assets
- Developed the Asset Management Reform Program
- Managed successfully all Divisional and external reporting requirements

SELECTED DATA FOR AREA HEALTH SERVICES

A Key performance indicators for NSW Public Hospital Services for the year ended 30 June 2001
State Summary – all programs by Area Health Service

Area	Admissions ¹	Admissions reclassified to non-patient ²	Admissions adj. for reclassification	Average Length of Stay (days) ³				Caseflow Rate ⁴	Non-Admitted Patient Services ⁵	Emergency Department Attendances ⁶	Average Available Beds	Bed Occupancy Rate (%) ⁷	Average Staff Employed (EFT) ⁸	Expenses (Accrual Basis) (\$'000)
				Daily Average of Inpatients ²	Same Day as % of Total Admissions	Overall, including Same Day Admissions	Overnight Acute							
Central Sydney	130,306	14,855	145,161	1,499	46.8	4.3	6.5	76.8	1,640,779	96,354	1,654	90.6	8,238	777,863
Northern Sydney	106,136	5,263	111,399	1,653	40.6	5.8	5.8	55.6	1,993,649	98,510	1,865	88.5	7,536	692,714
Western Sydney	130,196	6,584	136,880	1,584	45.7	4.6	5.3	71.3	1,785,802	64,891	1,757	90.1	8,610	812,583
Wentworth	51,068	7,538	58,606	641	28.1	5.4	5.2	61.1	559,166	37,043	687	93.3	2,696	300,559
South Western Sydney	133,258	12,785	146,043	1,610	37.6	4.6	4.9	69.0	1,832,209	114,034	1,802	89.4	7,095	673,845
Central Coast	66,511	2,905	69,416	677	43.0	3.8	5.6	93.5	838,721	81,819	686	98.7	2,895	273,468
Hunter	108,585	19,577	128,162	1,793	39.2	6.2	5.5	51.2	1,299,757	150,290	2,016	88.5	7,036	613,006
Illawarra	71,950	4,895	76,845	756	46.8	4.0	5.6	86.1	893,665	108,483	787	96.1	3,454	345,867
South Eastern Sydney	168,218	12,664	180,882	2,063	44.9	4.7	6.0	71.4	2,741,701	174,233	2,243	92.0	11,142	1,069,097
TOTAL METROPOLITAN	966,228	87,167	1,053,395	12,275	42.3	4.8	5.6	68.0	13,585,449	925,657	13,497	90.9	58,702	5,559,002
Northern Rivers	62,723	1,282	64,005	703	36.0	4.5	4.8	67.5	819,878	166,350	835	84.2	2,843	281,955
Mid North Coast	49,003	5,843	54,846	500	30.1	4.9	4.9	60.7	645,627	105,449	594	82.2	2,111	251,810
New England	45,064	1,318	46,382	565	34.2	4.7	4.6	55.6	488,190	100,290	779	72.5	2,228	208,524
Macquarie	28,224	1	28,225	426	30.3	5.7	4.1	45.5	323,393	68,316	590	72.3	1,500	137,779
Mid Western	43,858	2,100	45,958	698	33.0	6.0	4.5	47.6	614,643	103,092	871	78.6	2,555	227,792
Far West	12,328	491	12,819	150	33.9	4.5	4.2	50.1	267,977	45,995	237	62.7	799	90,231
Greater Murray	53,343	4,797	58,140	864	30.0	6.0	4.4	45.9	663,225	145,569	1,121	77.0	2,768	290,546
Southern	32,412	0	32,412	604	26.3	7.0	4.7	38.0	584,240	87,437	812	74.3	2,123	229,652
TOTAL RURAL AREAS	326,955	15,832	342,787	4,508	32.0	5.4	4.6	51.1	4,407,173	822,498	5,839	76.8	16,927	1,718,289
Corrections Health	1,735	0	1,735	128	0.0	27.1	9.8	12.2	1,974,364	0	142	90.4	426	39,302
The Children's Hospital at Westmead	25,497	3,730	29,227	229	44.2	3.3	5.4	105.3	508,364	30,667	242	94.5	1,892	185,760
TOTAL OTHER	27,232	3,730	30,962	357	41.3	4.8	5.9	70.9	2,482,728	30,667	384	93.0	2,317	225,062
TOTAL NSW	1,320,415	106,728	1,427,143	17,141	39.7	5.0	5.3	63.0	20,475,350	1,778,822	19,720	86.7	77,946	7,502,353
1999/00 Total	1,312,977	85,383	1,398,360	17,357	39.2	5.1	5.2	61.6	22,061,519	1,671,981	20,258	85.7	77,580	7,149,924
1998/99 Total	1,347,774	64,037	1,411,811	17,958	39.2	5.1	5.3	59.9	21,419,883	1,446,082	21,222	84.7	78,327	6,871,445
1997/98 Total	1,346,041	42,691	1,388,732	18,407	38.7	5.2	5.4	57.6	21,868,193	1,716,239	21,965	83.8	77,878	5,967,899
1996/97 Total	1,315,198	21,346	1,336,544	18,663	37.6	5.4	5.5	55.1	21,144,518	1,629,261	22,496	83.0	76,412	5,446,171
1995/96 Total	1,328,195	-	1,328,195	19,442	35.6	5.6	5.6	53.3	20,810,160	1,617,009	23,536	82.5	75,951	5,249,302
1994/95 Total	1,273,963	-	1,273,963	19,701	33.8	5.9	-	50.4	20,188,780	1,565,043	23,910	82.4	74,432	4,910,477
1993/94 Total	1,239,711	-	1,239,711	20,011	31.9	6.1	-	48.1	19,283,498	1,615,212	24,425	81.9	73,782	4,631,361

¹ Includes services contracted to private sector.

² Daily average of inpatients = (Total occupied bed days excluding Unqualified baby bed days)/365

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

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

⁵ Includes dental patient flows. Data in 1998/99, 1999/00 and 2000/01 are not comparable to those in previous years and to each other due to Areas' progressive compliance to changes in the definition in NAPS in the Emergency Care Services Program (Program 4). It is estimated that there was a reduction of 1.6 million NAPS in 2000/01 due to the change in definition.

⁶ Data reported in DOHRS. Data in 1998/99, 1999/00 and 2000/01 are not comparable to those in previous years and to each other due to (a) Areas' progressive compliance to changes in definition, namely, occasions

of service for patients admitted to ward through emergency departments are no longer counted as NAPS, and (b) attendances in level 2 or below emergency departments were counted in the Emergency Care Services Program (Program 4) from 1999/00. It is estimated that emergency department attendances increased by 2.1% in 1998/99 over 1997/98, decreased by 0.8% in 1999/00 over 1998/99 and increased by 5.1% in 2000/01 over 1999/00.

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

⁸ Equivalent full time, excludes overtime hours; includes SP & T staff from 1996/97 onward.

⁹ Estimated number of admissions reclassified to non-patient over the last 5 years.

Source: DOHRS as at 16th July 2001

SELECTED DATA FOR AREA HEALTH SERVICES

B Number of available beds in public hospitals and nursing homes by Area Health Service for the year ended 30 June 2001

Area	General Hospitals Care Units	Nursing Home	Community Residential	Other Units	Total Beds
Central Sydney	1,400	0	23	231	1,654
Northern Sydney	1,441	90	164	171	1,865
Western Sydney	1,296	68	135	258	1,757
Wentworth	533	135	20	0	687
South Western Sydney	1,514	194	95	0	1,802
Central Coast	670	0	16	0	686
Hunter	1,318	457	29	212	2,016
Illawarra	738	0	49	0	787
South Eastern Sydney	2,041	197	0	5	2,243
TOTAL METROPOLITAN	10,950	1,141	530	877	13,497
Northern Rivers	750	60	0	25	835
Mid North Coast	533	35	16	10	594
New England	761	18	0	0	779
Macquarie	438	102	14	36	590
Mid Western	650	61	30	131	871
Far West	237	0	0	0	237
Greater Murray	992	56	34	40	1,121
Southern	547	106	73	86	812
TOTAL RURAL AREAS	4,906	438	166	328	5,839
Corrections Health	0	0	0	142	142
The Children's Hospital at Westmead	242	0	0	0	242
TOTAL OTHER	242	0	0	142	384
TOTAL NSW	16,098	1,580	696	1,346	19,720
1999/00 Total	17,226	1,682	672	1,674	21,254
1998/99 Total	17,187	1,806	686	1,543	21,222
1997/98 Total	17,765	1,933	654	1,614	21,965
1996/97 Total	18,157	2,101	569	1,669	22,496
1995/96 Total	19,017	2,149	528	1,843	23,536
1994/95 Total	19,020	2,406	492	1,992	23,910
1993/94 Total	19,170	2,659	402	2,194	24,425

Source: DOHRS as at 16th July 2001

THREE YEAR COMPARISON OF KEY ITEMS OF EXPENDITURE

Area	2001		2000		1999		Increase/decrease (%) compared to previous year	
	\$000	% Total Expense	\$000	% Total Expense	\$000	% Total Expense	2001	2000
Employee Related Expenses								
Salaries and Wages	3,618,908	48.21	3,531,939	49.10	3,391,071	48.60	2.46	4.15
Long Service Leave	106,582	1.42	103,160	1.44	118,241	1.69	3.32	-12.75
Annual Leave	344,932	4.60	337,848	4.70	344,492	4.94	2.10	-1.93
Workers Comp. Insurance	136,227	1.82	161,755	2.25	161,600	2.32	-15.78	0.10
Superannuation	331,834	4.42	295,995	4.12	293,344	4.20	12.11	0.90
Other Operating Expenses								
Food Supplies	64,077	0.85	63,870	0.89	62,409	0.89	0.32	2.34
Drug Supplies	255,946	3.41	246,257	3.42	232,350	3.33	3.93	5.99
Medical & Surgical Supplies	313,342	4.17	293,287	4.08	275,438	3.95	6.84	6.48
Special Service Departments	133,691	1.78	125,305	1.74	118,426	1.70	6.69	5.81
Fuel, Light and Power	54,368	0.72	52,100	0.72	47,912	0.69	4.35	8.74
Domestic Charges	79,963	1.07	77,575	1.08	73,915	1.06	3.08	4.95
Other Sundry/General								
Operating Expenses*	685,082	9.13	586,591	8.15	557,444	7.99	16.79	5.23
Visiting Medical Officers	292,358	3.90	290,923	4.04	299,007	4.28	0.49	-2.70
Maintenance	197,815	2.64	193,508	2.69	189,071	2.71	2.23	2.35
Depreciation	315,558	4.20	304,821	4.24	316,287	4.53	3.52	-3.63
Grants and Subsidies								
Payments to Third Schedule and other Contracted Hospitals	437,811	5.83	411,959	5.73	386,022	5.53	6.28	6.72
Other Grant Payments	127,752	1.70	105,288	1.46	99,166	1.42	21.34	6.17
Finance Costs	9,824	0.13	11,113	0.15	11,116	0.16	-11.60	-0.03
Other Expenses	-	-	-	-	1,068	0.02	-	-100.00
TOTAL EXPENSES	7,506,070		7,193,294		6,978,379		4.35	3.08

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

Source: Audited Financial Statements 2000/2001 and 1999/2000

PRIVATE HOSPITAL ACTIVITY LEVELS FOR THE YEAR ENDED 30 JUNE 2001

appendix



Area	Licensed Beds	Total Admissions				Same Day Admissions				Daily Average		Bed Occupancy	
	Number	Number	% variation on last yr	Market Share % ¹	% variation on last yr	Number	% variation on last yr	Market Share % ¹	% variation on last yr	Number	% variation on last yr	% ²	% variation on last yr
Central Sydney	410	49,483	5.3	27.6	5.9	37,283	9.4	38.0	6.2	348	0.5	73.4	7.9
Northern Sydney	1,652	161,616	10.3	60.5	6.6	96,614	16.1	69.4	9.6	1,489	7.4	85.6	6.3
Western Sydney	417	50,338	7.8	27.9	4.7	29,731	7.9	33.3	2.9	354	29.4	66.5	1.9
Wentworth ³	359	22,758	8.8	34.0	3.4	9,908	14.3	44.0	8.8	259	15.8	66.2	-11.2
South Western Sydney	229	30,623	-9.7	18.7	-9.0	20,977	-2.2	29.5	-3.7	195	16.5	61.6	16.9
Central Coast	301	26,720	10.8	29.4	5.0	15,407	14.0	36.8	5.8	231	9.6	74.8	9.3
Hunter	483	54,895	9.6	33.6	4.0	31,409	12.1	42.4	2.4	424	4.1	83.6	-1.4
Illawarra	278	30,916	8.2	30.4	4.3	19,072	10.7	36.9	6.2	240	8.2	77.1	7.1
South Eastern Sydney	1,165	132,350	5.3	44.4	2.5	78,899	7.0	51.9	1.9	978	0.2	76.3	-1.9
Total Metropolitan¹	5,294	559,699	6.9	36.4	4.2	339,300	10.4	45.2	5.0	4,516	7.2	77.5	3.1
Northern Rivers	105	17,599	9.2	22.1	3.1	13,259	9.0	37.5	-4.0	102	14.0	78.0	16.1
Mid North Coast ⁴	412	34,443	7.1	47.2	4.2	15,403	12.2	55.6	5.7	316	7.0	74.1	5.3
New England	91	7,019	14.4	13.7	12.5	3,107	22.3	17.0	16.1	59	3.9	65.0	3.9
Macquarie	58	4,344	8.9	13.3	9.8	2,606	10.2	23.4	14.0	27	7.9	46.9	2.3
Mid Western	116	9,578	11.3	18.0	5.6	5,070	16.1	25.9	6.2	78	4.3	65.7	4.4
Greater Murray	182	26,350	12.5	33.1	9.4	16,273	13.9	50.7	12.4	166	6.1	75.4	4.0
Souther	0	1,481	6.8	4.4	6.9	1,481	6.8	14.8	5.4	4	7.9	n.a.	n.a.
Total Rural Areas	964	100,814	9.8	24.3	6.6	57,199	12.5	36.1	6.1	752	7.2	71.3	5.8
TOTAL NSW¹	6,258	660,513	7.4	33.8	4.5	396,499	10.7	43.6	5.1	5,268	7.2	76.6	3.5

n.a. = not applicable

¹ Market share calculations include 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.

³ Includes Hawkesbury Private Hospital.

⁴ Includes Port Macquarie Base Hospital.

Source: DOHRS as at 23rd August 2001

EMERGENCY DEPARTMENT PERFORMANCE BY AREA HEALTH SERVICE

Area Health Service	Number of Attendances ²	Derived 2000/01 performance benchmarks for NSW ¹					
		99% Triage 1 – Resuscitation	81% Triage 2 – Emergency	68% Triage 3 – Urgent	71% Triage 4 – Semi-Urgent	75% Triage 5 – Non-Urgent	82% Access Block
		% treated in 2 minutes	% treated in 10 minutes	% treated in 30 minutes	% treated in 60 minutes	% treated in 120 minutes	% Admitted within 8 hrs of seen by doctor
Central Sydney	96,711	100	79	47	52	77	67
Northern Sydney ²	122,960	100	69	63	70	88	69
Western Sydney	110,614	100	63	46	44	75	61
Wentworth	55,802	100	71	36	51	89	66
South Western Sydney	163,646	100	87	60	64	89	82
Central Coast	81,819	100	34	40	49	80	86
Hunter	126,433	100	78	67	62	93	78
Illawarra	91,403	100	81	77	73	88	71
South Eastern Sydney	196,734	100	76	50	56	86	63
Royal Alexandra	41,002	100	99	38	41	78	79
Total Metropolitan	1,087,124	100	71	54	58	85	71
Northern Rivers	50,890	100	89	65	71	88	92
Mid North Coast ²	64,876	100	78	66	67	88	93
New England	34,500	100	68	67	64	85	99
Macquarie	28,399	99	92	73	82	94	92
Mid Western	62,828	99	90	88	89	97	97
Far West	21,060	100	90	80	76	90	99
Greater Murray	75,802	99	88	84	79	82	92
Southern	15,817	100	88	68	75	92	100
Total Rural	354,172	100	83	73	76	89	94
TOTAL	1,441,595	100	73	58	62	86	76
TOTAL for 1999/00	1,371,512	99	76	63	67	89	79
TOTAL for 1998/99	1,381,937	97	78	64	67	89	82
TOTAL for 1997/98	1,305,845	97	75	66	69	91	83
TOTAL for 1996/97	1,240,460	92	73	68	73	93	85

¹ Performance benchmarks are set at the Area level and aggregated to the State level using 1999/00 attendances.

² Includes an adjustment for missing data in Mona Vale in October 2000. Mid North Coast includes Port Macquarie Base Hospital.

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

Source: Emergency Department Data Collection, 2001

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 2000–01 was unavailable at the time of printing and will be reported at a later date.

	Separations	Weighted Separations	Day Separations	Weighted Day Separations	Bed days
A. RECOGNISED HOSPITALS (excluding Public Patients under contract to private facilities)					
Total Recognised Hospitals					
Public Patients	1,027,234	1,063,945	427,908	201,318	3,971,594
Private Patients	130,489	149,311	51,359	23,530	543,289
Other Private Patients	55,150	70,535	21,382	9,465	346,657
Compensable Patients	13,943	20,259	4,041	2,614	70,691
Medicare Ineligible Patients	7,516	9,750	2,375	1,107	34,245
Nursing Home Type Patients	2,075	3,472	4	24	314,479
Not stated	1	1	-	-	72
Total Recognised Hospitals	1,236,408	1,317,273	507,069	238,057	5,281,027
B. I) PRIVATE HOSPITAL FACILITIES (excluding Private Day Hospital Facilities)					
Public Patients treated under contract w/priv. sector	17,701	18,243	5,480	3,192	69,157
Private Patients	400,378	395,465	204,984	102,279	1,285,296
Other Private Patients	38,907	53,582	14,082	7,384	213,445
Compensable Patients	12,769	13,456	5,275	3,800	33,133
Ineligible Patients	1,200	1,476	356	259	3,524
Nursing Home Type Patients	45	45	10	7	873
Not stated	1	5	-	-	39
Total Private Hospital Facilities	471,001	482,274	230,187	116,921	1,605,467
II) PRIVATE DAY HOSPITAL FACILITIES					
Public Patients treated under contract w/priv. sector	4,323	3,858	4,323	3,858	4,323
Private Patients	115,998	56,321	113,893	55,379	115,998
Other Private Patients	8,011	5,307	7,780	5,206	8,011
Compensable Patients	1,366	1,019	1,365	1,018	1,366
Ineligible Patients	1,618	586	1,613	584	1,618
Nursing Home Type Patients	9	8	9	8	9
Not stated	6	1	6	1	6
Total Private Day Hospital Facilities	131,331	67,101	128,989	66,054	131,331
III) TOTAL PRIVATE HOSPITAL FACILITIES					
Public Patients treated under contract w/priv. sector	22,024	22,101	9,803	7,050	73,480
Private Patients	516,376	451,786	318,877	157,657	1,401,294
Other Private Patients	46,918	58,889	21,862	12,589	221,456
Compensable Patients	14,135	14,475	6,640	4,819	34,499
Ineligible Patients	2,818	2,063	1,969	844	5,142
Nursing Home Type Patients	54	53	19	15	882
Not stated	7	7	6	1	45
Total Private Hospital Facilities	602,332	549,374	359,176	182,975	1,736,798
C. TOTAL STATE					
Public Patients	1,027,234	1,063,945	427,908	201,318	3,971,594
Public Patients treated under contract w/priv. sector	22,024	22,101	9,803	7,050	73,480
Private Patients	646,865	601,097	370,236	181,187	1,944,583
Other Private Patients	102,068	129,425	43,244	22,054	568,113
Compensable Patients	28,078	34,735	10,681	7,433	105,190
Ineligible Patients	10,334	11,813	4,344	1,950	39,387
Nursing Home Type Patients	2,129	3,525	23	38	315,361
Not stated	8	7	6	1	117
TOTAL FOR STATE	1,838,740	1,866,647	866,245	421,032	7,017,825
D. OTHER SERVICES (Non – Inpatients Occasions of Service)¹					
Casualty & Emergency Services	1,821,225				
Outpatient Services – Individual					
Diagnostic Services	1,902,265				
Other Medical/Surgical Services	4,640,617				
Mental Health Services	97,350				
Drug & Alcohol Services	1,008,173				
Dental Services	778,640				
Pharmacy Services	425,973				
Group Outpatient Services	51,349				
Other Non – Admitted Patient Services					
Individual Community Health Services	5,103,547				
Individual Outreach Services	124,367				
Group CH/Outreach Services	352,923				

¹ Data extracted from DOHRS

PUBLIC HEALTH OUTCOME FUNDING AGREEMENT

2000-2001 Commonwealth/NSW Contributions

Health Service	HIV/Aids		Women's Health		{2} Alternative Birthing		{2} Female Genital Mutilation		{3} Cervical Cancer		{4} Breast Cancer		National Drug Strategy		{5} National Immunisation		{6} Unallocated		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	1,278	1,278	295	310	0	0	0	0	21	21	1,423	1,423	20	20	0	0	0	0	3,037	3,052
Northern Sydney	511	511	98	71	0	0	0	0	20	20	1,803	1,803	212	212	0	0	0	0	2,644	2,617
Western Sydney	511	511	232	296	0	0	195	0	23	23	2,246	2,246	94	94	0	0	0	0	3,301	3,170
Wentworth	306	306	31	30	0	0	0	0	18	18	0	0	85	85	0	0	0	0	440	439
South Western Sydney	409	409	195	75	0	0	0	0	23	23	0	0	322	322	0	0	0	0	949	829
Central Coast	51	51	102	57	0	0	0	0	15	15	0	0	64	64	0	0	0	0	232	187
Hunter	209	209	29	27	0	0	0	0	18	18	1,826	1,826	35	35	0	0	0	0	2,117	2,115
Illawarra	250	250	93	42	0	0	0	0	18	18	0	0	142	142	0	0	0	0	503	452
South Eastern Sydney	1,690	1,690	360	85	0	0	0	0	21	21	1,356	1,356	213	213	0	0	0	0	3,640	3,365
Northern Rivers	205	205	294	31	0	0	0	0	17	17	0	0	75	75	0	0	0	0	591	328
Mid North Coast	153	153	158	16	0	0	0	0	14	14	0	0	2	2	0	0	0	0	327	185
New England	102	102	120	27	0	0	0	0	14	14	470	470	2	2	0	0	0	0	708	615
Macquarie	51	51	135	68	0	0	0	0	15	15	0	0	95	95	0	0	0	0	296	229
Mid Western	25	25	72	55	0	0	0	0	14	14	739	739	29	29	0	0	0	0	879	862
Far Western	41	41	63	0	0	0	0	0	15	15	0	0	11	11	0	0	0	0	130	67
Greater Murray	41	41	55	52	0	0	0	0	17	17	0	0	2	2	0	0	0	0	115	112
Southern	41	41	99	95	0	0	0	0	17	17	0	0	3	3	0	0	0	0	160	156
Corrections Health	153	153	0	0	0	0	0	0	0	0	0	0	353	353	0	0	0	0	506	506
Children's Hospital	0	0	0	0	0	0	0	0	0	0	0	0	3	3	0	0	0	0	3	3
Total - AHS's/Corrections	6,030	6,030	2,431	1,337	0	0	195	0	300	300	9,863	9,863	1,762	1,762	0	0	0	0	20,581	19,292
Total - NGO	5,870	5,870	0	1,452	312	0	0	0	621	621	2,660	2,660	2,750	2,750	0	0	0	0	12,213	13,353
Total - Other	0	0	307	453	355	0	0	0	795	795	1,561	1,561	4,163	1,245	32,930	0	192	0	40,303	4,054
GRAND TOTAL	11,900	11,900	2,738	3,242	667	0	195	0	1,716	1,716	14,084	14,084	8,675	5,757	32,930	0	192	0	73,097	36,699

{1} Figures shown represent 2000/2001 contributions only and do not include rollovers from 1999/2000. State contributions in excess of the previous cost sharing arrangements are not included.

{2} Program fully funded by the Commonwealth

{3} NGO funding represents payments to The Cancer Council of New South Wales for management of the NSW Pap Test Register.

{4} Funding is provided for BreastScreen NSW Screening and Assessment Services (SASs). Each SAS provides services for more than one AHS.

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

{6} Late payment by Commonwealth (June 2001) to cover cpi increase on base funding level

SECTION 301 OF THE MENTAL HEALTH ACT

12

Information activities during 2000/2001

Development of the Mental Health Clinical Care and Prevention Model for Mental Health Services (MH-CCP) which, started in 1999/00 was completed. The document was released to Areas for planning in January 2001. This model suggests appropriate levels of service and predicts the associated resource requirements needed for a series of population groups according to age and disease severity based on available local and international epidemiological evidence. Data collected as a result of the Mental Health Information Development Project (MHIDP) will enable evaluation of actual service utilisation by clients with defined clinical severity with the type and amount of service suggested by the MH-CCP.

Under the Commonwealth Funded MHIDP which extends to June 2003. Areas have begun collecting from 1st July 2000, the NMDS for Community mental health care by recording a set of data items for every client based ambulatory service delivered by mental health services. A variety of interim systems are able to extract these data to the Area and State Health Information Exchanges, which have been modified for this purpose. Strategy for providing a unique client identifier at State level was completed and provides a pilot for all clients of NSW Health, subject to NSW Privacy Legislation. The ability to count individual clients will enable comparison of actual service utilisation with that identified in MHCCP.

In July 2000, Ministerial approval was gained to undertake the Mental Health Outcomes and Assessment Training (MHOAT) Initiative which aims to increase mental health assessment skills and train all mental health clinical staff to use standard clinical documentation and to record client outcome and casemix measures according to a defined protocol. Supply of the outcome and casemix data is required under the Mental Health Information Development contract.

The National Survey of Mental Health Services (NSMHS), which is used to monitor the National Mental Health Strategy, was repeated in October

2000 for 1999/00. When validated, Survey data for 1998/99 and 1999/00 will be reported in a combined *National Mental Health Report* for the first 2 years of the second National Mental Health Plan. It is being integrated into mainstream NSW Health Program and Product Cost Data Collection and National Minimum Data Set.

A paper based daily acute mental health bed surveillance system was re-introduced in August 2000 with plans to replace it with a web based application covering all types of Mental Health Beds. This will provide some of the data currently collected manually for the annual report, but its primary role is to assist in acute bed management.

A Census of all clients resident in Mental Health facilities at 30 June 2001 was conducted in July 2001. Data from the Census will be combined with Inpatient Statistics data and NSMHS data to demonstrate inter area flows for mental health inpatient services.

Data sources for the Annual Report

All bed data and some of the activity data in the attached tables are based on a paper collection specifically for the 2000/01 Annual Report from psychiatric hospitals and units. These data are combined with data on admissions, transfers and same day patients from Department of Health Reporting System (DOHRS) where the facility can be identified in DOHRS. Data for 1999/00 are from the 1999-2000 *Department of Health Annual Report*. Efforts are continuing to improve identification of all mental health activity through changes to the DOHRS system and to hospital reporting practices.

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

Psychiatric Hospitals

Over 2000/01 there was an apparent overall increase of 9 available beds in stand-alone psychiatric hospitals.

This increase was mainly due to an additional 22 bed inpatient unit (Ward 24) that opened at Rozelle Hospital. Residents of the co-located Ward 34 at the Concord Hospital, which closed pending redevelopment were transferred to Ward 24 at Rozelle.

Restructure at Kenmore hospital between October 2000 and April 2001 led to the formation of two main wards compared to previous four. Six extended care beds from Argyle Cottages were transferred to the Ron Hemmings Centre, which is now an extended care 22 bed ward. Beds from Russell and Naughton Units were combined to form the David Morgan Centre – a 32 bed psychogeriatric ward. All 54 beds were retained in the restructure.

James Fletcher, Newcastle reported four unavailable non-gazetted beds.

As at 30th June 2001, the 1,021 beds in Psychiatric Hospitals were 82% occupied with 838 patients in residence. A further 87 patients were reported as being on leave resulting in 91% of beds being committed to current patients.

Beds identified as drug and alcohol beds located on the campus of a psychiatric hospital (Cumberland and Rozelle hospitals) are not available for the admission of psychiatric patients and are excluded from this report.

Child and Adolescent Units

With the exception of the eight gazetted beds in Redbank House, child and adolescent units generally run for only four out of five weekdays with special programs during school holidays.

There has been a decrease of 4 available beds in child and adolescent units as at 30th June 2001. Arndell, which is now, called 'Coral Tree Family Unit', reported 5 more and Rivendell 2 less available beds than on 30th June 2000. Westmead, Redbank House reported an increase in gazetted beds from 8 in 1999/00 to 9 in 2000/01. Of the 14 non-gazetted beds in Redbank House only 6 were reported as available in 2000/01.

Co-located Gazetted Units in General Hospitals and Other Units (child and adolescent units not included)

Co-located bed numbers for 2000/01 are almost the same as they were for 1999/00. Ward 2D of Bankstown hospital reported 12 available beds instead of 20 reported in 1999/00. Ward 2D has 20 geriatric beds that have been split into 12 specialist psychogeriatric beds and 8 aged care beds.

Concord hospital did not report any beds due to closure of Ward 34 as a result of redevelopment. All patients of Ward 34 were transferred to a newly opened ward (Ward 24) at Rozelle. Redevelopment at Concord will include the construction of a new Mental Health Precinct at the hospital.

Bed numbers at the St George Pacific House were increased by 7 to 25 during 2000/01. Gissing House at Wagga Wagga reported 16 available beds two more than in 1999/00. Three non-gazetted beds for high dependency patients were reported as unavailable for 2000/01.

The Prince of Wales Hospital reported 12 extra beds in 2000/01 (58). In 1999/00 renovations at the Prince of Wales Psychiatric Units resulted in the reduction of its beds to 46.

Three additional units – Bowral, Mudgee and Queanbeyan, which were not previously included, have reported 6 available beds all together (2 each) in 2000/01.

