

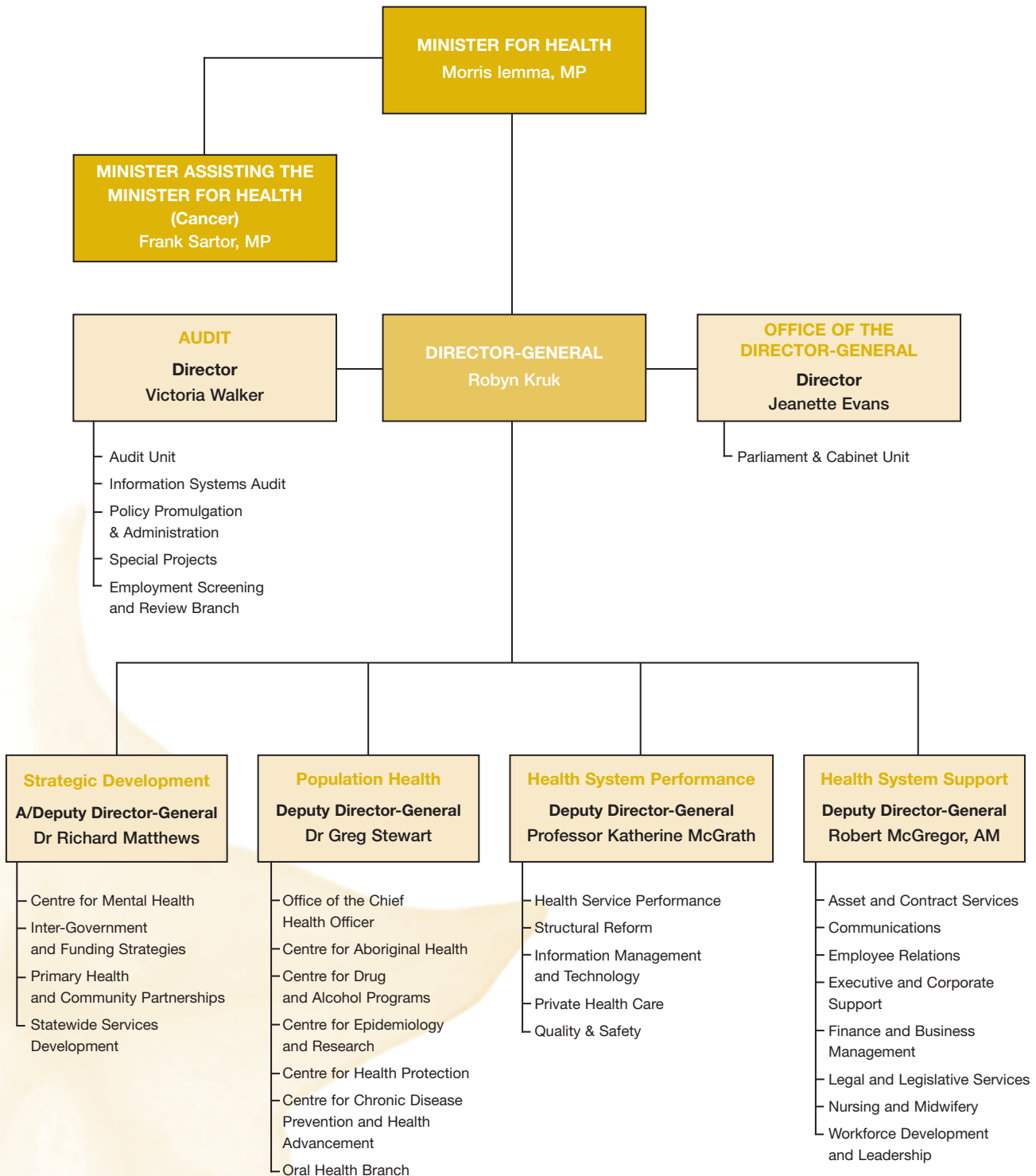
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(as at 30 June 2004)

Appendix



Director-General**Robyn Kruk**

Robyn Kruk joined the NSW Department of Health as Director-General in July 2002. She has extensive experience in senior executive roles across the NSW public sector. Robyn was Deputy Director-General of The Cabinet Office and Premier's Department and Director-General of the National Parks and Wildlife Service. Earlier in her career, Robyn worked as a psychologist and child protection specialist in the former Department of Youth and Community Services.

Office of the Director-General**Director****Jeanette Evans**

Jeanette Evans has worked in the public sector since 1990. She has extensive experience providing policy, issues management and strategic advice at a senior level across a range of portfolios including natural resources and policing. Jeanette joined the Department in her current position in October 2002.

Strategic Development**A/Deputy Director General****Dr Richard Matthews**

Dr Richard Matthews is Acting Deputy Director-General, Strategic Development, joining the Department in November 2003. Dr Matthews' substantive position is Chief Executive Officer, Corrections Health Service (renamed Justice Health on 1 July 2004). Dr Matthews commenced his career in general practice and has developed a particular interest and expertise in drug and alcohol treatment.

Population Health**Deputy Director-General****Dr Greg Stewart**

Dr Greg Stewart began work as the Chief Health Officer in 2001. His previous experience includes appointments as Director of the Public Health Unit in South Western Sydney Area Health Service, Director of Health Services in Central Sydney Area Health Service and Chief Executive Officer of Wentworth Area Health Service.

Health System Performance**Deputy Director-General****Professor Katherine McGrath**

Originally trained as a haematologist, Professor McGrath worked as an active clinician, academic, laboratory director and Divisional Chair at the Alfred and Royal Melbourne Hospitals in Victoria until 1995, when she moved to the Hunter, initially as Director, Hunter Area Pathology Service, and later as the Chief Executive Officer and honorary Professor of Pathology. Professor McGrath commenced her current position in March 2004.

Health System Support**Deputy Director-General****Robert McGregor AM**

Robert McGregor has extensive experience at senior management level in the NSW public sector, having occupied various chief executive officer positions. He rejoined the Department as Deputy Director-General, Operations in 1997 and was appointed to his current position in November 2003.

Office of the Director-General

Director

Jeanette Evans

Function within Department

The Office of the Director-General provides high-level executive and coordinated administrative support to the Director-General across a broad range of issues and functions. The Office works with the Deputy Directors-General and members of the Executive to ensure the Director-General receives advice that is accurate, timely and reflects a cross-agency view on critical policy and operational issues. The Office also supports the Director-General to ensure she provides high quality, coordinated advice and information to the Minister for Health on matters of significant interest to the public, NSW Parliament and the NSW Cabinet.

Branches

Parliament & Cabinet Unit

The Unit is responsible for coordinating NSW Health advice and the materials required by the Minister for Health and the Director-General to assist them in responding to the NSW Parliament, Cabinet and the central agencies of government.

Strategic Development

A/Deputy Director-General

Richard Matthews

Function within Department

The Strategic Development Division (until November 2003, the Policy Division) is responsible to the Director-General for undertaking overall health policy development, funding strategies and the system-wide planning of NSW Health services. The Division has also supported the Clinical Council and will support the newly created Health Care Advisory Council and Health Priority Taskforces.

Until November 2003, the Policy Division was also responsible for Oral Health (which they transferred to the Public Health Division), the Cancer Coordination Unit (which wound down with the establishment of the NSW Cancer Institute), and Quality Policy (the functions of which have devolved to the new Clinical Excellence Commission and the Health Systems Performance Division).

Branches and Centres

Centre for Mental Health

Provides comprehensive policy framework for mental health services developed in collaboration with health services, other government departments and non-government agencies. It also supports the maintenance of the mental health legislative framework.

Inter-Government and Funding Strategies

Leads and manages strategic relationships with the Australian Government, other state and territory governments, private sector and other strategic stakeholders. Responsible for determining the appropriate distribution of resources to health services, ensures that a comprehensive framework for the funding and organisation of the NSW health system is in place. Translates government priorities for the health system into effective strategies, and provides leadership in the development and implementation of state and national health priority policies and programs.

Primary Health and Community Partnerships

Develops and reviews community health programs and fosters partnerships with the community and non-government organisations.

Statewide Services Development (SSD)

Responsible for development of NSW Health policy, planning tools, frameworks, clinical plans and strategy development for a range of acute and speciality health services with statewide implications. In collaboration with the Asset and Contracts Services, SSD is also responsible for strategic planning for infrastructure (capital).

Population Health

Deputy Director-General and Chief Health Officer

Dr Greg Stewart

Function within Department

Population Health works with NSW communities and organisations to create circumstances that promote and protect health and prevent injury, ill health and disease. It monitors health and implements services to improve life expectancy and the quality of life. It develops, maintains and reports upon population health data sets; implements disease and injury measures; promotes and educates about healthier lifestyles; and protects health through disease prevention services and legislation. It ensures the quality use of medicines and the safe use of poisons.

Centres and Units

Office of the Chief Health Officer

Leads the team responsible for setting policies and priorities that promote, improve and protect the population's health.

Centre for Aboriginal Health

Coordinates and advocates for policies and programs designed to improve the health status of NSW Aboriginal and Torres Strait Islander people.

Centre for Drug and Alcohol Programs

Develops and implements alcohol and other drug policies across the health system.

Centre for Epidemiology and Research

Monitors and reports on the population's health and develops and funds health and medical research infrastructure through the following branches:

- Health Ethics
- Health Survey Program
- Population Health Indicators and Reporting
- Population Health Information
- Public Health Training and Development
- Research and Development Policy
- Surveillance Methods

Centre for Health Protection

Identifies and helps reduce communicable and environmental risks to the population's health and regulates standards of care and safety in the private health care sector through the activities of the following branches:

- AIDS and Infectious Diseases
- Communicable Diseases
- Counter Disaster Planning and Response
- Environmental Health
- Pharmaceutical Services

Centre for Health Promotion

Develops, manages and coordinates the strategic prevention response to national and state priority issues through the following branches:

- Injury Prevention Policy
- Nutrition and Physical Activity
- Strategies and Settings
- Strategic Research and Development
- Tobacco and Health.

Oral Health Branch

Aims to improve the quality and effectiveness of oral health care in NSW by adopting a population and evidence-based approach to clinical policy and practice. It monitors and improves the outcomes from oral health care in national and state priority areas, conducts epidemiological surveillance and provides relevant, timely and current advice in relation to oral health care issues.

Health System Performance

Deputy Director-General

Professor Katherine McGrath

Function within Department

The focus of the Health System Performance Division is to optimise the patient journey by driving performance improvement of the health system.

The priorities of the Health System Performance Division are to:

- set standards for the quality of care provided to health consumers through working closely with the Clinical Excellence Commission and clinical governance units of Area Health Services
- improve Area Health Service performance in key areas reflected in the Dashboard Indicators
- increase the focus on performance monitoring through streamlined reporting systems closely linked to Area Health Service agreements.
- improve information management and technology in a coordinated way across the health system including development of a clear investment strategy which will cover both clinical and corporate information/communications technology

Branches

Health Service Performance

Undertakes performance measurement and develops strategies to improve performance. This is achieved through policy development, managing access to information, and performance monitoring and reporting.

Structural Reform

Develops, advises on and monitors major organisational reform projects to enhance the performance of the health system and provides advice on organisational change.

Information Management and Technology (IM&T)

Develop and foster IM&T strategies and business solutions that best sustain the health care reform agenda. This is achieved by a focus on priorities that will improve and support the care delivery process and by promoting the better use of information for the NSW health system.

Private Health Care

Administers the Departments regulatory responsibilities for all licensed, privately-owned or operated nursing homes, hospitals and day procedure centres across NSW.

Quality and Safety

Provides strategic leadership in clinical quality and patient safety for the NSW health system by developing policy, supporting implementation and leading the evaluation of quality in services throughout NSW.

Health System Support

Deputy Director-General

Robert McGregor, AM

Function within Department

Health System Support was established in November 2003. It manages and provides strategic advice on financial, asset management, industrial, workforce, nursing and legal issues in the health system and provides corporate and executive support services for the Department.

It is responsible for:

- ensuring the health system operates within the funds available
- effectively managing industrial relations
- promoting effective asset management
- developing legislation of key significance to the health system
- providing quality corporate services and executive support
- analysing trends and implementing strategies to address workforce, training and development issues in the health system
- providing leadership in communications activities across the public health system.

Branches

Asset and Contract Services

Provides asset management and procurement policy development, capital program development and specific project direction across the public health system to support the efficient and effective delivery of health services. Has carriage of the development of the new Shared Corporate Services Management Program.

Communications

Provides leadership in communications activities across the public health system and provides health messages to health professionals, Members of Parliament and to the general community through targeted campaigns, publications, online services and the media.

Employee Relations

Provides statewide oversight of industrial relations for the public health system, negotiates and determines wages and employment conditions, develops human resource policies and manages human resource information systems for the public health system.

Executive & Corporate Support

■ Executive Support Unit

Provides advice and information to the Director-General and Minister in response to matters raised by, or of interest to, the public, Members of Parliament, Health Care Complaints Commission, Coroner, Ombudsman, Privacy Commission, central agencies and various Ministerial Councils.

■ Shared Services Centre

Provides internal support services to the Department procurement and its employees in areas including fleet vehicles, computer network and email services, records, mailroom services and building management.

■ Corporate Personnel Services

Develops and implements the Department's human resource strategy and provides support and guidance to staff on all personnel and payroll issues.

Finance and Business Management

Provides financial management, reporting and budgetary services for the NSW health system, including financial policy, financial analysis, insurance/risk management, GST/tax advice. Monitors key financial performance indicators for support services.

Legal and Legislative Services

■ Legal Branch

Provides a legal and legislative service to the Department and Minister, including conduct of the Health Legislative Program, and provides privacy policy and compliance support for NSW Health.

■ Health Conciliation Registry

Conciliates complaints in accordance with the *Health Care Complaints Act 1993*.

■ Health Professionals Registration Boards

Provides registrar and administrative service to nine health professional registration boards.

Nursing and Midwifery

Provides advice on professional nursing and policy issues, monitors policy implementation, manages statewide nursing initiatives, and allocates funding for nursing initiatives.

Workforce Development and Leadership

Oversees workforce development for the public health system, focusing on supply, distribution, service delivery, culture and leadership issues across the workforce.

Audit**Director**

Victoria Walker

Function within Department

Provides a constructive, protective and comprehensive internal audit service that will assist in the discharge of the responsibilities of the Director-General and all other levels of management, and the accountability and the performance of the Department.

Branches**Audit Unit**

Provides performance, financial and compliance audit services to the Department.

Information Systems Audit

Provides audit, review and advisory services on information systems across NSW Health.