In 2000/01 over the 12 month period, 20,985 overnight admissions occurred in all units, an increase of 6% from 1999/00. Direct admissions alone do not reflect the true utilisation of the psychiatric units. As in 1999/00 both admissions and transfers in, have been included to give a better indication of the actual utilisation in co-located units. There were 7,723 same day admissions to public psychiatric units reported for 2000/01 compared with 8,116 in 1999/00. The increase in overnight admissions with no corresponding increase in the number of beds would imply a shorter length of stay in these units. DOHRS measures are actually indicating that this is the case in Rural Units.

Current occupant numbers were available for all reported units this year. There were 737 patients occupying 792 beds giving an overall occupancy of 93% (or 103% including those on leave) on 30th June 2001. This indicates a high demand for acute mental health beds in co-located units.

Private Hospitals

Thirteen private hospitals authorised under the *Mental Health Act*, provided inpatient and same day psychiatric services during 2000/01. These hospitals reported 524 available psychiatric beds at 30th June 2001 compared with 519 reported for 30th June 2000. Overnight admissions in private hospitals increased by 6% in 2000/01 to 7,126 from 6,711 in 1999/00. However this is not matched by a corresponding increase in the number of beds. Same day admissions also increased by 12% to 14,454 from 12,855 in 1999/2000. This represents 53% of all same day services provided by dedicated psychiatric inpatient units both public and private.

Beds in Port Macquarie Base Hospital are public non-gazetted beds provided within a private hospital.

Public Sector Ambulatory Mental Health Services

Based on reports from community mental health services for June 2001 there were 43,126 active clients and 1,571 or 3.6% of clients on community orders. Around 33,817 individuals were seen by 1,599 direct care mental health staff across NSW and of these, 953 were referred to inpatient care by the reporting services. This represents an increase of 11% in the number of individuals seen by the mental health staff from June 2000.

Hospital/Unit	Available beds as at 30/6/00			Available beds as at 30/6/01			In residence		Admitted in 12 mths to 30/6/01		On leave as at 30/6/01	Deaths in 12 mths to 30/6/01
	gaz	non gaz	tot	gaz	non gaz	tot	as at 30/6/00	as at 30/6/01	Over Night	Same Day		
Rozelle Psychiatric ¹	180	32	212	192	31	223	167	149	1,272	47	21	9
Macquarie Hospital	171		171	171		171	156	159	260	7	8	0
Cumberland Psychiatric	230		230	230		230	192	196	1,532	63	24	1
James Fletcher – Morisset	102	26	128	100	28	128	125	116	146	1	7	0
James Fletcher – Newcastle ²	68	18	86	68	14	82	80	73	1,629	78	11	0
Bloomfield Psychiatric	112	21	133	112	21	133	108	104	823	72	15	5
Kenmore Psychiatric ³	52		52	54	0	54	44	41	49	0	1	0
2000/01 Total	915	97	1,012	927	94	1,021	872	838	5,711	268	87	15
1999/00 Total				915	97	1,012		872	5,621	220	78	33
1998/99 Total				955	83	1,038		918	5,837	251	78	46
1997/98 Total						1,095		919	6,404	266	24	44

¹ Rozelle Hospital – Relocation of Ward 34 from Concord Hospital has resulted in an increase in bed numbers of 11

² James Fletcher – Newcastle – Reduction in non-Gazetted beds by 4

³ Kenmore Psychiatric – Ward restructure has resulted in restoration of two beds that were unavailable due to shortage of floor space in Argyle Villa in 2000

Source: Centre for Mental Health

PUBLIC HOSPITAL PSYCHIATRIC UNITS GAZETTED UNDER THE MENTAL HEALTH ACT 1990

appendix

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Also included are other Non Gazetted Psychiatric Units

Hospital/Unit	Available beds as at 30/6/00			Available beds as at 30/6/01			In residence		Admitted in 12 mths to 30/6/01		On leave	Deaths
	non gaz	non gaz	tot	non gaz	non gaz	tot	as at 30/6/00	as at 30/6/01	Over Night (incl tfrs in)	Same Day	as at 30/6/01	in 12 mths to 30/6/01
Albury Base – Nolan House	16		16	20	0	20	16	15	454	21	6	0
Armidale Hospital	8		8	8	0	8	8	7	446	33	0	0
Bankstown Hospital – 2D ¹	0	20	20	0	12	12	20	12	151	3	0	0
Bankstown Hospital – Banks House	30		30	30	0	30	26	29	621	28	0	0
Blacktown – Bungarribee House	25		25	14	16	30	22	22	520	12	12	0
Bowral ²					2	2		1	191	8		
Broken Hill Base – Special Care Suite	2		2	2	0	2	0	1	172	16	0	0
Campbelltown Hospital – Waratah House	30		30	30	0	30	24	23	559	17	6	0
Coffs Harbour Hospital – Psych Unit	13		13	13	0	13	13	13	388	20	0	0
Concord Hospital – Ward 34 ³	22		22	0	0	0	14	0	248	3,885	0	0
Dubbo Base – Special Care Suite	2		2	0	2	2	2	1	105	2	0	0
Gosford District Hospital – Mandala Clinic	30		30	30	0	30	28	25	965	203	2	0
Goulburn Base – Chisholm Ross	20		20	20	0	20	14	19	495	0	3	0
Greenwich Hospital – Riverglens Unit	10	10	20	10	10	20	20	19	211	85	0	0
Hornsby & Ku-ring-gai Hospital – Lindsay Madew Unit	25		25	25	0	25	24	23	548	66	2	0
Kempsey District – Ward 149		4	4	0	4	4	3	3	133	4	2	0
Lismore Base – Richmond Unit	25		25	25	0	25	28	24	1,457	278	2	0
Liverpool Hospital – Psych Unit	30		30	30	30	29	29	0	722	44	0	0
Long Bay Prison Hospital – All Psych units	59	30	89	60	30	90	85	88	222	0	0	0
Maitland Hospital – Psych Unit	24		24	24	0	24	16	22	671	13	0	0
Manly District – East Wing General	12	8	20	20	0	20	20	19	859	6	4	0
Manly District – East Wing Psychogeriatric	5	5	10	5	5	10	7	7	330	1	1	1
Mudgee – Special Care Suite ⁴				0	2	2		0	28	0	0	0
Nepean Hospital – Pinala Unit	30		30	30	0	30	28	35	838	97	7	0
Prince of Wales – Psychiatric Units ⁵	46		46				41					
Prince of Wales – Adult Psychiatry				49	0	49		47	893	91	3	0
Prince of Wales – Neuropsychiatric Institute				3	0	3		2	0	0	0	0
Prince of Wales – Psychogeriatric				6	0	6		6	0	0	1	0
Queanbeyan ⁶				2	0	2		1	183	6		
Royal North Shore – Cummins Unit	20		20	20	0	20	20	19	457	6	0	0
Royal Prince Alfred – Missenden Unit	40		40	40	0	40	39	37	912	6	5	0
Shellharbour Hospital – Eloura Unit	34		34	34	0	34	29	33	1,979	20	0	0
Shellharbour Hospital – Mirrabook Unit	20		20	20	0	20	18	18	850	6	6	0
St George – Pacific House	18		18	25	0	25	17	25	1,022	58	0	0
St Joseph's Auburn – Psychogeriatric ⁷	15		15	15	0	15	15	15	127	2	0	1
St Vincents – Caritas	27		27	27	0	27	24	25	589	59	2	0
Sutherland Hospital – Psych Unit	22		22	22	0	22	18	22	520	57	4	0
Tamworth Base – Banksia Unit	15		15	15	0	15	14	15	975	89	4	0
Wagga Wagga Base – Gissing House	14	3	17	16	0	16	11	16	396	35	4	0
Westmead – Adult Acute Unit	12		12	12	0	12	13	12	671	2,446	2	0
Westmead – Psychogeriatric Unit	8		8	7		7	8	7	77	0	2	0
2000/01 Total (excl C&A)				709	83	792		737	20,985	7,723	80	2
1999/00 Total (excl C&A)	709	80	789				714*		19,711	8,116	56	11
Child & Adolescent Units												
Coral Tree Family Unit ⁸		10	10	0	15	15	0	0	359	1,214	0	0
Thomas Walker – Rivendell ⁹	0	24	24	0	22	22	0	0	215	1,273	13	0
Westmead – Redbank House ⁹	8	14	22	9	6	15	16	14	361	2,287	10	0
2000/01 Total Child and Adolescent				9	43	52		14	935	4,774	23	0
1999/00 Total Child and Adolescent	8	48	56				16		781	5,535	0	0
2000/01 TOTAL ALL UNITS				718	126	844		751	21,920	12,497	103	2
1999/00 TOTAL ALL UNITS	717	128	845	717	128	845	730*	730*	20,492	13,651	56	11
1998/99 TOTAL ALL UNITS				768	111	879		810	18,792	12,567	26	13
1997/98 TOTAL ALL UNITS				751	169	920		820	17,798	14,764	15	19

¹ Ward 2D has 20 beds which are split into 12 specialist psychogeriatric beds and 8 aged care beds. These beds are not funded by Mental Health Program 8

² Bowral – Two non-gazetted beds became available in 1998

³ Ward 34 of Concord Hospital relocated to Rozelle on 18/06/2001 – now Ward 24 at Rozelle

⁴ Mudgee – Special Care Suite opened in September 2000

⁵ POW – amalgamation and reduction of beds in the New Psychiatric Unit due to closure and renovation of psych units of POW

⁶ Queanbeyan – Two beds gazetted in 1997

⁷ St Josephs' Auburn mental health beds – Not funded by Mental Health Program 8

⁸ Bed numbers shown were actually unavailable at midnight on 30 June as the units closed at 3pm on the day when beds and residents were recorded

⁹ Redbank House includes Acute Adolescent Unit, Adolescent and Family and Child and Family Units

*Note: 44 extra residents of POW incorrectly counted in 2000 census have been removed decreasing the total to 714 instead of 758. The overall total has also decreased from 774 to 730

Source: Centre for Mental Health

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Hospital/Unit	Available beds		In residence		Admitted in 12 mths to 30/6/01		On leave	Deaths in
	as at 30/6/00	as at 30/6/01	as at 30/6/00	as at 30/6/01	Over Night	Same Day	as at 30/6/01	12 mths to 30/6/01
Albury/Wodonga Private	6	6	0	3	50	52	1	0
Evesham	36	36	33	21	425	1,254	0	0
Lingard	25	25	18	14	396	26	2	1
Northside Clinic	88	89	79	65	1,161	1,801	2	0
Port Macquarie Base ¹	10	10	10	9	309	0	0	0
South Pacific	33	33	21	25	371	0	0	0
St Edmund's	39	40	26	29	588	1,405	1	1
St John of God Burwood	86	86	56	45	1,190	2,073	19	0
St John of God Richmond ²	89	89	51	47	974	1,934	10	1
Sydney Private Clinic	33	34	29	24	583	1,048	6	1
Wandene	30	30	29	27	450	1,483	1	0
Wesley Private	38	38	25	31	541	3,378	0	0
Mayo Private Clinic	6	8	5	8	88	0	0	0
TOTAL 2000/01		524		348	7,126	14,454	42	4
TOTAL 1999/00	519	519	382	382	6,711	12,855	16	2
TOTAL 1998/99	518	518		351	6,711	14,407	1	3
TOTAL 1997/98		503		363	7,804	14,566	4	4

¹ Port Macquarie Base beds are non gazetted public psychiatric beds within a private hospital

² St John of God Richmond also provides contract psychiatric services for public patients

Source: Centre for Mental Health

**Acts administered by the
NSW Minister for Health**

- Ambulance Services Act 1990 No. 16
- Anatomy Act 1977 No. 126
- Benevolent Society of New South Wales Act 1902 No. 97
- Centenary Institute of Cancer Medicine and Cell Biology Act 1985 No. 192
- Chiropractors Act 2001 No. 15
- Dental Technicians Registration Act 1975 No. 40
- Dentists Act 1989 No. 139
- Fluoridation of Public Water Supplies Act 1957 No. 58
- Food Act 1989 No. 231
- Garvan Institute of Medical Research Act 1984 No. 106
- Gladesville Mental Hospital Cemetery Act 1960 No. 45
- Health Administration Act 1982 No. 135
- Health Care Complaints Act 1993 No. 105
- Health Professionals (Special Events Exemption) Act 1997 No. 90
- Health Services Act 1997 No. 154
- Human Tissue Act 1983 No. 164
- Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 No. 37
- Lunacy (Norfolk Island) Agreement Ratification Act 1943 No. 32
- Medical Practice Act 1992 No. 94
- Mental Health Act 1990 No. 9
- Mental Health (Commonwealth Agreement Ratification) Amendment Act 1962 No. 14
- New South Wales Cancer Council Act 1995 No. 43
- New South Wales Institute of Psychiatry Act 1964 No. 44
- Notification of Births Act 1915 No. 4
- Nurses Act 1991 No. 9
- Nursing Homes Act 1988 No. 124
- Optical Dispensers Act 1963 No. 35
- Optometrists Act 1930 No. 20
- Osteopaths Act 2001 No. 16
- Pharmacy Act 1964 No. 48
- Physiotherapists Registration Act 1945 No. 9
- Podiatrists Act 1989 No. 23
- Poisons and Therapeutic Goods Act 1966 No. 31
- Private Hospitals and Day Procedure Centres Act 1988 No. 123
- Psychologists Act 1989 No. 51
- Public Health Act 1991 No. 10
- Smoke-Free Environment Act 2000 No. 69
- Smoking Regulation Act 1997 No. 16
- Sydney Hospital (Trust Property) Act 1984 No. 133
- Tobacco Advertising Prohibition Act 1991 No. 65
- Tuberculosis Act 1970 No. 18

Legislative changes

Acts

Medical Practice Amendment Act 2000

- Amends the *Medical Practice Act* 1992 to make further provision for the registration of medical practitioners and the professional practice for medical practitioners
- Cognate amendments to certain other Acts

Chiropractors Act 2001

- The *Act* will on commencement repeal the *Chiropractors and Osteopaths Act* 1991, establish the Chiropractors Registration Board and provide for the registration and regulation of the chiropractic profession
- The *Act* will also amend the *Public Health Act* 1991 to define and restrict the practice of spinal manipulation

Osteopaths Act 2001

- The *Act* will on commencement establish the Osteopaths Registration Board and provide for the registration and regulation of the osteopathy profession

Regulations

The following new Regulations were made:

- Ambulance Services Regulation 2000
- Food (Incorporation of Food Standards Code) Regulation 2000
- Food Regulation 2001
- Health Administration Regulation 2000
- Human Tissue Regulation 2000
- Mental Health Regulation 2000
- Psychologists Regulation 2000
- Public Health (Microbial Control) Regulation 2000
- Public Health (Skin Penetration) Regulation 2000
- Public Health (Swimming Pools and Spa Pools) Regulation 2000
- Smoke-free Environment Regulation 2000

Amending regulations

- Dentists (General) Amendment (Infection Control Standards) Regulation 2000
- Food (General) Amendment (Assistance Animals) Regulation 2000
- Human Tissue Amendment (Donor Certificates) Regulation 2001
- Medical Practice Amendment (Law Revision) Regulation 2000
- Medical Practice Amendment (Records Exemption) Regulation 2001
- Physiotherapists Registration Amendment (Infection Control Standards) Regulation 2000
- Podiatrists Amendment (Infection Control Standards) Regulation 2000
- Poisons and Therapeutic Goods Amendment Regulation 2000
- Poisons and Therapeutic Goods Amendment (Fees) Regulation 2000
- Poisons and Therapeutic Goods Amendment (Flunitrazepam) Regulation 2000

- Poisons and Therapeutic Goods Amendment (Nurse Practitioners) Regulation 2001
- Poisons and Therapeutic Goods Amendment (Uniform Standard) Regulation 2000
- Public Health Amendment (Scheduled Medical Conditions) Regulation 2000
- Public Health Miscellaneous Amendments Regulation 2000
- Public Health (Skin Penetration) Amendment Regulation 2001

Significant judicial decisions

Kings Cross Chamber of Commerce & Tourism Inc v Director-General of the Department of Health & Commissioner of Police & Anor
[2000] NSWSC 3007

In October 2000 a licence was issued to the Uniting Church to conduct NSW first medically supervised injecting centre. The Kings Cross Chamber of Commerce challenged the licence in the Supreme Court alleging that the procedures set out under the relevant legislation had not been followed in that there had not been adequate consideration of community views on the centre. In April 2001 the Supreme Court handed down its decision finding that the requirements of the legislation had in fact been properly complied with.

Samad v District Court of New South Wales
[2000] NSWCA 344

The holder of a methadone clinic licence which had been cancelled by the Director-General appealed the cancellation to the District Court. The appeal was dismissed and the holder of the licence appealed to the Court of Appeal. The Court of Appeal dismissed the licensee's appeal and ordered that the licence be cancelled. The licensee has sought special leave to appeal to the High Court.

Objective 1**Reducing violence against women**

The 2000/2001 allocation of one-off initiatives from the women's health component of the Public Health Outcome Funding Agreement included three violence prevention strategies:

1. The Northern Sydney Domestic Violence Prevention Toolkit (\$20,000)
2. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists Domestic Violence Screening Package (\$10,000)
3. Sexual Safety in Pubs and Clubs Penrith Women's Health Centre (\$70,000).

Objective 2**Promoting workplaces that are equitable, safe and responsive to all aspects of women's lives**

The Gender Equity in Public Institutions (GEPI) is a research project examining the gendered nature of public sector organisations. The project is a partnership between selected public sector agencies and Sydney University and is auspiced by the Premiers' Department. The GEPI project is proceeding throughout 2001.

Objective 6**Improve the health and quality of life of women in NSW**

In 2000/2001 a number of innovative projects were funded from the women's health component of the Public Health Outcome Funding Agreement (PHOFA) including the following initiatives:

- Reducing female fatalities from motor vehicle accidents in the New England Area of NSW (New England Area Health Service – \$50,000).
- Reducing Smoking in young women 12-17 years (Central Coast Area Health Service – \$68,910).
- Aboriginal Women's Health Peer Education Program (Mid Western Area Health Service \$28,300).
- The Health Needs of Women Supporting a Prison Inmate (Central West Women's Health Centre – \$129,664).

The NSW Health Department's Disability Action Plan 2000-02 was approved by the Director-General on 29 August 2000.

The Plan reflects and builds on the principles of the Department's Strategic Directions for Health 1998-2003, Corporate Plan 1998-2003, the Equity Management Plan and the NSW Government Disability Policy Framework.

A number of specific strategies identified in the Plan have been completed including:

- adjustment to building and internal fit-out as identified in an access audit of the North Sydney premises to meet the needs of the people with disabilities, eg. accessible reception area, wheelchair circulation routes upgraded, improved meeting and conference venues and equipment, including facilities for the hearing impaired and disabled toilet and shower facilities throughout the building
- disability component developed and included in the Department's Staff Induction Program
- the Department has developed an Equity Management Plan to address employment practices and conditions for employees with disabilities and has an Equity Advisory Committee to oversee and monitor the implementation of the Department's Equity Management Plan.

NSW Health aims to foster a 'good practice' culture throughout the health system to promote positive attitudes to people with disabilities. NSW Department of Health has the opportunity to build on the work by the Area Health Services, the Ambulance Service of NSW, the Corrections Health Service and the Children's Hospital at Westmead to draw out and share examples of good practice by individual agencies. The relationship with these agencies also provides an opportunity for the Department to provide leadership in the promotion of disability awareness and the development of appropriate strategies.

The availability of appropriate equipment, aids and appliances is essential for the independence of people with disabilities and their ability to take part in the activities of daily life. NSW Department of Health is leading joint planning by government service providers for the provision of equipment and appliances for people with disabilities. This work has involved the Department working with the Area Health Services, the Department of Ageing Disability and Home Care, the Commonwealth Department of Veterans' Affairs and non-government organisations to ensure a more systematic approach is taken to the provision of appropriate aids and equipment to people with disabilities.

Number of staff employed (by award) in the NSW Public Health System (full time equivalent)

	2000/01	1999/2000	1998/99	1997/98	1996/97
Medical	6,140	5,969	5,751	5,720	5,613
Nursing	33,325	33,356	33,303	32,974	32,357
Administration & Clerical	10,773	10,608	10,860	10,921	10,717
Hospital Employees (eg. Wardsmen; Hospital Assts)	14,747	14,743	14,783	14,688	14,410
Hospital Employees – Technical	2,343	2,242	2,248	2,233	2,190
Engineering and Trades Staff	1,256	1,244	1,247	1,239	1,216
Ambulance – Uniform	2,662	2,585	2,524	2,385	2,323
Other	11,419	10,767	11,021	11,056	10,853
Total	82,665	81,514	81,737	81,216	79,679

All figures are as at 30 June

Source: DOHRS Reports 30 June 2001

NSW Health Department

Representation of Women	1999/2000	2000/2001
Below CO1 total staff		nil
Below CO1 female staff		nil
% total female staff		nil
CO1-CO7/8 total staff		109
CO1-CO7/8 female staff		85
% total female staff		16.83%
A&C Grade 1-2 total staff		18
A&C Grade 1-2 female staff		13
% total female staff		2.57%
A&C Grade 3-5 total staff		98
A&C Grade 3-5 female staff		63
% total female staff		12.48%
A&C Grade 6-9 total staff		261
A&C Grade 6-9 female staff		151
% total female staff		29.90%
A&C Grade 10-12 total staff	295	312
A&C Grade 10-12 female staff	144	167
% total female staff		33.07%
A&C> Grade 12 total staff	27	32
A&C> Grade 12 female staff	13	15
% total female staff		2.97%
SES total staff		35
SES female staff		11
% total female staff		2.18%
TOTAL STAFF		865
TOTAL FEMALE STAFF		505

Correction: 1999/2000 This is a correction from last years figures

Note: 2000/2001 CEIDA transferred to the Department

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

Employees	1999/2000	2000/2001
Total employees		865
Recruited during year		179
Aboriginal people		19
Recruited during year		0
People with disabilities		49
Recruited during year		4
People from NESB		256
Recruited during year		16

The number of registered health professionals 2000/2001 – as at 30/06/2001

Health professional	total
Chiropractors	1,011
Chiropractors and Osteopaths	223
Dental Technicians	654
Dental Prosthetists	387
Dentists	4,051
Enrolled Nurses	15,987
Medical Practitioners	24,991
Optical Dispensers	1,337
Optometrists	1,440
Osteopaths	230
Pharmacists	7,031
Physiotherapists	5,654
Podiatrists	693
Psychologists	6,689
Registered Nurses	76,190

Please note that figures for dentists, medical practitioners and pharmacists have been provided by their individual Boards.

Corporate Personnel Services is responsible for developing human resources policies for Department of Health staff and providing support and guidance to managers and staff on all human resource issues.

Issues may include conditions of employment, training, grievance resolution, organisational change, workers compensation and rehabilitation.

Major achievements for the year

- Policies issued on managing workers compensation, occupational health and safety, exit interviews and recruitment
- Job analysis and evaluation programs completed for 300 positions
- Recruitment processes improved
- Special training programs for administration staff and grade 11/12 officers
- Annual training calendar expanded
- Pilot of Jobs.NSW
- New HR/payroll system purchased

Equal Employment Opportunity (EEO)

EEO Advisory Committee

- Department's Equity Management Plan 2000-2002 developed
- Monitored Department's Disability Plan
- Recruitment processes better focused on equity areas
- Employment policies reviewed
- EEO representation for most groups above sector-wide targets
- Includes the Director of Employment Equity, the Training and Equity Officer and representatives from ODEOPE, employee organisations, management and the EEO groups

Spokeswomen's program

The Spokeswomen's program continued to promote the interests and career development of women through a seminar program.

Occupational Health and Safety

The number of injuries occurring in the NSW Department of Health continued to decline in the 2000/2001 reporting period. This trend has been assisted through Training and Safety Programs, coordinated by the Corporate Personnel Services Unit and the Department's Occupational Health and Safety Committee. Compared to other public service organisations, the Department maintained an outstanding record in the minimisation of injuries in the workplace and the promotion of health and safety programs.

Organisational change

Work design, job analysis and evaluation were expanded to underpin organisational change. A job evaluation team was created to streamline processes and provide quality approaches. Key achievements were:

- integration of CEIDA within the Drugs Program Bureau
- departmental realignment in July 2001.

Career development and quality initiatives

The Margaret Samuel Memorial Scholarship for Women

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

Trainee Programs

The Department runs Public Health traineeships and traineeships through the Australian College of Health Service Executives. Traineeships have now been expanded to include Aboriginal and Torres Strait Islander trainees from the Health Industry Group Training Company.

STAFF AWARDS AND SCHOLARSHIPS

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Staff Awards for Excellence July 2000-June 2001**October – December 2000****Individual winner**

Lusia Uepa – Health Public Affairs

Team winner

Private Health Care Branch Complaints Team

Team members

Julie Johnston

Helen Philp

Ann Wilson

Anne Axi

Margaret Samuel Memorial Scholarship 2000

Ms Peita Shirvington

Project Officer, Health Promotion Branch

Ms Kate Mertens

Policy Analyst, Statewide Services Development

Ms Hirani Jayasinha

Policy Analyst, Funding and Systems Policy Branch

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Mr Philip Boyce – Area Director Mental Health, Wentworth Area Health Service, Marce Society Biannual Conference, UK and Royal College of Psychiatrists, Overseas Group, Cairo. General Funds.

Ms Christine Carr – Area Immunisation Coordinator, Hunter Area Health Service, 34th National Immunisation Conference – Application denied. Employee had requested 10 days A/L. General Funds.

Ms Jan Dent – Executive Director, NRB, 3rd meeting of Regulator Authorities from the Western Pacific & South East Asian Regions. Nurses Registration Board.

Mr David Fowler – A/Director, AIDS/Infectious Diseases, Department of Health, 13th International AIDS Conference, Durban – South Africa. General Funds.

Ms Maureen Giddins Blues – Nursing Officer, Nurses Registration Board, 8th International Nurse Practitioner Conference, Nurse Practitioner Around the World 'Entering the New Millennium', USA. Nurses Registration Board.

Ms Jennifer Grainer – D/Manager, Sterilising Services, Central Coast Area Health Service, 1st International Conference of the International Federation for Sterile Supply, Kuala Lumpur, Malaysia. General Funds.

Ms Jill Hanvey – Senior Project Officer, Department of Health, Telcon 2000 Leading Edge Solutions for Enterprise Collaboration and E-Learning & the Telemedicine World 2000 Conference, USA. General Funds.

Mr Jeff Hescott – Senior Operations Officer, AmbDAC, Ambulance Service of NSW, VisiCon 2000 Conference, Tritech Inaugural Meeting and St. John Ambulance Service. General Funds.

Mr Alastair Hunter – Manager, Support Service, Central Coast Area Health Service, Make the Change! Healthcare Catering Beyond 2000, New Zealand. General Funds.

Ms Susan Ison – Area Manager, Sterilising Services, Central Coast Area Health Service, 1st International Conference of the International Federation for Sterile Supply, Kuala Lumpur, Malaysia. General Funds.

Ms Carolyn James – Health Education Officer, Southern Area Health Service, 1/2 day workshop for the Australian Society of Genetic Counsellors & 24th Annual Scientific Meeting of the Human Genetics Society of Australasia, New Zealand. General Funds.

Ms Marie Kearney – Deputy Director, Medical Services, Central Coast Area Health Service, Recruiting of Vocational Trainees – Application denied. General Funds.

Mr Robert Lagadia – Director Contract and Performance, Department of Health, 4th World Rural Health Conference, Canada. General Funds.

Mr Doug Lincoln – Trainee Biostatistician, Department of Health, National Small Area Analysis workshop, New Zealand. General Funds.

Ms Lynne Madden – Manager, Public Health, Department of Health, Conference on Multidisciplinary Public Health Practice, Oxford. General Funds.

Mr Richard Matthews – A/CEO, Corrections Health, 4th European Conference of Drug HIV/AIDS services in Prisons and visiting correctional complexes. General Funds.

Mr John McGrath – Catering Manager, New England Area Health Service, Make the Change! Healthcare Catering Beyond 2000, New Zealand. General Funds.

Ms Monica Murray – Child and Family Health Nurse, Mid Western Area Health Service, Australian Child and Family Development Delegation to the People's Republic of China. General Funds.

Ms Louise Newman – Director, NSW Institute of Psychiatry, Conferences in Germany, Greece, UK and Canada. NSW Institute of Psychiatry.

Dr Bradley Ng – Registrar, Wentworth Area Health Service, Royal Australian and New Zealand College of Psychiatrists, New Zealand Annual Conference, Rotorua. General Funds.

Mr Dang-Khoa Nguyen – Project Officer, South Western Sydney Area Health Service, 11th World Conference on Tobacco or Health and community visits, USA. General Funds.

Mr Brien O'Neill – Director, Drug and Alcohol, Department of Health, Association for the Advancement of Gestalt Therapy 4th International Conference, New York. University of Wollongong.

Mr Allan Patterson – Chief Dental Officer, Department of Health, The World Dental Health Foundation Forum on Oral Health Promotion and joint British and European Association of Dental Public Health Conference, Cork, Ireland. Application denied. General Funds.

OVERSEAS VISITS BY STAFF

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Mr Allan Patterson – *Chief Dental Officer, Department of Health, 4th Congress of the Asian Academy of Preventative Dentistry (AAPD), China. General Funds.*

Ms Debora Piccone – *Deputy Director General, Policy, Department of Health, Meeting Cooperation Health Issues, China. General Funds.*

Ms Maria Romaniw – *Social Worker, Haemophilia Centre, Central Sydney Area Health Service, Haemophilia 2000 World Congress, Canada. General Funds.*

Ms Vanessa Rose – *Research Officer, South Western Sydney Area Health Service, Study Tour in UK and Reducing Social Inequities in Health, Denmark. General Funds.*

Dr Nitin Saksena – *Senior Scientist, Western Sydney Area Health Service, 8th Conference on Retroviruses and Opportunistic Infections. General Funds.*

Ms Linda Smith – *Director of Finance and Corporate Services, Northern Sydney Area Health Service, HIMSS 2001 Conference and the CHIC Best Practice Study Tour, USA and Canada – application withdrawn.*

Ms Nanette Taylor – *Food Services Manager, South Western Sydney Area Health Service, Make the Change! Healthcare Catering Beyond 2000, New Zealand. General Funds.*

Mr Michael Toohey – *Manager, IM&T Strategy, Department of Health, HIMSS 2001 Conference and the CHIC Best Practice Study Tour, USA and Canada. General Funds.*

Dr Michael Walsh – *Registrar, HPRB, Joint Education Committee of Participating Australasian Chiropractors and Osteopaths and Australasian Conference of Chiropractors. Chiropractors and Osteopaths Registration Board.*

Mr Trevor Waring and Ms Bronwyn English – *President and Secretary, HPRB, 2nd International Congress of the Licensure Certification and Credentialing of Psychologists. Psychologists Registration Board.*

Ms Michelle Wensley – *Senior Project Officer, Department of Health, Asia Pacific Association for Medical Informatics (APAMI) – MIC2000, Hong Kong. General Funds.*

Ms Kathryn Wright – *Perfusionist, South Eastern Sydney Area Health Service, Australasian Society of Cardiovascular Perfusionists Conference, Auckland, New Zealand. General Funds.*

Mr Tony Butler – *Research Manager, Corrections Health, 4th European Seminar on HIV and Hepatitis in Prisons. General Funds.*

Ms Jennifer Gray – *Director, Drug Programs Bureau, Department of Health, 12th International Conference on the Reduction of Drug Related Harm and pre and post conference meetings. General Funds.*

Ms Catherine Katz – *Manager, Government Relations, Department of Health, To travel to Dili, East Timor to advise on behalf of NSW Health Department. General Funds.*

Mr John Lumby – *Chief Pharmacist, Department of Health, Meeting National Coordinating Committee on Therapeutic Goods. General Funds.*

Mr Allan Patterson – *Chief Dental Officer, Department of Health, two International Conferences, China and Korean and joint business venture, China. General Funds.*

Ms Karyn McPeake – *Chief Executive Officer, Greater Murray Area Health Service, Study Tour to the UK from New Zealand. The National Health Service. General Funds.*

Ms Dianne Ayres – *Manager Clinical Systems, Department of Health, Advances in Clinical Knowledge Management Forum, UK. General Funds.*

Ms Margaret Connor – *Occupational Therapist, South Western Sydney Area Health Service, Inclusion by Design – Planning a Barrier Free World, Canada. General Funds.*

Ms Jennie Pry – *SafeComm Program Coordinator, Northern Sydney Area Health Service, 10th Annual Conference on Safe Communities, USA and Canada. General Funds.*

Ms Jenny Becker – *Area DON, Central Coast Area Health Service, International Council of Nursing – ICN Congress 2001, Copenhagen. General Funds.*

Mr David Harris – *Director of Dialysis, Renal Medicine, Western Sydney Area Health Service, 9th Congress of the International Society of Peritoneal Dialysis, Canada. General Funds.*

Ms Katherine McGrath – *Chief Executive Officer, Hunter Area Health Service, Study Tour, UK. General Funds.*

Mr Stewart Leeman and Ms Veronica Hamilton – *Hunter Area Health Service, Study Tour, UK. General Funds.*

Ms Tracey Jones – *Clinical Nurse Consultant, Hunter Area Health Service, New Therapeutic Strategies for Hepatitis C Conference.*

5 senior Employees – *Ambulance Service of NSW, Study Tour to UK in December. General Funds.*

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Corporate commitment

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

Planning

NSW Health has a statewide Energy Manager who liaises with Area Health Service Energy Managers on energy management issues and GEMP reporting.

Energy performance indicators have been determined and will be used to assess future NSW Health strategies in achieving energy efficiencies.

A forum was held in 2000/2001 with the Energy Managers from Area Health Services and the Sustainable Energy Development Authority to discuss the process of implementing Energy Performance Contracts.

Implementation

NSW Health has introduced the following strategies to reduce energy consumption and greenhouse gas emissions.

- Mid West Area Health Service has completed an Energy Performance Contract (EPC) involving modifications to its Engineering Services at Area hospitals that is estimated to reduce Greenhouse Gas Emissions by 2,087 tonnes.
- Greater Murray Area Health Service completed an Energy Performance Contract for lighting upgrades, building management system improvements and enhancements, optimisation of boiler and heating system, power factor correction equipment, chiller replacement and heat reclamation. It is estimated that Greenhouse Gas Emissions will reduce by 1,400 tonnes.
- Northern Sydney Area Health Service implemented an Energy Performance Contract in November 2000 for lighting upgrades, air conditioning, building management and water management. Guarantee of energy savings commenced on 1 July 2001 with estimated reductions in Greenhouse Gas Emissions of 4,147 tonnes.

- The Hunter Area Health Service is the largest user of commercial solar systems in Australia. The Area has been particularly innovative in installing solar panels, heat pumps, desuperheaters and photovoltaic panels to achieve estimated reductions in Greenhouse Gas Emissions of 7,819 tonnes from 1995/1996, the baseline year.

Performance against goals

The second annual returns for energy consumption and costs were provided by all Health Services for the 1999/2000 year. The data was evaluated against data reported in the baseline year and 1998/1999.

Key statistical data for 1999/2000:

- Total energy consumption for NSW Health in 1999/2000 was 4,874,687 gigajoules (GJ) * or 20.4% of the NSW Government energy use. In 1998/1999 NSW Health consumed 4,876,447 GJ which represented 25.7% of energy use.

In 1999/2000:

- Hospital used 3,467,161 GJ
- Community health centres, ambulance stations and nursing homes etc. used 194,807 GJ
- Linen services, stand alone food services etc. used 500,876 GJ
- Transport services consumed 692,681 GJ of petrol, diesel and aviation fuel
- Office buildings for NSW Health, which include lighting, office equipment etc., consumed 19,162 GJ

Future direction

- 2000/2001 data is now being collated by the Ministry for Energy and Utilities for reporting back to NSW Health for comparative analysis.
- NSW Health will continue to review opportunities for the application of Energy Performance Contracts and other energy management improvement solutions.

* Electricity, gas, petrol, or any other fuel is measured in different units. In order to aggregate energy consumption, it is necessary to convert the different energy units to a common unit. The customary common unit is the gigajoule.

ETHNIC AFFAIRS PRIORITY STATEMENT

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Achievements

Goal	Health Service	Project title and description	Achievements for 2000/01
Healthier People	WSAHS	Western Sydney Primary School Canteens Accreditation Program	13 Primary schools achieved accreditation in providing healthy and culturally diverse canteen choices
		Multicultural Physical Activity Seeding Grants Program	Grant distributed to promote physical activity programs in two LGAs
		Pacific Islander Diabetes Prevention Program	Training program developed and education sessions conducted in the Tongan community to raise awareness of diabetes risk factors
		Women from Former Yugoslavia Project	Joint WSAHS and SWSAHS cervical screening program providing language specific community education sessions
		KAYA NATIN – to promote resilience and support for newly arrived Filipino migrant youth	Joint initiative with NSW Department of School Education to conduct sessions
		Multicultural Men's Health Project	Focus groups conducted to gain an understanding of men's health needs and access issues
	SWSAHS	Arabic Renal Video	Video produced on adapting Arabic food preparation for patients with impending renal failure and/or new dialysis
		Khmer Family Intervention	Development of a pamphlet and self help groups for women experiencing domestic violence
	IAHS	Physical Activity for women from NESB	Training of bilingual physical exercise leaders to further expand programs
		Swim for Health programs for Muslim women	Joint initiative between Wollongong Council and IAHS
		Effective Management of Diabetes	Programs offered for people from seven ethnic communities
		Support for Carers in the Indo Chinese, Italian and Greek communities	Extension of carer support groups for dementia and other disabilities
	WAHS	Rhythm of Life	Physical activity program for older Filipino and Spanish people
		The Multicultural Lunchbox	Workshops for Child Care and early Childhood Workers to raise awareness of cultural background and the nutritional benefits of food from other cultures
	HAHS	STARTTS	Providing services to refugee survivors of torture and trauma
		Medical Interpreter Program	Consultancy and secondment of staff to the Sydney Olympics
	Children's Hospital	Promotion of Children's hospital on ethnic radio	Paediatric services promoted in 9 language groups
	CSAHS	Choose or Lose campaign	Drink Driving Media campaign in Portuguese community
		Oral health in Vietnamese Children (SOKS)	Needs assessment and report completed
		Arabic Tobacco and Health Project	Education, promotion and midterm survey completed
	Transcultural Mental Health Centre	NESB Youth Writing Competition	In collaboration with the NESB Youth Mental Health Network conducted state wide Young Writer's competition
Fairer Access	WSAHS	Newly Arrived Migrants Health Information Program	Training developed and conducted to newly arrived migrants
	SWSAHS	Arabic Women's Access Project	Development of links and partnerships between specialist Sexual Assault Services and Arabic Specific Services
	IAHS	Conference for the Macedonian Community	Mental Health and Drug and Alcohol issues were identified as significant issues for the community
		Breast screening for NESB Women	Breast Screening targets for women from NESB surpassed
		Portuguese Cluster in Wollongong Nursing Home	A Portuguese language cluster was opened to address the specific needs of residents

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Achievements

Goal	Health Service	Project title and description	Achievements for 2000/01
	NSAHS	Drug and Alcohol Survey	Identified strategies to make Drug and Alcohol services more equitable for culturally and linguistically diverse communities
		HIV/Sexual Health project	Development of a multicultural HIV, HCV and Sexual Health Strategic Plan
	SESAHS	Cultural Meaning of Inheritance and Illness: Chinese Australian and Hereditary Cancer	Research to explore the cultural underpinning of popular beliefs and attitudes to genetic counselling and testing for hereditary cancer
		Cultural Perspectives on End-Of-Life Issues Report	Research to investigate the impact of culture on the illness trajectory and provide evidence base for education and professional development, clinical practice
	WAHS	Cultures in the Workplace	Implementation of program to ensure acute mental health services are accessible and culturally/linguistically appropriate
	HAHS	Translated material on Dementia	Audio tapes on dementia translated into eleven languages
	Children's Hospital	Coordination of services for children from vulnerable migrant communities	Developing key links with organisations providing services
	CSAHS	Hepatitis C assessment and prevention among NESB injecting drug users	Focus groups conducted and draft report completed
Quality Health Care	SWSAHS	Improving Quality of Care in ICU for Arabic patients	Focus groups and training of ICU staff conducted re beliefs, views, expectations and myths held by Arabic patients
		Health Care Interpreter Service Customer Survey	Model developed to implement competency in staff performance management programs
	NSAHS	Cultural Diversity Training	Module developed and implemented for health promotion staff, mental health consumers and nursing home staff
	SESAHS	Academic Program incorporating the Multicultural Health Unit	Links established between University of NSW and SESAHS in a range of joint projects
		Community Based Training and education	Development of training and education packages in breast health amongst NESB communities, Mental Health for NESB Families, Child Protection and Elder Abuse within NESB communities
		Multicultural Community Health Promotion Strategy	Bilingual workers in ten ethnic communities
	WAHS	Female Genital Mutilation Protocol	Protocols developed and education of staff working with women who are victims of Female Genital Mutilation
		Cultural Equity Intranet Web site	Website developed
	HAHS	Cultural Impact on Intervention Strategies	Interviews completed on the cultural impact of intervention for NESB people who suffered stroke
	Transcultural Mental Health centre	General Practitioner NESB Mental Health Shared Care	In partnership with Area Divisions of GP and Mental Health services to improve assessment and management of mental health problems in NESB communities
		Multicultural Problem Gambling Service	Joint initiative between NSW Community Relations Commission and WSAHS to provide culturally and linguistically appropriate, free, quality and accessible counselling, treatment and support services
Better Value	SESAHS	Utilisation Review	Review of utilisation of 12 non-acute services has resulted in changes in ethnicity data collection
		Cultural Competence Audit	Pilot draft instrument to audit culture competence to commence

ETHNIC AFFAIRS PRIORITY STATEMENT

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Initiatives

Goal	Health Service	Project title and description	Initiatives planned for 2001/02
Healthier People	IAHS	Drug and Alcohol/HIV Multicultural Awareness Program	To educate gatekeepers of cultural groups in appropriate advice and referral
		Coast Care	Raising awareness of environment and health issues on the beaches and rivers
	CSAHS	Diabetes and Pacific Islanders	To increase nutritional knowledge in Pacific Islander communities
		Hepatitis C Support Demonstration Project	To provide support to clients from CSAHS, NSAHS and SESAHS
Fairer Access	SWSAHS	Families First Multicultural Communication Strategy	Interagency networking, supportive playgroups and staff training
	IAHS	Mental Health Consumer project	Project to be employed to focus on needs of NESB consumers
	NSAHS	Domestic Violence Project	Appoint Project Officer to raise awareness in NESB communities
		Minority NESB Communities	To identify disadvantaged NESB communities in the Area
		Information Guide for Newly Arrived Refugees and Migrants	Guide to be launched in November 2001
	WAHS	Multicultural Lunchbox	Review, publish and market nationally
		Race Relations Policy	Review policy and provide training
	HAHS	Bilingual Facilitators Program	To provide information sessions
	Children's Hospital	Multicultural Week	Extension of program to minority ethnic communities
	NEAHS	Rural Health Care Interpreter Service	Review of service
	CSAHS	HIV Late Presentation Project	To reduce late presentations among people from CALD backgrounds
	Transcultural Mental Health Centre	Mental Health of Children from diverse backgrounds	Translation of parent information sheets
Quality Health Care	WSAHS	Dementia Improvement Plan	To implement SAFEE (Sensitive Assessment for Ethnic Elderly) education
	IAHS	Consumer participation in health service development	NESB community involved in health service planning
	NSAHS	Mental Health Project	MOU to be developed between Multicultural Health Service and Mental Health Service
	SESAHS	Traditional Chinese Medicine Program	Program to be developed with University of Western Sydney
		Spirituality in Health Care	Develop policy and guidelines
		Conference on Islam and Health Care	Co-convene with University of Sydney
	WAHS	Cancer Care Centre	Conduct needs assessment
		Female Genital Mutilation Protocol	Develop protocols and provide staff education
	HAHS	Health Care Interpreters Service	External review of service
		Orientation and Cultural Awareness program	For overseas trained clinicians
Better Value	Transcultural Mental Health Centre	Suicide Prevention in Older People	Establishing multicultural support groups
	SWSAHS	Ethnic Obstetric Liaison Service	To obtain appropriate resource distribution across all language groups
	SESAHS	Cultural Competence Standards	Develop standards for aged care and health promotion service
	WAHS	Cultures in Workplace Evaluation	Evaluate program implemented in 1994

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Based on the experience gained during the Y2K project, a final report was prepared, detailing many recommendations that were intended to enable NSW Health and each Area Health Service, to fully realise the ongoing benefits from the Year 2000 project. This report was released on the intranet in May 2001.

The report covered recommendations relating to management, quality accreditation processes, procurement of equipment and services, assets and building infrastructure.

The recommendations are summarised as follows:

Management

- Central coordination of Major Statewide Project activities in order to minimise costs and effort
- Utilisation of the Internet/Intranet to facilitate information dissemination
- Recognition of the specific needs of the rural areas

Quality

- Implementation and maintenance of formal quality systems for all key business functions to help retain and maintain knowledge and processes learnt from projects
- Review the Quality Accreditation process to ensure key quality outcomes

Procurement of equipment and services

- Development of statewide forecasts of demand to enable best value from statewide contracts
- Adoption of endorsed common-use solutions where possible to reduce the overall cost to the NSW Health system
- Leverage of purchasing agreements to produce savings for the NSW Health system

Assets

- Implementation of a standard asset replacement policy
- Use of asset registers to develop forecasts of demand and statewide contracts

Building Infrastructure

- Coordination of the revision and maintenance of standards applying to the provision of key infrastructure services (such as emergency power generation) in the construction of new facilities, so that the standards continually reflect recent and emerging developments in technology

These recommendations and others in the report are largely being adopted.

Compensation claims No. of injuries	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Total 2000/01	Total 1999/2000	Total 1998/99
Per month	2	3	2	0	3	1	1	2	4	1	3	3	25	42	37
Occurring at work	1	0	0	0	1	1	1	1	2	1	2	1	11	25	23
Occurring to/from work/lunch time	1	3	2	0	2	0	0	1	2	0	1	2	14	17	14
Caused by falls	1	1	1	0	0	0	1	0	3	0	1	0	8	15	21
Caused by lifting	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0
Caused by motor vehicles	0	0	1	0	2	0	0	0	0	0	0	2	5	5	2
Other causes	1	2	0	0	1	1	0	2	1	1	2	1	12	17	14
TOTAL	2	3	2	0	3	1	1	2	4	1	3	3	25	42	37

Note: Table refers to reported injuries.

Source: NSW Department of Health, 2001

The number of injuries occurring in NSW Department of Health workplaces continued to decline in the 2000/2001 reporting period. This trend has been assisted through Training and Safety Programs, coordinated by the Corporate Personnel Services Unit and the Department's Occupational Health and Safety Committee. Compared to other public service organisations, the Department maintained an outstanding record in the minimisation of injuries in the workplace and the promotion of health and safety programs.

Within NSW Health the major risks are workers compensation and public liability.

Workers compensation

Of the total workers compensation cost for 2000/01, as at 31 December 2000, some 40% related to Nurses, 26% to Hotel Services, 13% to General Administration, 7% to Ambulance, 4% to Maintenance, with the remaining 10% spread amongst all other occupations.

Body Stress (manual handling) contributes around 44% of the cost, Slips and Falls 18%, Stress 14%, Hit by Objects 8%, with the remaining 16% spread amongst a number of other causes.

Legal liability

Statistics held since 1 July 1989 as at 30 June 2001 reveal that legal liability costs are dissected as follows: Treatment Non Surgical 54%, Treatment Surgical 32%, Hepatitis C 7%, Slipping and Falling 4% and Other 3%.

Specialist Sessional Visiting Medical Officers (VMOs) – Obstetricians and Gynaecologists (O&Gs)

The Indemnity Scheme introduced by the Department in February 1999 for Specialist Sessional VMOs – O&G seeing public patients in public hospitals continued throughout 2000/01.

Property

Whilst not a significant risk similar statistics are held for Property with details being Storm 30%, Fire/Arson 21%, Theft/Burglary 11%, Accidental Damage 8%, Fusion/Electrical Faults 7% and Other 23%.

Claims excesses

Claims excesses apply to Liability and Property Claims and equate to 50% of the cost of the claim capped at \$5,000 and \$3,000 respectively. These financial excesses are to encourage local risk management practices.

NSW Treasury Managed Fund

Risks are covered by the NSW Treasury Managed Fund of which the Department is a member. The Department is provided with funding via a benchmark process and pays a deposit premium for worker's compensation and motor vehicle and also a premium for liability, property and miscellaneous. The deposit premiums are adjusted through a hindsight calculation process after 5 years and 18 months respectively.

Financial responsibility for workers compensation and motor vehicle has been devolved to the Health Services, whilst liability, property and miscellaneous are held centrally as master policies.

Funding and payments during 2000/01 were as follows:

	Premium \$M	Benchmark \$M	Funding %
Workers Compensation	148,611	154,205	104
Motor Vehicle	7,765	7,981	103
Property	6,031	5,669	94
Liability	63,549	62,306	98
Miscellaneous	190	181	95
Total TMF	226,146	230,342	102
VMO – O&G	23,750	23,750	100
TOTAL	249,896	254,092	102

Benchmark breakeven is at 100% funding for Workers Compensation and Motor Vehicle and actuarially calculated at 95% for Liability, Property and Miscellaneous. In each line of business (with the exception of property) in 2000/01 the Department has equalled or bettered the benchmark breakeven. Property funding is 1% under Benchmark reflecting the need for more effective risk management to reduce the smaller claims.

Risk Management initiatives

NSW Health has a number of continuing and new initiatives under way to reduce risks and these include:

- Early workers compensation injury management previously run as pilots at Illawarra and Macquarie are now established ongoing programs. Early injury management is now a legislative requirement and each Health Service and the Department must embrace it
- The NSW Health Occupational Health and Safety Risk Management Steering Committee under the chair of the Deputy Director-General, Operations held an OHS Strategic Planning Day in March 2001 that included representatives from the Department as well as Health Service Chief Executive Officers, Risk Managers, OHS&R practitioners and Health Unions from across the State. Items under discussion included standard data collection and reporting system, performance measures and the role of the Department's Areas and Union. Other matters raised have been subsumed by the Task Force on the Prevention and Management of Violence in the Health Workplace
- Numerical Profiles (auditing tools) for OH&S and Manual Handling
- Limited Lifting Policies
- Commitment to Premier's Department Corporate Services Reform initiatives with NSW Health targets devolved to all health services
- NSW Health Risk Management Coordinators meet twice a year for formal presentations, workshops and networking

Consultant	\$ Cost	Purpose
DMR Consulting Group	70,000	Stage 3 CHIME project
Ernst & Young	447,365	GST/FBT issues including production of the Department's GST manual and technical advice
Hitech Personnel	58,225	Consultancy fees provided for IT projects
Home Care Service of NSW	135,500	ATSI Communities dementia awareness project
Julie McCrossin	35,709	Prepare and attend Clinical Council and chair Consumer & Community Implementation Group
Kathy Eagar & Associates	42,000	Consultancy regarding Episode Funding/Emergency Department funding model/Intensive Care funding model
KPMG Consulting	49,742	Advice & assistance in preparing an evaluation template for the Chronic & Complex Care Program
Lawrence Anne	30,000	Women's Health training and resource development initiative
LMC Consulting	36,960	Assistance with the IT-127 Review of Discharge Referral Interim System Options
MA International P/L	60,463	Trauma Services consulting
Mandala Consulting	66,835	Review of NSW Aboriginal Health Partnership
Mandala Consulting	51,268	Review of NSW Rural Health Education, Training, Recruitment and Retention
NSW College of Nursing	38,000	NSW Nursing Workforce Research Project
PPK Environment & Infrastructure	126,732	Evaluation of Consumer and Community Consultations
PriceWaterhouseCoopers	93,000	Actuarial services – medical indemnity arrangements
PriceWaterhouseCoopers	226,805	Consultancy services relating to tax matters including Rights of Private Practice (ROPP) workshops and production of the clinicians information kit
Pro Active	33,625	Service Improvement Programme (SIP)/provision of service management assessment consultancy
Success Works P/L	60,681	Review of NGO Grant Program
University of Newcastle	35,000	Statistical advice for CPI/GST

Consultants used costing less than \$30,000

During the year 55 other consultancies were engaged involving expenditure of \$781,765 in total.

CAPITAL WORKS PROGRAMS

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Capital Works completed during 2000/01

Capital Works	\$M	Completion Date
Ambulance Service		
Cooranbong New Ambulance Station	0.64	August 2000
Morisset Ambulance Station	0.60	July 2000
South West Rocks Ambulance Station	0.40	June 2001
Central Coast AHS		
Lakehaven CHC	2.36	March 2001
Long Jetty Inpatient Unit	2.60	October 2000
Central Sydney AHS		
Joint Replacement & Rheumatology Unit	16.60	October 2000
United Dental Hospital	0.83	April 2001
Corrections Health Service		
Dental Clinic Upgrades	0.72	June 2001
Equipment Replacement/Maintenance	0.60	June 2001
Far West AHS		
Bourke Community Mental Health	0.25	Sept. 2000
Far West Pathology Service	0.50	Dec. 2000
Wentworth Emergency Upgrade	0.26	February 2001
Macquarie AHS		
Mudgee Hospital Redevelopment	2.38	June 2001
Mid North Coast AHS		
Critical Care Replacement Equipment	0.43	June 2001
Gloucester Fire & Lift Upgrade	0.50	June 2001
Mid Western AHS		
Bloomfield Hospital Acute Admission	0.35	Sept. 2000
Lake Cargelligo MPS	2.65	October 2000
MWAHS Cardiac Cath. Department	0.48	June 2001
New England AHS		
Inverell Emergency Upgrade	1.70	July 2000
NEAHS X-ray Equipment	0.70	June 2001
Tamworth Psychiatric Unit	0.40	October 2000
Northern Rivers AHS		
Ballina Living Skills Centre	0.68	Sept. 2000
Lismore Drug & Alcohol Facility	3.25	May 2001
Lismore Detox/Buttery Building	0.20	May 2001
Murwillumbah CHC Collocation	1.97	January 2001

Capital Works	\$M	Completion Date
Northern Sydney AHS		
Energy Smart Building Program	1.30	March 2001
NSAHS Replace Digital Equipment	1.50	July 2000
The Children's Hospital at Westmead		
Bear Cottage	7.90	January 2001
South Eastern Sydney AHS		
POW Psychiatric Unit	8.80	Nov. 2000
SCH Research Laboratories	1.50	Dec. 2000
St George Psychiatric Unit	8.20	August 2000
South Western Sydney		
Fairfield CT Scanner	0.80	June 2001
Southern AHS		
Mt St Joseph's Young Nursing Home	6.30	Dec. 2000
Murrumburrah – Harden	0.10	June 2001
Wentworth AHS		
Bodington A.R.C. Hospital	9.10	October 2000
Nepean Cancer Centre Linear Accelerator	3.30	February 2001
Nepean Neuro. Equipment	0.60	June 2001
Western Sydney AHS		
Baulkham Hills CHC	1.18	Sept. 2000
Blacktown Hospital	102.80	Nov. 2000
Westmead Neuro-Network	0.90	June 2001

Estimated total cost

\$196.33M

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Capital Works	\$M	Capital Works	\$M
Ambulance Service		Mid North Coast AHS	
Bowral Ambulance Station Collocation	0.61	Coffs Harbour Hospital Redevelopment	80.10
Coffs Harbour New Ambulance Station	1.29	Lower North Coast Strategy	33.10
Enhancement Strategy Stage 1	18.30	Taree Mental Health Inpatient Unit	4.00
Tanilba Bay New Ambulance Station	0.50		
Central Coast AHS		Mid Western AHS	
Eleanor Duncan Aboriginal Medical Service	0.53	Blayney Health Services	2.19
Erina CHC	3.70	Grenfell MPS	4.10
Tuggerah CHC	3.40	Rylstone Health Services	2.90
Wyong Cancer Care Unit	1.00	Weigelli D&A Service	0.50
Wyong Hospital Redevelopment	4.20		
Central Sydney AHS		New England AHS	
Central Sydney RTP (residual)	360.86	Armidale Maternity Accommodation	0.40
Corrections Health Service		Banksia Inpatient Unit	1.80
Residential Half Way House	0.40	Barraba Health Services	3.35
		Boggabri Health Services	4.06
Far West AHS		Glen Innes	0.50
Brewarrina Health Services	5.49	Vegetable Creek Health Services	3.39
Collarenebri Health Services	4.36		
Dareton Aboriginal Community Health Post	0.40	Northern Rivers AHS	
Lightning Ridge Health Services	3.79	Nimbin Health Services	2.80
Wilcannia MPS	3.80	NRAHS Surgical Instruments/Sterilisation	0.50
		Relocate CHC to Aruma Hostel	0.50
Greater Murray AHS		Tweed Heads Stage 3	36.20
Coolamon Health Services	0.32		
Griffith Oncology	0.50	Northern Sydney AHS	
Holbrook Health Services	2.47	Institute of Magnetic Resonance Research	0.75
Jerilderie Health Services	2.83	RNSH Lifts Refurbishment	2.00
		RNSH Redevelopment	36.20
Hunter AHS		Ryde Health Services	3.05
Denman Health Services	3.73		
John Hunter Hospital Child/Adolescent Unit	3.10	South Eastern Sydney AHS	
John Hunter Hospital Emergency/ICU/Theatres	10.60	Calvary Hospital Redevelopment	20.12
John Hunter Hospital Pathology	17.30	Lord Howe Island	0.09
Lowry Lodge Parentcraft/Detox.	1.50	Prince Henry Hospital	5.20
Rankin Park Hospital Refurbishment	4.90	Prince of Wales Neuro Sciences Inpatient Unit	1.10
St. Joseph's Nursing Home	7.65	Prince of Wales Secure Ward	1.25
		St George Day Procedural Centre	5.00
Illawarra AHS		St Vincents Redevelopment	131.35
Coledale Hospital Refurbishment	2.50	Sutherland Hospital Redevelopment	82.50
Shoalhaven Hospital Redevelopment	28.10		
Wollongong Hospital Hickman House	69.18	South Western Sydney AHS	
Wollongong Hospital Inpatient Unit	4.20	Cambelltown Adolescent Unit/Day Care Centre	3.20
		Fairfield CMH Services	3.37
Macquarie AHS		Macarthur Sector Strategy	102.67
Coolah Health Services	2.40		
Dubbo Hospital Redevelopment	19.65	Wentworth AHS	
Dubbo Mental Health Inpatient Unit	4.10	Blue Mountains Acute Inpatient Unit	4.00
Gilgandra Health Services	7.03	Blue Mountains Hospital Hydrotherapy	1.08
Gulgambone Health Services	2.28	Governor Phillip Hospital	7.40
		Nepean Hospital Stage 2	68.30
		WAHS Detox. Unit	3.70
		Western Sydney AHS	
		DNA Testing – Division of Analytical Labs.	1.82
		Neonatal Emergency Transport	3.70
		NSW Breast Cancer Institute	3.30
		Westmead Procedural Centre	6.00
		Westmead Transit Area	0.41

Estimated total cost

\$1284.98M

CAPITAL WORKS PROGRAMS

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Capital Works new works introduced during 2000/01

Capital Works	\$M
Central Coast Mental Health Strategy	10.00
Information Management and Technology Strategy Stage 5	35.91
Nowra Childcare	0.50
Prince of Wales Rehabilitation Facility	19.50
Royal North Shore Hospital Lifts	2.00
South Western Sydney Radiotherapy and Oncology	13.80
Tamworth Hospital Emergency	3.70
Estimated total cost	\$85.41M

Property disposals

- 9 major property disposals were completed in 2000/01
- Gross sales proceeds totalled \$34.315 Million in 2000/01
- All properties disposed of in 2000/01 were sold by public auction or tender process

Management of heritage issues

A comprehensive review of the Department's Heritage Register (under section 170 of the *Heritage Act*) was finalised in the 1999/2000 financial year.