Policy Promulgation and Administration

Provides policy advice and develops and promulgates policy and procedure manuals.

Special Projects

Investigates possible corrupt conduct and provides corruption prevention and investigate services to NSW Health.

Employment Screening and Review Branch

Provides employment screening services for the NSW health system and investigates reported incidents of misconduct.

Number of CES/SES positions at each level within the Department of Health

SES Level	As at 30 June 2004	As at 30 June 2003
8	1	1
7	4	3
6	0	0
5	3	3
4	2	1
3	12	13
2	15	16
1	6	12
TOTAL POSITIONS	43	49

Number of female CES/SES officers within the Department of Health

	As at 30 June 2004	As at 30 June 2003
	21	22

Name	Robyn Kruk
Position title	Director-General
SES Level	8
Remuneration	\$358,050
Period in Position	2 years

Ms Kruk has demonstrated strong and effective leadership in a year in which the Government has commenced a significant reform program to meet the challenges posed by increasing levels of demand for access to public health services in NSW.

Significant achievements in 2003/04

- developing a Sustainable Access Strategy to enable public hospitals in NSW to meet the increases in demand resulting from an ageing population and decreasing access to affordable GP services
- piloting the Access Block Improvement Program in 9 hospitals with some of the busiest emergency departments in the greater metropolitan Sydney area
- establishing new, and enhancing the existing, systems that are in place in NSW to monitor and improve on the quality and safety of the care provided to patients using our public health services
- developing and co-ordinating a new model for Area Health Service governance and a streamlining of the Area Health structure from 17 Area Health Services to 8
- establishing a Workforce Development and Leadership Branch within the NSW Department of Health and a workforce plan to enable NSW to aggressively address the complex workforce challenges that health services in NSW and other jurisdictions face
- introducing significant changes to how NSW Health responds at a local level to complaints by patients and staff about health care services, including a plan to establish Clinical Governance Units in Area Health Services
- developing a plan to provide additional acute, sub-acute and community mental health services and more mental health professionals

Ms Kruk has continued to build on the Government's commitment to work with and involve clinicians in developing services and policies for patient care.

She has also managed the health budget effectively and overseen significant changes to the structure of the Department of Health.

Ms Kruk has fulfilled her responsibilities as Director-General of the Department of Health to my satisfaction. She has performed her duties efficiently and to a high standard.

Name	Robert McGregor, AM
Position title	Deputy Director-General, Health System Support
SES Level	7
Remuneration	\$309,900
Period in Position	7 years

The Director-General has expressed satisfaction with Mr McGregor's performance throughout 2003/04 in his position of Deputy Director-General, Health System Support and in his previous position of Deputy Director-General, Operations.

During 2003/04, Mr McGregor provided strategic advice and support to the Director-General and Minister for Health on a wide range of significant financial, industrial, workforce, legal, communications and operational issues relevant to the delivery of health services in NSW.

Significant achievements in 2003/04

- Progressed proposals to replace the current 17 Area Health Services with 8 Area Health Services.
- Developed a new model for Area Health Service governance and a consultation framework to progress the development and introduction of Area Health Advisory Councils.
- Coordinated restructuring of the Department and the devolution of some Department functions, in response to a review by the Independent Pricing and Regulatory Tribunal and an internal functional review.
- Managed the Health Capital and Asset Acquisition Program, with expenditure of \$528 million (including additions, expensing and grants) in 2003/04, and obtained approval to increase the level of expenditure on new assets to a record level of above \$600 million per year for four years, commencing in 2004/05.
- Progressed the development of the NSW Health Shared Corporate Services Management Program, consistent with the NSW Government's Shared Corporate Services Reform Strategy.
- Progressed Public Private Partnerships to generate efficiency savings by engaging the private sector in the construction, financing and operation of selected non-clinical services at the Newcastle Mater Hospital and the new Forensic and Prison Hospitals at Long Bay.
- Established the Department's Workforce Development and Leadership Branch to oversee workforce development for the NSW public health system, with a focus on improving workforce supply, service delivery, culture and leadership.
- Developed strategies that increased the number of nurses recruited to, and retained in, the NSW public health system.

Name	Dr Greg Stewart
Position title	Deputy Director-General, Public Health and Chief Health Officer
SES Level	7
Remuneration	\$303,630
Period in position	2.5 years

The Director-General has expressed satisfaction with Dr Stewart's performance throughout 2003/04 in his position of Deputy Director-General, Public Health and Chief Health Officer.

Dr Stewart has achieved the performance criteria contained in the performance agreement.

Significant achievements in 2003/04

- Provided strategic and operational advice to the Director-General across all areas of population health.
- Directed the population health activities of NSW Health at policy, planning and operational levels.
- Provided leadership to the broader public health network including the implementation of *Healthy People 2005: New directions for public health in NSW* and a mid-term review of *Healthy People 2005*.
- Represented NSW Health at key state and national public health fora including the National Public Health Partnership.
- Managed Public Health Division's operational and program budgets.
- Oversighted continued implementation of the Obesity Summit recommendations.
- Developed an implementation plan for the outcomes of the Alcohol Summit and oversighted implementation of key Health recommendations.
- Finalised and implemented the Health 'Action Plan' for the NSW Aboriginal Affairs Plan (*Two Ways Together – New Ways of Doing Business*).
- Directed the completion of a Review of Medical Research in NSW: A Prescription for Health.
- Finalised a new Population Health Division structure and completed all reviews required arising from the Department's Functional Review.

Name	Professor Katherine McGrath
Position title	Deputy Director-General Health System Performance
SES Level	7
Remuneration	\$309,900
Period in Position	3 months

The Director General has expressed satisfaction with Professor McGrath's performance throughout 2003/04 in her position of Deputy Director-General, Health Systems Performance.

Professor McGrath has achieved the performance criteria contained in her performance agreement.

Significant achievements in 2003/04

- Established of the NSW Patient Safety and Clinical Quality Program.
- Reviewed the Integrated Clinical Information Program.
- Developed of the Sustainable Access Plan 2004.

Name	Dr Richard Matthews
Position title	Acting Deputy Director-General Strategic Development
SES Level	7
Remuneration	\$247,101
Period in Position	7 months

The Director-General has expressed satisfaction with the performance of Dr Matthews throughout 2003/04.

Significant achievements in 2003/04

- Contributed at a key strategic level to a wide range of health business, including implementing responses to the IPART review of NSW Health.
- Led key aspects of the mental health program and policy development.
- Participated in the establishment of the Cancer Institute and the flow of information regarding cancer to and from the Department of Health.
- Released the NSW Health Child Protection Service Plan 2004-2008.
- Co-ordinated the whole of government response to the Legislative Council inquiry into mental health services in NSW.
- Led health reform through the Australian Health Ministers' National Health Reform Agenda.
- Negotiated the 2003/2004 Agreement with the Department of Veteran Affairs to provide public hospital services to eligible veterans.
- Negotiated the signing of the 2003-2008 Australian Health Care Agreement.
- Contributed significantly to the national reform processes for Radiation Oncology Services.
- Continued the implementation of initiatives from the NSW Rural Health Plan including the expansion of oncology, chemotherapy and renal dialysis support services.

Name	Ken Barker
Position title	Chief Financial Officer
SES Level	5
Remuneration	\$210,000
Period in Position	10 years

The Deputy Director-General, Health System Support has expressed satisfaction with Mr Barker's performance throughout his period of employment with the Department.

Mr Barker achieved the performance criteria contained in his performance agreement which focuses on financial management, control and advice of the NSW Health Budget.

Significant achievements in 2003/04

- Provided effective financial management and control of the NSW Health Budget.
- Provided advice allowing for NSW doctors to be covered by the Treasury Managed Fund for treating private paediatric patients in public hospitals.
- Contributed to 2004/05 Health Budget deliberation which resulted in additional funding as announced in the 2004/05 State Budget on 22 June 2004.
- Coordinated financial input for Health Services Reform (announced 27 July 2004) and the 2003 functional review of the Department.
- Contributed to improvement concerning linkages between operating and capital funds.
- Oversighted the NSW Health Pathology Review.

Name	David Gates
Position title	Director Asset and Contract Services
SES Level	5
Remuneration	\$207,200
Period in Position	9 years

The Deputy Director-General, Operations has expressed satisfaction with Mr Gate's performance throughout 2003/04.

Mr Gates has achieved the performance criteria contained in his performance agreement.

Significant achievements in 2003/04

- Managed the Health Capital and Asset Acquisition Program with full year expenditure of \$528 million (including additions, expensing and grants), being within 2.7% of the approved allocation.
- Developed plans and received approval for an increased level of asset expenditure at a record level of above \$600 million per year for four years commencing in 2004/05.
- Managed the development of two major Public Private Partnership (PPP) projects through the establishment and expressions of interest stages, in particular, establishing Health as the lead agency for the Prison Hospital and Forensic Hospital cross-agency PPP project.
- Completed and released a new process of Facility Planning and allied benchmarking tools and facility design guidelines.
- Managed the development of the NSW Health Shared Corporate Services Management Program through the concept design of governance and operational models.
- Managed the ongoing development of goods and services procurement reform strategies, including the initial eMarketplace pilots and allied contracting reforms.
- Led the establishment of a National Health Asset and Facility Management Research and Development Centre of the University of New South Wales.

4

SELECTED DATA FOR AREA HEALTH SERVICES, CORRECTIONS HEALTH SERVICE AND THE CHILDREN'S HOSPITAL AT WESTMEAD

A) Key Performance Indicators for NSW public Hospital Services for the Year Ended 30 June 2004 State Summary – all programs by Health Services

Area	Admissions ¹	Admissions reclassified to non-inpatient ²	Admissions adjusted for reclassification	Daily Average of Inpatients ³	Same Day as % of Total Admissions	Average Length of Stay (days) ⁴		Caseflow Rate ⁵	Non-Admitted Patient Services ^{1,6}	Emergency Department Attendances ⁷	Average Available Beds ⁶	Bed Occupancy Rate (%) ⁸	Average staff Employed (FTE) ⁹	Expenses (Accrual Basis \$'000)
						Overall, including Same Day Admissions	Overnight Acute							
Central Sydney	123,318	16,837	140,155	1,535	46.4	4.6	6.8	71.4	1,885,189	93,356	1,730	88.9	8,537	988,888
Northern Sydney	101,061	7,908	108,969	1,522	39.2	5.5	5.9	57.1	1,994,757	124,334	1,773	86.0	7,898	888,187
Western Sydney	131,997	29,214	161,211	1,765	46.1	4.9	6.2	69.6	2,569,762	109,932	1,899	93.1	9,478	1,026,937
Wentworth	50,586	10,349	60,935	629	29.0	5.2	5.6	65.3	806,462	54,924	678	93.0	2,979	378,875
South Western Sydney	141,974	9,745	151,719	1,767	41.4	4.6	5.3	71.9	2,249,375	163,191	1,976	89.6	8,189	918,117
Central Coast	71,686	3,332	75,018	759	46.8	3.9	6.3	91.8	1,014,060	84,745	782	97.2	3,537	389,617
Hunter	109,428	23,604	133,032	1,531	39.9	5.1	5.4	62.1	1,787,906	183,516	1,765	86.8	7,617	789,615
Illawarra	82,555	20,222	102,777	853	48.8	3.8	5.8	94.7	1,249,372	115,838	863	99.0	3,906	450,921
South Eastern Sydney	175,530	39,039	214,569	2,147	46.5	4.5	6.0	77.1	3,621,660	210,319	2,254	95.4	11,717	1,253,949
Total Metropolitan	988,135	160,249	1,148,385	12,509	43.6	4.7	5.9	71.5	17,178,543	1,140,155	13,719	91.3	63,859	7,085,106
Northern Rivers	72,396	2,198	74,594	734	40.6	3.8	5.0	82.5	1,028,696	174,211	849	86.6	3,294	387,499
Mid North Coast	56,516	20,368	76,884	577	35.5	4.6	5.0	64.3	851,120	93,733	717	80.6	2,577	362,490
New England	46,623	2,078	48,701	583	36.2	4.6	4.5	56.4	517,793	104,067	828	70.5	2,344	278,434
Macquarie	29,095	0	29,095	436	34.9	5.5	4.0	47.0	407,039	68,181	617	70.4	1,521	171,827
Mid Western	44,346	4,382	48,728	679	36.4	5.6	4.5	46.0	618,557	111,089	965	70.5	2,702	289,264
Far West	11,663	965	12,628	156	37.0	4.9	4.4	42.4	256,125	44,411	276	56.7	823	114,763
Greater Murray	55,384	87	55,471	906	36.8	6.0	4.5	46.1	838,147	132,174	1,203	75.4	2,972	368,122
Southern	32,893	0	32,893	621	29.6	6.9	4.6	40.0	625,578	89,195	825	75.4	2,148	266,409
Total Rural Areas	348,916	30,078	378,994	4,691	36.4	5.1	4.6	53.6	5,143,055	817,061	6,279	74.8	18,381	2,238,808
Corrections Health	1,652	0	1,652	129	0.0	30.3	8.5	10.8	2,725,734		152	84.8	590	64,025
The New Children's Hospital at Westmead	25,750	3,387	29,137	216	46.1	3.1	5.4	111.1	580,993	41,973	232	93.2	2,059	225,836
Total Other	27,402	3,387	30,789	345	43.4	4.6	5.7	71.4	3,306,727	41,973	384	89.9	2,649	289,861
Total NSW	1,364,453	193,714	1,558,167	17,545	41.7	4.8	5.5	65.9	25,628,325	1,999,189	20,382	86.2	84,929	9,613,775
2002/03 Total	1,347,625	177,598	1,525,222	17,385	41.8	4.8	5.5	65.8	24,194,817	2,005,233	20,147	86.3	82,022	8,821,642
2001/02 Total	1,323,403	135,152	1,458,555	17,002	40.7	4.9	5.4	64.6	22,629,220	2,003,438	19,513	87.4	79,418	7,969,570
2000/01 Total	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

Note:

There maybe some variations in data reported by individual Health Services, due to differences in definitions and the scope of information reported.

¹ Includes services contracted to the private sector.

² Estimated number of admissions reclassified to non-inpatients over the last 5 years.

³ Daily average of inpatients = Total occupied bed days/366.

⁴ Average length of stay = (Total occupied bed days)/(Number of separations).

⁵ Caseflow rate = (Total admissions excluding Private contracted admissions)/(Available beds). Prior to July 2002 unqualified babies were also excluded from the caseflow rate calculation.

⁶ Non-admitted patient services (NAPS) data for 2001/02 and later are not comparable with earlier years. From 1 July 2001 NAPS information was required to be reported by provider type (eg doctor, dentist, pharmacist). As a result multiple services are counted for non-inpatients where care is given by more than one provider.