The review identified 660 heritage items within the Health property portfolio and the Department's computerised property register records this information along with related images such as drawings, site plans and photographs. Of these heritage items, 22 have been identified as being of State significance and are listed on the Heritage Office SHR (State Heritage Register).

'A Thematic History of NSW Health' was completed which provides a valuable record of Health's Heritage assets as well as strong asset management tool. The Health Heritage Steering Committee continues to provide direction on heritage issues.

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During the 2000/01 financial year, the NSW Health Department received 72 new requests for information under the *Freedom of Information Act* 1989, compared to 80 for the 1999/00 financial year. Overall, the number of FOI applications has decreased by 10%.

Two applications were carried over from the 1999/00 reporting period. Of the 74 applications to be processed, 40 were granted full access, 12 were granted partial access, 11 were refused access, 7 were transferred to other agencies and 1 was withdrawn by the applicant. Three applications were carried forward to the next reporting period. The most significant FOI applications received by the Department related to public health issues.

There has been a 12% increase in the number of FOI applications of a personal nature received during the last 12 months and the number of non-personal requests has decreased by approximately 34%. Seventeen applications were received from Opposition Members of Parliament, which is a decrease of approximately 6% on the number of applications submitted the previous year.

Five applications for an internal review were received within the reporting period. In two cases, the original determination was varied and additional documents were released. In two cases, the original determination was upheld. One application was carried forward to the next reporting period.

Two applications were received for an amendment of records. In both cases, the Department agreed to amend the records by means of adding a statement to the relevant files. No Ministerial certificates were issued.

Thirty two applications required consultations with parties outside of the NSW Health Department. Some applications required consultation with more than one party, creating a total of 122 third parties to be consulted.

Processing FOI requests during 2000/01 cost an estimated \$8,832 which was partly offset by a total of \$4,760 which was received in fees and charges. 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.

Four requests were determined outside of the time limit prescribed by the *Act*. This was mainly due to delays experienced when requesting and receiving payment of advance deposits and late responses from third parties during consultation.

The Office of the Ombudsman completed an external review of four cases and closed the files within the reporting period. An application originally lodged in 1997 was finalised with the release of additional portions of documents.

In the case of an application originally lodged in 1998, the Ombudsman recommended a redetermination under section 52A. The Department made a redetermination that full access should be granted and the Ombudsman closed the case. Third parties lodged an appeal with the Administrative Decisions Tribunal (ADT). The matter was finalised when the documents were released with the name of the third party deleted.

In the case of an application originally lodged in 1999, the case was finalised with the release of additional documents at no extra charge to the applicant. In the case of an application originally lodged in 2000, the Department reduced the processing charges and the Ombudsman upheld the remainder of the Department's decisions.

The Office of the Ombudsman made recommendations in respect of four additional cases, but the files were closed in the next reporting period. Two cases relate to applications lodged in 1998 by an applicant, one for access to documents and one for an amendment of records. Two cases relate to applications lodged in 1999 by an applicant, one for access to personal documents and one for access to non-personal documents. These two applicants lodged appeals with the ADT. The Office of the Ombudsman is still reviewing a case that relates to an application lodged in 2000. Three applications were lodged with the Office of the Ombudsman in 2001 by third parties requesting an external review of the Department's determination to release documents containing their names and identifying information. These three cases are carried forward into the next reporting period.

Eight appeals have been lodged with the ADT. The case of an application originally lodged in 1998 is described above.

In the case of an application originally lodged in 1999, the Department determined to grant an applicant full access to a report. A third party named in the report appealed to the ADT against the decision. The ADT upheld the Department's determination on the grounds that the third party was a public official and the information did not relate to that person's personal or business affairs.

Two cases were resolved by mediation. Four cases have been carried forward to the next reporting period.

FREEDOM OF INFORMATION STATISTICAL SUMMARY

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
	99/00	00/01	99/00	00/01	99/00	00/01	
New requests (inc transferred in)	24	27	56	45	80	72	-10%
Brought forward	5	0	6	2	11	2	-82%
Total to be processed	29	27	62	47	91	74	-19%
Completed	21	23	55	40	76	63	-17%
Transferred out	8	4	5	3	13	7	-46%
Withdrawn	-	-	-	1	-	1	+100%
Total processed	29	27	60	44	89	71	-20%
Ongoing (carried forward)	-	-	2	3	2	3	+50%

Results of requests

Result of request	Personal		Other		Total		Total	
	99/00	00/01	99/00	00/01	99/00	% of all	00/01	% of all
Apps. Granted in full	12	18	22	22	34	45%	40	62%
Granted in part	6	2	12	10	18	24%	12	22%
Refused	3	3	20	8	23	30%	11	16%
Deferred	-	-	1	-	1	1%	-	0%
Completed	21	23	55	40	76	100%	63	100%

Formal consultations

Consultations	Cases		Consultations	
	99/00	00/01	99/00	00/01
Number of requests requiring formal consultations	35	32	182	122

Significant correction of personal records

Personal records amended	Personal 00/01	Other 00/01
All completed requests	-	2

FOI requests granted in part or refused

Basis of disallowing or restricting access	Personal		Other		Total	
	99/00	00/01	99/00	00/01	99/00	00/01
Section 19 (app. incomplete, wrongly directed)	-	-	-	-	-	-
Section 22 (deposit not paid)	-	-	-	3	-	3
Section 25(1)(a1) (diversion of resources)	-	-	-	-	-	-
Section 25(1)(a) (exempt)	6	2	11	10	17	12
Section 25(1)(b), (c), (d) (otherwise available)	-	-	1	-	1	-
Section 28(1)(b) (documents not held)	-	3	-	5	-	8
Section 24(2) (deemed refused, over 21 days)	-	-	-	-	-	-
Section 31(4) (released to medical practitioner)	-	-	-	-	-	-
TOTALS	6	5	12	18	18	23

Costs and fees of requests processed

Costs and Fees	Incurred Costs		FOI Fees Received	
	99/00	00/01	99/00	00/01
All completed requests	\$13888	\$8832	\$6623	\$4760

FREEDOM OF INFORMATION STATISTICAL SUMMARY

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Discount allowed

Type of discount	Personal		Other		Total		% variance
	99/00	00/01	99/00	00/01	99/00	00/01	
Public interest	-	-	2	1	2	1	-100%
Financial hardship	1	1	2	-	3	1	-150%
Financial hardship (Non-profit organisation)	-	-	-	-	-	-	0%
Under 18 yrs of age	-	-	-	-	-	-	0%
TOTAL	1	1	4	1	5	2	-60%

Days to process request

Elapsed time	Personal		Other		Total		Total	
	99/00	00/01	99/00	00/01	99/00	% of all apps.	00/01	% of all apps.
Apps. 0-21 days	6	13	27	22	33	43%	35	49%
22-35 days (consultation period)	12	13	21	19	33	43%	32	45%
over 35 days (extended consultation)	-	-	-	-	-	0%	-	0%
over 21 days (out of time determination)	3	1	7	3	10	13%	4	6%
over 35 days (out of time determinations)	-	-	-	-	-	0%	-	0%
TOTAL	21	27	55	44	76	100%	71	100%

Processing time

Processing hours	Personal		Other		Total	
	99/00	00/01	99/00	00/01	99/00	00/01
0-10 hrs	19	25	49	38	68	63
11-20 hrs	1	2	2	-	3	2
21-40 hrs	-	-	2	6	2	6
Over 40 hrs	1	-	2	-	3	-

Reviews and appeals

Reviews	99/00	00/01
Number of internal reviews finalised	10	4
Number of Ombudsman's reviews	7	4
Number of ADT appeals finalised	-	4

Grounds on which internal review requested

Grounds	Personal				Other			
	upheld		varied		upheld		varied	
	99/00	00/01	99/00	00/01	99/00	00/01	99/00	00/01
Access refused	-	-	-	-	-	-	1	-
Deferred	-	-	-	-	-	-	-	-
Exempt matter	1	-	1	-	2	2	1	2
Unreasonable charges	1	-	1	-	1	-	1	-
Charges unreasonably incurred	-	-	-	-	-	-	-	-
Amendment refused	-	-	-	-	-	-	-	-
Third party	-	-	-	-	-	-	-	-
TOTAL	2	-	2	-	3	2	3	2

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Condition	Year of Onset										Total
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	
AIDS	438	427	469	533	463	356	200	166	106	102	3,260
Adverse event after immunisation	10	31	23	40	28	56	70	93	13	40	404
<i>Total Arboviral</i>	410	341	656	382	534	1,226	1,805	780	1,217	964	8,315
Arboviral: Barmah Forest virus infections*	6	6	25	40	271	172	187	134	249	189	1,279
Arboviral: Ross River virus infections*	298	324	599	332	236	1,032	1,597	583	952	745	6,698
Arboviral: NOS*	106	11	32	10	27	22	21	63	16	30	338
Blood lead level >=15ug/dl	not notifiable until December 1996						713	880	709	990	3,292
Botulism	0	0	0	0	0	0	0	0	1	0	1
Brucellosis*	2	2	4	4	2	1	3	3	2	1	24
Chancroid	not notifiable until December 1998						0	0	1	0	1
Chlamydia trachomatis infections*	not notifiable until August 1998						23	562	2,438	3,464	6,487
Cholera*	1	0	1	0	1	3	1	1	2	0	10
Cryptosporidiosis*	not notifiable until December 1996						157	1,130	121	132	1,540
Food-borne illness(NOS)	2,744	253	106	213	270	211	255	201	151	125	4,529
Gastroenteritis (institutional)	153	405	426	296	1,359	554	939	737	635	640	6,144
Giardiasis	not notifiable until August 1998						2	1	403	1,091	968
Gonorrhoea*	386	494	382	357	427	522	636	1,048	1,279	1,048	6,579
<i>Total H.influenzae</i>	211	219	124	61	29	13	17	11	13	8	706
H.influenzae type b epiglottitis	15	57	32	21	6	2	5	1	2	2	143
H.influenzae type b meningitis	47	104	53	17	11	4	3	3	3	1	246
H.influenzae type b septicaemia	11	26	24	12	8	3	1	4	6	4	99
H.influenzae type b infection (NOS)	138	32	15	11	4	4	8	3	2	1	218
HIV infection*	811	711	602	510	540	462	435	413	389	367	5,240
Haemolytic uraemic syndrome	not notifiable until December 1996						3	6	11	9	29
Hepatitis A*	1,120	903	579	586	615	958	1,427	926	406	195	7,715
Hepatitis B: acute viral*	412	115	96	75	63	43	52	53	63	94	1,066
Hepatitis B: other*	1,089	3,131	3,599	4,033	4,060	3,549	3,196	2,988	3,491	3,914	33,050
Hepatitis C: acute viral*	22	28	23	22	33	19	19	102	82	138	488
Hepatitis C: other*	828	3,963	6,006	7,997	6,983	7,109	7,043	7,262	7,630	7,375	62,196
Hepatitis D*	0	8	12	19	19	9	11	3	13	10	104
Hepatitis E*	0	0	1	2	0	3	6	4	7	9	32
<i>Total Legionnaires' disease</i>	37	104	66	60	75	74	33	46	41	41	577
Legionnaires' disease - L. longbeachae*	0	14	13	8	16	30	9	19	12	12	133
Legionnaires' disease - L. pneumophila*	16	80	34	30	35	34	18	22	22	26	317
Legionnaires' disease - NOS	21	10	19	22	24	10	6	5	7	3	127
Leprosy	1	7	5	3	3	2	0	0	1	2	24
Leptospirosis*	28	21	16	14	6	33	33	50	55	53	309
Listeriosis*	11	13	12	10	14	22	23	28	22	18	173
Malaria*	201	164	164	184	96	203	173	161	198	226	1,770
<i>Total Measles</i>	493	808	2,348	1,484	596	191	273	119	32	32	6,376
Measles : Laboratory confirmed cases*	20	76	460	302	138	35	98	19	13	20	1,181
Measles : other	473	732	1,888	1,182	458	156	175	100	19	12	5,195
<i>Total Meningococcal</i>	129	122	153	142	113	161	219	184	215	248	1,686
Meningococcal meningitis	54	94	98	80	72	99	109	56	109	105	876
Meningococcal septicaemia	16	19	44	41	27	41	67	77	71	78	481
Meningococcal disease (NOS)	59	9	11	21	14	21	43	51	35	65	329
Mumps*	8	23	13	11	14	27	29	39	32	92	288
Mycobacterial infection: other than TB*	302	399	451	520	470	411	359	311	363	312	3,898
Paratyphoid*	20	8	9	11	12	15	5	9	4	13	106
Pertussis	50	217	1,533	1,408	1,370	1,157	4,250	2,311	1,414	3,682	17,392
Q Fever*	166	213	404	267	202	287	258	236	164	128	2,325
<i>Total Rubella</i>	61	326	1,186	233	2,376	636	153	78	46	190	5,285
Rubella*	60	326	1,184	229	2,375	631	153	78	45	190	5,271
Rubella (Congenital)*	1	0	2	4	1	5	0	0	1	0	14
<i>Total Salmonella</i>	1,172	805	980	1,101	1,366	1,224	1,698	1,811	1,423	1,387	12,967
Salmonella bovis moribificans infections*	19	21	32	24	15	13	25	40	22	39	250
Salmonella typhimurium infections*	196	232	291	457	547	581	934	856	661	688	5,443
Salmonella infections (NOS)	957	552	657	620	804	630	739	915	740	660	7,274
<i>Total Syphilis</i>	581	877	739	976	833	663	513	598	522	535	6,837
Syphilis - >1 year duration*	1	2	6	29	135	71	57	44	90	76	511
Syphilis - <1 year duration*	1	5	7	22	31	38	26	22	100	154	406
Syphilis conjunctivitis	1	1	.	2	7	3	4	1	3	1	23
Syphilis (NOS)*	578	869	726	923	660	551	426	531	329	304	5,897
Tetanus	5	2	5	4	.	1	3	3	1	2	26
Tuberculosis*	430	394	389	394	443	410	422	384	478	439	4,183
Typhoid*	38	20	28	24	27	30	28	18	32	26	271
Verotoxin - producing Escherichia coli infections*	not notifiable until December 1996						0	2	0	1	3

Research and Development Infrastructure Grants

The NSW Infrastructure Grants Program is a three-year competitive grants program which provides funding for infrastructure to health and medical research organisations in NSW. The Program consists of three funding Streams. Stream 1 funding is allocated to large independent research institutes. Stream 2 funding is allocated to well established research institutes/organisations. Stream 3 funding is allocated to public health research organisations.

The specific objectives of the Infrastructure Grants Program are to:

- Provide infrastructure funding on a fair and equitable basis for outstanding state-wide research organisations
- Align this funding with NSW health system priorities
- Ensure that research organisations which receive funds comply with accountability requirements
- Promote the dissemination and application of research results.

Grant recipient	Amount \$	Research focus of the organisation
Anzac Research Institute	442,400	Health Research in the areas of lifestyle and ageing
Australian Centre for Agricultural Health and Safety	200,000	Research on agriculture and production systems safety; farm injury; farm population health and rural health
Australian Centre for Health Promotion	100,000	Research into the effectiveness of health promotion practices
Centenary Institute of Cancer Medicine and Cell Biology	1,400,000	Immunology research into cancer, infection, allergy and autoimmune diseases
Centre for Education and Research on Ageing (CERA)	200,000	Research into ageing process and disorders of ageing
Centre for Family Health and Midwifery (formerly Family Health Research Unit)	70,000	Research to improve the health of families
Centre for Health Economics and Research Evaluation (CHERE)	200,000	Research into the economic issues of health services policy
Centre for Health Equity Training Research and Evaluation (CHETRE)	100,000	Research into equity and social health issues
Centre for Health Service Development	100,000	Research into health services delivery and management
Centre for Hospital Management and Information Systems Research	70,000	Research into the costing of health services and design of health information systems
Centre for Immunology	560,870	Research into diagnosis and treatment of diseases of the immune system, eg. asthma, allergy, HIV/AIDS
Centre for Nursing and Health Services Research (formerly Nursing and Health Services Research Consortium)	70,000	Research on the health service delivery
Centre for Perinatal Services Research	70,000	Research into health care of mothers and infants
Centre for Thrombosis and Vascular Research	586,780	Research into the causation of treatment of blockages of blood vessels
Children's Cancer Institute Australia for Medical Research	310,700	Research into childhood cancer
Children's Medical Research Institute	1,135,000	Research into childhood disease and disability
Garvan Institute of Medical Research	3,168,500	Research on cancer, diabetes, osteoporosis, arthritis and obesity
Heart Research Institute	680,800	Research into heart disease, particularly atherosclerosis
Hunter Medical Research Institute	950,100	Research all areas of public health
Institute for International Health	249,700	Developing global Health Sector Reform
Institute of Dental Research	200,000	Research into diagnosis, treatment and prevention of caries periodontal diseases
Institute of Magnetic Resonance Research	618,300	Research into the use of magnetic resonance for the detection, diagnosis and treatment of human diseases
Institute of Respiratory Medicine	561,200	Research into causes, treatment and prevention of respiratory diseases, eg. asthma, SIDS, sleep disorders
Kolling Institute of Medical Research	548,300	Research into the mechanisms of cell growth and communication with application on diseases such as diabetes and cancer
Macarthur Community-based Health Collaboration	70,000	Research on models for community health and ambulatory and transitional care service delivery
Melanoma and Skin Cancer Research Institute	438,544	Research into prevention and treatment of melanoma
Newcastle Institute of Public Health	260,000	Public health and health services research
Northern Rivers Institute of Public Health	70,000	Public health research
Prince of Wales Medical Research Institute	1,390,400	Research on brain and nervous system including Parkinson's and Alzheimer's Disease
Save Sight Institute	396,300	Research on age-related eye disease
The Effective HealthCare Consortium	200,000	Promote effective health care through the development, dissemination and implementation of science-based health policy and practice
The Gilmore Centre for Health Improvement	70,000	Rural health research
Victor Chang Cardiac Research Institute	894,500	Research into the cause, diagnosis and treatment of cardiovascular disease
Westmead Millennium Institute	1,357,770	Research on genetic, molecular and cellular basis of virus infections, the immune response, cancer and liver diseases

Other Grants

Grant recipient	Amount \$	Purpose
Ageing and Disability Department	115,000	Contribution to Early Childhood Intervention Coordination Program
Alliance of NSW	5,000	Contribution to Primary Care Forum
Attorney Generals Department	569,956	To support a statewide strategy on violence against women
Attorney Generals Department	41,450	Increased education and treatment capacity for drugs other than cannabis
Attorney Generals Department	30,450	Ongoing development of National Coroners Information System/Database
Australian Resource Centre for Hospital Innovation	9,091	Sponsorship for seminar 'The changing face of Health Care Work'
Australian College of Health Service Executives (ACHS)	95,000	A.C.H.S.E Management Training Program
Australian Doctors Trained Overseas	5,000	Administration Costs of ADTOA
Australian Professional Society on Alcohol and other Drugs	20,000	National Methadone conference
Batten Disease Research Association	1,843	Donation for Battens Conference
Bicycle NSW	4,546	Promotional funding for 'Ride for a Day'
Bradfield Nyland Group	18,180	Review of Rape Crisis Centre
Cabinet Office	45,000	Contribution to Primary Connect Project
Campbelltown City Council	5,455	Sponsorship 2001 'Mount Annan Challenge Walk'
Canberra Hospital	10,000	Sponsor conference Health Outcomes
Cessnock City Council	9,091	Support Cessnock and Maitland Liquor Accords
Clinical Epidemiology and Health	10,000	Conference Health Outcomes, The Odyssey Advances
Council of Social Service of NSW	25,000	Completion of work on Discharge Policy and Practice Issues
CRC for Asthma	210,000	Funding the Cooperative Research Centre for Asthma
Curtin University of Technology	5,000	Alcohol Project
Department of Ageing, Disability and Home Care	35,000	Salary Funding for Project Officer – Care for Carers Program
Department of Community Services	13,636	Child Protection Training for Managers
Department of Community Services	71,750	Staff Development
Department of Corrective Services	1,399,919	Drug and Alcohol Intervention Program, workers in prison
Department of Education and Training	130,000	Schools as Community Centres Program
Department of Education and Training	9,000	Drug Education Team Project
Department of Education and Training	30,000	Continuation of Machismo Project
Department of Juvenile Justice	1,200,000	Drug Rehabilitation and Counselling
Department of Human Service Adelaide	440,524	NSW contribution towards projects administered by the Australian Health Ministers Advisory Council
Diabetes Australia	10,000	Fundraiser Dinner for Diabetes Australia
Drug and Alcohol Services Australia	3,000	Funding for conference
Griffith University	10,000	Comparative Study between major cities in Australia of the association between Air Pollution Exposure and Human Health
Health and Aged Care Service	140,777	NSW contribution to Australians Donate, ADAPT and Donor Registries
Health and Aged Care Service	9,091	Funding Strategic Inter-Governmental Nutrition Alliance
Health Insurance Commission	68,182	Grant for managing chronic disease through Information Management
Healthy Cities Illawarra	4,000	Safe Communities Grant
Hunter Valley Research Foundation	26,054	Active Australia Physical Activity for Older People Campaign
June Long Foundation	768	Attendance at National Health Care Complaints Conference – Lorraine Long
Kidsafe NSW	70,000	Fund core activities for Kidsafe NSW
Network of Alcohol and Other Drugs	5,000	Annual Conference Sponsorship
Neuroscience Institute for Schizophrenia and Allied Disorders	570,000	Funding to research schizophrenia and allied disorders
New Directions in Health and Safety	2,880	Falls prevention for older people
NSW Bureau of Crime Statistics	29,220	Repeat offending and enforcement in licensed premises
NSW Cancer Council	1,242,246	NSW Pap Test Register
NSW Cancer Council	100,000	Establish NSW Institute of Health Research
NSW Cancer Council	100,000	Cancer Epidemiology Research Unit infrastructure funding

Other Grants

Grant recipient	Amount \$	Purpose
NSW Cancer Council	115,000	Support NSW Lung Cancer patterns of care study
NSW Cancer Council	727,925	Cancer Registry
NSW Cancer Council	350,000	Skin Cancer Control Project
NSW Department of Aboriginal Affairs	1,000	Travel for 'Improving the Outcomes of Aboriginal Communities'
NSW Police Service	185,000	Police Education and Training
NSW Police Service	120,000	Cannabis cautioning, drug offenders compulsory treatment
NSW Police Service	150,000	Integrated development of diversion programs
NSW Police Service	340,000	Funding for Management and Policy Drug Programs
NSW School Canteen Association	70,000	Provision of School Canteen Services
NSW Therapeutic Assessment Group	150,000	Funding Agreement NSW Health and NSW Therapeutic Assessment Group
Pedestrian Council of Australia	50,000	Walk Safely to School Day
Pedestrian Council of Australia	22,727	Sponsorship Walk to Work Day
Premiers Department	7,500	Sponsorship of Strengthening Communities Conference
Premiers Department	30,000	Contribution to Youth Partnership Initiative
Premiers Department	25,000	Contribution to Hunter Community Renewal Scheme
Premiers Department	15,000	Contribution for International Year of Volunteers
Public Health Association	11,000	Sponsorship 33rd Annual Public Health Assoc. Conference
Royal Australasian College of Surgeons	15,000	Funding of Policy Analyst Mr. R. Carruthers
Royal Australasian College of Physicians	500,000	Towards a Safer Culture – Clinical Support System Project
Society for Medical Research	12,000	Funding for Medical Research Week
Spinecare Foundation	50,000	Operation of Paediatric Spinal Cord Injury – Outreach Team
Surf Lifesaving Association Helicopter Brighton	60,000	Medical and Paramedical staff facilities at Sydney Base
The Cabinet Office	6,000	Independent review of Youth Insearch Foundation
Uniting Church	853,500	Medically Supervised Injecting Rooms
University of NSW	64,000	Contribution to a project examining locational disadvantage
University of NSW	200,000	Funding NSW Injury Risk Management Centre
University of NSW	35,000	Work relating to the analysis of cost data and the development of cost weights for NSW
University of NSW Research Office	120,000	Funding to research mood disorders
University of Sydney	25,000	Sponsorship 4th International Conference on Scientific Basis of HealthCare
University of Sydney	75,000	CADEMS Funding
University of Sydney	15,000	To evaluate pilot project to routinely screen women for domestic violence
University of Sydney	81,790	Brain Injury Outcomes Study
University of Sydney	81,818	Grant to Centre of Public Health and Nutrition
University of Sydney	100,000	Develop Falls Injury Policy
University of Sydney	35,000	Develop Public Health Nutrition Strategy
University of Sydney	27,273	Funding to Centre of Public Health and Nutrition
University of Sydney	38,182	Evaluation of NSW Safe Community Program
University of Sydney – Institute of Internal Health	100,000	Fund Clinical Trial Albumin vs Saline in Intensive Care Unit Patients
University of Western Sydney	200,000	Fund Policy Officer to develop a cross-agency action plan to support carers
University of Western Sydney	20,000	Contribution towards the staging of the second Indigenous Male Health Convention
University of Western Sydney	168,100	Develop Health Equity and Policy Statement
Warringah Shire Council	5,500	Transport Forum
Warringah Shire Council	2,500	Water Safety for under 5's
Women's Health NSW	4,000	Sponsorship of 4 women's health representatives to attend National Women's Health Conference

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Aboriginal Health

Aboriginal Medical Service Co-op Ltd (Redfern)	\$163,400	Preventative health care and drug and alcohol services and Family Health Strategy services for Aboriginal community in the Sydney inner city area.
Aboriginal Health and Medical Research Council of NSW	\$811,200	Peak body advising State and Federal Governments on Aboriginal health matters and supporting Aboriginal community controlled health initiatives and one off grants for NARLA carnival medical supervision and to fund a consultancy to undertake a business appraisal of the agency.
AIDS Council of NSW Inc	\$4,545	One off grant to sponsor ATSI support groups entrant in 2000 Sydney Gay & Lesbian Mardi Gras (AHB grant).
Armidale & District Services Inc	\$356,100	Dental services and education for Aboriginal communities in the New England and north west NSW areas.
Australian College of Health Service Executives	\$80,800	Coordinator for Australian Aboriginal Trainee Health Service Management Program 2 year project 1999/2000-2000/01.
Awabakal Newcastle Aboriginal Co-op Ltd	\$320,150	Preventative health care, drug and alcohol and dental services for Aboriginal community in the Newcastle area.
Biripi Aboriginal Corporation Medical Centre	\$319,100	Preventative health care, drug and alcohol, dental and Family Health Strategy services for Aboriginal community in the Taree area.
Bourke Aboriginal Health Service Ltd	\$102,000	Preventative and primary health care, health screening and education programs, drug and alcohol services for the Aboriginal community in Bourke and surrounding areas.
Brewarrina Aboriginal Health Centre Ltd	\$40,400	Drug and alcohol services for Aboriginal community in the Brewarrina district.
Bulgarr Ngaru Medical Aboriginal Corporation	\$201,700	Dental Health Best Practice project for Aboriginal community in the Grafton area and Otitis Media coordinator.
Croc Eisteddfod	\$30,000	One off grant contribution for the staging of the 2000 Moree Croc Eisteddfod (AHB grant).
Cummeragunja Housing & Development Aboriginal Corporation	\$61,600	Preventative health services for Aboriginal community in the Moama/Echuca area.
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$317,000	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Sydney Western Metropolitan area and one off grant for an Aboriginal vascular health project.
Deniliquin Council for Social Development Inc	\$47,300	Develop a Aboriginal Family Health Strategy best practice model to increase access by the Aboriginal community to services specifically dealing with family violence, child protection and sexual assault services.
Dubbo Emergency Accommodation Project Inc	\$61,700	Family Health Strategy services involving individual and group counselling, educational workshops and training.
Durri Aboriginal Corporation Medical Service	\$342,200	Preventative health, drug and alcohol services and Dental Health Best Practice project for the Aboriginal communities in the Kempsey area and a one off grant under the Aboriginal Family Health Strategy for the Goorie Galbans Aboriginal Family Intervention Program.
Eden Local Aboriginal Lands Council	\$61,700	Gudu Wondjer Safe House Aboriginal Family Health Strategy project.
Forster Local Aboriginal Lands Council	\$61,700	Aboriginal Family Health Strategy services for the prevention and management of violence within Aboriginal families.
Illaroo Cooperative Aboriginal Corporation	\$50,450	Personal Care Worker for the Rose Mumbler Retirement Village.
Illawarra Aboriginal Medical Service	\$415,200	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Illawarra area.
Katungul Aboriginal Corporation Community & Medical Services	\$201,700	Dental Health Best Practice project and Otitis Media coordinator.
MDEA & Nureen Aboriginal Women's Cooperative	\$34,300	Counselling and support service for Koori women and children in stress from domestic violence.
Munjuwa Queanbeyan Aboriginal Corporation	\$64,200	Drug and alcohol project and one off grants for primary health workshops and programs and D & A motor vehicle replacement.
Ngadrii Ngalli Way Inc (My Mother's Way)	\$51,400	Aboriginal Family Health Strategy services project.
Bourke Family Support Service		
Ngaimpe Aboriginal Corporation	\$40,400	Grant for drug and alcohol treatment centre for men in the Central Coast area and NSW.
Orana Haven Aboriginal Corporation (Rehabilitation Centre)	\$40,400	Drug and alcohol services for Aboriginal community in Brewarrina.
Riverina Medical & Dental Aboriginal Corporation	\$667,300	Preventative health care, dental services, Otitis Media program and coordinator and Aboriginal Family Health Strategy to develop and implement family health education programs for Aboriginal community in the South Western area.
South Coast Medical Service Aboriginal Corporation	\$130,000	Preventative health care and drug and alcohol services for Aboriginal community in the Nowra area.
The Oolong Aboriginal Corporation Inc	\$30,300	Drug and alcohol residential treatment services for Aboriginal clients.
University of Western Sydney, Hawkesbury	\$20,000	One off grant contribution towards the staging of the Second Indigenous Male Health Convention in 2001 (AHB grant).
Walgett Aboriginal Medical Service Co-op Ltd	\$125,600	Preventative health care and drug and alcohol services and Family Health Strategy services for Aboriginal community in Walgett and surrounding areas.
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	\$54,500	Aboriginal Family Health Strategy grant to develop an education and training program for Aboriginal Community Workers covering family violence, sexual assault and child abuse issues.
Weigelli Centre Aboriginal Corporation	\$40,400	Grant for drug and alcohol counselling, retraining and education programs for Aboriginal people in the Cowra area.