⁷ The counts of Emergency Department Attendances for 2001/02, 2002/03 and 2003/04 are based on DOHRS and EDIS and are not comparable with previous years. Attendances at Hawkesbury District Health Service and Port Macquarie Base Hospital Emergency Departments are not included.

⁸ Bed occupancy = (Total occupied bed days)/(Number of available days). Unqualified baby bed days were included in Total occupied bed days from 1 July 2002.

⁹ Full time equivalent, excludes overtime hours; includes SP & T staff and affiliated health organisation staff.

Source: DOHRS and EDIS. FTE staff employed sourced from HIE and staffing data provided directly by Health Services. Corrections Health admissions and non-admitted patient services data provided by Corrections Health.

B) Number of average available beds/bed equivalents in public hospitals and nursing homes by Health Service for the year ended 30 June 2004

Area ¹	General Hospital Units ²	General Hospital Unit Bed Equivalents	Nursing Home Units	Community Residential	Other Units	Total Beds/Bed Equivalents
Central Sydney	1,441	69	0	9	280	1,799
Northern Sydney	1,463	56	90	34	185	1,829
Western Sydney	1,419	100	77	146	256	1,999
Wentworth	579	41	84	15	0	719
South Western Sydney	1,705	43	194	76	0	2,019
Central Coast	765	23	0	17	0	805
Hunter ³	1,409	73	133	11	212	1,838
Illawarra	829	63	24	10	0	926
South Eastern Sydney	2,119	134	135	0	0	2,388
Total Metropolitan	11,730	602	736	319	934	14,321
Northern Rivers	849	14	0	0	0	863
Mid North Coast	654	69	37	25	0	786
New England	756	6	41	31	0	834
Macquarie	460	0	94	63	0	617
Mid Western	603	13	131	69	161	978
Far West	232	3	0	44	0	279
Greater Murray	984	0	159	60	0	1,203
Southern	597	0	106	67	54	825
Total Rural Areas	5,136	105	569	359	215	6,384
Corrections Health	0	0	0	0	140	140
The Children's Hospital at Westmead	232	10	0	0	0	242
Total Other	232	10	0	0	140	382
Total NSW	17,098	717	1,306	678	1,289	21,087
2002/03 Total	16,882	592	1,381	647	1,237	20,739
2001/02 Total	16,001	463	1,497	627	1,389	19,976
2000/01 Total	16,098	324	1,580	696	1,346	20,044
1999/00 Total	17,226	259	1,682	672	1,674	21,513
1998/99 Total	17,187	194	1,806	686	1,543	21,416

Notes:

There may be some variations in data reported by individual Health Services, due to differences in definitions and the scope of information reported.

Bed Equivalents include admissions done on an ambulatory basis, community care packages and community based transition care beds. For ambulatory admission equivalents, bed equivalents are calculated based on the beds required for admissions now done on a non-admitted basis and an 85% occupancy rate. Bed equivalents for Community Care Packages 'ComPack' are based on 1 ComPack = 5 Bed Days. Two Community Based transition Care beds are equivalent to 1 general hospital bed.

Additional beds were opened under the sustainable Access Plan 2004 after June 2004.

¹ Does not include Hawkesbury District Health Service and Port Macquarie Base Hospital.

² The number of beds in General Hospital Units is not comparable with previous years as cots and bassinets were included from 1 July 2002. There are an estimated 1,000 cots and bassinets.

³ The decrease in Nursing Home beds, Hunter Area Health Service is due to the transfer of Allandale Hospital to the private sector.

Source: DOHRS – Corrections Health data provided by Corrections Health.

5

INFECTIOUS DISEASE NOTIFICATIONS IN NSW: 1994-2003

Disease notifications among NSW residents 1994 to 2003, by year of onset of illness

Conditions	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	Total
AIDS	554	475	371	205	178	122	133	93	95	116	2,342
Adverse event after immunisation	40	28	56	70	95	16	42	111	177	217	852
Arbovirus infection (total)*	380	534	1,225	1,804	780	1,217	974	1,187	657	1,022	9,780
Barmah Forest virus infection*	39	271	172	185	134	249	195	402	393	451	2,491
Ross River virus infection*	331	236	1,031	1,598	583	952	749	716	181	494	6,871
Arboviral Other*	10	27	22	21	63	16	30	69	83	77	418
Blood lead level >= 15ug/dl*	not notifiable until December 2000			710	873	691	988	513	517	298	4,590
Botulism	0	0	0	0	0	1	0	0	0	0	1
Brucellosis*	4	2	1	3	3	2	1	1	2	2	21
Chancroid*	not notifiable until December 1998					1	0	0	0	0	1
Chlamydia*	not notifiable until August 1998					2,467	3,499	4,494	5,658	7,562	23,680
Cholera*	0	1	3	1	1	2	0	1	1	0	10
Cryptosporidiosis*	not notifiable until December 1996			157	1,130	121	133	195	306	202	2,244
Food-borne illness (NOS)	213	270	211	255	201	151	147	56	41	1,071	2,616
Gastroenteritis (institutional)	296	1,359	554	939	738	673	697	775	1,752	3,583	11,366
Giardiasis*	not notifiable until August 1998					1,091	978	967	863	1,026	4,925
Gonorrhoea*	357	428	522	636	1,054	1,291	1,060	1,358	1,468	1,196	9,370
H.influenzae type b (total)*	61	29	13	17	11	13	8	7	10	6	175
H.influenzae type b epiglottitis*	21	6	2	5	1	2	2	1	1	0	41
H.influenzae type b meningitis*	17	11	4	3	3	3	1	1	1	0	44
H.influenzae type b septicaemia*	12	8	3	1	4	6	4	2	3	1	44
H.influenzae type b infection (NOS)*	11	4	4	8	3	2	1	3	5	5	46
Hepatitis A*	585	614	958	1,426	927	421	201	197	149	124	5,602
Hepatitis B (total)*	3,983	4,008	3,511	3,171	2,959	3,515	3,984	4,575	3,552	2,949	36,207
Hepatitis B: acute viral*	74	61	43	53	58	77	99	94	87	70	716
Hepatitis B: other*	3,909	3,947	3,468	3,118	2,901	3,438	3,885	4,481	3,465	2,879	35,491
Hepatitis C (total)*	7,824	6,887	7,008	6,930	7,216	8,608	8,302	8,706	6,713	5,277	73,471
Hepatitis C: acute viral*	16	32	18	19	112	112	222	295	153	127	1,106
Hepatitis C: other*	7,808	6,855	6,990	6,911	7,104	8,496	8,080	8,411	6,560	5,150	72,365
Hepatitis D*	19	19	9	11	3	14	12	11	9	12	119
Hepatitis E*	2	0	3	6	4	7	9	6	6	6	49
HIV infection*	501	533	446	423	401	373	352	338	390	414	4,171
Haemolytic uraemic syndrome	not notifiable until December 1996			3	6	11	9	2	7	5	43
Influenza (total)	not notifiable until December 2000							244	1,012	861	2,117
Influenza-Type A*	not notifiable until December 2000							216	770	767	1,753
Influenza-Type B*	not notifiable until December 2000							27	241	55	323
Influenza-Type (NOS)*	not notifiable until December 2000							1	1	39	41
Legionnaires' disease (total)*	60	75	74	33	46	41	41	68	44	60	542
Legionnaires' disease – L. longbeachae*	8	16	30	9	19	12	12	29	21	37	193
Legionnaires' disease – L. pneumophila*	30	35	34	18	22	22	26	38	22	23	270
Legionnaires' disease – other*	22	24	10	6	5	7	3	1	1	0	79
Leprosy	3	3	2	0	0	1	2	3	0	1	15
Leptospirosis*	14	6	33	33	50	56	54	66	39	37	388
Listeriosis*	10	14	22	23	28	22	18	12	11	28	188
Malaria*	184	96	203	173	158	174	232	157	105	144	1,626
Measles (total)	1,484	596	191	273	119	32	36	31	8	18	2,788
Measles Lab Confirm*	302	138	35	98	19	13	22	18	6	14	665
Measles (Other)	1,182	458	156	175	100	19	14	13	2	4	2,123

Conditions	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	Total
Meningococcal disease (invasive) (total)	142	113	161	219	186	221	253	234	216	203	1,948
Meningococcal disease – type B*	7	23	36	54	55	95	93	92	105	100	660
Meningococcal disease – type C*	9	8	35	55	55	60	64	38	54	46	424
Meningococcal disease – type W135*	0	1	0	2	4	4	4	2	2	2	21
Meningococcal disease – type Y*	1	0	1	0	7	1	7	2	2	5	26
Meningococcal disease -other	125	81	89	108	65	61	85	100	53	50	817
Mumps*	11	14	27	29	39	33	92	28	29	35	337
Paratyphoid*	11	12	15	5	9	5	14	11	13	22	117
Pertussis	1,405	1,369	1,156	4,246	2,309	1,415	3,686	4,438	2,012	2,768	24,804
Pneumococcal disease (invasive)*	not notifiable until December 2000							442	863	785	2,090
Psittacosis*	not notifiable until December 2000							38	155	87	280
Q fever*	267	201	287	258	236	164	131	143	309	280	2,276
Rubella (total)*	233	2,376	636	153	78	46	191	58	35	24	3,830
Rubella*	229	2,375	631	153	78	45	191	58	35	23	3,818
Rubella (Congenital)*	4	1	5	0	0	1	0	0	0	1	12
Salmonellosis*	1,101	1,366	1,224	1,698	1,813	1,438	1,396	1,644	2,104	1,843	15,627
Shigellosis*	not notifiable until December 2000							134	85	59	278
Syphilis (total)	967	834	661	512	612	585	581	545	648	838	6,783
Syphilis (infectious)* +	29	132	72	57	45	88	82	67	128	242	942
Syphilis congenital	2	6	3	3	0	3	2	1	1	2	23
Syphilis other*	936	696	586	452	567	494	497	477	519	594	5,818
Tetanus	4	0	1	3	3	1	2	0	0	1	15
Tuberculosis*	393	443	410	422	382	484	447	416	447	381	4,225
Typhoid*	25	27	30	28	18	32	28	32	22	11	253
Verotoxigenic Escherichia coli infections*	not notifiable until December 1996			0	2	0	1	1	5	2	11

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

* lab-confirmed cases only

NOS = Not Otherwise Specified

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

+ includes Syphilis primary, Syphilis secondary and Syphilis < 1 yrs duration

6

PRIVATE HOSPITAL ACTIVITY LEVELS

Private hospital activity levels for the year ended 30 June 2004

Area	Licensed Beds ¹	Total Admissions			Same Day Admissions			Daily Average		Bed Occupancy			
	Number	Number	% variation on last year	Market share% ²	Market share variation	Number	% variation on last year	Market share% ²	Market share variation	Number	% variation on last year	% ³	% variation on last year
Central Sydney	394	56,231	2.8	31.3	1.7	42,777	0.6	42.7	2.4	361	-2.0	81.4	-1.3
Northern Sydney	1,534	186,885	3.2	65.0	0.7	119,020	4.2	75.3	1.8	1,481	-0.9	93.1	-0.8
Western Sydney	501	59,697	0.9	31.1	-0.1	36,417	0.2	37.4	-0.3	390	1.2	70.4	1.8
Wentworth ⁴	338	25,221	0.3	36.7	0.8	10,476	-0.9	44.4	1.4	261	1.1	77.1	2.1
South Western Sydney	209	30,420	-2.4	17.8	-0.6	20,238	-0.9	26.0	-0.7	166	0.2	71.5	0.0
Central Coast	303	28,221	2.3	28.2	0.1	16,402	3.9	32.8	0.6	256	6.4	84.4	5.1
Hunter	646	62,544	4.6	36.4	0.3	36,150	4.3	45.3	0.0	465	3.9	69.3	-6.8
Illawarra	287	35,642	4.2	30.4	-0.5	23,237	5.8	37.1	0.6	248	2.1	76.1	1.7
South Eastern Sydney	1,146	152,393	4.4	46.8	0.8	94,114	6.4	54.3	1.3	1,075	3.0	86.1	6.0
Total Metropolitan	5,358	637,254	3.0	38.8	0.4	5,398,831	3.6	47.8	1.0	4,702	1.2	82.5	0.8
Northern Rivers	105	17,343	-3.5	19.5	-1.5	13,014	-4.6	31.1	-4.1	97	-2.5	79.0	-1.4
Mid North Coast ⁵	422	40,775	3.1	47.9	0.8	20,837	5.8	55.5	1.2	376	6.1	86.0	3.4
New England	87	6,860	0.4	13.0	-0.1	3,366	7.6	16.9	0.9	58	2.8	67.1	3.3
Macquarie	56	4,846	3.6	14.3	0.2	3,237	5.5	24.2	-0.9	31	6.0	55.2	4.9
Mid Western	117	10,696	4.5	19.5	0.4	6,341	10.6	28.2	2.0	81	-1.0	68.7	-0.5
Greater Murray	189	30,909	6.3	36.0	0.9	20,132	7.1	50.3	-0.4	186	7.5	78.9	6.9
Southern	4	1,823	-1.2	5.3	-0.1	1,695	-1.1	14.8	-0.1	5	-1.5	124.5	-1.9
Total Rural Areas	980	113,252	2.8	25.3	0.1	68,622	4.3	35.9	-0.4	835	4.3	78.5	3.3
TOTAL NSW²	6,338	750,506	2.9	35.9	0.4	467,453	3.7	45.6	0.7	5,537	1.6	81.9	1.2

¹ Licensed beds as at 30 June 2004.

² Market share calculations include the New Children's Hospital in the Metropolitan Areas, Far West in the Rural Areas and both in Total NSW. Private hospital market share includes public admissions contracted to private sector.

³ Bed occupancy rate in the private hospitals is not comparable with that in the public hospitals. The former is based on licensed beds which may be open or closed during certain parts of the period (eg weekends). The latter is based on available beds (beds which are not available during some parts of the period were not included in the calculations). Thus the occupancy rates in the public hospitals are usually reported as higher than those in the private hospitals.

⁴ Includes Hawkesbury District Health Service.

⁵ Includes Port Macquarie Base hospital.

Source: Beds – Private Health Care Branch. Admissions – DOHRS as at 17 August 2004.

THREE YEAR COMPARISON OF KEY ITEMS OF EXPENDITURE

	2004		2003		2002		Increase/decrease (%) compared to previous year	
	\$'000	% Total Expense	\$'000	% Total Expense	\$'000	% Total Expense	2004	2003
Employee Related Expenses								
Salaries and Wages	4,655,516	48.06	4,137,770	46.67	3,822,022	47.69	12.51	8.26
Long Service Leave	166,685	1.72	183,514	2.07	116,344	1.45	-9.17	57.73
Annual Leave	445,718	4.60	443,723	5.00	366,425	4.57	0.45	21.10
Workers Comp. Insurance	157,314	1.62	149,172	1.68	153,858	1.92	5.46	-3.05
Superannuation	468,097	4.83	424,436	4.79	363,507	4.54	10.29	16.76
Other Operating Expenses								
Food Supplies	76,430	0.79	73,409	0.83	69,063	0.86	4.12	6.29
Drug Supplies	332,963	3.44	303,114	3.42	276,718	3.45	9.85	9.54
Medical & Surgical Supplies	433,294	4.47	395,610	4.46	346,715	4.33	9.53	14.10
Special Service Departments	173,080	1.79	161,575	1.82	150,595	1.88	7.12	7.29
Fuel, Light and Power	61,134	0.63	58,883	0.66	56,304	0.70	3.82	4.58
Domestic Charges	92,182	0.95	88,330	1.00	83,467	1.04	4.36	5.83
Other Sundry/ General Operating Expenses *	978,117	10.10	870,481	9.82	742,000	9.26	12.37	17.32
Visiting Medical Officers	380,584	3.93	360,794	4.07	320,271	4.00	5.49	12.65
Maintenance	261,952	2.70	255,804	2.89	220,662	2.75	2.40	15.93
Depreciation	370,994	3.83	350,092	3.95	337,988	4.22	5.97	3.58
Grants and Subsidies								
Payments to Third Schedule and other Contracted Hospitals	460,768	4.76	443,419	5.00	433,402	5.40	3.91	2.31
Other Grant Payments	161,659	1.67	156,185	1.76	146,111	1.82	3.50	6.89
Finance Costs	10,040	0.10	10,245	0.12	9,352	0.12	-2.00	9.55
TOTAL EXPENSES	9,686,527		8,866,556		8,014,804		9.25	10.63

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

Source: Audited Financial Statements 2003/04 and 2002/03

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CAPITAL WORKS PROGRAMS

Capital Works completed during 2003/04

Type Project	Total cost \$M	Completion Date
Ambulance Service		
10 Queanbeyan Ambulance Station	1.0	Mar-04
10 Yamba Ambulance Station	0.8	Apr-04
Central Coast AHS		
4 Wyong Hospital Mental Health (Central Coast Health Access Plan)	10.1	May-04
Greater Murray AHS		
7 Deniliquin Ultrasound	0.3	Jun-04
5 Griffith Staff Accommodation	0.3	Jun-04
5 Wagga Wagga Interim Works	0.5	Jun-04
Hunter AHS		
4 John Hunter – Early Works Package	10.6	Jan-04
5 Cessnock/Kurri Kurri Works	0.9	Jun-04
7 John Hunter Gamma Camera	0.5	Jun-04
7 John Hunter Imaging Radiology Imaging System	0.5	Jun-04
7 Hunter Paediatrics/Orthopaedic Theatre Equipment	0.2	Jun-04
Illawarra AHS		
4 Coledale Hospital Upgrade	5.4	Jun-04
Macquarie AHS		
7 Dubbo CT Scanner Replacement	1.6	Jun-04
Mid Western AHS		
7 Bathurst Picture Archive & Communications Radiology	0.5	Jun-04
5 Forbes District Hospital Emergency Upgrade	0.5	Jun-04
5 Primary Health Care	0.5	Jun-04
7 Rural Information Technology Infrastructure	0.7	Jun-04
3 Staff Accommodation (Condobolin/Grenfell/Tottenham)	0.4	Jun-04
New England AHS		
3 Barraba Rural Hospital & Health Service	3.6	Jul-03
7 Tamworth Catheter Laboratory	2.2	Nov-03
3 Wee Waa Community Health Relocation	0.4	Feb-04
3 Barraba Health Service Stage 2	1.8	Jun-04
7 Tamworth Hospital Computerised Tomography Scanner	1.5	Jun-04
8 Tobwabba Aboriginal Medical Service	1.0	Jun-04
Northern Rivers AHS		
4 Casino Hospital Upgrade	0.5	Jul-03
7 Mobile X-Ray Unit	0.4	Aug-03
4 Tweed Heads Hospital Stage 3	36.2	Nov-03
4 Tweed Heads Hospital Renal Unit/Pharmcotherapy	1.1	Feb-04
5 Lismore Emergency Department Expansion	0.5	Jun-04
7 Lismore Hospital Computerised Tomography Scanner	1.5	Jun-04

Type Project	Total cost \$M	Completion Date
Northern Sydney AHS		
5 Macquarie Sub Acute Beds	2.1	Aug-03
5 Royal North Shore Hospital Redevelopment Stage 1 (Paediatrics, Obstetrics and Emergency Building)	54.6	Sep-03
5 Ryde Health Service – Operating/ Perioperative Unit	5.5	May-04
7 Royal North Shore Hospital Clinical Networks	2.1	Jun-04
5 Manly Hospital Emergency Medical Unit	0.7	Jun-04
Southern AHS		
7 Rural Information Technology Infrastructure	0.6	Jun-04
South Eastern Sydney AHS		
4 St George Hospital Perioperative Unit	6.4	Sep-03
7 Sydney Children's Hospital Child/Adolescent Unit	1.0	Jan-04
4 Sutherland Hospital Redevelopment	83.9	Feb-04
5 Prince of Wales Spinal Medical & Rehabilitation	23.6	Feb-04
7 Prince of Wales High Dependency Unit	1.0	Feb-04
7 Prevention/Management of Violence	0.9	Mar-04
7 Prince of Wales Non Acute Beds	1.8	Mar-04
7 Prince of Wales Linear Accelerator Replacement	2.6	Apr-04
5 Sydney Children's Cancer Care	0.3	Jun-04
7 South Eastern Sydney Supplementary Capital Program	1.9	Jun-04
7 South Eastern Sydney State Implementation Team Patient Administration System Unique Patient Identifier	8.9	Jun-04
The Children's Hospital at Westmead		
5 The Children's Hospital at Westmead Mental Health Unit	1.6	Jun-04
7 Energy Performance Contract	0.9	Jun-04
7 Picture Archive & Communication System Upgrade	3.5	Jun-04
7 Patient Administration System Universal Patient Identifier	2.3	Jun-04
7 Supplementary Capital Program Equipment	1.5	Jun-04
Wentworth AHS		
5 Springwood Hospital Theatre Works	0.4	Oct-03
5 Nepean Hospital Emergency Department	8.6	Jun-04
5 Nepean Hospital Clinical Service Enhancements	1.8	Jun-04
5 Mental Health Service Enhancements	0.4	Jun-04
5 Area Diabetes Service Fit-out	0.5	Jun-04

Capital Works completed during 2003/04 (continued)

Type Project	Total cost \$M	Completion Date
Western Sydney AHS		
5 NSW Breast Cancer Institute	3.8	Oct-03
4 Neonatal Emergency Transport Service	6.5	Jan-04
5 Energy Performance Contract	6.7	Jun-04
7 Metropolitan Clinical Networks	0.9	Jun-04
7 Point of Care Clinical Systems Implementation Planning Study	0.1	Jun-04
7 Western Sydney Quadrangle Data Centre	0.5	Jun-04
7 Replace Gamma Camera	0.9	Jun-04
7 Cardiac Catheter Monitors	3.9	Jun-04
Department/Various		
8 Armidale and District Aboriginal Medical Service (Departmental Grant)	0.6	Jun-04
9 Heart Research Institute (Departmental Grant)	4.5	Jun-04
1/4 Major Projects Planning	1.0	Jun-04
8 Prince of Wales Mood Disorders Unit (Black Dog Foundation) (Departmental Grant)	3.9	Jun-04
3 Rural Hospital and Health Services Program – Planning	1.0	Jun-04
4/5 St. Vincent's Contract Claim Settlement	3.2	Jun-04
8 St. Vincent's Research Precinct (Departmental Grant)	5.0	Jun-04
8 Walgett Aboriginal Medical Centre (Departmental Grant)	0.9	Jun-04
TOTAL COST	348.5	

Type of project	
1 New Hospital/facility on a greenfields site	5 Upgrades (of existing hospitals, includes refurbishments)
2 Community Health Centre	6 Nursing Homes
3 Multi Purpose Service/ Rural Health Service	7 Capital Equipment
4 Redevelopment (new constructions)	8 Aboriginal Health
	9 Research
	10 Ambulance Service

Capital Works in progress during 2003/04

Type Project	Total cost \$M
Ambulance Service	
Ambulance Infrastructure	49.1
Forbes Ambulance Station	0.7
Sussex Inlet New Ambulance Station	0.8
Central Coast AHS	
Gosford Hospital (Central Coast Health Access Plan)	115.9
Wyong Hospital (Central Coast Health Access Plan)	85.4
Wyong Hospital Pacific Highway Upgrade (Central Coast Health Access Plan)	1.1
Central Sydney AHS	
Central Sydney AHS Resource Transition Program	413.9
Far West AHS	
Bourke Rural Hospital & Health Service	15.3
Greater Murray AHS	
Hay Rural Hospital & Health Service	9.4
Henty Rural Hospital & Health Service	5.8
Holbrook Hospital Acute Services Upgrade	2.1
Hunter AHS	
Newcastle Strategy	239.3
Newcastle Strategy – Mental Health & Radiotherapy Oncology	57.5
Illawarra AHS	
Milton/Ulladulla Hospital Redevelopment	7.0
Shoalhaven Hospital (Illawarra Strategy Stage 2)	34.7
Shellharbour Hospital Emergency Redevelopment	4.4
Macquarie AHS	
Dubbo Acute Psychiatric Inpatient Unit	5.1
Northern Rivers AHS	
Kyogle Rural Hospital & Health Service	9.4
Northern Sydney AHS	
Hornsby Hospital Obstetrics Paediatrics & Emergency Department	16.40
Royal North Shore Hospital Redevelopment Stage 2	407.4
Royal North Shore Hospital Redevelopment Stage 2 Carpark	7.3
Ryde Health Services	5.5

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CAPITAL WORKS PROGRAMS

Capital Works in progress during 2003/04 (continued)

Type Project	Total cost \$M
Southern AHS	
Young Hospital & Mercy Health Services Collocation	16.6
South Eastern Sydney AHS	
Prince of Wales Parkes Block	7.0
South Western Sydney AHS	
Cabramatta Anti-Drug Strategy	2.0
Liverpool Hospital Emergency Department	9.1
Liverpool Mental Health Facilities	30.7
Macarthur Sector Strategy	108.7
The Children's Hospital at Westmead	
Research Facility	18.9
Wentworth AHS	
Blue Mountains Hospital Redevelopment Strategy (Includes Acute Inpatient Unit)	12.2
Western Sydney AHS	
Western Sydney Drug Youth Treatment	0.9
Westmead Hospital Ambulatory Procedural Centre	6.2
Westmead & St. Joseph's Hospitals (Western Sydney Strategy)	153.9
Various	
Additional Health Initiatives	4.6
Information Management & Technology Strategy Stage 4	4.8
Information Management & Technology Strategy Stage 5	9.9
Mental Health Accelerated Accommodation Program	8.6
Metropolitan Clinical Networks Infrastructure Strategy	9.0
Patient Administration System	90.0
Point of Care Clinical Information System	17.4
Rural Accommodation	3.0
Rural Hospital & Health Service Program Phase 1	74.4
Rural Information Technology Infrastructure	7.0
State Electronic Health Record	19.4
Statewide Planning & Asset Maintenance Program	51.1
TOTAL ESTIMATED COST	2,158.9

Note: \$'M estimated total cost as approved in 2003/04

New Capital Works introduced during 2003/04

Type Project	Total cost \$M
Corrections Health Service	
Long Bay Forensic Hospital	64.6
Greater Murray AHS	
Gissing House Staff Accommodation	0.3
Hunter AHS	
Hunter AHS Point of Care Clinical Systems	0.5
John Hunter Hospital Forensic Medicine	9.0
John Hunter Hospital Ultrasound Machines	0.7
Wansey Outpatient Service	0.3
Illawarra AHS	
Wollongong Hospital Kitchen Development	0.8
Northern Rivers AHS	
Northern Rivers AHS Energy Performance Contract	1.6
Northern Sydney AHS	
Byrnes Trust Building Dalwood	0.8
Manly Hospital Energy Performance Contract	0.7
Mental Health Stage 3A – Northern Mental Health Network – (NSAHS)	6.0
Royal North Shore Hospital Wide Area Network Links	1.5
South Western Sydney AHS	
Liverpool Hospital CSB – BCA Compliance	0.5
Mental Health Stage 3A – Western Mental Health Network – (Campbelltown Hospital)	6.0
Wentworth AHS	
Diabetes Service Fit-out	0.5
Western Sydney AHS	
Replace Gamma Cameras	1.0
Repairs & Routine Maintenance >\$250K (Purchase of Various Medical Equipment)	3.0
Cardiac Catheter Laboratory Monitors	3.9
Various	
Australian Incident Management System	1.0
Counter Terrorism	4.1
Information Management & Technology Patient and Clinical Systems	39.9
Information Management & Technology Infrastructure	15.0
Supplementary Capital Works Funding Program	37.5
TOTAL ESTIMATED COST	199.0

Note: \$'M estimated total cost as approved in 2003/04

Property disposals

1. Nineteen properties were disposed of in 2003/04 for total cash payments of \$21.9M.
2. All properties disposed of in 2003/04 were in accordance with government policy

The Department of Health has two Grants Programs providing support to the infrastructure of research and development organisations in NSW. Both programs provide funds to organisations for three years on a competitive basis.

The Research and Development Infrastructure Grants Program consists of two funding streams. Stream 1 funding is allocated to large research institutes with 40 or more full time research staff. Stream 2 funding is allocated to medium sized research organisations with 20 or more full time research staff. The specific objectives of the Infrastructure Grants Program are to:

- provide infrastructure funding on a fair and equitable basis for outstanding statewide 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.

The Research and Development Capacity Building Infrastructure Grants Program supports research in public health, health services and primary health care (replaces Stream 3 of the previous Research and Development Infrastructure Grants Program). The specific objectives of the Infrastructure Grants Program are to:

- build capacity/critical mass in key areas of public health. Primary health care and health services research in NSW
- encourage research in these fields that addresses health and medical research priorities of NSW Health.

In addition, funding grants are provided to organisations affected by the altered eligibility conditions for the competitive grants, deemed suitable for funding although not meeting strictly the conditions of the Programs or otherwise assisting in meeting the health and medical research priorities of NSW Health.