Wellington Aboriginal Corporation Health Service	\$140,900	Drug and alcohol services, Youth and Family Health Strategy services for the Aboriginal community in Wellington.
Yerin Aboriginal Health Services Inc	\$49,650	Health and medical services both at the Centre and on an outreach basis and Family Health Strategy services for Aboriginal people in the Wyong area.
Yoorana Gunya Aboriginal Family Violence Healing Centre Aboriginal Corporation	\$155,400	Aboriginal Family Health Strategy project.
total	\$5,694,695	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

AIDS

Aboriginal Medical Service Co-operative Ltd	\$142,000	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.
Aboriginal Health and Medical Research Council of NSW	\$44,000	Advice on the AIDS Strategy for Aboriginal communities in NSW. Conduct of AIDS conferences. Development of an HIV/AIDS Aboriginal Health Worker education kit.
AIDS Council of NSW Inc	\$5,895,100	Community based education, prevention and support services for HIV infected people and those at high risk. Includes the Sex Worker Outreach Project (SWOP) .
Awabakal Newcastle Aboriginal Co-op Ltd	\$23,100	HIV/sexual health awareness project for the local Aboriginal community.
Biripi Aboriginal Corporation Medical Centre	\$47,200	HIV/sexual health education project for Aboriginal communities in the mid north coast to north coast area of NSW.
Bourke Aboriginal Health Service Ltd	\$47,500	HIV/sexual health awareness project for the Aboriginal communities of Bourke, Brewarrina and Engonnina.
Bulgarr Ngaru Medical Aboriginal Corporation	\$43,200	HIV/sexual health education project for Aboriginal communities in the mid north coast area of NSW.
Coomealla Health Aboriginal Corporation	\$47,500	Aboriginal HIV/Sexual health project.
Diabetes Australia – NSW	\$1,192,000	Provision of free needles and syringes to registrants of the National Diabetic Services Scheme resident in NSW.
Durri Aboriginal Corporation Medical Service	\$47,200	HIV/sexual health education project for Aboriginal communities in the north coast area of NSW.
Hepatitis C Council of NSW	\$746,400	Information, support, referral and prevention services for people affected by Hepatitis C and Commonwealth 3 year project funding to improve coordination and service delivery for people affected or at risk of contracting Hep C .
Katungul Aboriginal Corporation Community & Medical Services	\$48,200	HIV/sexual health education and support project for Aboriginal communities in the Ulladulla – Eden area of the South Coast.
National Centre in HIV Social Research	\$78,716	Contribution towards the costs of the Sydney Gay Community Cohort Study.
NSW Users & AIDS Association Inc	\$973,300	Community based HIV/AIDS and Hepatitis C education, prevention, harm reduction information, referral and support services for illicit drug users.
Pharmacy Guild of Australia (NSW Branch)	\$1,747,000	Coordination of needle and syringe exchange scheme in retail pharmacies throughout NSW.
Pius X Aboriginal Corporation	\$47,500	HIV/sexual health education and support service for the Aboriginal community in the Moree area.
PLWHA (NSW) Inc	\$390,700	Community based education, information and referral support services for HIV infected people.
South Coast Medical Service Aboriginal Corporation	\$34,650	HIV/sexual health education and support project for the Shoalhaven Aboriginal community.
Tharawal Aboriginal Corporation	\$23,750	HIV/sexual health education and support service for Aboriginal communities in the Campbelltown area.
University of Western Sydney	\$29,655	One off grant for a social research project investigating the accumulation of knowledge and negotiation of sexual risk by Sydney gay men at risk of HIV infection.
Walgett Aboriginal Medical Service Co-op Ltd	\$47,500	HIV/sexual health awareness project for the Walgett Aboriginal community.
Wellington Aboriginal Corporation Health Service	\$44,400	Aboriginal HIV/AIDS/sexual health project.
total	\$11,740,571	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Alternative Birthing Services

Durri Aboriginal Corporation Medical Service	\$101,600	Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area.
Illawarra Aboriginal Medical Service	\$54,350	Provision of outreach ante/postnatal services to Aboriginal women in the Illawarra area.
Tharawal Aboriginal Corporation	\$54,350	Provision of outreach ante/postnatal services to Aboriginal women in the Campbelltown area.
Walgett Aboriginal Medical Service Co-op Ltd	\$101,600	Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area.
total	\$311,900	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Care for Carers

AIDS Council of NSW	\$77,017	One off grant for model program targeting marginalised carer groups project.
Alzheimers Association of NSW	\$77,000	One off grant for care for carers demonstration project.
Australian Chinese Community Association of NSW Inc	\$57,024	One off grant for care for carers demonstration project.
Bankstown Auburn Home Support Inc	\$12,000	One off grant for social support and activities for carers of people with dementia project.
Carers NSW Inc	\$58,901	One off grant for after hours telephone counselling and support service for carers project.
Carers NSW Inc	\$39,520	One off grant for demonstration project targeting women koori carers.
Clarence Valley Community Programs	\$17,000	One off grant for demonstration project for carers program.
Co As It	\$16,147	One off grant for teleconferencing service demonstration project.
Coolinda Family Support Group Inc	\$30,936	One off grant providing service and carer mapping and support groups for carers.
Disability Information Advocacy service Inc	\$10,623	One off demonstration grant for carers.
Down Syndrome Association of NSW	\$41,818	One off grant for creating a positive life project.
Kiama Council	\$41,546	One off grant for facilitation and access to therapeutic services project.
Lane Cove Community Aid Service	\$77,786	One off grant for counselling, workshops, education, information and group work to carers of older people project.
Macarthur Disability Services Ltd	\$57,494	One off grant for care for carers demonstration project.
Maitland Palliative Care Providers Inc	\$38,430	One off grant for demonstration project.
Motor Neurone Disease Association of NSW Inc	\$20,000	One off grant for motor neurone disease carer education and support project.
Multiple Sclerosis Society of NSW	\$47,664	One off grant for care to listen project.
Newtown Neighbourhood Centre	\$17,096	One off grant for access and equity, support, training and referral services for carers project.
Pole Depot Neighbourhood Centre	\$79,930	One off grant for assessment and referral for carers and their families project.
Positive Support Network	\$2,845	One off grant for demonstration project .
Queanbeyan City Council	\$22,913	One off grant for southern highlands carer support groups and network project.
Springwood Neighbourhood Centre Coop Ltd	\$16,620	One off grant for demonstration care for carers project.
United Protestant Association of NSW (Far North Coast District)	\$39,468	One off grant for statewide peer support volunteer program for carers project.
total	\$899,778	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Community Services

Australian Association for the Welfare of Child Health Inc	\$109,200	Information and advice on the non-medical needs of children and adolescents in the health care system for families, parents and health professionals.
Doctors Reform Society	\$49,133	One off grant for evaluation of the MBS Enhanced Primary Care Items.
Institute of Public Administration Australia	\$2,000	One off grant to sponsor IPAA Conference in 2001.
NSW Council of Social Service	\$138,100	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 Association for Adolescent Health Inc	\$55,900	Provision of policy on adolescent health and promotion of adolescent health issues to the community and to health professionals.
NSW Centre for Perinatal Health Services Research	\$9,350	Continuing medical education to improve the standard of perinatal care.
QMS (Quality Management Services) Inc	\$409,100	Implementation of Standards and Accreditation Program in NGOs in NSW.
St John of God Health Services	\$5,000	One off grant contribution towards purchase of telecommunication equipment for Donna Maria Post Natal Network.
St George Cancer Support Group	\$7,500	One off grant to assist in the provision of support services for cancer sufferers and their families.
Sutherland Shire Suicide Safety Network	\$9,000	One off grant for the development of a resource kit and directory for suicide prevention/ grief counselling.
United Hospital Auxiliaries of NSW Inc	\$131,500	Coordination and central administration of the United Hospital Auxiliaries spread throughout NSW.
total	\$925,783	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Drug and Alcohol

Aboriginal Medical Service Co-op Ltd	\$196,644	Multi purpose Drug and Alcohol Centre.
Family Drug Support	\$165,000	Family drug support service (24 hour telephone support line).
Guthrie House (West)	\$50,600	Adult Drug Court Trial accommodation and treatment services.
Kids Help Line Australia P/L	\$139,750	Kids Help Line providing alcohol and other drug information, counselling and referral to young people in NSW.
Life Education NSW – Mobiles & Centres	\$1,634,000	A health oriented audiovisual program for primary school children.
Macquarie University Department of Psychology	\$54,900	Specialist clinical studies courses on drug and alcohol dependence.
National Drug and Alcohol Research Centre	\$50,000	Cost analysis of methadone maintenance treatment study.
Network of Alcohol & Other Drugs Agencies Inc	\$156,700	Peak body for non government organisations providing alcohol and other drug services.
Odyssey House (McGrath Foundation)	\$100,100	Adult Drug Court Trial accommodation and treatment services.
Pharmacy Guild of Australia (NSW)	\$1,465,000	Pharmacy incentive scheme to encourage methadone dosing in retail pharmacies in NSW.
Phoebe House	\$12,300	Adult Drug Court Trial accommodation and treatment services.
Oolong Aboriginal Corporation Inc	\$159,400	A residential drug and alcohol treatment and referral service for Aboriginal people.
QMS (Quality Management Services) Inc	\$194,000	Implementation of Standards and Accreditation Program in NGOs in NSW.
Salvation Army	\$1,400	Adult Drug Court Trial accommodation and treatment services.
Ted Noffs Foundation	\$5,000	Sponsorship of Ted Noffs D&A awards through DPB.
Uniting Care NSW.ACT	\$191,200	Medically Supervised Injecting Centre trial.
WADAC (Jarrah House)	\$6,900	Adult Drug Court Trial accommodation and treatment services.
Wayback Committee	\$389,600	Adult Drug Court Trial accommodation and treatment services.
We Help Ourselves	\$76,582	Adult Drug Court Trial accommodation and treatment services.
Westmount Cooperative Society	\$179,000	Adult Drug Court Trial accommodation and treatment services.
total	\$5,228,076	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Health Promotion

National Heart Foundation of Australia (NSW Division)	\$129,800	Program to promote awareness of the benefits and current recommendations for moderate intensity physical activity among General Practitioners.
total	\$129,800	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Innovative Services for Homeless Youth

CHAIN – Community Health for Adolescents in Need, Inc	\$247,529	Preventative, early intervention and primary health care to young homeless people and young people at risk of homelessness.
The Settlement Neighbourhood Centre (Muralappi Program)	\$71,145	A program providing culturally appropriate camps and living skills activities for young Aboriginal people in and around Redfern.
total	\$318,647	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Mental Health

Aboriginal Medical Service Co-op Ltd	\$100,000	Two year Mental Health worker project for Aboriginal community in the Sydney inner city area.
Aboriginal Health & Medical Research Council (AH&MRC)	\$90,000	Centre for Mental Health (CFMH) grant for Grief and Loss project.
AFTERCARE	\$45,000	CFMH one off grant to identify models of care including support and accommodation for people with high support needs.
Alliance of NSW	\$333,000	CFMH one off grant for education package for GP's.
Australian Catholic University	\$39,506	CFMH one off grant to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.
Australian Academy of Science	\$5,000	One off grant for Schizophrenia Forum October 2000 (CFMH grant).
Avondale College	\$18,847	CFMH one off grant to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.
Awabakal Newcastle Aboriginal Co-op Ltd	\$50,000	Two year Mental Health worker project for Aboriginal community in the Newcastle area.
Bulgarr Ngaru Medical Aboriginal Corporation	\$50,000	Two year Mental Health worker project for Aboriginal community.
Carers NSW Inc	\$300,000	CFMH one off grant for training ,support and counselling for carers and implementation of Carer Mental Health Consortium and development of a training package for mental health providers.
Charles Sturt University	\$249,639	CFMH one off grants to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.
Coomealla Health Aboriginal Corporation	\$50,000	Two year Mental Health worker project for Aboriginal community.
Cummeragunja Housing & Development Aboriginal Corporation	\$50,000	Two year Mental Health worker project for Aboriginal community.
Katungul Aboriginal Corporation Community & Medical Services	\$50,000	Two year Mental Health worker project for Aboriginal community.
Mental Illness Education – Aust (NSW) Inc	\$169,600	School based mental health awareness program and 'insight' program to secondary schools (CFMH grant).
Mental Health Coordinating Council NSW	\$266,290	Peak organisation funded to support NGO sector efforts to provide efficient and effective delivery of mental health services plus one off grants for a NGO Mental Health Conference and to develop mental health standards.
NSW Consumer Advisory Group (CAG)	\$185,000	CFMH contribution to consumer and carer input into mental health policy making process and one off to identify new models to access the needs of young mental health consumers.
NSW Institute of Psychiatry	\$846,384	CFMH one off grants for mental health education initiatives.
NSW Nurses Association	\$100,000	CFMH one off grant to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.
NSW College of Nursing	\$141,250	CFMH one off grants to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.
NSW Association for Mental Health Inc	\$52,060	CFMH one off grant for mental health information services, in service training and to develop a Support Group Consortium.
Richmond Fellowship of NSW	\$30,000	CFMH one off grant for research project to develop a service model for residential support services.
Royal Australian and New Zealand College of Psychiatrists	\$363,940	CFMH one off grant to develop and deliver support, supervision and training of psychiatrists working in area of need positions in rural and outer metropolitan areas.
Royal Australian and New Zealand College of Psychiatrists (Faculty of Psychiatry of Old Age)	\$100,000	CFMH one off grant for the management of challenging behaviour in nursing homes and to develop and deliver a model of telepsychiatry for psychogeriatric patients in rural communities.
Schizophrenia Fellowship of NSW Inc	\$22,500	CFMH one off grants for the employment of a support worker in Greater Murray area and a multicultural mental health worker.
South Coast Medical Service Aboriginal Corporation	\$50,000	Two year Mental Health worker project for Aboriginal community.
Southern Cross University	\$100,393	CFMH one off grants to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.
St Vincent De Paul Society	\$15,000	CFMH one off grant for Compeer Program.
St Vincent De Paul Society – Matthew Talbot Hostel	\$15,000	CFMH one off grant to develop and deliver a mental health training package for hostel staff.
St Vincent de Paul Society – Vincentian Village	\$135,000	Project funding for mental health workers at Vincentian Village, a service for homeless people in the inner city area.
TAFE NSW	\$125,000	CFMH one off grant to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.
Tharawal Aboriginal Corporation	\$50,000	Two year Mental Health worker project for Aboriginal community.
The Peer Support Foundation Ltd	\$176,900	Social skills development program, providing education and training for youth, parents, teachers, undertaken in schools across the NSW.
Thubbo Aboriginal Medical Cooperative Ltd	\$50,000	Two year Mental Health worker project for Aboriginal community.
University of Technology, Sydney	\$166,986	CFMH one off grants to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.
University of Western Sydney	\$451,218	CFMH one off grants to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.

University of Wollongong	\$193,181	CFMH one off grants to improve mental health nursing education, recruitment, retention, and provide support for the mental health and well-being of all nurses in NSW.
University of Sydney	\$222,535	CFMH one off grants to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.
University of New England	\$78,205	CFMH one off grants to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.
University of Newcastle	\$829,145	CFMH grants for establishment of Centre for Rural and Remote Mental Health and to improve mental health nursing education, recruitment, retention and provide support for the mental health and well-being of all nurses in NSW.
Women and Mental Health Inc	\$30,000	One off grant for sexual safety information an training programs to consumer support officers in Mental Health Services (CFMH grant).
Youth Accommodation Association	\$48,390	CFMH one off grant to establish links between MH services and SAAP for homeless people with mental health problems.
total	\$6,444,969	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

National Women's Health

Women's Health NSW	\$80,000	One off grant for women's health training program for NGO's in NSW .
total	\$80,000	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Palliative Care

Armidale & District Services Inc	\$15,000	Aboriginal dementia and palliative care consortia project.
Sydney Adventist Hospital	\$45,300	Enhancement of cancer support centre services to palliative care clients and their carers.
total	\$60,300	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Rural Doctors Services

NSW Rural Doctors Network – Cadetship	\$394,000	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.
NSW Rural Doctors Network	\$444,000	The Rural Doctors' Network provides on-going support for rural and remote general practitioners through provision of access to quality, accredited continuing education and the development of professional networks. The RDN supports recruitment and retention of general practitioners and some other health professionals to rural and remote NSW.
NSW Rural Doctors Network – Undergraduates Program	\$158,600	The Rural Medical Undergraduates Program coordinates and supports undergraduate placements in rural hospitals and general practice and facilitates implementation of undergraduate activities with Universities and Rural Health Training units.
total	\$996,600	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Services for the Aged & Disabled

Alzheimers Association of NSW	\$18,000	One off grant for Cultures in the Workplace Program dementia project through HSP.
The Northcott Society	\$420,000	Grant for the expansion of long term loan items of high cost to paediatric PADP clients.
The Spastic Centre NSW	\$370,000	Grant for the expansion of long term loan items of high cost to paediatric PADP clients.
Muscular Dystrophy Association	\$125,000	Grant for the expansion of long term loan items of high cost to paediatric PADP clients.
total	\$933,000	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Victims of Crime Support

ASCA – Mayumbarri	\$50,000	Victims of crime support.
Dubbo Women's Housing Program Inc	\$88,167	Victims of crime support.
Enough is Enough	\$94,584	Victims of crime support.
Lifecare	\$20,128	Victims of crime support.
Mission Australia	\$91,989	Victims of crime support.
Nambucca Valley Children's Group	\$50,982	Victims of crime support.
Wayside Chapel/The Station	\$54,841	Victims of crime support.
total	\$450,691	

Program

48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Women's Health

WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	\$143,400	Clinical, counselling and health education services for Aboriginal women and girls in the Shoalhaven area.
Women's Health NSW	\$129,800	Peak body for the coordination of policy, planning, service delivery, staff development, training, education and consultation between non government women's health services, the Department and other government and non government services.
total	\$273,200	

SELECTED SIGNIFICANT NSW HEALTH PUBLICATIONS

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Title
<ul style="list-style-type: none"> • A quick guide to working with same-sex attracted people • Alcohol and Other Drugs for Nursing Practice in NSW – A Framework for Progress • Alcohol and Other Drugs for Nursing Practice in NSW – Clinical Guidelines • Alcohol and Other Drugs Services of NSW and the ACT – An Annotated Directory, 2000 • An Intergalactic Guide to Relationships • Better Health Good Health Care Baxter Awards Programme • Blepharitis (Multilingual Translations) – Arabic, Chinese, Greek, Italian, Polish, Spanish, Vietnamese • Budget Overview – NSW Health • Budget Overview – Rural NSW Health • Building Management and Public Health Risks • Capacity Building Grants Scheme • Cataracts (Multilingual Translations) – Arabic, Chinese, Greek, Italian, Polish, Spanish, Vietnamese • Code of Conduct • Consumer and Community Participation Implementation Group Report • Developing an evaluation methodology for the NSW Clinical Information Access Project (CIAP) – final Report • Diabetes and Your Eyes (Multilingual Translations) – Arabic, Chinese, Greek, Italian, Polish, Spanish, Vietnamese • Distance Learning Course for Health Professionals – Postnatal Depression Education Package • Draft Policy Framework on Treatment Services for Problem Gamblers and Their Families in NSW • Drinkcheck – A Manual for Alcohol Brief Intervention in Health and Community Settings • Drinking Water Monitoring Program • Drugs and Mental Health • Dying with Dignity – Interim Guidelines on Management (Second Round Consultation) • Early Psychosis Area Programs and Services – NSW • Emergency Dental Health Services (poster) • Engaging Older People from non-English Speaking Backgrounds and the Frail Aged in Physical Activity • Environmental Health Venue Operating Procedures – Sydney 2000 Olympic and Paralympic Games • Episode Funding Guidelines 2000-01 • Episode funding – summary paper • Evaluation Report – Domestic Violence Screening Pilot Project • Food Safety at Olympic and Paralympic Venues – Operating Procedures • Getting in Early – A Framework for Early Intervention and Prevention in Mental Health for Young People in NSW • Greater Metropolitan Plan – summary

Title
<ul style="list-style-type: none"> • Guidelines for Specialised Testing for Genetic Disorders • Health Councils in Rural NSW – Phase One Evaluation March – August 1999 • Health Eating Habits at School – assisting schools to develop school practices which promote healthy eating habits • Health Working as a Team : The Way Forward, bulletin No.2 – The NSW Government's Action Plan for Health • Health Working as a Team : The Way Forward, bulletin No.3 – Improving Health Care for People with Chronic and Complex Health Conditions • Health Working as a Team : The Way Forward, bulletin No.4 – Consumer and Community Participation in NSW Health • Health Working as a Team : The Way Forward, bulletin No.5 – Rural and IT issues • Healthy People 2005 – Strategic Directions for Public Health in NSW – summary • Hepatitis C – Understanding is the Answer • Implementation of Day-Only and Day-of-Surgery Admission Targets in the NSW Health System • Influenza – the facts • Informing Public Health Practice – Competencies of the Graduate Diploma of Applied Epidemiology • Interim Report into the Retention of Tissue and Organs Following Post Mortems in New South Wales • Issues Paper – Qualified Privilege for Quality Improvement Committees and Programs in Health July 2000 • Keep the Crypto Bug Out of Our Pool • Key Metropolitan Hospital Services – NSW Metropolitan Services • Management of Adults with Severe Behavioural Disturbances • Management of Adults with Severe Behavioural Disturbances: Guidelines for Clinicians in NSW – Pocket Version • Measuring the Performance for Service for Oral Health in NSW • Memorandum of Understanding between NSW Health and Sydney Water Corporation • Mental Health for Emergency Departments – a Reference Guide • Mental Health for Emergency Departments – a Reference Guide - pocket version • Methadone Maintenance Treatment – Essential Information • Methadone Treatment Agreement • Multicultural Health Services and Programs in NSW • New Care and Protection Laws for Children and Young People • New Entitlements for Health Service Board Members • New South Wales Older People's Health Survey 1999 • NSW Aboriginal Health Promotion Program Directions Paper

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Title

- NSW Allied Health Data Collection Data Dictionary, version 1.0
- NSW Costs of Care Standards 2000-2001
- NSW Framework for Maternity Services
- NSW Government Action Plan for Health – summary
- NSW Health 2001 Calendar
- NSW Health and Safety Guidelines for Communicable Diseases for Sex on Premises Venues
- NSW Health Annual Report 2000-01
- NSW Health Frontline Procedures for the Protection of Children and Young People
- NSW Health Olympic Coordinating Centre – Operational Plan
- NSW Health Promotion Online
- NSW Health Services for the Sydney Olympic and Paralympic Games
- NSW Health Working as a Team – consumer brochure
- NSW Hepatitis C Care and Treatment Services Plan 2001-2003
- NSW Hepatitis C Strategy 1999/2000-2002/2003
- NSW Heroin Overdose Prevention and Management Strategy
- NSW HIV/AIDS Statement of Strategic Directions 2000-03
- NSW Hospital Services Operating Manual – Sydney 2000 Olympic and Paralympic Games
- NSW Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS) – pamphlet
- NSW Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS) – Guidelines for Medical Practitioners and Specialists
- NSW Isolated Patients' Travel and Accommodation Assistance Scheme – Policy and Procedures Manual
- NSW Mothers and Babies 1999 – NSW Public Health Bulletin Supplement
- NSW Nursing Workforce Research Project
- NSW Palliative Care Framework
- NSW Public Health Bulletin – May 2000
- NSW Public Health Bulletin – June 2000
- NSW Public Health Bulletin – July 2000
- NSW Public Health Bulletin – August 2000
- NSW Public Health Bulletin – September/October 2000
- NSW Public Health Bulletin – November 2000
- NSW Public Health Bulletin – December 2000
- NSW Public Health Bulletin – January 2001
- NSW Public Health Bulletin – February 2001
- NSW Public Health Bulletin – March 2001
- NSW Public Health Bulletin – April 2001
- NSW Public Health Bulletin – May 2001
- NSW Public Health Bulletin – June 2001

Title

- NSW Tobacco Action Plan 2001-2004
- NSW Tobacco Action Plan 2001-2004 – summary
- Operational Guidelines – Non-Government Organisation Grant Program
- Orientation Manual for Health Service Board Members – what is my role and what should I know?
- PADP Consumer Guide – fact sheet
- Passive Smoking
- Pharmacotherapy Accreditation Course – a manual for facilitators
- Pharmacotherapy Accreditation Course – a training manual for participants
- Physical Activity Campaign for People of non-English Speaking Background (NESB) – Phase III B
- Pilot Program – Specialist Paediatric Oral Health Care for Regional and Rural Areas in NSW
- Policy Framework on Treatment Services for Problem Gamblers and their Families in New South Wales – issues paper for discussion
- Preventing Injuries From Falls in Older People
- Products to Help You Quit Smoking
- Profile of the Medical Workforce in NSW 1999
- Profile of the Registered and Enrolled Nurse Workforce, NSW, 1998
- Program Budgeting and Marginal Analysis : a planning tool for health promotion services – the South Eastern Sydney experience
- Program for Enhanced Population Health Infrastructure (PEPHI) – discussion paper
- Public Health Action Plan – Sydney 2000 Olympic and Paralympic Games
- Quality in Health Care – What can you expect?
- Report of Greater Metropolitan Services Implementation Group
- Report on Capacity Building Grants Scheme – checklists into practice
- Resource Manual for the Best Practice Model for the Use of Psychotropic Medication in Residential Aged Care Facilities
- Resources for Assessment and Management – Mental Health Workers, General Practitioners, Pediatricians, Psychiatrists and Working with People from Psychiatrists
- Resources for Primary Health Care Professionals – (Advanced Kit) Postnatal Depression Education Package
- Review of the Save our Kids Smiles (SOKS) Program Volume 2 – Technical Reports
- Selected Specialty Services Plan – Pancreas Transplant Patients
- Service Delivery Guidelines – the Management of People with a Co-existing Mental Health and Substance Abuse Disorder

Title
<ul style="list-style-type: none"> ● Shade for Schools ● Signs, Symbols and Communication Tools – NSW Multicultural Health Communication ● Skin Cancer Prevention Strategic Plan for NSW 2001-2005 ● Smoke-free Environment Act 2000 – What does it mean for community halls and centres? ● Smoke-free Environment Act 2000 – What does it mean for hotels, motels and backpacker hostels? ● Smoke-free Environment Act 2000 – What does it mean for restaurants and cafes? ● Smoke-free Environment Act 2000 – What does it mean for shopping centres? ● Smoke-free NSW– information booklet ● Special issue – GAP update ● Specialised Testing for Genetic Disorders – Recommendations for Service Provision ● Spotlight on the NSW Drug Treatment Services Plan ● Stairways to Health ● Strategic Directions for Public Health in NSW 2000-05 ● Strategic Framework to Advance the Health of Women ● Surviving Our Success: NSW HIV/AIDS Health Promotion Plan 2001-2003 ● The Health of the People of New South Wales – Report of the Chief Health Officer 2000 ● The Methadone Clinic Accreditation Standards ● The NSW Mental Health Assessment Documentation and Standardised Measures Training – Facilitators Manual ● The NSW Parenting Program for Mental Health – Triple P Training Procedure Manual ● The NSW Vessel Inspection Program – Procedures Manual ● The Program for Appliances for Disabled Persons Consumer Guide ● The Schizophrenias – Guidelines for a Holistic Approach to Clinical Practice ● The Smoke-free Environmental Act 2000 ● The Tobacco Action Plan 2000-2004 ● The Tobacco Action Plan 2000-2004 – summary ● Training Needs Review Report ● What does quality in health care mean to you? ● Workbook for Aboriginal Health Workers – Postnatal Depression Education Package ● Working as a Team – highlights ● Working as a Team – rural highlights ● Working as a Team – summary ● Workplace Health and Safety – a better practice guide