Grant recipient	Amount	Purpose
Anzac Research Institute	\$432,044	Infrastructure grant to support health research in the areas of lifestyle and ageing.
Australian Rural Health Research Collaboration	\$500,000	Infrastructure grant to support research on agriculture and production systems safety; farm injury; farm population health and rural health.
Centenary Institute of Cancer Medicine and Cell Biology	\$1,259,816	Infrastructure grant to support immunology research into cancer, infection, allergy and auto-immune diseases.
Centre for Clinical Governance Research in Health	\$35,000	Research into the costing of health services and design of health information systems.
Centre for Family Health and Midwifery	\$35,000	Infrastructure grant to support research to improve the health of families.
Centre for Health Informatics	\$500,000	Infrastructure grant to support research, development and commercialization of information and communication technologies and processes specifically targeted at health care priority areas.
Centre for Health Services Development	\$500,000	Infrastructure grant to support research into health services delivery and management.
Centre for Immunology	\$704,575	Infrastructure grant to support research into diagnosis and treatment of diseases of the immune system, eg asthma, allergy, HIV/AIDS.
Centre for Infectious Diseases & Microbiology Public Health	\$500,000	Infrastructure grant to support prevention, surveillance, epidemiology and diagnosis of infectious/ communicable disease and parthenogenesis and treatment of infectious diseases.
Centre for Nursing and Health Services Research	\$35,000	Infrastructure grant to support research on the health service delivery.
Centre for Vascular Research	\$646,004	Infrastructure grant to support research into the causation of treatment of blockages of blood vessels.
Centres for Primary Health Care and Equity	\$100,000	Infrastructure grant to support health system development, prevention and management of chronic disease, to understand health inequalities and strengthen links between research and policy/practice.
Children's Cancer Institute Australia for Medical Research	\$434,118	Infrastructure grant to support research into childhood cancer
Children's Medical Research Institute	\$742,338	Infrastructure grant to support research into childhood disease and disability.

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RESEARCH AND DEVELOPMENT INFRASTRUCTURE GRANTS
MADE BY THE DEPARTMENT OF HEALTH

Appendix

Grant recipient	Amount	Purpose
Consortium for Social and Policy research on HIV, Hepatitis C and Related Diseases	\$500,000	Infrastructure grant to support research in the area of HIV, Hepatitis C and illicit drug use in NSW and to encourage collaborative research and the formation of healthy public policy in these fields.
Garvan Institute of Medical Research	\$3,577,917	Infrastructure grant to support research on cancer, diabetes, osteoporosis, arthritis and obesity.
Heart Research Institute	\$532,537	Infrastructure grant to support research into heart disease, particularly atherosclerosis
Hunter Medical Research Institute	\$1,287,844	Infrastructure grant to support research of all areas of public health
Institute for Health Research	\$1,000,000	Multi disciplinary research collaboration service sciences in public health and health service sciences
Institute of Magnetic Resonance Research	\$309,150	Infrastructure grant to support research into the use of magnetic resonance for the detection, diagnosis and treatment of human diseases
Kolling Institute of Medical Research	\$1,124,797	Infrastructure grant to support research into the mechanisms of cell growth and communication with application on diseases such as diabetes and cancer
Macarthur Community-based Health Collaboration	\$35,000	Infrastructure grant to support research on models for community health and ambulatory and transitional care service delivery
Melanoma and Skin Cancer Research Institute	\$219,272	Infrastructure grant to support research into prevention and treatment of melanoma
National Centre in HIV Epidemiology and Clinical Research	\$464,845	Infrastructure grant to support monitoring of HIV/AIDS and to conduct clinical trials of HIV therapy
Newcastle Institute for Public Health	\$500,000	Infrastructure grant to support public health and health services research
NSW Primary Health Institute	\$100,000	Infrastructure grant to support establishment of an organisation for general practice and primary health care research, development and implementation
Prince of Wales Medical Research Institute	\$1,479,691	Infrastructure grant to support research on brain and nervous system including Parkinson's and Alzheimer's Disease
Save Sight Institute	\$198,150	Infrastructure grant to support research on age-related eye disease
Victor Chang Cardiac Research	\$1,109,509	Infrastructure grant to support research into the cause, diagnosis and treatment of cardiovascular disease
Westmead Millennium Institute	\$2,317,232	Infrastructure grant to support research on genetic, molecular and cellular basis of virus infections, the immune response, cancer and liver diseases
Woolcock Institute of Respiratory Medicine	\$765,116	Infrastructure grant to support research into causes, treatment and prevention of respiratory diseases, eg asthma, SIDS, sleep disorders
Total	\$21,944,955	

Additional grants

Grant recipient	Amount	Purpose
Westmead Research Hub	\$187,500	To provide support for the development of a business and project plan for the Westmead Research Hub
CRC for Asthma	\$200,000	Funding the Cooperative Research Centre for Asthma
BioMed North	\$250,000	Part of a three year funding agreement to assist in the development of a research cluster focusing its activities on the North Shore area of Sydney
Cancer Surgery Research Foundation Ltd	\$45,000	Establishment of the pancreatic cancer study group
St Vincent's Research and Biotechnology Precinct	\$5,000,000	Assistance with the development of the St Vincent's Research and Biotechnology Precinct
Total	\$5,682,500	

NON-GOVERNMENT ORGANISATIONS FUNDED BY THE DEPARTMENT OF HEALTH

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Program: 48.1 Ambulatory, Primary and (General) Community-Based Services

48.1.2 Aboriginal Health Services

Aboriginal Health

Grant recipient	Amount	Purpose
Aboriginal Health and Medical Research Council of NSW	\$738,300	Peak body advising State and Federal Governments on Aboriginal health matters and supporting Aboriginal community controlled health initiatives
Aboriginal Medical Service Co-op Ltd	\$360,150	Preventative health care and drug and alcohol services and Family Health Strategy services for Aboriginal community in the Sydney inner city area and one off grants for dental services, the Aboriginal Health Workers' Training Program and a cardiovascular health promotion project
Armidale & District Services Inc	\$337,700	Dental services and education for Aboriginal communities in the New England and north west NSW areas
Australian College of Health Service Executives	\$80,000	Coordinator for Australian Aboriginal Trainee Health Service Management Program 2 year project 2003/04 -2004/05
Awabakal Newcastle Aboriginal Co-op Ltd	\$357,600	Preventative health care, drug and alcohol, dental services and Family Health Strategy services for Aboriginal community in the Newcastle area
Biripi Aboriginal Corporation Medical Centre	\$149,400	Preventative health care, drug and alcohol, dental and Family Health Strategy services for Aboriginal community in the Taree area
Bourke Aboriginal Health Service Ltd	\$110,400	Preventative and primary health care, health screening and education programs, drug and alcohol services for Aborigines in Bourke and surrounding areas
Bulgarr Ngaru Medical Aboriginal Corporation	\$180,400	Dental Health Best Practice project for Aboriginal community in the Grafton area and Otitis Media coordinator
Centacare Wilcannia-Forbes	\$118,500	Aboriginal Family Health Strategy grant for the prevention of violence and supporting positive family relationships in Narromine and Bourke
Cummeragunja Housing & Development Aboriginal Corporation	\$66,700	Preventative health services for Aboriginal community in the Cummeragunja, Moama and surrounding areas
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$184,900	Dental, preventative health care and drug and alcohol services and an asthma health promotion project for the Aboriginal community in the Sydney Western Metropolitan area
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	\$23,288	Aboriginal Health Promotion projects for Healthy smiles for Aboriginal/ Torres Strait children five years and under and a Safe Motherhood Program and a one off grant for the Otitis Media program
Durri Aboriginal Corporation Medical Service	\$290,522	Preventative health, drug and alcohol services, Dental Health Best Practice project and non recurrent school focussed diabetes prevention and school breakfast program health promotion projects for the Aboriginal communities in the Kempsey area
Forster Local Aboriginal Lands Council	\$33,200	Aboriginal Family Health Strategy services for the prevention and management of violence within Aboriginal families
Goorie Galbans Aboriginal Corporation	\$100,000	Aboriginal Family Health Strategy services to reduce family violence, sexual assault and child abuse
Grace Cottage Inc	\$73,000	Family Health Strategy services involving individual and group support, educational workshops and training to reduce family violence, sexual assault and child abuse in Dubbo
Gudu Wondjer (Sea Women) Aboriginal Corporation	\$73,000	Safe house and support services for families fleeing from domestic violence violence in Eden and surrounding areas
Illaroo Cooperative Aboriginal Corporation	\$43,300	Personal Care Worker for the Rose Mumbler Retirement Village

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NON-GOVERNMENT ORGANISATIONS FUNDED
BY THE DEPARTMENT OF HEALTH

Grant recipient	Amount	Purpose
Illawarra Aboriginal Medical Service	\$416,600	Dental, preventative health care, nursing, health and welfare and drug and alcohol services for the Aboriginal community in the Illawarra area
Katungul Aboriginal Corporation Community & Medical Services	\$180,400	Dental Health Best Practice project and Otitis Media coordinator
Maari Ma Aboriginal Corporation	\$24,200	Health promotion project -A hearty community: Heart health and community development strategies for indigenous males in Broken Hill
MDEA & Nureen Aboriginal Women's Cooperative	\$42,100	Counselling and support service for Koori women and children in stress from domestic violence
Munjuwa Queanbeyan Aboriginal Corporation	\$10,625	Drug and alcohol project
Ngadrii Ngalli Way Inc (My Mother's Way) Bourke Family Support Service	\$32,450	Aboriginal family health services providing emotional and practical support to families with dependent children who are experiencing difficulty in their lives
Ngaimpe Aboriginal Corporation	\$53,700	Grant for drug and alcohol treatment centre for men in the Central Coast area and NSW
Oolong Aboriginal Corporation Inc	\$180,469	Drug and alcohol residential treatment services for Aboriginal clients and a one off grant for a health promotion project
Orana Haven Aboriginal Corporation (Drug & Alcohol Rehabilitation Centre)	\$76,475	Drug and alcohol rehabilitation service for Aboriginal and non Aboriginal people
Pius X Aboriginal Corporation	\$22,276	Two year funding for back to basics nutrition program
Regional Social Development Group Inc	\$71,700	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
Riverina Medical & Dental Aboriginal Corporation	\$684,300	Preventative health care, dental services, Otitis Media program and coordinator and Aboriginal Family Health Strategy to develop and implement family health education programs for the Aboriginal community in the South Western area
South Coast Medical Service Aboriginal Corporation	\$135,400	Preventative health care and drug and alcohol services and a non recurrent cultural activities health promotion project for the Aboriginal community in the Nowra area
Streetwize Communications	\$31,247	One off grant to develop the education resource kit- 'enough is enough' for domestic violence awareness for young aboriginal men and women
Tharawal Aboriginal Corporation	\$207,684	Dental, preventative health care for the Aboriginal community in the Campbelltown area
Walgett Aboriginal Medical Service Co-op Ltd	\$218,600	Preventative health care and drug and alcohol services and Family Health Strategy services for the Aboriginal community in Walgett and surrounding areas
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	\$72,920	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	\$48,200	Grant for drug and alcohol counselling, retraining and education programs for Aboriginal people in the Cowra area
Wellington Aboriginal Corporation Health Service	\$152,500	Drug and alcohol services, youth and Family Health Strategy services for the Aboriginal community in Wellington
Yerin Aboriginal Health Services Inc	\$90,550	Health and medical services both at the Centre and on an outreach basis and Family Health Strategy services and non recurrent immunisation health promotion project for Aboriginal people in the Wyong area
Yoorana Gunya Aboriginal Family Violence Healing Centre Aboriginal Corporation	103,900	Aboriginal Family Health Strategy project
TOTAL	\$6,176,656	

Program: 48.1 Ambulatory, Primary and (General) Community-Based Services

48.1.1 Primary and Community-Based Services

AIDS

Grant recipient	Amount	Purpose
Aboriginal Health and Medical Research Council of NSW	\$180,300	Advice on the AIDS Strategy for Aboriginal communities in NSW. Conduct of AIDS conferences. Development of an HIV/AIDS Aboriginal Health Worker education kit. Development of additional support material for the Diploma of Community Services (Case Management) with a focus on Aboriginal Sexual Health distance learning package
Aboriginal Medical Service Co-operative Ltd	\$182,000	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for their local Aboriginal communities and statewide where appropriate and care and support of HIV positive clients who may have other complex issues. Statewide distribution of condoms via Aboriginal Medical Services.
AIDS Council of NSW Inc	\$6,392,600	Statewide community based education, prevention and support services for people with HIV and those at high risk. Includes the Sex Worker Outreach Project (SWOP)
Australian Research Centre in Sex, Health and Society La Trobe University	\$26,050	Activating the internet using new technologies to conduct health promotion with gay men project
Awabakal Newcastle Aboriginal Co-op Ltd	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Biripi Aboriginal Corporation Medical Centre	\$24,950	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Bourke Aboriginal Health Service Ltd	\$37,425	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Bulgarr Ngaru Medical Aboriginal Corporation	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Coomealla Health Aboriginal Corporation	\$65,459	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Diabetes Australia – NSW	\$1,398,400	Provision of free needles and syringes to registrants of the National Diabetic Services Scheme resident in NSW
Durri Aboriginal Corporation Medical Service	\$63,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Hepatitis C Council of NSW	\$836,995	The Hepatitis C Council of NSW is the independent, community-based non-government organisation funded to provide information, support, referral, education, prevention and advocacy services for all people in NSW affected by Hepatitis C. The Council works actively in partnership with other organisations and the affected communities to bring about improvement in the quality of life, information, support and treatment for the affected communities, and to prevent Hepatitis C virus (HCV) transmission.
Katungul Aboriginal Corporation Community & Medical Services	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities

Grant recipient	Amount	Purpose
National Centre in HIV Epidemiology and Clinical Research	\$207,251	Monitoring of prevalence, incidence and risk factors for sexually transmissible infections among gay men in Sydney. Demographic and socio-economic and behavioural risk factors for AIDS in the HAART era
National Centre in HIV Social Research	\$238,099	Contribution towards the costs of the Sydney pH Cohort Study, the Sydney Gay Community Periodic Survey and the Positive Health Cohort Study and a number of time limited projects and a NSW HIV/AIDS Hepatitis C Research Coordination project
NSW Users & AIDS Association Inc	\$1,001,500	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)	\$1,770,200	Coordination of needle and syringe exchange scheme in retail pharmacies throughout NSW
Pius X Aboriginal Corporation	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
PLWHA (NSW) Inc	\$482,500	Statewide community based education, information and referral support services for people with HIV
South Coast Medical Service Aboriginal Corporation	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Uniting Care NSW.ACT	\$1,682,000	Medically Supervised Injecting Centre trial
University of Western Sydney	\$17,300	Negotiating ambiguity: making sense of HIV treatments project
Walgett Aboriginal Medical Service Co-op Ltd	\$24,950	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Wellington Aboriginal Corporation Health Service	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
TOTAL	\$14,990,379	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Alternative Birthing

Grant recipient	Amount	Purpose
Durri Aboriginal Corporation Medical Service	\$104,500	Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area
Walgett Aboriginal Medical Service Co-op Ltd	\$128,600	Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area
TOTAL	\$233,100	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Care for Carers

Grant recipient	Amount	Purpose
Carers NSW Inc	\$308,700	Grant for support services for carers
TOTAL	\$308,700	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Community Services

Grant recipient	Amount	Purpose
Australian Association for the Welfare of Child Health Inc	\$128,500	Information and advice on the non-medical needs of children and adolescents in the health care system for families, parents and health professionals
NSW Council of Social Service	\$92,700	Grant for policy development in the areas of consumer participation, rural health, Health NGOs, community care, intergovernmental issues and promotion of non acute services and employment of health policy officer
NSW Association for Adolescent Health Inc	\$91,400	Peak body for individuals and organisations committed to promoting the health and well being of young people aged 15 to 25 years.
QMS (Quality Management Services) Inc	\$311,200	Coordination and implementation of NGO Quality Improvement Program for health NGOs funded under the NGO Grant Program
Sutherland Family Support of the Hope for Children Foundation inc	\$20,000	One off grant to support the operation of the Sutherland Family Network providing a volunteer home visiting service focussing on parents with new babies
United Hospital Auxiliaries of NSW Inc	\$142,300	Coordination and central administration of the United Hospital Auxiliaries spread throughout NSW
TOTAL	\$786,100	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Dental

Grant recipient	Amount	Purpose
Armidale & District Services Inc	\$100,000	Aboriginal oral health services
Awabakal Newcastle Aboriginal Co-op Ltd	\$100,000	Aboriginal oral health services
Biripi Aboriginal Corporation Medical Centre	\$40,000	Oral health computer with Information System for Oral Health and vouchers for relief of pain and emergency dental care
Bourke Aboriginal Health Service Ltd	\$50,000	Aboriginal oral health services
Bulgarr Ngaru Medical Aboriginal Corporation	\$100,000	Aboriginal oral health services
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	\$80,000	Aboriginal oral health services
Durri Aboriginal Corporation Medical Service	\$100,000	Aboriginal oral health services
Katungul Aboriginal Corporation Community & Medical Services	\$60,000	Aboriginal oral health services
Maari Ma Aboriginal Corporation	\$50,000	Aboriginal oral health services
Pius X Aboriginal Corporation	\$70,000	Aboriginal oral health services
Riverina Medical & Dental Aboriginal Corporation	\$50,000	Aboriginal oral health services
Walgett Aboriginal Medical Service Co-op Ltd	\$47,500	Aboriginal oral health services
TOTAL	\$847,500	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Drug and Alcohol

Grant recipient	Amount	Purpose
Aboriginal Health and Medical Research Council of NSW	\$360,000	One off for IT project and policy position for Aboriginal Drug and Alcohol Network
Aboriginal Medical Service Co-op Ltd	\$512,697	Multi purpose Drug and Alcohol Centre
Department of Psychology Macquarie University	\$59,400	Specialist clinical studies courses on drug and alcohol dependence
Kids Help Line Australia P/L	\$161,250	Kids Help Line providing alcohol and other drug information, counselling and referral to young people in NSW
Life Education NSW	\$1,634,000	A registered training organisation providing a health oriented educational program for primary school children
Network of Alcohol & Other Drugs Agencies Inc	\$1,485,300	Peak body for non government organisations providing alcohol and other drug services
Oolong Aboriginal Corporation Inc	\$257,000	A residential drug and alcohol treatment and referral service for Aboriginal people
QMS (Quality Management Services) Inc	\$150,000	Three year project funding for the review and accreditation of drug and alcohol NGOS providing residential rehabilitation services in NSW
TOTAL	\$4,619,647	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Health Promotion

Grant recipient	Amount	Purpose
National Heart Foundation of Australia (NSW Division)	\$140,500	Program to support initiatives which aim to increase the number of NSW General Practitioners who deliver timely and effective physical activity advice to their patients
TOTAL	\$140,500	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Innovative Services for Homeless Youth

Grant recipient	Amount	Purpose
CHAIN – Community Health for Adolescents in Need, Inc	\$273,800	Preventative, early intervention and primary health care to young homeless people and young people at risk of homelessness
The Settlement Neighbourhood Centre (Muralappi Program)	\$83,000	A program providing culturally appropriate camps and living skills activities for young Aboriginal people in and around Redfern
TOTAL	\$356,800	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.3.1 Mental Health Services

Mental Health

Grant recipient	Amount	Purpose
Aboriginal Medical Service Co-op Ltd	\$75,000	Mental Health worker project for Aboriginal community in the Sydney inner city area
Alliance of NSW Divisions Ltd	\$157,500	Centre for Mental Health grant for improved mental health education and training support for general practitioners
Black Dog Institute Inc	\$1,052,700	Mental Health programs to advance the understanding, diagnosis and management of mood disorders through research, education, training and population health approaches.
Bulgarr Ngaru Medical Aboriginal Corporation	\$75,000	Mental Health worker project for Aboriginal community
Charles Sturt University	\$171,062	Centre for Mental Health one off grants for Mental Health Nurse Education projects
Mental Health Co-ordinating Council NSW	\$327,980	Peak organisation funded to support NGO sector efforts to provide efficient and effective delivery of mental health services plus one off grant for a NGO Mental Health Conference and the NGO Development Officers project
Mental Illness Education – Aust (NSW) Inc	\$135,000	Centre for Mental Health grant for mental health awareness program and insight program in secondary schools
NSW Council of Social Service	\$3,000	Centre for Mental Health one off grant for a mental health conference
Neuroscience Institute of Schizophrenia and Allied Disorders	\$7,975	Centre for Mental Health one off grant for schizophrenia education wall posters
NSW College of Nursing	\$40,625	Centre for Mental Health one off grant for the development of specialist Mental Health nursing courses
NSW Consumer Advisory Group (CAG)	\$305,000	Centre for Mental Health contribution to consumer and carer input into mental health policy making process and one off to contribute to the development of a consumer satisfaction measure for mental health clients
NSW Institute of Psychiatry	\$217,950	Centre for Mental Health grant for school link training phase 2 stage 1 project
South Coast Medical Service Aboriginal Corporation	\$100,000	Mental Health worker for local Aboriginal community
Southern Cross University	\$85,320	Centre for Mental Health one off grants for Mental Health Nurse education and scholarships projects
St Vincent de Paul Society – Vincentian Village	\$168,100	Funding for mental health workers at Vincentian Village, a service for homeless people in the inner city area
The Peer Support Foundation Ltd	\$191,500	Social skills development program, providing education and training for youth, parents, teachers, undertaken in schools across the NSW
University of New England	\$28,259	Centre for Mental Health one off grants for ATSI Mental Health scholarships
University of Newcastle	\$191,536	Centre for Mental Health one off grants for Mental Health Nurse education
University of Sydney	\$105,432	Centre for Mental Health one off grants for Mental Health Nurse Education project
University of Technology, Sydney	\$155,080	Centre for Mental Health one off grants for Mental Health Nurse Education projects
Women and Mental Health Inc	\$20,000	Centre for Mental Health one off grants for Australian and New Zealand College of Mental Health Nurses conference on trauma violence and mental health
Youth Accommodation Association NSW	\$20,000	Centre for Mental Health one off grant for Links project
TOTAL	\$3,634,019	

Other Grants

In addition to the Ministerially approved Non-Government Organisation program and the Research and Development Infrastructure Grants (both of which are listed separately in the Annual Report), the Department makes a series of

grant payments to groups and organisations external to NSW Health. These include payments to Commonwealth or State Government departments and universities and local councils and are supported by formal written agreements between the parties to the individual grants.

Grant recipient	Amount	Purpose
Aboriginal Health and Medical Research Council	36,364	Funding for a Policy/Program Officer
Action on Smoking & Health (ASH) Australia	40,000	Grant to assist with improving awareness of, and support for, tobacco control policy
AFL (NSW-ACT) Commission	90,909	Healthy lifestyle pilot project with AFL clubs
Alliance of NSW	9,091	Sponsorship of 2004 Vital Links
Amputee Association of NSW Incorporated	15,000	Support activities of Amputee Assoc NSW
ANZAC Research Institute	100,000	NSW BioFirst Award
Armidale & District Services Inc (Aboriginal Medical Service)	200,000	Funding to support capital projects
Attorney General's Department	306,635	Funding for Magistrates Early Referral into Treatment (MERIT) Program
Australasian Association for Quality in Health Care	5,000	Conduct Quality Seminars
Australasian Association for Quality in Health Care	18,182	Conference Sponsorship
Australian Aviation Psychology Association	10,000	Conference Sponsorship
Australian Breastfeeding Association	10,000	Contribution towards new Telephone Helpline equipment & service
Australian Catholic University	35,200	Funding for the Critical Windows Project
Australian College of Health Service Executives (ACHSE)	112,197	Contribution to the Health Services Management Development Program
Australian College of Health Service Executives (ACHSE)	70,088	Funding for the ACHSE (NSW Branch) for the Health Planning and Management Library
Australian Council on Health care Standards	2,400	In-depth reviews of public methadone maintenance clinics for accreditation purposes
Australian Doctors Trained Overseas	10,000	Administrative fee paid to Australian Doctors Trained Overseas Association
Australian Drug Foundation	10,000	Registration and scholarships to the International Harm Reduction Conference
Australian Health Ministers Advisory Council (AHMAC)	835,333	NSW contribution to AHMAC budget
Australian Medical Council	8,100	Funding six overseas trained doctors to sit October 2003 AMC/MCQ Exam
Australian Medical Outback Services	2,351	Presenters fees at GP Employment Entity Program Workshop
Australian Red Cross	179,170	Funding for the HOPE (Heroin Overdose Prevention and Education) Project
Australian Red Cross Blood Service (NSW Division)	1,054,463	Organ donation and bone marrow donor registry funding
Black Dog Foundation Institute on the Prince of Wales Hospital campus	730,000	Once off capital funding for Stage 3 of the building for the Black Dog
Bogong Regional Training	30,000	Funding commitment to Regional Training Provider as per Agreement
Central Coast Area Health Service	5,000	Funding for Pilot of Rural General Practitioners
Central Sydney Area Health Service	161,965	Support for the Chairperson of Clinical Governance and Ethical Medicine at University of Sydney
Central West Consortium	60,000	Funding commitment to Regional Training Provider as per Agreement
Charles Sturt University	27,273	Development of a drug and alcohol curriculum for pharmacy undergraduates
Commonwealth Department of Ageing, Disability & Health Care	1,650	Consultancy Bilateral Agreement

Grant recipient	Amount	Purpose
Commonwealth Department of Ageing, Disability & Health Care	17,000	Mapping the training, accreditation and insurance requirements for fitness professionals and other instructors
Department of Ageing, Disability and Home Care	109,091	Contribution to the Early Childhood Intervention Coordination Program for people with an intellectual disability
Department of Ageing, Disability and Home Care	45,000	Salary Senior Policy Officer NSW Carers Implementation Plan
Department of Ageing, Disability and Home Care	40,000	Expand the role of the Young Carers Program
Department of Community Services	66,555	Contribution to Human Services CEOs Forum
Department of Community Services	20,000	Contribution to Premier's Volunteer Referral Agencies
Department of Community Services	160,000	Funding under Illicit Drug Diversion Initiative
Department of Community Services	73,761	Staff Development Program providing training for Department of Community Services staff working with drug-related problems in key areas of welfare services
Department of Education and Training	250,000	A NSW Department of Education & Training initiative providing varied sports and physical opportunities to school students
Department of Education and Training	130,000	Contribution to the joint project on Schools as Community Centres
Department of Education and Training	137,915	Funding of the Youth Drug Court Program
Department of Health & Ageing	112,593	NSW contribution to Australians Donate
Department of Human Services	7,686	Strategic Intergovernmental Forum for Physical Activity and Health
Department of Human Services	15,364	Strategic Intergovernmental Nutrition Alliance
Department of Juvenile Justice	1,483,334	Funding under National Illicit Drug Strategy
Dubbo Plains Division of General Practice	59,000	Funding for Pilot of Rural General Practitioners
Education Centre Against Violence	1,455	Funding for workshop on Domestic Violence for Drug and Alcohol Workers
Emergency Life Support Courses Inc	45,455	Sponsorship development of Emergency Life Support Courses Website
Far West Area Health Service	10,000	Presentation at GP Employment entity Workshop
Far West Area Health Service	10,000	Support for Remote Rural participation in City to Surf
Garvan Institute	181,463	NSW BioFirst Award
General Practice Training	60,000	Funding commitment to Regional Training Provider as per Agreement
General Practice Training	1,500	Scholarship for the General Practice Education Australia: Multiple Choice Questionnaire Program
Guthrie House	79,820	Payment for the provision of beds to clients of Adult Drug Court program
Heart Foundation	55,000	An initiative to coordinate obesity prevention initiatives
Heart Foundation	20,000	Grant to provide education materials to assist with improving awareness of the harm of tobacco use
Heart Research Institute	1,500,000	Capital funding assistance
Hunter Area Health Service	33,500	Evaluation of Lifeball study
Illawarra Area Health Service	2,000	Support for a 'Creating Synergy – Current issues in the Alcohol and Other Drugs field' conference at Wollongong University
Indigenous Festivals of Australia	30,000	Sponsorship of the CROC FESTIVAL- Indigenous Youth Eisteddfod
Institute for International Health	2,300	Development of an Asia Pacific Injury Directory
Jarra House	5,915	Payment for the provision of beds to clients of Adult Drug Court program
Kids of Macarthur Health Foundation	227,059	NSW contribution to enhance the quality of health care offered to children living in the Macarthur region
Kidsafe NSW	1,340	Grant to attend the 7th World Injury Prevention and Safety Promotion Conference