Circular number	Circular title	Date created
2000/55	PERSONNEL – Policy and Procedure for Employment Screening of Staff and Other Persons in Child Related Areas	3/7/00
2000/56	INFORMATION MANAGEMENT – Emergency Department Collection (EDC) – Reporting Requirements	11/7/00
2000/57	INDUSTRIAL RELATIONS – Variation to Clause 16. Annual Leave of the Health Employees Conditions of Employment (State) Award	12/7/00
2000/58	HEALTH SERVICES DEVELOPMENT – New South Wales Artificial Limb Service (NSW-ALS)	14/7/00
2000/59	NURSING – New South Wales Nurses Association Annual Conference and Professional Day	20/7/00
2000/60	PERSONNEL – Taxation of Allowances	20/7/00
2000/61	PERSONNEL – NSW Health Learning and Development Leave Policy	22/7/00
2000/62	HEALTH ETHICS – NSW Health Privacy Management Plan	26/7/00
2000/63	DISEASE PREVENTION – Screening for Sexually Transmissible Diseases (STDs) and Blood Borne Viruses (BBVs) in Pregnancy	3/8/00
2000/64	CLINICAL PRACTICES – Framework for Terminations of Pregnancy in New South Wales Public Hospital	17/8/00
2000/65	FINANCIAL MANAGEMENT – <i>Health Service Act</i> 1997 Scale of Fees for Hospital and Other Health Services	3/8/00
2000/66	INDUSTRIAL RELATIONS – Employment Conditions for Health Service Staff Who Volunteer for Service in East Timor	3/8/00
2000/67	EPIDEMIOLOGY AND SURVEILLANCE – Antenatal Card	17/8/00
2000/68	PERSONNEL – Managing for Performance – A Better Practice Approach for NSW Health	25/8/00
2000/69	PERSONNEL – NSW Department of Health Policy on Employment Screening Using Criminal Record Checks	25/8/00
2000/70	STRATEGIC MANAGEMENT – Sydney 2000 Olympic and Paralympic Games Car Pooling	25/8/00
2000/71	STATEWIDE SERVICES – Provision of Services Under the Pensioners Dentures Scheme by Private Dental Providers (Dental Practitioners and Dental Prosthetists).	25/8/00
2000/72	DISEASE PREVENTION – Notifiable Disease data security and Confidentiality	4/9/00
2000/73	PERSONNEL – Superannuation Retrenchment Benefits	4/9/00
2000/74	LEGAL – Human Tissue Regulation 2000: New Medical Certificates for Donors of Blood and Semen	4/9/00
2000/75	LEGAL – Legal Matters of Significance to Government	4/9/00
2000/76	PERSONNEL – Policy and Procedure for Employment Screening of Staff and Other Persons in Child Related Areas – Amendment to Attachment	14/9/00
2000/77	FINANCIAL MANAGEMENT – Ambulance Transport Charges	14/9/00
2000/78	PERSONNEL – Managing Displaced Employees	12/10/00
2000/79	CLINICAL PRACTICES – Notification of Specialist or Visiting Medical Officer Regarding Patients Admitted Through the Emergency Department	12/10/00
2000/80	INDUSTRIAL RELATIONS – Hairdressers Employed in Public Hospitals and Health Services	12/10/00
2000/81	INFORMATION MANAGEMENT – Public Holidays for 2001	12/10/00
2000/82	FINANCIAL MANAGEMENT – <i>Health Services Act</i> 1997 – Scale of Fees for Hospital and Other Health Services	12/10/00
2000/83	MEDICINES AND POISONS – Section 100 Highly Specialised Drugs Program Guidelines	25/10/00
2000/84	DISEASE PREVENTION – Contract Tracing Guidelines for the Sexually Transmissible Diseases and Blood Borne Viruses	25/10/00
2000/85	INDUSTRIAL RELATIONS – Changing of Commission by Health Services for Deductions from Salaries and Wages of Employees	31/10/00
2000/86	MEDICINES AND POISONS – Section 100 Highly Specialised Drugs Program	31/10/00
2000/87	DISEASE PREVENTION – Authority for Registered Nurses to Provide Immunisation Services	7/11/00
2000/88	DISEASE PREVENTION – Introduction of the Australian Standard Vaccination Schedule	7/11/00
2000/89	OCCUPATIONAL HEALTH AND SAFETY (OHS) – Employment Health Assessment Policy and Guidelines	7/11/00
2000/91	STAFF AND MANAGEMENT DEVELOPMENT – Orientation Policy for NSW Health	15/12/00
2000/93	LEGAL – Referral of Private Inpatient X-Rays and CT Scans	29/11/00
2000/94	INFORMATION MANAGEMENT – Residential Aged Care Collection (RACC) – Commonwealth Funded Residential Aged Care Facilities (Including Multi Purpose Services) – 1 December 2000	29/11/00
2000/95	COMMERCIAL SERVICES – Guidelines for the Disclosure of Information in NSW Government Contracts	29/11/00
2000/96	NURSING – Assessment Programs for Overseas Qualified Registered Nurses, Enrolled Nurses and Midwives	29/11/00
2000/97	CLINICAL PRACTICES – Organ Donation Procedural Update	15/12/00
2000/98	CLINICAL PRACTICES – Organ Donation – Coronial Cases	15/12/00
2000/99	OCCUPATIONAL HEALTH AND SAFETY (OHS) – Policy Framework and Guidelines for the Prevention and Management of Latex Allergy	15/12/00
2000/100	TARGET GROUPS – Protecting Children and Young People	15/12/00
2000/101	HEALTH FUNDING – Day only Arrangements – Amendments to the Type B (Day Only) and Type C (Exclusion) Lists	15/12/00
2000/102	INDUSTRIAL RELATIONS – Public Hospital (Training Wage) Award	15/12/00
2000/103	TARGET GROUPS – NSW Health Policy on the Program of Appliances for Disabled People (PADP)	28/12/00
2000/104	TARGET GROUPS – Arrangements for the Provision of oxygen and Related Items	28/12/00
2000/105	CLINICAL PRACTICES – NSW Health Position on the Carrying Out of Forensic Procedures	28/12/00
2000/106	FINANCIAL MANAGEMENT – Circular to Public Health Organisations on GST Treatment of Rights of private Practice	28/12/00
2001/1	GOVERNMENT RELATIONS – Changes to Medicare Eligibility – Applicants for Parent Visa	11/1/01
2001/2	DISEASE PREVENTION – Notification of Diseases Under the <i>Public Health Act</i> 1991	11/1/01
2001/3	INDUSTRIAL RELATIONS – Circular – Salary Increase for NSW Health Department Staff Employed Under Public Service Awards Covered by the Public Service Association of NSW (PSA)	9/1/01

Circular number	Circular title	Date created
2001/4	HEALTH SERVICES DEVELOPMENT – Circular – Reciprocal Health Care Agreements and Charges for Magnetic Resonance Imaging – New Zealand and the Republic of Ireland	11/1/01
2001/5	OCCUPATIONAL HEALTH AND SAFETY (OHS) – Circular – The Occupational Health Safety and Rehabilitation Numerical Profile	10/1/01
2001/6	GOVERNMENT RELATIONS – Circular – Outpatient Pharmaceutical Charges Safety Net Arrangements	12/1/01
2001/7	INDUSTRIAL RELATIONS – ERRATUM – Salary Increase for Staff in Public Hospitals, Health Services and the NSW Ambulance Service Covered by the Health and Research Employees	30/1/01
2001/8	COMMUNITY RELATIONS – Chaplains – Subsidy	30/1/01
2001/9	DISEASE PREVENTION – Notification of Diseases Under the Public Health Act 1991	30/1/01
2001/10	FINANCIAL MANAGEMENT – <i>Public Health Act 1991</i> – Review of Fees/Charges	30/1/01
2001/11	ASSET MANAGEMENT – Guidelines for Fire Safety in Health Care Facilities	30/1/01
2001/12	STRATEGIC MANAGEMENT – Notification of Health Policies and Procedures for Issue of Department of Health Circulars and Information Bulletins to the Health System	30/1/01
2001/13	CLINICAL PRACTICES – Organ Donation – Coronial Cases	30/1/01
2001/14	PERSONNEL – NSW Department of Health procedures for the Collection of Staff Exit Information	30/1/01
2001/15	INDUSTRIAL RELATIONS – Variations to the Public Hospital Nurses' (State) Award	14/2/01
2001/16	INDUSTRIAL RELATIONS – Health Service Boards Chief Executive Officers and Other Employees of Health Services are not Permitted to Offer Over Award Salaries and/or Conditions of Employment	14/2/01
2001/17	ALCOHOL AND OTHER DRUGS – Guidelines for Rapid Detoxification from Opioids	26/2/01
2001/18	GOVERNMENT RELATIONS – Changes to Medicare Eligibility : Applicants for Parent Visa	26/2/01
2001/19	HEALTH FUNDING – Day-Only Arrangements – Amendment to Overnight Certification Arrangements	26/2/01
2001/20	ASSET MANAGEMENT – Government Construction Projects	15/3/01
2001/21	HEALTH FUNDING – Day Only Arrangements – Amendments to the Type B (Day Only) and Type C (Exclusion) Lists	15/3/01
2001/22	OCCUPATIONAL HEALTH AND SAFETY (OHS) – Workplace Health and Safety – A Better Practice Guide	28/3/01
2001/23	INFORMATION MANAGEMENT – MIDWIVES DATA COLLECTION (MDC) – Reporting and Submission Requirements of Data for the Midwives Data Collection for Public Hospitals	15/3/01
2001/24	GOVERNMENT RELATIONS – Benefits Payable in Respect of Surgically Implanted Prostheses and Human Tissue Items List	15/3/01
2001/25	PERSONNEL – Policy and Procedure for Compliance of Risk Assessments Arising From Criminal Charges and Convictions	16/3/01
2001/26	INFORMATION MANAGEMENT – Minimum Content Standards for NSW Health Internet and Intranet Sites	16/3/01
2001/27	INDUSTRIAL RELATIONS – Public Hospital Employees' Skilled Trades (State) Award Expense Related Allowances	22/3/01
2001/28	STAFF AND MANAGEMENT DEVELOPMENT – NSW Health Executive Leadership Program (H.E.L.P.)	28/3/01
2001/29	DISEASE PREVENTION – HIV Antibody Testing by Laboratories in NSW	10/4/01
2001/30	GOVERNMENT RELATIONS – Clarification of Service Delivery Responsibilities of NSW Health Services – The Australian Health Care Agreement (AHCA)	10/4/01
2001/31	ASSET MANAGEMENT – Government Construction Projects	2/5/01
2001/32	GOVERNMENT RELATIONS – Determination of Child Related Employment	2/5/01
2001/33	FINANCIAL MANAGEMENT – <i>Health Services Act 1997</i> – Scale of Fees for Hospital and Other Health Services	2/5/01
2001/34	CLINICAL PRACTICES – Vitamin K Administration to Newborns	11/5/01
2001/35	MEDICINES AND POISONS – Section 100 Highly Specialised Drugs Program	2/5/01
2001/36	ENVIRONMENTAL HEALTH – Microbial Control	11/5/01
2001/37	PERSONNEL – NSW Medical Recruitment for Clinical Year 2002 – Resident Medical Officers	11/5/01
2001/38	INDUSTRIAL RELATIONS – Ambulance Service of New South Wales Administrative and Clerical Employees Enterprise Award	11/5/01
2001/39	INDUSTRIAL RELATIONS – Fees Payable to Lecturers in Respect of In-Service Courses	11/5/01
2001/40	HEALTH SERVICES DEVELOPMENT – New South Wales Artificial Limb Service (NSW-ALS)	18/5/01
2001/41	INFORMATION MANAGEMENT – Emergency Department Collection (EDC) – Reporting Requirements	22/5/01
2001/42	INFORMATION MANAGEMENT – Human Resources Data Collection	5/6/01
2001/43	HEALTH FUNDING – Day-Only Arrangements – Amendments to the Type B (Day Only) and Type C (Exclusion) Lists	5/6/01
2001/45	CLINICAL PRACTICES – Guidelines for Newborn Screening	5/6/01
2001/46	PERSONNEL – Department of Health Code of Conduct	7/6/01
2001/47	FINANCIAL MANAGEMENT – Subsidy to Country Delegates Attending the Annual General Conference of the United Hospital Auxiliaries of NSW	20/6/01
2001/48	MEDICINES AND POISONS – Bovine Spongiform Encephalopathy (BSE) – Use of Reagent Grade Materials of Bovine Origin in Medical Practice	20/6/01
2001/49	PERSONNEL – Official Travel	20/6/01
2001/50	FINANCIAL MANAGEMENT – New South Wales Oral Health Fee for Service Scheme (OHFFSS)	20/6/01
2001/52	STATEWIDE SERVICES – Provision of Services Under the Pensioners Dentures Scheme by Private Dental providers (Dental Practitioners and Dental Prosthetists)	20/6/01
2001/53	MENTAL HEALTH – Mental Health Outcomes and Assessment Statistics (MH-OAT) Data Collection – Reporting and Submission Requirements	26/6/01
2001/54	PERSONNEL – Reserve Forces Day – Saturday 30 June and Sunday 1 July 2001	26/6/01

SELECTED NSW HEALTH DEPARTMENT SIGNIFICANT COMMITTEES

Following are a list of selected significant committees and their Chairperson.

Allied Health Consultative Forum

A/Prof Debora Picone (Chair), Deputy Director General, Policy

Audit Committee

Michael Reid (Chair), Director-General, NSW Health

Capital and Asset Management Committee

Robert McGregor (Chair), Deputy Director-General, Operations

Corporate Governance in Health

John Dunlop (Chair), Royal Alexandra Hospital for Children

Critical Care Council

Dr Tony O'Connell (Chair), Children's Hospital at Westmead

Ms Jenny Kidd (Co-chair), St Vincent's Hospital

Department of Health Corporate Planning Committee

Robert McGregor (Chair), Deputy Director-General, Operations

Department Rural Liaison Group

Kathy Meleady (Chair), NSW Health

Executive Committee

Michael Reid (Chair), Director-General, NSW Health

Fluoridation of Water Supplies Advisory Committee

Dr Alan Patterson (Chair), NSW Health

General Practitioners Advisory Committee

A/Prof Lindsay Thompson (Chair), The Canterbury Division of General Practice

Information Management Committee

Michael Reid (Chair), Director-General, NSW Health

Integrated Bed Management Committee

Mr Robert McGregor (Chair), Deputy Director-General, Operations

Joint Consultative Committee

Michael Reid (Chair), Director-General, NSW Health

Maternity Services Advisory Committee

Dr Andrew Wilson (Chair), Chief Health Officer, Deputy Director-General, Public Health

Ministerial Advisory Committee on AIDS Strategy

Dr Roger Garcia (Chair), Premier's Council for Women

Ministerial Advisory Committee on Hepatitis

Prof Geoffrey McCaughan (Chair), Royal Prince Alfred Hospital

Ministerial Council of Quality in Health Care

Dr Ross Wilson (Chair), Royal North Shore Hospital

Non-Government Organisations (NGO) Advisory Committee

A/Prof Debora Picone (Chair), Deputy Director-General, Policy

NSW Aboriginal Health Partnership

Michael Reid (Co-chair), Director-General, NSW Health

Sandra Bailey (Co-chair), Aboriginal Health Resource Cooperative

NSW Health Department Research and Development Advisory Committee

Prof Stephen Leeder (Chair), University of Sydney

NSW Maternal and Perinatal Committee

A/Prof Lindsay Thompson (Chair), University of Newcastle

NSW Trauma Systems Advisory Committee

Dr Chris Walker (Chair), John Hunter Hospital

Performance Agreement Steering Committee

Mr Robert McGregor (Chair), Deputy Director-General, Operations

Performance and Finance Committee

Michael Reid (Chair), Director-General, NSW Health

Policy Development Committee

Michael Reid (Chair), Director-General, NSW Health

Radiation Oncology Planning Group

Kathy Meleady (Chair), NSW Health

Radiation Oncology Workforce Planning Group

A/Professor Michael Barton (Chair), Research Director, The Collaboration for Cancer Outcomes Research and Evaluation

Rural Critical Care Committee

Dr Phil Hungerford (Chair), Tamworth Base Hospital

Senior Executive Forum

Michael Reid (Chair), Director-General, NSW Health

A full list of committees and their members will be available on the [NSW HealthWeb](#).

Standing Committee of College Chairmen

Dr David Storey (Chair), Royal Australian College of Surgeons

Michael Reid (Co-Chair), Director General, NSW Health

Statewide Confidentiality and Ethics Committee

A/Prof Stephen Boyages (Chair), NSW Health

Strategic Directions for Health Implementation Committee Group

Michael Reid (Chair), Director-General, NSW Health

World Wide Web Steering Committee

Deborah Hyland (Chair), Director, Health Public Affairs

NSW Government Action Plan for Health Committees

Clinical Council

Michael Reid (Chair), Director-General, NSW Health

Acute Care Group

A/Prof Brian McCaughan (Co-chair), Clinical Director, Cardiovascular Services, Royal Prince Alfred Hospital

Anna Thornton (Co-chair), Nursing & Patient Services Manager, Division of Surgery, St George Hospital

Chronic Care Group

Prof Ron Penny (Co-chair), Director, Centre for Immunology, St Vincent's Hospital

Prof Stephen Boyages (Co-chair), Director, Research and Clinical Policy, NSW Health

Intensive Care Clinical Implementation Group

Dr Theresa Jacques (Co-chair), Intensive Care Unit, St George Hospital

Kate Needham (Co-chair), Nurse Manger, Intensive Care Unit, Westmead Hospital

Prof Malcolm Fisher (Co-chair), Director, Intensive Care, Royal North Shore Hospital *(from August 2001)*

Emergency Department Clinical Implementation Group

Dr Sue Ieraci (Co-chair), Director, Emergency Department, Liverpool Hospital

Jane O'Connell (Co-chair), Clinical Nurse Consultant, Emergency Department, Concord Hospital

Mental Health Implementation Group

Prof Marie Bashir (Co-chair), Director of Mental Health, CSAHS *(until February 2001)*

Sandra Stokes (Co-chair), Director of Nursing, Macquarie Hospital

Prof Beverley Raphael (Co-chair), Director, Centre for Mental Health, NSW Health *(from February 2001)*

Models of Care Group

A/Prof Mary Chiarella (Co-chair), Faculty of Nursing, Midwifery and Health, UTS

Prof Ken Hillman (Co-chair), Director, Critical Care, Liverpool Hospital

Health Care in the Community Group

Prof Ian Webster (Chair), Clinical Associate Dean, Public Health, University of NSW

Consumer and Community Participation Group

Julie McCrossin (Co-chair)

Deborah Hyland (Co-chair), Director, Health Public Affairs

Information Management Group

Dr Diana Horvath (Co-chair), CEO, CSAHS

Prof Michael Kidd (Co-chair), Department of General Practice, University of Sydney

Greater Metropolitan Services Implementation Group

Jon Blackwell (Co-chair), CEO, CCAHS

Prof Kerry Goulston (Co-chair), Associate Dean, Northern Clinical School, Royal North Shore Hospital

Rural Services Group

Kieran Gleeson (Co-chair), CEO, SAHS *(until March 2001)*

Liz Rummery (Co-chair), NRAHS

Martin Bowles (Co-chair), A/Exec Director, Prince of Wales Hospital *(from March 2001)*

Funding Model Group

Deborah Green (Co-chair), CEO, SESAHS

Robert McGregor (Co-chair), Deputy Director-General, Operations, NSW Health

Teaching and Research Group

Prof Stephen Leeder (Co-chair), Dean, Faculty of Medicine, University of Sydney

Prof Jill White (Co-chair), Dean, Nursing, Midwifery and Health, UTS

External Review and Evaluation Group

Gabrielle Kibble (Chair)

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Introduction

The people of New South Wales have the right to expect that staff employed by the Department of Health demonstrate fairness, integrity and sound professional and ethical practice at all times in every respect of their employment. Just as importantly, staff have the right to a workplace free of any form of bullying, harassment or unfair discrimination. Ensuring these rights requires a professional standard of behaviour that demonstrates respect for the rights of the individual and the community as well as promoting and maintaining public confidence and trust in the work of government agencies.

The purpose of this Code of Conduct is to provide an ethical framework for staff decisions and actions. It is not possible for this Code to address all ethical questions or behaviour that staff may encounter. Staff need to be aware of and comply with relevant legislation and departmental circulars, policies and guidelines as they relate to their work. Managers will assist staff in maintaining an awareness of departmental standards of conduct and in resolving ethical dilemmas. However, this does not remove your responsibility to be accountable for their own actions and decisions.

This Code of Conduct covers all staff members working in the NSW Department of Health including managers, contractors, consultants and students. Members of the Chief Executive Service and Senior Executive Service are covered by a separate Code of Conduct and are also required to meet all requirements of this Code.

Statement of values

Values define our organisation. They underpin how staff and their colleagues deal with each other, with other organisations and the public. They also form the basis for our vision, planning and priorities.

The Department's values are:

Fairness – striving for an equitable health system and being fair in all our dealings

Respect – recognising the worth of individuals through trust, courtesy, sensitivity and open communication

Integrity – achieving ends through ethical means, with honesty and accountability

Learning and creativity – seeking new knowledge and understanding, and thinking with innovation

Effectiveness – pursuing quality outcomes.

Personal and professional behaviour

To demonstrate staff commitment to the highest ethical standards staff are required to:

- perform their duties impartially, with professionalism, objectivity and integrity
- work effectively, efficiently and economically
- behave fairly and honestly, including reporting others who may be behaving dishonestly
- avoid conflicts of interest and act in the best interests of the people of NSW
- accept instructions from managers and supervisors
- obey any lawful direction from managers/senior executives. If staff have a dispute about carrying out a direction they may appeal through existing grievance procedures
- follow departmental policies, guidelines and procedures
- avoid any form of exploitation or power imbalances in personal relationships in the workplace.

Fairness and equity

A staff member should undertake their work and make decisions consistently, promptly and fairly. This involves dealing with matters in accordance with approved procedures, in an impartial, non-discriminatory manner and in line with the principles of administrative good conduct outlined by the NSW Ombudsman.

Staff members should apply the principles of procedural fairness/natural justice and reasonableness when exercising statutory or discretionary powers. Staff members or clients adversely affected by a decision must be informed of their rights to object, appeal or obtain a review.

Conflicts of interest

A staff member must avoid any financial or other interest that could compromise or be perceived to influence the impartial performance of their duties. Conflicts of interest that lead to biased decision making may constitute corrupt conduct.

Conflicts of interest might occur where staff (and at times their family):

- have financial interests in a matter the Department is involved with
- are Board members, directors or employees of outside organisations, such as non-Government Organisations in which the Department has a financial interest
- hold personal beliefs or attitudes that influence their impartiality
- have personal relationships with people the Department is dealing with or investigating which go beyond the level of a professional working relationship
- are involved in secondary employment, business, commercial, or other activities outside the workplace which impact on the Department, its clients or staff
- are involved in party political activities which could be perceived as you using your official role to gain influence or where you find yourself in conflict in serving the current government. (If you are an election candidate special arrangements apply)
- have access to information that could be used for personal gain
- participate in outside activities including volunteer work which could adversely affect your ability to do your work.

It is a staff member's responsibility to disclose any potential or actual conflict of interest to their manager or other senior officer. Managers will assist staff in resolving the conflict through solutions such as divestment of the interest, their withdrawing from the conflict situation and declaring or documenting the interest.

Bribes, gifts, benefits, travel and hospitality

Staff members must not accept any gifts, hospitality, travel or benefits that might in any way tend to influence, or appear to influence, their ability to act impartially. Staff should also ensure that partners and family members are not recipients of benefits that could be seen to indirectly influence their or secure favourable treatment.

In deciding whether to accept any gift or benefit staff should consider the relationship of the Department to the donor, the primary business of the donor and any possible adverse consequences for the Department. Approval of a manager is required prior to accepting any gift or benefit. Staff may accept unsolicited gifts of a token and insignificant nature or moderate acts of hospitality. Accepting them is a matter of judgement and a staff member must be satisfied that neither they nor the Department is in any way compromised.

Staff must not solicit or accept any bribe, or other improper inducement. Any approaches of this nature are to be reported to senior management.

Outside employment

If a staff member is a full time employee, they must have approval from a delegated officer to engage in any secondary employment or business activity, including participation in a family company. If they work part-time they must advise of any real or potential conflict of interest between their employment in the Department and any other employment. Managers are responsible for monitoring and following up on any impact of secondary employment on the quality and effectiveness of an individual's work.

Use of departmental resources

All departmental resources including funds, staffing, computers, photocopiers, equipment, stationery, travel and motor vehicles must be used effectively and economically on work related matters. Staff must seek approval to use departmental

resources for non-official purposes (eg. to aid in a charitable event). If authorised, staff are responsible for safeguarding, repairing and replacing, if lost, the Department's property.

Use of computer, email and internet facilities

To use the Department's computer, internet and email facilities staff must agree to the conditions of access. These require that the facilities be used for work activities in a responsible, ethical and legal manner. Unacceptable use includes violation of the rights of others; commercial use; breach of copyright or intellectual property; illegal activity or gambling; use for harassment, threat or discriminatory acts; storing or conveying inappropriate or objectionable material such as nudity, sexual activity, drug misuse, crime, cruelty or violence.

A staff member must safeguard their password access. The Department monitors the network, programs and usage to ensure the integrity of the system and maintains records of activities.

Corruption, maladministration and serious and substantial waste

Staff members must not engage in corrupt conduct, maladministration or serious and substantial waste. Corrupt conduct is defined in the *ICAC Act 1988*; the key notion being the misuse of public office. Corruption can take many forms including bribery and blackmail; unauthorised use of confidential information; fraud and theft. Maladministration is action or inaction of a serious nature that is contrary to law; unreasonable, unjust, oppressive or improperly discriminatory; or based on improper motives. Serious and substantial waste refers to any uneconomical, inefficient or ineffective use of funds or resources which results in significant wastage.

Staff members have a duty to report any possible corrupt conduct, maladministration and serious and substantial waste of public resources to their senior manager. Staff may wish to report suspected

incidents to an external organisation with corruption being reported to the ICAC, maladministration to the Ombudsman and waste to the Auditor-General. The *Protected Disclosures Act, 1994* provides certain protection against reprisals for any staff member who voluntarily reports possible corruption, maladministration or serious/substantial waste. Managers must ensure staff members have information about reporting these matters.

Public comment

Although staff have the right as a private citizen to express their personal views through public comment on political and social issues they must not make or appear to make statements on behalf of the Department. Public comment includes public speaking engagements, comments in the media, views expressed in letters to newspapers, online services (such as internet bulletin boards) or in publications.

Staff members may make an official comment when they are authorised to do so or when giving evidence in court. The Department's media guidelines must be followed in any dealings with the media. When undertaking speaking engagements staff must comply with the Department's policy and guidelines on participation in external seminars.

A staff member must not access, use, disclose or release any internal departmental documents or privileged information unless they need to do so in the course of their work or are authorised to do so. Staff must protect the privacy of client information as required by the Department's Privacy Code of Practice.

Security of official information

Confidential information must not be disclosed other than in the course of a staff member's work, when required by the law or when authorised. Staff must ensure that confidential information in any form (eg. documents, computer files) cannot be accessed by unauthorised persons. It should be securely stored overnight or when unattended.

Confidential information must not be discussed except in the course of a staff member's work and must not be misused by them to gain personal advantage.

Information about NSW Health staff or clients is subject to the Department's Privacy Code of Practice, privacy legislation and guidelines. In some instances information regarding a staff member's employment will be provided to external bodies (eg. NSW Superannuation Board and the Australian Taxation Office) and the Department will confirm details held by financial institutions if staff have applied for a loan/credit.

Intellectual property/copyright

Intellectual property includes rights relating to scientific discoveries, industrial designs, trademarks, service marks, commercial names and designations, inventions and from activity in the industrial, scientific, literary or artistic fields. The Department is the owner of intellectual property created by staff in the course of their work unless a specific agreement with the Director-General has been made to the contrary.

Employment screening

The Department is committed to safeguarding the welfare of its staff and protecting the interests of those who rely on our services. Criminal record checks are undertaken on all recommended applicants for permanent, temporary or seconded employment. Where a pending charge or conviction is identified, the relevance and implications of this is carefully assessed, taking into account such factors as the nature and number of offences, the severity of punishment, age and mitigating circumstances.

Staff members are required to notify the Department's Corporate Personnel Services in writing if they are charged with or convicted of a serious criminal offence.

Discrimination, harassment and bullying

A staff member must not harass or discriminate against colleagues or clients for any reason including gender, physical appearance, pregnancy,

age, race, sexual preference, ethnicity or national origin, religious or political conviction, marital status, physical or intellectual disability. The principles of Equal Employment Opportunity apply in the workplace.

Bullying is the repeated less favourable treatment of a person by another in the workplace and can include verbal abuse, sarcasm, criticising people in front of others or in private and creating work overload. The Department does not tolerate bullying.

If a staff member witness discrimination, harassment or bullying they should do something to stop it if possible and report it to their manager. Direct intervention by senior management may be used to resolve the issue. Grievance procedures are available if staff believe they have been subject to discrimination, harassment or bullying.

The use of obscenities or offensive language is unacceptable in the workplace.

Occupational health and safety

Managers must ensure that their work area provides for the health, welfare, physical and psychological safety of their staff and clients. Specifically managers are responsible for providing safe systems of work; a safe work environment; supervision and information; safe equipment and facilities; identifying and controlling risks; responding to staff members' reports of issues.

Staff also share a responsibility for occupational health and safety by following safety and security directives, using security and safety equipment provided, keeping their work area tidy and safe and raising potential safety issues promptly.

Drugs and alcohol

The misuse of alcohol and other drugs can affect staff members' work performance and jeopardise the safety and welfare of colleagues. Staff must not perform their work, remain in the workplace or undertake work-related activities if they are impaired by alcohol or other drugs.

Post employment

Staff members should not misuse their position to gain opportunities for future employment nor allow themselves to be influenced in their work by plans for or offers of outside employment. Staff members leaving the Department are required to return all documentation and equipment and should respect the confidentiality of information obtained during their employment and not use it for gain until it has become publicly available. Be careful in dealings with former staff members to make sure that you do not give, nor appear to give, favourable treatment or access to privileged information.

Legislative framework

This Code of Conduct does not stand alone nor take the place of any Act or Regulation. Important laws that apply include:

- Anti-Discrimination Act 1977
- Crimes Act 1900
- Commission for Children and Young People Act 1998
- Freedom of Information Act 1989
- Health Care Complaints Act 1993
- Health Services Act 1997
- Independent Commission Against Corruption Act 1988
- Occupational Health and Safety Act 1983
- Ombudsman Act 1974
- Privacy and Personal Information Protection Act 1998
- Protected Disclosures Act 1994
- Public Sector Management Act 1988

Relevant departmental circulars

(a selection – as amended from time to time)

- 93/70 Department of Health Fraud Strategy
- 95/21 Public Staff Members Contesting State Elections

- 97/72 Grievance Policy and Resolution Procedures
- 97/73 Freedom from Harassment Policy and Procedures
- 98/101 Protected Disclosures
- 99/41 NSW Department of Health Restructuring Procedures
- 99/18 NSW Health Information Privacy Code of Practice
- 99/43 NSW Department of Health Alcohol and Other Drugs Policy
- 99/99 Electronic Messaging Policy
- 00/41 Reporting Possible Corrupt Conduct to the ICAC
- 00/69 NSW Department of Health Policy on Employment Screening

Breaches of the Code of Conduct

Staff members are required to comply with this Code of Conduct. If staff breach this Code they will be subject to a range of administrative actions which include disciplinary action as set out in the *Public Sector Management Act* 1988. Breaches of certain sections may also be punishable under other legislation.

Training and development

The Department's Corporate Personnel Services includes training on the Code of Conduct in its induction program. It also offers a range of training in areas including occupational health and safety, ethics, equity, harassment and grievance handling of direct relevance to the Code. Managers have a responsibility to provide their staff with training on this Code.

Further information and feedback

If staff need further information on the Code of Conduct they should consult their manager or contact Corporate Personnel Services. Feedback on the Code is also welcomed and should be sent to the Director, Executive and Corporate Support.

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 forms of corrupt conduct without prejudice under the provisions of the *Protected Disclosures Act* 1994. If an employee makes a report it will be treated as confidential and the employee will be notified of the outcome. Circular 95/60 provides further information about protected disclosures.

Reporting possible corrupt conduct

If an employee of the Department knows about or has good reasons to suspect possible corrupt conduct, including fraudulent activity, the employee must report it immediately to his/her manager. If an employee feels that he/she cannot report it to his/her manager or the manager does not act on the report promptly, he/she can report it to:

- a manager at a higher level
- a senior officer of the Audit Branch of the Department
- directly to the Independent Commission Against Corruption.

Fraud deterrence

All employees should be aware that the Department will vigorously investigate suspected instances of fraud. Investigations are usually conducted by the Audit Branch. This may involve investigations in cooperation with the NSW Police Service and/or the ICAC. Where there is evidence of fraud, appropriate disciplinary action in accordance with the provisions of the *Public Sector Management Act* 1988 and the Regulations thereunder will be implemented. Criminal prosecution may also be instituted as well as civil action to recover any losses of public money or property.

Fraud awareness and training

This strategy document applies and has been issued to all employees of the Department. Managers should ensure that copies of this document are available to staff to enable staff to remain aware of its contents. 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.

Standards of service

The NSW Department of Health will:

- respect an individual's dignity and needs
- provide care and skill, in keeping with recognised standards, practices and ethics
- offer access to a range of public hospital and community-based health services
- offer health care based on individual health needs, irrespective of financial situation or health insurance status.

Medical records

Generally the public can access most hospital or health centre medical records or files. Local health services can be of assistance.

An application can be made to the health service for a copy of medical records through Freedom of Information (FOI). This application will incur a set fee.

All health services staff are legally and ethically obliged to keep health information confidential.

Treatment services

The NSW Department of Health will:

- allow for and explain public or private patient treatment choices
- clearly explain proposed treatments such as significant risks and alternatives in understandable terms
- provide and arrange free interpreter services
- obtain consent before treatment, except in emergencies or where the law intervenes regarding treatment
- assist in obtaining second opinions.

Additional information

The NSW Department of Health will:

- allow the individual to decide whether or not to take part in medical research and health student education

- respect an individual's right to receive visitors with full acknowledgment of culture, religious beliefs, conscientious convictions, sexual orientation, disability issues and right to privacy
- inform an individual of their rights under the *NSW Mental Health Act 1990* if admitted to a mental health facility.

An application can be made for financial assistance towards travel and accommodation costs if an individual required to travel long distances in order to receive specialist medical treatment or dental care in the operating theatre of an approved hospital. Local health services can be contacted for details.

Compliments or complaints

- Compliments or complaints regarding the health care or services received can be made to any member of staff
- All complaints are treated confidentially
- Visit, phone or write to an Area Health Service
- If dissatisfied with the management of a complaint, contact the NSW Health Department

Director-General
NSW Health Department
LMB 961, North Sydney 2059
Tel. 9391 9000
NSW HealthWeb: www.health.nsw.gov.au

- If the problem can't be solved by the NSW Health Department, contact the Health Care Complaints Commission, which is independent of the public health system

The Health Care Complaints Commission
Locked Bag 18, Strawberry Hills 2012
Tel. 9219 7444
Toll free 1800 043 159
TTY 9219 7555
Web site: <http://hcc.nsw.gov.au>

This Appendix gives a summary of what can be expected from the NSW public health system. The full document *Our Commitment to Service* can be found on NSW HealthWeb: www.health.nsw.gov.au

Strategies achieved

ACUTE CARE

Aims to achieve consistency in admission practices and reduce hospital acquired infection rates and complications

strategy	completion date	patient benefits									
Established and implemented new targets for Day-of Surgery (80%) and Day-Only Admissions (60%) for booked patients	July 2000	Improved quality and access of services <table> <tr> <td></td><td><i>DOSA rate</i></td><td><i>DOS</i></td></tr> <tr> <td>June 2001</td><td>81.1%</td><td>57.1%</td></tr> <tr> <td>July 2000</td><td>72.3%</td><td>54.4%</td></tr> </table>		<i>DOSA rate</i>	<i>DOS</i>	June 2001	81.1%	57.1%	July 2000	72.3%	54.4%
	<i>DOSA rate</i>	<i>DOS</i>									
June 2001	81.1%	57.1%									
July 2000	72.3%	54.4%									
Review of statewide variation in length of stay for priority conditions undertaken in Public Hospitals	November 2000	Reduce clinical and cost variation through implementation of clinical best practice across health system. Improve the quality of acute health care services									
Discharge Policy released to the NSW Health System for implementation	June 2001	Improved quality services to patients through planned appropriate length of stay in hospitals									
Acute Care priority condition clinical pathways – Project managed by Australian Research Centre for Hospital Innovations (ARCHI)	In progress	Improved access to hospital beds. Basis for patient education and information. Recommendations on appropriate length of stay and care guidelines for top 20 acute care conditions									
Framework for system wide implementation of best practice models of care as developed in the National Demonstration Hospitals Program	In progress	Improved quality of patient care. Improved access to hospital beds. Improved continuity of care									

CHRONIC AND COMPLEX CARE

Statewide program for improving health services for people with chronic and complex health care needs in NSW, to improve quality of life for patients and their carers and decrease urgent and unplanned admissions of these types of patients through Emergency Departments

strategy	completion date	patient benefits
\$45M (over three years) enhancement funding to Area Health Services (AHS) announced	March 2000	Increased capacity in AHS to provide appropriate health services for people with chronic and complex conditions
Chronic and Complex Care Implementation Coordination Group established	May 2000	Coordinated approaches statewide to improving service delivery for chronic and complex care patients
Expressions of Interest in delivering new programs from Areas	August 2000	Documented commitment from all Area and other stakeholders
Three Clinical Expert Reference Groups (CERG) established – Cardio Vascular Disease, Cancer, Respiratory	August 2000	Expert support for new clinical and operational processes
Area Expressions of Interest (EOIs) evaluated by three CERGs	September 2000	Guidance provided to Areas for effective program development
Workshop conducted for Area program leaders	November 2000	Sharing of knowledge on common issues and establishing of parameters for programs

CHRONIC AND COMPLEX CARE continued

strategy	completion date	patient benefits
Monitoring and Evaluation Strategy for Priority Health Care Programs	December 2000	Guidance on program implementation for effective program delivery
Implementation and Evaluation Plans received from AHS	February 2001	Consistent quality planning process conducted statewide
Distribution of Priority Health Care Programs key performance indicators to AHS	April 2001	Common indicators established for program monitoring and comparison
Three disease-specific Special Interest Groups (SIG) established – heart failure, chronic obstructive pulmonary disease and cancer	June 2001	Collaboration between AHS on Chronic & Complex Care to focus on the patient's experiences, needs & holistic outcomes, and agree on key processes, Performance Indicators& deliverables
Development of three Clinical Service Frameworks commenced by CERG	June 2001	Consistent quality services available across NSW
Progress reports received from AHS on program implementation	June 2001	Effective allocation of resources

INTENSIVE CARE

strategy	completion date	patient benefits
Additional 12 Intensive Care Unit (ICU) beds opened for Winter 2000 at a cost of \$5M	April 2000	52% consistent decrease in 'No ICU bed' transfers, eg. 60% improvement in June 01 compared to June 99
Rural Critical Care Enhancement for capital and education	April 2000	Improved access to critical care services in area of residence. Decreased number of transfers rural hospitals due to lack of skilled care givers
Review of ICU Winter 2000 performance and strategies for Winter 2001	April 2001	Improved access to Intensive Care beds
Additional 10 ICU beds opened for Winter 2001	April 2001	To ease pressure on the system and reflect community requirements
Collaboration with Funding Models Implementation Group regarding the ICU Funding Model in the 2001/02 shadow year	June 2001	To improve ways of funding resource demanding health care. Providing a better way of funding Intensive Care Services
Report on the Issues Relating to Rural Critical Care in NSW completed	June 2001	Ultimately will lead to better continuum of care for critically ill patients in rural and remote settings
Statewide service plan for Intensive Care Services – Adult Services complete	July 2001	In the greater metropolitan area 38 independent functioning ICUs will now be integrated into 10 networks. Implementation to commence July 2001
Intensive Care Nursing Workforce Report	In progress	Strategies to improve recruitment, retention and work place satisfaction for nurses

EMERGENCY DEPARTMENT

strategy	completion date	patient benefits
Emergency Departments \$10M funds allocated to AHSs	April 2000	60% decrease in hospital Life Threatening Only (LTOs) Extra specialty medical and nursing positions created
Recruitment of specialist mental health liaison nurses in Emergency Departments (EDs) commenced	August 2000	Improving access to timely specialist care for mental health patients. 17 positions filled by July 2001
Advice regarding utilisation of enhancement funds for EDs	March 2001	Increased staffing levels in some EDs
Review of EDs Winter 2000 performance and strategies for Winter 2001	March 2001	Ultimately will lead to improved management of the ever increasing demand for services
Collaboration with the Funding Models Implementation Group regarding the Emergency Department Funding Model in the 2001/02 shadow year	June 2001	Providing a better way of funding ED services
Emergency Department Service Plan	July 2001	In the Greater Metropolitan Area 43 independent functioning EDs will now be integrated to 10 networks. Implementation to commence July 2001. Rural ED's will be networked on an AHS's configuration. To improve coordination of care across NSW ED's
ED and General Practice Interface Strategy	In progress	Improving communication and transition of care

MODELS OF CARE

strategy	completion date	patient benefits
Development of a template for Models of Care for achieving best practice across health service delivery – currently testing reliability guide	In progress	Generic guidelines to assist in designing appropriate Models of Care to ensure the best care available
Examination of 'interface/transition' problems in health care delivery	In progress	To improve continuity of care across the health care system from all service providers
Health Care in the Community Working Group	In progress	Ensuring appropriate models of care in the community
Community Health and Primary Health Care Workshops	February 2001	Communication and education regarding proposed models
Health Care in the Community Re-Investment Strategy	In progress (Four page summary) (Technical document)	Improved continuity of care for patients and carers across the primary care sector and interface between primary and acute sectors. Easier access to best practice primary health care across all AHS. Equitable delivery of primary health care services between and within AHSs. Easier point of contact for consumer/carer representation. Easier access to a better range of health services, including prevention and early intervention.

MENTAL HEALTH

strategy	completion date	patient benefits
Distribution of \$36.5M Mental Health enhancement funds to AHS	August 2000	Achieving equal per capita funding in NSW compared to other states and territories. 150 new acute psychiatric beds including 90 in rural areas
Disaster Mental Health Response Handbook released	August 2000	Improved aspects of Mental Health care in the response to disaster management for both patients and health care workers
'Getting in Early – a framework for early intervention and prevention in Mental Health for young people in NSW'	October 2000	Early recognition of mental health problems in young people. Improved collaboration between services. More effective treatment planning
Twenty mental health nursing positions allocated to EDs	November 2000	Improved service to people with mental health problems. Effective discharge planning (17 appointed by July 2001)
Draft Mental Health Care in Emergency Departments manual and pocket reference, and pocket reference 'Management of Adults with Severe Behavioural Disturbance'.	February 2001	Improved assessment and treatment of people with mental health problems presenting to EDs
Service Plan for Eating Disorders in NSW	In progress	Improved access to assessment and treatment across NSW. Community education and preventive programs
Future Directions for NGO's in Mental Health in NSW	In progress	Better coordination of clinical and support aspects of care in the community.
Strategic plan for Mental Health In-Patient Care for Children and Young People	In progress (under consultation)	Improved access to all levels of treatment across NSW
Strategic Plan for Non-Acute Mental Health Care Services in NSW	In progress (under consultation)	Better access to non-acute inpatient services across NSW. Better transition to targeted community rehabilitation programs, including housing with support
Participation and Prevention Strategies for carers and Consumers	In progress	Involvement in service planning, service delivery, research and evaluation. Increased pathways to full community participation

CONSUMER AND COMMUNITY PARTICIPATION

strategy	completion date	patient benefits
Draft guidelines to enhance Consumer and Community Participation at an AHS level completed. Draft role and terms of reference for a statewide Consumer and Community Participation Group completed. Draft performance measures for Consumer and Community Participation at a local and statewide level completed	November 2000	Mechanism to increase consumer and community participation in health service planning at an AHS and statewide level
Consultation period commences	January 2001	Ensuring community input into future plans

GREATER METROPOLITAN SERVICES

strategy	completion date	patient benefits
Metropolitan Services – Heart and Heart Lung Transplant agreed	July 2000	Stop unnecessary proliferation of specialist technology and services as well as improve quality centres of excellence
Metropolitan Services Pancreas Transplant and Liver Transplant Service Plans completed	August 2000	Stop unnecessary proliferation of specialist technology and services as well as improve quality centres of excellence
Renal Transplant, Ophthalmology, Gynaecological Oncology Service Reviews completed	December 2000	Recommends consolidation and networking of Renal Transplant and Gynaecological Oncology services, concentrating expertise and experience for less frequent procedures. Further development of Eye Services to Greater Western Sydney will improve patient access and save travelling time
Neurosciences Review	February 2001	Development of major Stroke Units will benefit patients (especially those under 45 years) who have cerebrovascular events
Trauma Services Plan	February 2001	More research will be conducted in trauma prevention and management, through the proposed 'Virtual' Trauma Institute
Spinal Injury Services Plan	February 2001	Improved continuity of care through the development of transitional care and outreach programs
Bone Marrow Transplantation Plan	April 2001	Development of standardised patient selection protocol will enable equal and uniform access to bone marrow transplantation
Launch of the Greater Metropolitan Services Implementation Group (GMSIG) Report	June 2001	Equity of services based on population figures, access and early intervention for some common specialty services
NSW Paediatric Services Network defined	July 2001	Establishment of three Supra-Area Paediatric Networks

RURAL HEALTH

strategy	completion date	patient benefits
Rural Services Subgroups were established in priority areas of planning including the Planning, Networking and Upgrading of Rural Services, Transport (both community and non urgent), Rural Aged Care, Service Development in Small Towns, Inter and Intra Government Relations, Rural Workforce and Aboriginal Health	May 2000	Established to ensure all areas of need and all services were involved in the initial stages of addressing the recommendations of the Sinclair and Health Council Reports
Extension of scholarship for allied health and nursing students from rural communities	August 2000	Strategies to improve retention and recruitment of rural nurses
Audit of existing community transport	December 2000	To determine future requirements for community transport

RURAL HEALTH continued

strategy	completion date	patient benefits
Completion of community based service plans for first 18 Multi Purpose Services for rural areas	September 2000	15 Multi Purpose Sites completed/built by October 2002
Audit of rural nursing home-type patients and patients in public hospitals >35 days completed	November 2000	800 nursing home-type patients occupying acute in-patient beds
Expansion of Rural Clinical Schools	February 2001	Strategies to improve retention and recruitment of rural medical practitioners and education in rural health in rural settings
Draft 'Healthshare' paper completed	March 2001	To reduce fragmentation of funding health services across government sectors
Draft paper on Models of Care for delivering more effective services in smaller towns	March 2001	Specific needs of health services in small towns addressed
Draft Rural Residential Aged Care Policy 'The Way Forward'	April 2001	Promotes new models to improve access to services for older people including transitional care. Implemented in June 2001
Development of Local Service Directories	May 2001	Will provide easily accessible information across all levels of government so as to provide rural residents with 'one-stop' information regarding health and support services in their locality
Principles for planning and networking of rural services	May 2001	Based on the 'Strategic Directions for Health 2000-05' to ensure that services will be provided which achieve the best possible balance of quality, access and value for money
Census of older patients in public hospitals who should be in an aged care home	June 2001	Identification of problems helps NSW in negotiating with Commonwealth for additional aged care places to be made available and may assist hospitals in local management of patients
Bilateral agreement reached between state and commonwealth on enhanced primary health care, allied health and specialty outreach services	June 2001	Improvement in health care delivery across services
Whole of Government Community Transport Project outlined	June 2001	Treasury approved \$200,000 to the Department of Transport for Community Transport consultancy. Reference Group includes NSW Health, Premiers Department, Department of Ageing, Disability and Home Care and Cabinet Office
Strategy on Whole-of-Government approach to accommodation for rural health workers being progressed	June 2001	To assist in encouraging health care workers to the rural setting by providing suitable accommodation
Networking priorities identified for rural and metropolitan AHS	In progress	To facilitate better communication and support for all services across rural and metropolitan NSW

FUNDING MODELS

strategy	completion date	patient benefits
Acute Inpatient Episode Funding implemented in all AHSs.	July 2000	Through benchmarking reduce cost variation across similar groups of patients by hospital and AHSs. Efficiency savings put back into patient care
Draft Healthshare paper released	March 2001	Better coordination and continuity of care and improved liaison between health care providers
Budget holding policy implemented in AHSs	July 2001	To accelerate the development of secondary services closer to a patient and carers home
Draft Capital Charging Model completed	July 2001	More productive use of assets to deliver more health services for the community
ED and ICU Funding Models released	July 2001	Ensure funding reflects need for these critical care services to be available 24 hours a day. Reduce cost variation across similar patients so efficiency savings can be put back into patient care. Initial one year shadow model
Revision of Redistribution Formular (RDF) completed	In progress	More equitable distribution of resources and access to services across NSW including recognition of additional costs of providing health services in rural communities

INFORMATION MANAGEMENT

strategy	completion date	patient benefits
Development of a standard for discharge referrals to transmit to GPs	October 2000	GP's to have access to diagnostic results and receive a discharge referral electronically when the patient is transferred to their care
Statewide Unique Patient Identifier (UPI) Implementation Plan developed. Area UPI implementation commenced. A State UPI is subject to the privacy legislation which is currently being revised.	December 2000	UPI will link episodes of care to enable continuity of care. A statewide UPI will be implemented if the consumer consents to information being used by a care provider
Electronic Health Record Strategy (EHR) developed (The EHR will proceed based on informed consent supported by security and audit trails and governed by State legislation covering the public and private sector. Patients should have a right of inspection, access, copy, annotation and correction of a health record)	February 2001	Integration across continuum of care and consumer ownership of their health record and empowering consumers about the status of their health. A privacy and security framework is being developed to underpin all programs
Tender prepared for issue by July 2001 to acquire a discharge referral system	July 2001	GPs will have timely, accurate and comprehensive information about the consumer's stay in hospital. Where appropriate it will include a plan to support continuity of care to achieve optimal health outcomes
Discharge Referral System linking General Practitioners (GPs) from all health AHSs by 2002	In progress	
Revision of the Information Management & Technology (IM & T) Strategy	August 2001	Improved information systems to support clinicians to provide care

INFORMATION MANAGEMENT continued

strategy	completion date	patient benefits
Expansion of NSW Telehealth services	August 2001	Improved access and quality of services for patients in rural and remote areas to negate the need for travel to the city \$4M of new Telehealth services involving an expansion of existing services and new innovative models of telemedicine services to 51 facilities in NSW. This brings the total number of statewide telehealth facilities involved in one or more telemedicine services to 158 facilities
Security framework to underpin all programs	Completed August 2001 Distributed to Areas for comment	The security framework will protect consumer privacy from unauthorised access and use of their health information
Planning for the Integrated Clinical Information Program which includes Patient Administration Systems, Community Health and Core Clinical Systems is underway. Implementation will be incremental across the state beginning in December 2001	In progress	For the consumer, information about their encounter with a health care provider will be more accurate and complete. There will be a reduction in duplication, errors, lost tests and adverse events. Care in hospital will be better coordinated and continuity of care with the consumer's GP will be enabled in a timely manner
Patient Administration Systems, UPI and CHIME to be rolled out across the state through Area alliances		
A tender for Core Clinical Systems to be issued by August 2001		
Privacy legislation incorporating Ministerial Advisory Committee recommendations currently in development	In Progress	Consumers rights to privacy will be protected and they will have a right of inspection, access, copy, annotation and correction of a health record

TEACHING AND RESEARCH

strategy	completion date	patient benefits
Priorities for research evaluation and workforce development identified for all Clinical Implementation Groups	November 2000	To assist clinicians in providing appropriate and timely care
Teaching and Research second organisational development seminar	March 2001	Sharing of ideas from specialty health care workers on an appropriate way to facilitate specific requirements from Clinical Implementation working groups

Over the past five years NSW Health has commenced a number of initiatives and processes and developed an infrastructure for the management of clinical quality in NSW health services.

The **NSW Council on Quality in Health Care** provides leadership for improving the quality of health care in NSW and provides advice and makes recommendations on any other matter concerning the quality of health care as required by the Minister or Director-General.

The Council is chaired by Dr Ross Wilson, Director of the Quality Assurance at the Royal North Shore Hospital (QARNS) clinical quality improvement program at Royal North Shore Hospital.

Specifically the Quality Council provides advice to the Quality Branch on matters that relate to:

- strategic direction for quality improvement
- policy development
- the measurement and management of clinical quality
- the outcomes of quality measurement through the Quality Framework process
- strategic direction for quality improvement initiatives and activities
- the education and training requirements of health care professionals and managers and consumers
- appropriate research and development activities for improving health care
- the barriers to the implementation of evidence-based health care improvement strategies and recommendations as to how those barriers may be overcome.

The role of the **NSW Health Quality Branch** is to assist area health services in the implementation and continuous improvement of the overarching framework for managing the quality of health services in NSW in a systematic way.

Specifically the role of the NSW Health Quality Branch is to:

- develop policy for improving the quality of health care and to assist area health services to implement these policies
- develop appropriate systems and measures for monitoring performance, and to analyse the data that are collected through this monitoring process
- add value to the quality improvement process by facilitating the actions that are required by the area health services and health care facilities in response to quality related data
- provide practical advice and action on national activities that require jurisdictional input and implementation.

In June 2001 the Minister for Health, Mr Craig Knowles announced the establishment of the **NSW Institute for Clinical Excellence**.

The proposed role of the **NSW Institute for Clinical Excellence (ICE)** is to undertake practical activities to ensure the uptake and application of knowledge about improving the practices and systems that underpin the sound delivery of health care. The ICE will therefore play a major role in upskilling the health care workforce to be better able to implement the Government Action Plan for Health.

These will include the conduct of initiatives such as:

- the Clinical Practice Improvement Program
- the Human Error in Medicine Course
- the supervision of the use of the Breakthrough Series for achieving significantly large improvements in the quality of care over many health services in a relatively short period of time.

This will be achieved in consultation and collaboration with NSW Health, the NSW Council for Quality in Health Care and the Area Health Services. Further, the Institute will contribute to:

- the evaluation of current strategies for improving health care
- the identification of priorities for health services research
- building a critical mass of expertise in the field of clinical practice improvement and management in NSW.

Major achievements

- Identifying and publishing the first phase of quality of care indicators for the NSW health system
- Conducting Quality Indicators and Variation Workshops in seventeen Area Health Services. The workshops have provided Areas with local clinical level and population level quality data, have identified variations in the data, opportunity to discuss the variations with qualified statisticians and have provided the tools required to use the data to improve the quality of clinical care using sound clinical practice improvement methodology
- Conducting the third Clinical Practice Improvement Program. All Area Health Services were represented with over 45 clinicians participating in the Program
- Seeking and receiving comments from health groups and the community on the *Qualified Privilege for Quality Improvement Committees and Programs in Health – Issues Paper* for comment, to establish priorities for effective action
- Holding the first ‘Quality Week’ in conjunction with the ‘Baxter Awards’. The aims of the first ‘Quality Wee’ were to listen to, involve and inform consumers on quality and health care
- Developing and releasing *Clinical Practice Improvement Made Easy – a Guide for Health Care Professionals*. This provides a guide on the use of quality of care indicators, how to examine variation in the data arising from the indicators and how to use these data to improve health care

- Contributing to the development of priority initiatives for the Australian Council on Safety and Quality in Health Care, in collaboration with the State Quality Officials Forum

Future initiatives

- Implementing the national guidelines for the appropriate use of red blood cells using the ‘Breakthrough Series’ methodology
- Developing a *Statewide Patient Safety Strategy* including an incident and sentinel event monitoring, reporting and investigation system for NSW
- Releasing the *Management of the Performance of Individual Clinicians – a guideline for Area Health Service policy development*. The guideline will provide assistance and guidance to area health services and other public health organisations in the development of local level policies for the management of the performance of individual clinicians
- Releasing *The Clinician’s Toolkit for Improving Patient Care*. This Toolkit describes the activities that should be undertaken by clinicians to gather information about the quality of clinical care they provide to patients
- Developing and implementing tools to reduce the incidence of pressure ulcers in the NSW health system
- Establishing with the Deans of Health faculties, appropriate modules on patient safety and quality for inclusion in undergraduate programs, and facilitating the inclusion of those modules into courses
- Developing and implementing a best practice system for the credentialling of health care providers and for the safe and effective delineation of clinical privileges
- Implementing the recommendations of the Australian Council on Safety and Quality in Health Care

The NSW Health Department's revised and updated 2001/03 Corporate Plan will be released in October 2001.

Goal A Healthier People

Improving our performance

- A1** Establish a framework for planning, implementation and evaluation of Statewide and Area health improvement strategies
- A2** Maintain and progress an effective policy and legislative framework for health promotion, protection and disease management
- A3** Develop and enhance partnerships for intersectoral collaboration and a continuum of services within NSW Health
- A4** Promote an evidence based approach to health care and public health programs
- A5** Promote the delivery of comprehensive mental health services
- A6** Promote the delivery of appropriate health services to Aboriginal communities
- A7** Provide accessible information and share knowledge on health, health problems, health workforce, treatments, services and developments in health
- A8** Support innovation and research.

Demonstrating our progress

- A1.1** Development and implementation of health plans that link service and asset planning to population needs using an evidence based approach, from July 1999
- A1.2** Development and implementation of a Statewide Drug Dependency Treatment Plan, from June 2000
- A1.3** Development of care models including a framework for early detection of diabetic retinopathy
- A2.1** Review and development of appropriate health legislation, such as review of the *Public Health Act* 1991
- A2.2** New strategic and policy framework for Public Health established and implemented, from January 2000
- A3.1** Specific initiatives arising from the Human Services Forum and other forums including the Drug Strategy, Child Protection, Palliative Care, NSW Disability Framework, NSW Healthy Ageing Framework and the Sydney 2000 Olympic and Paralympic Games, from July 1999

- A3.2** Development and implementation of policies for a continuum of services within NSW Health, including 'Families First', rural health services and 'Hospital in the Home' services
- A4.1** Development of a framework for a health system approach to chronic disease management in NSW, by June 2000
- A4.2** Production and dissemination of best practice guidelines for skin cancer prevention, falls related injury prevention and physical activity promotion, by June 2000
- A5.1** Full implementation of Caring for Mental Health, related policies and reporting from July 1999, including linked strategies for children, adolescents, other people, multicultural populations, Aboriginal people and Emergency Departments
- A5.2** Development of a cost effective population-based service model for mental health care, by December 2000
- A6.1** Achievement of the outcomes in the NSW Aboriginal Health Strategic Plan in the areas of access to health services, identified health issues, social and emotional well being, health promotion and an environment supportive of good health
- A7.1** Establishment of Health Net/Web and the Health Information Exchange to support community and clinician access across all Area Health Services, by end 2000
- A7.2** Reporting of key health status and indicators, such as Reports of the Chief Executive Officer and NSW Health Surveys
- A7.3** Implementation of Statewide campaigns and programs for: Tobacco Control, Physical Activity, Sun Protection, Food and Nutrition, NSW Drug Strategy and Government Response from the 'Drug Summit', from July 1999
- A8.1** Implementation of Research Infrastructure Grant Program, from July 2000
- A8.2** Establishment and progression of the Intellectual Property Policy in NSW Health, from July 2000
- A8.3** Development and implementation of the NSW Health Strategy for Research and Development, from July 2000

Goal B Fairer Access

Improving our performance

- B1** Promote the delivery of effective health services to rural and remote communities
- B2** Address access issues in all departmental plans and policies
- B3** Use and develop technology to deliver services in ways that improve access
- B4** Allocate resources to enable fairer access
- B5** Promote and facilitate research to identify gaps and barriers to access and health inequalities
- B6** Involve stakeholders in the design, development, implementation, and evaluation of health policy and plans

Demonstrating our progress

- B1.1** Development and implementation of rural health plans that link service and asset planning to population needs using an evidence-based approach
- B1.2** Enhancement and expansion of integrated models including multi purpose services for rural health care delivery, from July 2000
- B2.1** Development of a comprehensive policy on equity and health inequality, by December 2000
- B2.2** Facilitation of access to employment and training for overseas trained health professionals
- B3.1** Optimisation of technology such as Telehealth and e-commerce to enhance access to health and related services, from July 1999
- B3.2** Telecommunications and network services across Rural Area Health Services are upgraded in support of new applications and community service delivery needs, from July 2000
- B4.1** Refinement of resource distribution formula and progress towards target shares in 1999/2000 and 2000/2001
- B4.2** Funding framework for allocation of funds for mental health, population health services and teaching and research, by June 2000
- B5.1** Completion of surveys of the health of children and older people in NSW, by January 2000
- B6.1** Policy and planning documents distributed for comment to relevant stakeholders prior to finalisation and consistent with Policy Development Guidelines

Goal C Quality Health Care

Improving our performance

- C1** Facilitate the implementation of the Quality Framework in NSW, with the quality principles and dimensions of quality, informing quality improvement strategies in the Department
- C2** Strengthen skills and commitment in quality improvement by increasing capacity to:
 - identify and monitor outcomes of care and service delivery
 - manage and analyse information.
- C3** Invest in research that will improve the quality of health care and service delivery
- C4** Enhance information management and analytical skills, including development of new technologies to enhance health services' management

Demonstrating our progress

- C1.1** Quality Unit established and links with Area Health Service Quality Councils developed, by June 2000
- C2.1** Identification of quality indicators and facilitation of their implementation in Area Health Services, from June 2000
- C2.2** Staged implementation of Cancer Clinical Data Registers
- C3.1** Development of a model for identifying adverse events as part of the Safety in Health Care Project, by June 2000
- C4.1** Establishment of a clear accountability and standards for Information Management within all Areas, from July 2000
- C4.2** Implementation of Clinical Information Strategy from July 2000
- C4.3** Implementation of Radiotherapy System from July 1999
- C4.4** Implementation of Community Health Information System in 2000/2001

Goal D Better Value

Improving our performance

- D1** Improve internal services provided to staff
- D2** Recognise, encourage and support staff in meeting Department of Health and individual needs
- D3** Develop appropriate human resource and performance management in NSW Health
- D4** Promote a clear direction for the NSW and Australian health systems
- D5** Provide direction and reform in the use of resources in NSW Health
- D6** Provide continuous improvement in resource and performance management in NSW Health

Note

The work associated with progressing the Government Action Plan for Health has affected the timeframes or emphasis of some Corporate Plan initiatives. These changes will be taken into account in the two yearly review of the Corporate Plan.