Grant recipient	Amount	Purpose
Kidsafe NSW	50,000	Support Executive Officer position at Kidsafe NSW
Kidsafe NSW	46,487	Support for the promotion of childhood injury prevention regarding falls
La Trobe University	64,000	Travel Bursaries for LaTrobe NSW Placements
Local Government and Shires Association	70,000	Local Government Shires Association-Public Health Policy Officer position
Metroscreen Ltd	115,000	Payment for organising Play Now Act Now 2003 film festival targeting the prevention of drug abuse in young people
Microsearch Foundation of Australia	110,000	NSW contribution for research in producing practical and applicable surgical/medical innovations
Mid North Coast Area Health Service	2,727	Coordinator for the NSW Falls Injury Prevention Network
National Heart Foundation	10,000	To support NSW Divisions of General Practice deliver the Acute Practice Workshop
Neuroscience Institute of Schizophrenia and Allied Disorders	1,084,728	Centre for Mental Health (CMH) to support research into the means to prevent and cure schizophrenia
New England Area Training	60,000	Funding commitment to Regional Training Provider as per Agreement. Contractors fees for service
North Coast NSW General Practitioner Training	60,000	Funding commitment to Regional Training Provider as per Agreement. Contractors fees for service
Northern Rivers General Practice	59,000	Funding for Pilot of Rural General Practitioners
Northern Sydney Area Health Service	37,182	Coordinator and associated sponsorship for the NSW Safe Communities program
Northern Sydney Area Health Service	50,000	Establishment of Northern Centre for Healthcare
Northern Sydney Area Health Service	2,000	Support for Domestic Violence Training for Drug and Alcohol Workers
NSW Bureau of Crime Statistics & Research	95,000	Research into the extent of alcohol related crime and anti-social behaviour in NSW
NSW Cancer Council	615,000	Funding for the Environmental Tobacco Smoke (ETS) and Children Campaign
NSW Cancer Council	20,000	Grant to provide education materials to assist with improving awareness of the harm of tobacco use
NSW Cancer Council	1,238,122	Payment for operating PAP Test Register
NSW Cancer Council	1,148,571	Support for the operation and management of the Cancer Registry
NSW Department of Corrective Services	1,399,912	Support for drug and alcohol workers and coordination of drug and alcohol programs in correctional facilities and provision of a drug intervention program for persons under the control of the Probation and Parole Service
NSW Department of Sport and Recreation	95,658	Active Council
NSW Department of Sport and Recreation	5,000	Independent Evaluation of Water Safety
NSW Institute of Psychiatry	26,100	NSW Doctors Mental Health Program
NSW Institute of Psychiatry	1,714,000	One off grant for mental health education and training initiatives
NSW Police Service	340,000	Drug Programs Coordination Unit, established by NSW Police to develop training and other programs for the Police Service on issues of drugs and alcohol
NSW Police Service	153,666	Funding under Illicit Drug Diversion Initiative
NSW School Canteen Association	250,000	NSW School Canteen Association provides support to assist schools in providing healthier food choices
NSW Therapeutic Assessment Group	205,840	Funding Agreement for support for the activities of the NSW Therapeutic Assessment Group
Odyssey House	12,935	Payment for the provision of beds to clients of Adult Drug Court program

Grant recipient	Amount	Purpose
Oolong House	102,866	Funding to establish and provide service delivery for Magistrates Early Referral into Treatment (MERIT) designated beds
Pedestrian Council of Australia	30,000	Promotional day to promote walking safely to school
Pharmacy Guild of Australia	1,305,000	Funding for Methadone Incentive Scheme 2003/2004
Postgraduate Medical Council	120,000	Australian Medical Council graduates pre employment program offered by Postgraduate Medical Council
Postgraduate Medical Council	77,000	Payment of Chair of Post Graduate Medical Council
Premier's Department	45,000	Contribution to the Youth Partnerships Initiative
Premier's Department	83,904	Premier's Council for Active Living – intersectorally working towards an environment which supports and promotes active living in NSW
RETT Syndrome Australian Research Fund	50,000	NSW Health contribution for research into RETT Syndrome
Rhedwest Ltd	60,000	Funding commitment to Regional Training Provider as per Agreement. Contractors fees for service
Royal Australian College of Physicians	10,000	Sponsorship Ethics and Philosophy and Health Financing Conference 2003
Royal College of Surgeons	1,250,000	NSW Health contribution of Part 2 of the Echtec Funding Agreement
Salvation Army	20,020	Payment for the provision of beds to clients of Adult Drug Court program
South Australian Department of Human Services	507,300	NSW contribution to Priority Driven Research
South Coast Aboriginal Medical Service	8,000	Grant to attend the National Indian and Inuit Community Health Representatives Organisation World Conference – 'Towards Community Action on Aboriginal Injuries'
South Eastern Sydney AHS	50,000	Clinical Risk Management Program
St Vincents Research and Biotechnology Precinct	385,909	Capital funding for the development of the St Vincent's Research & Biotechnology Precinct
Streetwise Communications	83,560	Development and Implementation of an information and educational resource for Aboriginal Families and Carers of drug users
Sudden Infant Death Association	3,000	Sids and Kids Pathology Workshop
Sydney University Medical Faculty	3,000	Support for the Sydney University Medical Journal
Tulips / Family Strengths Management	5,000	Conference Sponsorship Australian Family and Community Strength Conference
University of Canberra	40,000	Collaborative project grant – 'A Spatial Analysis of the Socio-economic Distribution of Patients in NSW Hospitals'
University of NSW	5,000	2003 Primary Health Research and Evaluation Conference
University of NSW	111,818	3 Year funding for Multicultural Health Unit
University of NSW	74,500	Biostatistical training: biostatistical approach for injury data
University of NSW	405,000	Consortium funding share for the operation of the NSW Injury Risk Management Research Centre
University of NSW	300,000	Curriculum Development for Undergraduates
University of NSW	27,000	Development of cost of injury estimates for Area Health Services
University of NSW	20,000	Funding an investigation of the predictors of the use of psychostimulants by long-haul distance drivers
University of NSW	150,000	Funding for Mood Disorder Research Unit
University of NSW	88,700	Funding for National Drug and Alcohol Research Centre (NDARC) scholarship
University of NSW	150,000	Funding to the NSW Centre for Physical Activity and Health for research to support physical activity promotion in NSW
University of NSW	43,164	Management and coordination of the Pharmacotherapies Accreditation Course (PAC) 2003/2004

Grant recipient	Amount	Purpose
University of NSW	45,000	March 2004 Clinical Bridging Program for Overseas Trained Doctors
University of NSW	8,500	Production of report on General Practice Dementia Projects
University of NSW	50,000	Project to map activities and identify health role(s) in relation to violence prevention in NSW
University of NSW	5,000	Sponsorship for the NSW Primary Health Care Research Conference 2003
University of NSW	121,082	Strengthening Health Care in the Community
University of Sydney	42,780	Brain Injury Outcome Study
University of Sydney	75,000	Coordination of Alcohol and Drug Education in Medical Schools
University of Sydney	30,000	Development of a drug and alcohol curriculum for pharmacy undergraduates
University of Sydney	70,000	Funding of the NSW Breastfeeding Promotion Project
University of Sydney	42,600	Management and coordination of the Pharmacotherapies Accreditation Course (PAC) 2003/2004
University of Sydney	100,000	NSW BioFirst Award
University of Sydney	250,000	The Australian Childrens' and Adolescents' Obesity Research Network to facilitate sharing of research findings and methods
University of Sydney	253,752	The NSW Centre for Overweight and Obesity conducts research to support obesity prevention and treatment initiatives
University of Sydney	236,248	The Schools Physical Activity and Nutrition Survey – a statewide study of students' nutrition and activity behaviours, fitness levels and obesity
University of Sydney	50,000	Training NSW public hospital staff on responding to the needs of people with a disability
University of Western Sydney	200,000	Base grant for Men's Health Information and Resource Centre
University of Western Sydney	50,000	Men's Health Information and Resource Centre
University of Western Sydney	25,000	NSW BioFirst Award
University of Wollongong	91,000	Funding to support the operation of the Australasian Rehabilitation Outcome Centre
University of Wollongong	50,000	NSW BioFirst Award
Various	81,094	NSW Medical Physicists in Radiation Oncology Scholarships
Various	191,417	NSW Rural Allied Health Scholarships
Victor Chang Cardiac Research Institute	100,000	NSW BioFirst Award
Walgett Aboriginal Medical Service	503,000	Funding associated with new capital projects
Warringah Shire Council	5,000	Grant for Safe Community program
Wayback Committee	200,849	Payment for the provision of beds to clients of Adult Drug Court program
We Help Ourselves	99,580	Payment for the provision of beds to clients of Adult Drug Court program
We Help Ourselves	2,387	Payment of Magistrates Early Referral into Treatment (MERIT) client accommodation expenses
Wentworth Area Health Service	10,000	Support for production and distribution of the 'Throne' magazine
Western Sydney Area Health Service	125,000	Development of the Westmead Research Hub
Western Sydney Area Health Service	7,034	Visual Impairment Prevention Pilot re young adults with diabetes
Youth Action and Policy Association	2,000	Contribution to the Youth Work Conference travel and accommodation costs
Total	\$27,049,468	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Rural Doctors Services

Grant recipient	Amount	Purpose
NSW Rural Doctors Network	\$1,025,500	The Rural Doctors' Network provides on-going support for rural and remote general practitioners through provision of access to quality, accredited continuing education and the development of professional networks. The RDN supports recruitment and retention of general practitioners to rural and remote NSW. The Rural Medical Cadetship Program provides financial support for medical undergraduates in exchange for their agreement to work two years after graduation in rural NSW. The RDN plays a role in the integration of this Program with undergraduate, vocational training and post graduate rural programs. The Rural 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	\$1,025,500	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Victims of Crime Support

Grant recipient	Amount	Purpose
Dubbo Women's Housing Programme Inc	\$96,064	Provision of counselling and support services for women and children who have experienced domestic violence
Enough is Enough	\$94,584	Provision of support services to victims of crime, including victims of road trauma, with a focus on violence, cooperative justice and community education
Lifecare Family and Counselling Services	\$30,194	Victims of crime support
Mission Australia	\$68,992	Provision of court preparation and support to adult victims of crime
Nambucca/Bellingen Family Support Service	\$55,582	Provision of counselling and support services to women and children victims of domestic violence and abuse
Wayside Chapel/The Station	\$58,941	Victims of crime support
TOTAL	\$404,357	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Women's Health

Grant recipient	Amount	Purpose
Women's Health NSW	\$143,800	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	\$143,800	

Accounts receivable ageing as at 30 June 2004

Category	2003-2004		2002-2003	
	\$000	%	\$000	%
< 30 Days	15,675	80	31,786	87
30/60 Days	1,243	6	1	1
60/90 Days	320	2	0	0
> 90 Days	2,285	12	4,321	12
TOTAL	19,523		36,473	

In 2003/04 the significant receivable balance in over 90 days is represented by \$851K for Aushealth as interest payable to the Department but not yet realised, consistent with terms for payment agreed with Aushealth. The amount further includes \$482K receivable from the Commonwealth in respect of Australian Red Cross Blood Service.

In 2002-03 the significant receivable balance in over 90 days is represented by \$2M for Department of Ageing and Disability. Payment received in July 2003.

Accounts payable ageing as at 30 June 2004

Quarter	Current (ie within due date) \$000	Less than 30 days overdue \$000	Between 30 and 60 days overdue \$000	Between 60 and 90 days overdue \$000	More than 90 days overdue \$000
September 2003	23,649	0	0	0	0
December 2003	26,878	0	0	0	0
March 2004	23,984	2	0	0	0
June 2004	47,594	2	2	0	0

The age analysis at 30 June 2004 includes interstate patient flow amounts payable to other states and territories. It is established practice to determine amounts payable in the last quarter when finalised data for previous years is available.

Quarter	Total accounts paid on time		Total amount paid \$000
	%	\$000	
September 2003	99.7	2,410,331	2,417,584
December 2003	99.3	1,949,773	1,963,518
March 2004	99.6	2,101,418	2,109,857
June 2004	99.5	2,268,893	2,280,294

Australian Government/NSW Contributions

Health Services	{1}		{2}		Alternative Birthing		{3}		{4}		{5}		{6}		Grand Total			
	HIV/AIDS		Women's Health		Alternative Birthing		Female Genital Mutilation		Cervical Cancer		Breast Cancer		National Drug Strategy		National Immunisation Program			
	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's		
Central Sydney	2,752	2,678	647	638	0	0	0	0	50	25	3,200	3,486	224	186	0	0	6,873	7,013
Northern Sydney	1,100	1,070	174	172	0	0	0	0	5	25	4,276	4,196	420	420	0	0	5,975	5,883
Western Sydney	1,100	1,070	545	536	0	0	0	0	1,884	1,671	6,613	4,983	182	184	0	0	10,324	8,444
Wentworth	658	640	91	89	0	0	0	0	0	6	0	0	170	172	0	0	919	907
South Western Sydney	880	856	217	215	0	0	0	0	35	35	0	0	638	640	0	0	1,770	1,746
Central Coast	108	106	163	161	0	0	0	0	14	39	0	0	124	124	0	0	409	430
Hunter	450	438	57	56	0	0	0	0	0	41	3,432	3,554	66	66	0	0	4,005	4,155
Illawarra	538	524	138	138	0	0	0	0	38	38	0	0	278	280	0	0	992	980
South Eastern Sydney	3,648	3,544	454	452	0	0	0	0	25	25	3,548	3,382	996	1,010	0	0	8,671	8,413
Northern Rivers	442	430	327	326	0	0	0	0	64	42	0	0	182	150	0	0	1,015	948
Mid North Coast	328	320	140	140	0	0	0	0	38	38	2,986	0	10	2	0	0	3,502	500
New England	220	214	138	138	0	0	0	0	39	39	914	1,088	0	6	0	0	1,311	1,485
Macquarie	108	106	131	129	0	0	0	0	27	52	0	0	186	188	0	0	452	475
Mid Western	56	54	150	148	0	0	0	0	18	18	1,686	2,196	72	56	0	0	1,982	2,472
Far Western	88	86	110	109	0	0	0	0	46	46	0	0	18	20	0	0	262	261
Greater Murray	88	86	110	108	0	0	0	0	82	82	1,662	0	0	0	0	0	1,942	276
Southern	88	86	200	197	0	0	0	0	59	59	0	0	0	2	0	0	347	344
Corrections Health	328	320	0	0	0	0	0	0	0	0	0	0	700	706	0	0	1,028	1,026
Children's Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	6
Total – AHSs/Corrections	12,980	12,628	3,792	3,752	0	0	0	0	2,424	2,281	28,317	22,885	4,266	4,218	0	0	51,779	45,764
Total – NGO	12,632	12,292	1,332	1,651	289	281	0	0	1,238	1,350	0	4,552	6,168	6,048	0	0	21,659	26,174
Total – Other	0	0	1,349	918	429	417	210	204	72	0	768	774	5,260	5,036	69,008	43,176	77,096	50,525
Grand Total	25,612	24,920	6,473	6,321	718	698	210	204	3,734	3,631	29,085	28,211	15,694	15,302	69,008	43,176	150,534	122,463

Note: Figures above do not include the use of rollovers from 2002/03.