Demonstrating our progress

- D1.1** Integration of key internal functions (human resources, computing services, salaries and records/administration) to provide clearer service orientation, efficiencies and opportunities
- D2.1** Review and redesign of Progress Review and Development Program
- D2.2** Improved knowledge and skills base of all staff of the Department
- D3.1** New Human Resource and Industrial Relations policies and instruments, from July 1999
- D4.1** Active contribution by NSW to a strategic direction for the Australian Health system
- D5.1** Implementation of new approaches to funding and purchasing health and support services focusing on outputs and outcomes of care
- D5.2** Implementation and monitoring of strategic operational reforms on clinical and support services across the NSW health system
- D5.3** Implementation of new Coordinated Care arrangements, with pooling of resources from Commonwealth and other human service agencies
- D6.1** Benchmark key processes and publish results (costs of health service products, better use of people, assets, information and innovations), from July 2000
- D6.2** Establishment of a comprehensive classification of the outputs of health services
- D6.3** Effective monitoring of NSW Health performance in resource use, outputs of health services, quality and outcomes of health services
- D6.4** Improved coordination between the Department and Health Services in resource management, planning and management training
- D6.5** Establishment of Capital Accounts Policy and implementation, from July 2000

NSW HEALTH ACCOUNTS AGE ANALYSIS

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Accounts receivable ageing as at 30 June 2001

Category	2000/2001	1999/2000			
	\$000		%	\$000	%
< 30 days	5,616		68	2,421	41
30/60 days	529		6	386	7
60/90 days	212		2	196	3
> 90 days	1,967		24	2,928	49
Total	8,324			5,931	

In both years the balances owing for in excess of 90 days are mainly comprised of intra health accounts.

Accounts payable ageing as at 30 June 2001

Quarter	Current (ie. within due date)	Less than 30 days overdue	Between 30 and 60 days overdue	Between 60 and 90 days overdue	More than 90 days overdue
	\$000	\$000	\$000	\$000	\$000
September	41,682	2	0	0	0
December	43,957	0	0	0	0
March	42,844	0	0	0	0
June	79,424	38	3	3,876*	0

*Relates to Cross Border charges payable to Queensland Health for the quarter ended 31 March 2001.

Payment was made in July 2001.

Quarter	Total accounts paid on time		Total amount paid
	%	\$000	\$000
September 2000	98.6	1,805,381	1,831,587
December 2000	99.5	1,597,737	1,604,991
March 2001	99.2	1,642,620	1,655,825
June 2001	97.4	1,749,771	1,796,116

Source: Financial and Commercial Services Division, 2001

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Listed hereunder are situation reports on the implementation of recommendations as contained in Audit Office performance audits.

Hospital Emergency Departments – Delivering Services to Patients

The performance audit report contained 26 recommendations of which:

- five have been implemented
- two are expected to be completed in 2002
- one is on-going
- eleven have been substantially implemented
- seven have been partially implemented.

Judging Performance from Annual Reports and Better Practice Guide

Recommendations as contained in the performance audit report and Better Practice Guide and subsequently incorporated in Treasury's revised annual reporting requirements checklist, have been included in the Department's 2000/01 Annual Reporting requirements.

NSW Health is committed to observance of best practices in Corporate Governance and with this in mind, now requires each Health Service to include in its *Annual Report* the main Corporate Governance practices in operation throughout the financial year.

The statements are required to address:

- the legislative authority, composition and the primary governing responsibilities of the Board
- the resources of the Board, which include advice from internal and external auditors
- the existence of a process which includes the setting of a strategic direction for both the organisation and for the health service it provides
- the existence of a Code of Ethical Behaviour for board members and a Code of Conduct which applies to management and other employees of the health service
- the existence of a risk management plan
- the structures and terms of reference for various committees, eg. the Quality Committee, Audit Committee and Finance Committee
- the existence of processes to monitor progress of the matters contained within the Performance Agreement between the Board and the Director-General of the Department of Health and which regularly review the performance of the board through board self appraisal.

In May 1999, the document Guide on Corporate Governance was issued jointly by the Health Services Association and the NSW Department of Health to assist Board management in their understanding of their corporate responsibilities. The Guide is being revised for re-issue in 2002.

CENTRAL COAST

Area Health Service (CCAHS)

Chief Executive Officer

Jon Blackwell

Board Chairperson

Professor Donald George

Major achievements

- Redeveloped the new 30 bed Long Jetty Continuing Care Unit
- Finalised an agreement between Central Coast Health (CCH) and the Faculty of Medicine and Health Sciences University of Newcastle to establish the Clinical School of Medicine and Health Sciences at Gosford Hospital
- Commenced operation of a Community Health Centre and a Renal Unit at Lake Haven
- Exceeded activity targets while containing expenditure within budget. Admissions were 66,513 which was an increase of 4.4% over the previous year. Non-Admitted Patient Occasions of Service increased 7.3% to a total of 838,721
- Concluded the Cancer Care Appeal and raised over \$1.1M for cancer care facilities

Future initiatives

- Allocation of \$190.4M for the redevelopment of Gosford and Wyong Hospitals. The funding will provide new facilities for existing services as well as provide for new services
- Enhancement of the academic status and quality of the CCAHS teaching and research programs following two new clinical appointments
- Continuation of construction work on the the Drug Treatment Unit at Wyong Hospital and the establishment of Community Health Centres at Erina and Wyong

CENTRAL SYDNEY

Area Health Service (CSAHS)

Chief Executive Officer

Diana Horvath

Board Chairperson

Chris Puplick

Major achievements

- Opened the \$17.4 M Royal Prince Alfred (RPA) Institute of Rheumatology & Orthopaedics following the move of services from the Rachel Forster Hospital site in Redfern to the refurbished QEII building
- Completed the \$10M redevelopment project at the United Dental Hospital including a new Assessment & Emergency Department
- Raised the rate of patient admissions to hospital on the day of surgery from 0% to 80% per cent in eight months at RPA due to the introduction of pre-admission and education clinics for vascular surgery patients
- The inaugural RPA Research Prize awarded to Professor Geoffrey McCaughan to continue investigations into liver disease
- Celebrated the International Year of Volunteers with a Volunteer Appreciation Day at Canterbury Hospital, recognising CSAHS's 500-strong band of supporters

Future initiatives

- Maintaining and increasing the percentage of surgery undertaken on the same day
- Limiting the exposure to smoking in CSAHS facilities from 71 exempt areas across 23 sites to zero permissible areas
- Extending use of the Picture Archival Communication System (PACS) currently being piloted at Balmain Hospital, prior to implementation at RPA

HUNTER

Area Health Service (HAHS)

Chief Executive Officer

Professor Katherine McGrath

Board Chairperson

David Evans

Major achievements

- Achieved community agreement and NSW Government funding for the Newcastle Strategy, a major capital upgrade of acute health facilities in Newcastle and Lake Macquarie to ensure Hunter Health's ability to deliver state of the art health care well into the future
- Achieved 90% immunisation coverage rates (the highest in Australia) in collaboration with two divisions of general practice
- Pioneered new modes for chronic care in cardiac and respiratory illness in line with the Government Action Plan for Health, Hunter Health and the Hunter Urban Division of General Practice
- Improved Emergency Departments' performance, including a reduction in the access block at John Hunter Hospital (the busiest Emergency Department in the state) despite an 8% overall increase in presentations
- Achieved major advances in the area of Clinical Governance, with the development and implementation of a Clinical Competence Policy and New Clinical Intervention Policy

Future initiatives

- Developing the Better Rural Health Plan in consultation with rural communities
- Fostering greater clinician involvement in developing safer, quality approaches to health service delivery
- Achieving milestones in the Newcastle Strategy program of capital works
- Develop a Memorandum of Understanding with the Rural Division of General Practice

ILLAWARRA

Area Health Service (IAHS)

Chief Executive Officer

Dr Anthony (Tony) Sherbon

Board Chairperson

Dr Rod McMahon

Major achievements

- Completed the Area Health Plan for 2000/01 – 2005/06 which incorporated the Government Action Plan (GAP) and NSW Strategic Directions for Health
- Enhanced services in the Shoalhaven involving establishment of renal and oncology services and establishment of a Child and Adolescent Mental Health Team
- Established a permanent cardiac pacemaker implementation service at Wollongong Hospital
- Established a Regional Aboriginal Health Partnership with Aboriginal Medical Services and three Aboriginal Community-Controlled Health Organisations
- Developed a monitoring and reporting system for Clinical Key Performance Indicators
- Established the Mental Health Integrated Project

Future initiatives

- Implementation of Government Action Plan initiatives, including Action Chronic Care teams and recommendations from the Greater Metropolitan Plan
- Appointment of Joint Director of Research with the University of Wollongong to increase the Area's profile in teaching and research
- Improve access in booked surgery and Emergency Departments
- Improve performance in day-only surgery
- Succeed in meeting agreed targets for flow reversals

NORTHERN SYDNEY

Area Health Service (NSAHS)

Chief Executive Officer

Dr Stephen Christley

Board Chairperson

Bernard McKay

Major achievements

- Developed an Acute Clinical Services Plan with the assistance of more than 30 clinical advisory groups
- Finalised plans for aged care and rehabilitation services, acute care services, mental health, and child and family services
- Developed an overall asset plan – the Northern Sydney Health Strategic Resources Plan 2001–2011
- Continued the Northern Beaches Community Consultation Program with more than 18,000 residents participating
- Performed at better than average or at target levels on a number of measures including day of surgery admissions and booked surgery patients

Future initiatives

- Building on clinical and community involvement in the Strategic Resources Plan and structural change to advance area-wide networking of services and sector-level planning
- Continuing implementation of clinical service delivery reforms
- Improvement of interface between acute sector and rehabilitation and nursing home services

SOUTH EASTERN SYDNEY

Area Health Service (SESAHS)

Chief Executive Officer

Deborah Green

Board Chairperson

Dr Don Grimes

Major achievements

- Net cost of services for the financial year was a satisfactory \$6.04M favourable to budget
- Implemented the Area's Child Protection Plan and provided child protection training to all Area Health employees
- Expanded Telemedicine initiatives with seven projects receiving funding during the year
- Implemented a Pathology Information System across both Eastern and Illawarra Areas
- Implemented Formal Clinical Reference Groups for all major clinical programs, each with a nominated clinical Chair and membership from clinical disciplines and facilities across the Area
- Implemented seven programs under the Government Action Plan for Health's Chronic and Complex Care Program Framework

Future initiatives

- Implement strategies to improve management and delivery of stroke services in the Area
- Decrease recurrent admissions in chronic and complex diseases
- Continue efforts to reach 60% target for same-day elective surgery
- Ensure that all Child and Adolescent Mental Health Services have formal links with school counsellors in place and that there are well-defined pathways for referral of young people

SOUTH WESTERN SYDNEY
Area Health Service (SWSAHS)

Chief Executive Officer

Ian Southwell

Board Chairperson

Grahame Bush AOM

Major achievements

- Opened the new Children's Ward at Campbelltown Hospital
- Completed the Camden Hospital Redevelopment
- Established a Clinical Council to increase clinician involvement in decision making
- Adopted the SWSAHS Aboriginal Health Strategic Plan 2001-06
- Increase in day surgery rate to 60% of all surgery
- Improved equity of access for our community through agreements with Central Sydney and South Eastern Sydney area health services to start reversing patient flows out of South Western Sydney

Future initiatives

- Commissioning of Camden Hospital
- Completion of Stage 2 Campbelltown Hospital redevelopment
- Fully implementing Government Action Plan initiatives
- Increased networking of services to increase accessibility

WENTWORTH
Area Health Service (WAHS)

Chief Executive Officer

Dr Greg Stewart

Board Chairperson

Mr Patrick Sheehy

Major achievements

- Strengthened clinical governance with the introduction of cross-Area clinical streams and the appointment of seven Area Clinical Directors
- Established the Area Clinical Executive Council
- Established the Area Quality and Safety Council
- Established the three year Consumer and Community Participation Project
- Developed a draft Area Clinical Services Plan
- Commissioned 2nd Linear Accelerator at the Nepean Cancer Care Centre

Future initiatives

- Completion of the Stage 2 Redevelopment of Nepean Hospital
- Commissioning of the 15 bed Detoxification Unit at Nepean Hospital
- Implementation of the Area Clinical Services Plan
- Expectation that the Magnetic Resonant Imaging (MRI) licence will be granted

WESTERN SYDNEY

Area Health Service (WSAHS)

Chief Executive Officer

Alan McCarroll

Board Chairperson

Professor Emeritus Peter Castaldi

Major achievements

- Implemented the Clinical Management Model across the Area
- Completed the Project Feasibility Plan (PFP) for the Western Integrated Network (WIN) Strategy, to meet the health needs of the Western Sydney Area to 2011
- Released the Western Sydney Area Health Promotion Strategy 2000–2003
- Selected, with Wentworth AHS, to undertake a Quality Project in partnership with the Cancer Council of NSW
- Achieved full accreditation across the Western Sydney Mental Health Service

Future initiatives

- Commencement of the Project Definition Plan for Stage 1 of the WIN Strategy will commence
- Development of a Policy Framework for an aging population
- Introduction of quality improvement initiatives, and the Taskforce on Quality in Australian Health Care
- Continuation of the implementation of strategies arising from the Government Action Plan

Rural Area Health Services

FAR WEST

Area Health Service (FWAHS)

Chief Executive Officer

Heather Gray

Board Chairperson

Bill O'Neil

Major achievements

- Appointment of the state's first Nurse Practitioner in Wanaaring
- Attained the 'Baxter Better Health Good Health Care Award' and 'Premier's Gold Award' for the Aboriginal Health Worker Training Program
- Commenced training for six Aboriginal Mental Health Worker trainees in an innovative local arrangement
- Signing by police, ambulance, Royal Flying Doctor Service (RFDS) and Far West AHS of the Joint Service Agreement for the transport of acute mentally ill patients to hospital
- Ongoing upgrading of health service facilities around the Area. Significant progress on the Strategic Rural Health in Smaller Towns (SRHIST) Program, including service plans and designs for Brewarrina, Collarenebri and Lightning Ridge, and Bourke Service Plan nearing completion
- Continued expansion of Telehealth across the Area, including new projects such as the child and adolescent psychiatry

Future initiatives

- Roll-out of the SRHIST program at Brewarrina, Collarenebri and Lightning Ridge
- A continuing focus on quality service delivery in a remote centre including:
 - Chronic and Complex Care
 - Aboriginal health
 - Enhanced partnerships with other service providers

GREATER MURRAY

Area Health Service (GMAHS)

Chief Executive Officer

Karyn McPeake

Board Chairperson

Lynda Summers

Major achievements

- Established the Employee Assistance Program, a free counselling service for staff
- Developed Priority Health Care for Aboriginal Diabetes, Asthma and Palliative Care programs
- Achieved Performance Agreement targets
- Developed of the three year Area Health Plan
- Implemented the Patient Master Index system, the progression of all paper sites to Wagga HOSPAS system and the connection of all sites to the GMAHS Wider Area Network

Future initiatives

- Implementation of a five year drug and alcohol plan and Drug Summit initiatives
- Introduction of a risk screening tool and discharge plan for booked and emergency patients
- Complete and implement the Asset Strategic Plan and Clinical Services Plan which link to the three year Area Health Plan
- Implement a number of recommendations from the guided self assessment and implement strategies for clinical practice improvement

MACQUARIE

Area Health Service (MAHS)

Chief Executive Officer

Debra Thoms

Board Chairperson

Bruce Henderson

Major achievements

- Introduced a Clinical Council and commenced the development of the framework for a Clinical Services plan across the Area
- Commenced Chronic and Complex Care initiatives which allowed expansion of the Asthma Management Planning Service and the introduction of Breath-Up Respiratory Rehabilitation Program
- Continued implementation of the Government Action Plan for Health, including planning for construction of Multi Purpose Services (MPS) developments in Coolah, Gilgandra, Gulargambone and Dunedoo
- Completed the MPS at Warren
- Planned for the Mental Health Inpatient Unit at Dubbo Base Hospital

Future initiatives

- Further implementation of the Government Action Plan for Health
- Implementation of Area Clinical Services Plan
- Introduction of third Chronic and Complex Care initiative – Cardiac and Stroke Prevention and Rehabilitation (CASPAR) Program
- Construction of Mental Health Inpatient Unit at Dubbo Base Hospital
- Working with University of Sydney to develop a Clinical School

MID NORTH COAST

Area Health Service (MNCAHS)

Chief Executive Officer

Terry Clout

Board Chairperson

Edith Hall

Major achievements

- Completed an Area Strategic Plan for the direction of services over the next five years
- Organised the restructure of the Area whereby three sectors within the Health Service have been united with one integrated structure
- Provided funds to the University of New South Wales to establish the Mid North Coast Division of its School of Rural Health
- Continued progress on multi million dollar capital works projects at Coffs Harbour and Taree

Future initiatives

- Increases in elective surgery services in the District Hospitals which will mean more timely access to service
- Construction of new inpatient facilities at Taree and Coffs Harbour to provide improved Mental Health Service
- Development of cancer services in the area including the expansion of oncology out-patient services and palliative care
- Development of improved services to aged care
- Expansion of rehabilitation services with the establishment of a dedicated inpatient service at Coffs Harbour and expanded community rehabilitation programs throughout the Area

MID WESTERN

Area Health Service (MWAHS)

Chief Executive Officer

Dr George Bearham

Board Chairperson

Dr Jock Fletcher

Major achievements

- Progressed initiatives within the Government Action plan for health that has improved the coordination and access to services for people with chronic and complex health care needs
- Completed a service mapping exercise for community based services that focus on equitable distribution of resources and improved access to services, particularly for rural and remote communities
- Established the Area Quality Council, whose emphasis is on improving clinical outcomes for people who access services in the Area
- Completed the Lake Cargelligo Multi Purpose Service

Future initiatives

- Progressing community controlled Aboriginal health services at priority sites in the Area
- Service planning for the re-development of Orange and Bathurst health services
- Development of an Area-wide clinical services plan

NEW ENGLAND

Area Health Service (NEAHS)

Chief Executive Officer

Stuart Schneider

Board Chairperson

Noel O'Brien

Major achievements

- Completed and submitted the draft Strategic Plan to NSW Department of Health
- Established 20 local Health Service Advisory Committees to improve information flow between the community and the Area Health Service Board
- Gained accreditation of all 23 health services under Evaluation & Quality Improvement Program (EQuIP)
- Gained approval to establish six Multi Purpose Services combining Commonwealth funded aged care and state funded acute care services under the one roof
- Met benchmarks for day-of-surgery admissions (80%) and day-only procedures (60%)
- Established low care renal services in Armidale and Inverell

Future initiatives

- Establishment of the first two Multi Purpose Services within the communities of Boggabri and Emmaville
- Upgrading of all local health service kitchens to meet optimal nutrition standards and food safety legislation
- Construct a \$3.7M extension to the Emergency Department at Tamworth Base Hospital and \$1.7M ten bed extension to the Banksia Mental Health Unit in Tamworth

NORTHERN RIVERS

Area Health Service (NRAHS)

Chief Executive Officer

Christopher Crawford

Board Chairperson

Elizabeth Rummery

Major achievements

- Implemented the Tweed Valley Clinical Service Expansion Strategy
- Established the Priority Health Care Programs, in partnership with Divisions of General Practice
- Established the NRAHS permanent Clinical Council
- Commissioned the Riverlands community based detoxification centre
- Expanded the Lismore Base Hospital Emergency Department
- Reviewed the NRAHS Health Council and established a Community Liaison position

Future initiatives

- Continuation of the implementation of the Government Action Plan for Health
- Commission stage three of the redevelopment of Tweed Heads District Hospital
- Implementation of service enhancement strategies (eg. critical care, renal and pain management)
- Establish the Employee Assistance Program

SOUTHERN

Area Health Service (SAHS)

Acting Chief Executive Officer

Bill Dargaville

Board Chairperson

Gratton Wilson

Major achievements

- Increased the number of mental health patients (80%) with a designated General Practitioner (GP) – an increase of 54% in one year
- Established the 'Otitis Media Program', involving the cooperation of two AHS's, an Aboriginal Medical Service, local support groups and the Aboriginal community
- Developed the Clinical Services Strategy and subsequent planning for a Clinical Services Plan which focussed on flow reversals and sustainable network development

Future initiatives

- Continued improvement of performance against benchmark targets
- Developing and strengthening strategic networks to enhance service provision
- Commencing implementation of the Clinical Services Plan
- Commitment to improving Information Management and Technology

Other Health Services

AMBULANCE SERVICE OF NSW (ASNSW)

Chief Executive Officer

Greg Rochford

Board Chairperson

Barrie Unsworth

Major achievements

- Completed the transition to AmbCAD system
- Provided pre-hospital care during the Sydney 2000 Olympics and Paralympic Games
- Agreed directions for reform with respective industrial bodies, conducted staff consultative workshops and disseminated the results of a corporate culture survey
- Revised the clinical training program for ambulance officers
- Commenced development of the Advanced Medical Priority Dispatch System and the Ambulance Quality Improvement Program
- Increased efficiency and modernisation of fleet vehicles

Future initiatives

- Completion of the Operational Review and implementation of recommendations to improve the match between available resources and future demand
- Contribute to implementation of Government Action Plan for Health
- Provide training to increase clinical skills
- Implement statewide priority medical dispatch system
- Implement statewide quality assurance program
- Improve rapid response capacity
- Expand non-emergency response capacity
- Negotiate new tender for Air Ambulance services

CORRECTIONS HEALTH SERVICE (CHS)

Chief Executive Officer

Dr Richard Matthews

Board Chairperson

Professor Ron Penny

Major achievements

- Operated within the allocated budget for the sixth consecutive year
- Gained accreditation for two years by Australian Council for Healthcare Standards
- Conducted the 'Inmate Health Survey'
- Appointed the inaugural Chair of Corrections Health Nursing in partnership with the University of Technology Sydney
- Commenced the Graduate Certificate in Corrections Health Nursing
- Advanced the Statewide Information Technology Plan
- Initiated the Shared Care Model: 'Correctional Centre Post Release Treatment Scheme', which links released inmates with community drug and alcohol treatment programs

Future initiatives

- Development and implementation of a Quality Action Plan
- Targeted screening for viral and bacterial infections to facilitate examination of public health issues, treatment and prevention strategies
- Increased telepsychiatry services to the Metropolitan Remand and Reception Centre, Cessnock and Tamworth
- Working collaboratively with the Department of Corrective Services to establish five sites for smoke free accommodation and the evaluation of additional tobacco reduction strategies

THE CHILDREN'S HOSPITAL AT WESTMEAD

Chief Executive Officer

Kim Oates

Board Chairperson

John Dunlop

Major achievements

- Opened 'Bear Cottage', the first children's Hospice in NSW which will improve quality of life for children and families in cases of life-limiting illnesses by providing respite and terminal care
- Opened multi purpose Intensive Care Unit (ICU)/high dependency beds and a new and larger Renal Treatment Centre
- Established three new ambulatory services – a home intra venus(IV) service for children with Cystic Fibrosis, a Diabetes Day Treatment Program and the Eczema and Psoriasis Treatment Centre – which will reduce bed days for children with these conditions
- Developed an outreach service for young children whose parents attend the Western Sydney Drug and Alcohol Service

Future initiatives

- Provide a paediatric network of high quality care where parents can confidently take their children
- Changing the configuration of The Children's Hospital, with a much greater emphasis on providing ambulatory services
- Increasing the role of research
- Placing emphasis on developing a culture of continuous improvement

Attributes	Goals
<p>Sharing a direction</p> <p>Excellence Hunter Health Corporate Plan <i>Hunter Health Planning and Partnership Development, HAHS</i></p>	<p>Healthier People</p> <p>Excellence ACE – A collaborative approach to early intervention in depression in adolescents <i>ACE Research Group, NSAHS</i></p> <p>Innovation Concord, a great place to be active! <i>Health Promotion Unit, CSAHS</i></p>
<p>Skilled valued workforce</p> <p>Excellence Staff Opinion Survey <i>Hunter Health Area Human Resources, HAHS</i></p> <p>Innovation Starting Over – Preparing for Life After Work <i>Learning and Development Service, CCAHS</i></p>	<p>Fairer Access</p> <p>Excellence HHOMES (Homeless Health Outreach Monitoring Eastern Sydney) <i>Community Health Services, Northern Sector, SESAHS</i></p> <p>Innovation Jacaranda Cottages Project <i>Penrith/Cranbrook Community Health Centres, WAHS</i></p>
<p>Engaging the community</p> <p>Excellence Giddy Goanna Farm Safety Field Day <i>Dorrigo Multi Purpose Service, MNCAS</i></p> <p>Innovation Helping Hands <i>Shoalhaven Mental Health Service, Volunteer Project Shoalhaven, IAHS</i></p>	<p>Quality Health Care</p> <p>Excellence Prevention of infection in prosthetic joint replacement <i>The Maitland Hospital, HAHS</i></p> <p>Innovation Drug Court Program <i>Corrections Health Services</i></p>
<p>Working partnerships</p> <p>Excellence Aboriginal Health Workers: a Program in Partnership <i>FWAHS and Department of Rural Health, FWAHS</i></p> <p>Innovation Well-being in the Valley – The Miller Innovative Health Partnership Program <i>Miller Health Partnership Steering Committee and Teams, SWAHS</i></p>	<p>Better Value</p> <p>Excellence Manual Handling Risk Management in a Tertiary Hospital <i>Royal Prince Alfred Hospital, CSAHS</i></p> <p>Innovation Westmead Intensive Care Unit Mentor Program <i>Westmead Hospital, WSAHS</i></p>
<p>Informed decision making</p> <p>Excellence Managing Organisational Cultural Change: Impact on Clinical Practice <i>Wollongong Hospital, IAHS</i></p> <p>Innovation Statistical Thinking and Methods – making informed decisions in the face of uncertainty <i>Royal North Shore Hospital and Community Services, NSAHS</i></p>	
<p>Embracing innovation</p> <p>Innovation Pacific Care Transition Centre <i>Baptist Community Services NSW & ACT, HAHS</i></p> <p>Innovation Multi Sensory Room <i>The Children's Hospital at Westmead</i></p>	

GLOSSARY OF TERMS

Admission

is the process by which a person commences a period of residential care.

Admitted patients

are those accepted by a hospital for inpatient care.

Average Length of Stay (ALOS)

is the average number of days each admitted patient stays in hospital. This is calculated by dividing the total number of occupied bed days for the period by the number of actual separations in the period.

Accrual Accounting

recognises revenues and expenses in the accounting period in which goods and services are provided or consumed, rather than in periods when cash is received or paid. In addition, it provides information on the assets and liabilities of an economic entity.

Ambulatory Care

is any form of care other than as a hospital inpatient.

Best Practice

is identifying and matching the best performance of others.

Bed Days

is the total number of bed days of all admitted patients accommodated during the period being reported taken from the count of the number of inpatients at midnight (approximately) each day. Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

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 Inpatients

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.

Diagnosis Related Groups (DRG's)

is a system designed to classify every acute inpatient episode from admission to discharge into one of approximately 500 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.

Day of Surgery Admission (DOSA)

involves patients who require an overnight stay in hospital following their procedure but are admitted to hospital on the day of surgery.

Inpatient

a person who is admitted to hospital

Multipurpose Service (MPS)

MPS combines a local hospital with community and residential aged care services (nursing home and sometimes hostel) under one management structure. An MPS is not purely a hospital, a nursing home, a hostel or a community health service, but a combination of such services.

Non-Admitted Patient Services (NAPS)

are services provided to clients/patients without being admitted to hospital, for example, Emergency Department services, outpatient department services and community health services.

Performance Agreement

Performance Agreement is an agreement between the Director-General and public health organisations, as outlined under the *Health Services Act 1997*. The Agreement contains agreed objectives and goals and defines accountabilities and measure performance.

Same-day surgery

involves the patient being admitted and discharged on the day of surgery.

Specialist

is a doctor who has extra qualifications in one or more clinical areas of practice. Some examples of specialists are gynaecologists, ophthalmologists and neurosurgeons.

Specialty

is the term used to describe the particular field of medicine in which a specialist doctor practises, eg. orthopaedics, urology, gynaecology.

Telehealth

Telehealth is a network currently connecting over 160 health facilities around NSW improving access to health care services for patients especially living in rural and remote communities. It uses telecommunications to carry pictures, videos and information across long distances so health professionals and patients can decide treatment options without the need for travel.

Triage

Triage is an essential function of Emergency Departments where many patients may present at the same time. Triage aims to ensure that patients are treated in the order of their clinical urgency and that their treatment is timely.

Waiting time

is the amount of time (reported in days, weeks or months) that a patient has waited for admission to hospital. It is measured from the day the hospital receives a Recommendation for Admission form for the patient until the patient is admitted.

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