{1} The amounts reported under PHOFA represent only the extent of previous cost sharing arrangements with the Commonwealth. Actual AIDS allocations for 2003/04 approximated \$90M.

{2} The Women's Health allocation includes an estimate of Health Service contributions which includes an escalation of 2.9% for 2003/04, consistent with the level of escalation provided by Treasury.

{3} Statewide service administered through Western Sydney AHS.

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

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

{4} & {5} Western Sydney Area Health Service allocations include funding for the Statewide Coordination Units for the NSW Breast and Cervical Screening Programs.

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

Acts administered

- Ambulance Services Act 1990 (No. 16)
- Anatomy Act 1977 (No. 126)
- Cancer Institute (NSW) Act 2003 (No. 14)
- Centenary Institute of Cancer Medicine and Cell Biology Act 1 985 (No. 192)
- Chiropractors Act 2001 (No. 15)
- *Dental Practice Act 2001 (No. 64)
- Dental Technicians Registration Act 1975 (No. 40)
- Dentists Act 1989 (No. 139)
- Fluoridation of Public Water Supplies Act 1957 (No. 58)
- 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 Care Liability Act 2001 (No. 42)
- Health Professionals (Special Events Exemption) Act 1997 (No. 90)
- *Health Records and Information Privacy Act 2002 (No. 71)
- Health Services Act 1997 (No. 154)
- Human Tissue Act 1983 (No. 164)
- Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 (No. 37)
- Lunacy (Norfolk Island) Agreement Ratification Act 1943 (No. 32)
- Medical Practice Act 1992 (No. 94)
- Mental Health Act 1990 (No. 9)
- New South Wales Cancer Council Act 1995 (No. 43)
- New South Wales Institute of Psychiatry Act 1964 (No. 44)
- Nurses Act 1991 (No. 9)
- Nursing Homes Act 1988 (No. 124)
- Optical Dispensers Act 1963 (No. 35)
- Optometrists Act 2002 (No. 30)
- Osteopaths Act 2001 (No. 16)
- Pharmacy Act 1964 (No. 48)
- Physiotherapists Act 2001 (No. 67)
- Podiatrists Act 1989 (No. 23)
- *Podiatrists Act 2003 (No. 69)
- Poisons and Therapeutic Goods Act 1966 (No. 31)
- Private Hospitals and Day Procedure Centres Act 1988 (No. 123)
- Psychologists Act 2001 (No. 69)
- Public Health Act 1991 (No. 10)

- Smoke-Free Environment Act 2000 (No. 69)
- Sydney Hospital (Trust Property) Act 1984 (No. 133)
- Tuberculosis Act 1970 (No. 18)

*Uncommenced

Legislative changes**New Acts**

- Food Legislation Amendment Act 2004
- Food Act 2003*
- Human Tissue and Anatomy Legislation Amendment Act 2003
- Nurses Amendment Act 2003
- Podiatrists Act 2003

* Transferred to Minister for Primary Industries

Subordinate legislation**Regulations made**

- Food Regulation 2004*
- Optometrists Regulation 2004

* Transferred to Minister for Primary Industries

Regulations remade

- Dental Technicians Registration Regulation 2003
- Health Services Regulation 2003
- Medical Practice Regulation 2003
- Nurses Regulation 2003

Regulations amended

- Health Administration Amendment (Prescribed Establishments) Regulation 2004
- Health Care Liability Amendment (Exemption) Regulation 2003
- Human Tissue Amendment (Consent) Regulation 2003
- Mental Health Amendment (Transfer of ACT Civil Patients) Regulation 2004
- Nursing Homes Amendment (Fees) Regulation 2003
- Poisons and Therapeutic Goods Amendment (Fees) Regulation 2003
- Poisons and Therapeutic Goods Amendment (Thalidomide) Regulation 2004
- Private Hospitals and Day Procedure Centres Amendment (Fees) Regulation 2003
- Public Health (Microbial Control) Amendment (Miscellaneous) Regulation 2003
- Public Health Amendment (Scheduled Medical Conditions and Notifiable Diseases) Regulation 2004

Significant judicial decisions

Ambulance Service of New South Wales v Deputy Commissioner of Taxation

The Ambulance Service of New South Wales sought judicial determination of whether it is a 'public benevolent institution' for taxation purposes.

On 1 August 2003, the full Federal Court of Hill, Goldberg and Conti JJ dismissed the Ambulance Service's appeal, holding that the Ambulance Service was not a public benevolent institution.

Following this decision, changes to Commonwealth legislation were made to place public ambulance services on the same footing as public hospitals in terms of fringe benefit tax exemption and deductible gift recipient status.

Application for Review of the Determination of the Australian Competition and Consumer Commission made on 27 June 2003 granting authorisation in relation to applications A90754 and A90755 (Pathology Services for Private In-patients in NSW Public Hospitals)

NSW Health sought a review of an ACCC decision not to authorise a policy of requiring pathology services for private inpatients in public hospitals to be provided by NSW Health pathologists. The exception was where there were clinical circumstances necessitating referral to an outside provider. The Australian Competition Tribunal handed down its decision on 7 April 2004 authorising that policy pursuant to section 88(10) of the Trade Practices Act 1974 (Commonwealth).

The conditions of the authorisations are that referral out may occur where it is in the patient's best interests and the patient has provided written acknowledgment that he or she will pay any out-of-pocket expenses incurred by the referral. The decision recognised the significant public benefits of NSW Health's policy in efficiency gains and funding of education and research.

Information Activities during 2003/04

As required by the National Mental Health Information Development Agreement, ambulatory data for mental health clients for 2002/03 was delivered to the Commonwealth in December 2003 and the second year of outcome measure data collected under the Mental Health Outcomes & Assessment (MHOAT) protocol was also delivered in December 2003. After a year-long consultation process, a revised set of standardised MHOAT clinical modules was designed and released to Areas to assist in uniform clinical documentation across all public mental health services in NSW. Use of the modules is compulsory.

The Commonwealth Government funded the Australian Mental Health Outcomes and Casemix Network (AMHOCN) to provide training processes for recording outcome measure instruments and to process and report on the outcome measurement data at a national level.

In May 2004, the Australian Institute of Health and Welfare (AIHW) released *Mental Health Services in Australia 2001-2002*. In addition to admitted patient information, it included tables for non-admitted mental health service provision across Australia.

Following a review of the process used to provide unique patient identifiers for mental health data records in NSW, a new process was approved to reduce the reconciliation burden for Areas and to ensure inclusion of the mental health process in the mainstream State Unique Patient Identifier process. From June 2005 it will be possible to statistically link all mental health client data records in the Departmental data warehouse for the same client across time and across various service provision events.

Work began on the project to upgrade Community Health Information Management Enterprise (CHIME) so that a mental health friendly version would be available for all mental health services wishing to use it. It will include the ability to complete the standardised MHOAT modules electronically and to combine the recording of non-admitted client activity and outcome activity in the one system.

The National Survey of Mental Health Services (NSMHS) was repeated for 2002/03 and will continue for the 2003/04 year. There was no National Mental Health Report released in 2003/04.

As a result of the Departmental restructure, mental health information project staff have been devolved to an Area Health Service.

Data Sources for the Annual Report

All bed data and some of the activity data in the attached tables is based on paper collection, specifically for the 2003/04 Annual Report from psychiatric hospitals and collocated psychiatric units in general hospitals. This data is combined with data on admissions, transfers and same-day admissions from the Department of Health Reporting System (DOHRS) where the facility can be identified in the DOHRS database. Data for 2002/03 is from the *Department of Health 2002/03 Annual Report*. Efforts are continuing to improve identification of all mental health activity through changes to the DOHRS system and to hospital reporting practices.

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

Psychiatric Hospitals

In 2003/04 there was an apparent overall increase of 48 available beds in stand-alone psychiatric hospitals. On the whole, available reported bed numbers in all psychiatric hospitals (with the exception of Rozelle, Macquarie and Bloomfield) have remained the same as in 2002/03. Twenty beds in Hamilton House of Macquarie Hospital and 16 beds in Turon House of Bloomfield Hospital that were reported unavailable last year (2002/03) were available this year (2003/04). Rozelle Hospital reported eight additional beds in two of its wards (OBS and IPCU), but these were a temporary provision during refurbishment of part of the Missenden Unit at RPA. A 22 bed inpatient unit (Ward 24), which opened at Rozelle Hospital in June 2001 following the closure and relocation of Ward 34 at the Concord Hospital, is still in operation at Rozelle.

As at 30 June 2004, the 1,085 beds in psychiatric hospitals were almost 90% occupied with 976 patients in residence. A further 79 patients were reported as being on leave resulting in 97% of beds being committed to current patients. Seven per cent of the patients were reported to be on leave in all psychiatric hospitals, compared to six% in the previous year (2002/03).

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

Child and Adolescent Units

Overall, on 30 June 2004 there was a net increase of six available beds in child and adolescent units.

In 2003/04 two new non-gazetted, eight-bed child and adolescent units opened in Children's Hospital at Westmead and at the Sydney Children's Hospital, Randwick. Redbank House at Westmead reported one additional non-acute bed available in 2003/04.

There were four beds unavailable on 30 June 2004 at the Children's Hospital at Westmead and three at the Sydney Children's Hospital, Randwick, due to pending staff recruitment. The Gnakulun Unit at Campbelltown Hospital reported six available beds at 30 June 2004, as against 10 on 30 June 2003.

With the exceptions of the Acute Adolescent Unit at Redbank House, Gnakulun and Nexus, child and adolescent units generally operate for only four out of five weekdays with special programs during school holidays. As at 30 June 2004, there were 65 patients in residence across all child and adolescent units resulting in 71% occupancy, compared to 59% in 2003.

Collocated Gazetted Units in General Hospitals and Other Units (child and adolescent units not included)

Overall, on 30 June 2004 there was a net increase of 12 available beds in collocated units.

Facilities that reported increased bed availability on 30 June 2004, versus 30 June 2003, were:

- Coffs Harbour (30 beds vs. 24 beds)
- Dubbo Base (3 beds vs. 2 beds)
- Long Bay (98 beds vs. 89 beds)
- Westmead Adult Acute (18 beds vs. 12 beds)
- Wyong Hospital – Miri Miri Older Persons Unit (15 beds vs. 0 beds).

The new Miri Miri unit at Wyong opened just before the end of 2003/04, and has a small impact on the activity statistics for the year. Another new 14-bed mental health rehabilitation unit at Prince of Wales hospital, which opened in May 2004, did not report any available beds on 30 June 2004 because of pending staff recruitment.

Facilities that reported decreased bed availability on 30 June 2004, versus 30 June 2003, were:

- POW – Adult Psychiatry (45 beds vs. 49 beds)
- POW – Neuropsychiatric Institute (2 beds vs. 3 beds)
- RPA – Missenden Unit (30 beds vs. 40 beds)

- Wagga Wagga Base – Gissing House (6 beds vs. 14 beds)
- Shellharbour hospital – Mirrabook (20 beds vs. 22 beds).

At both RPA and Wagga Wagga, the beds were temporarily closed for refurbishment on 30 June, and alternative beds were available for patients both units subsequently re-opened early in 2003/04.

The reporting of mental health same-day admissions for Concord hospital when there are no mental health beds highlights the reason for Mental Health reporting the majority of same-day admissions as ambulatory and not inpatient care. This activity is similar to a community day care program. Only when a same day admission involves a specific procedure such as ECT is it regarded as an inpatient admission.

Concord Hospital reported 11 overnight admissions for patient activity in DOHRS under the Mental Health Financial Program. However, this was omitted from the total count of overnight admissions into collocated units as these admissions were in medical beds and not mental health beds. These admissions were of some elderly patients of the Mental Health Day Care Program who required unplanned overnight admissions for medication review and other acute conditions.

A total of 21,471 overnight direct admissions occurred in 2003/04 across all collocated units, an increase of 3% from 2002/03. Direct admissions alone do not reflect the true utilisation of the psychiatric units, since many patients are admitted to the hospital and transferred into the specialised unit. As in 2002/03, both admissions and transfers-in have been included to give a better indication of the actual utilisation of beds in collocated units. There were 8,131 same-day admissions to public psychiatric units reported for 2003/04, compared with 8,409 in 2003/04, a decrease of 3%. However, as already noted, this activity is similar to a community day-care program. Only when a same-day admission involves a specific procedure such as ECT is it regarded as an inpatient admission.

Current occupant numbers were available for all reported units this year. There were 863 patients occupying 915 beds giving an overall occupancy of 94% (or 104% including those on leave) on 30 June 2004. This indicates a high demand for acute mental health beds in collocated units.

Private Hospitals

As in 2002/03, 13 private hospitals authorised under the Mental Health Act provided inpatient and same-day psychiatric services during 2003/04. These hospitals reported 560 available psychiatric beds on 30 June 2004, compared with 580 reported on 30 June 2003.

The decrease of 20 available beds in 2003/04 from 2002/03 was due mainly to the unavailability of two beds in Evesham and a reduction in overall bed numbers (25) from 89 to 64 in St John of God Richmond, due to closure of two of its wards.

Northside Clinic reported 10 additional available beds in 2003/04. Notwithstanding lower available bed numbers in 2003/04, overnight admissions in private hospitals increased by almost 22%, from 8,048 in 2002/03 to 9,857 in 2003/04. Same-day admissions also increased by 4% from 17,589 in 2002/03 to 18,339 in 2003/04.

All beds in Port Macquarie Base and six beds in St John of God Richmond are public non-gazetted beds provided within a private hospital.

Performance Indicators

Significant progress has been made during 2003/04 to establish transparency for mental health funding and to attach outputs or activity to the 3.1 Program. A model for evaluating service provision has been developed and is described below:

Appropriateness – the extent to which program objectives align with government priorities and client needs.

Effectiveness – the extent to which program outcomes are achieving program objectives.

Cost-effectiveness – the relationship between inputs and outcomes expressed in dollar terms.

Efficiency – the extent to which program inputs are minimised for a given level of program outputs, or to which outputs are maximised for a given level of input.

In this report, the Department is including three years of data on key performance indicators that have been used to assess Area Mental Health Services. They do not cover the full range of performance, but they describe key resources (clinical staff, hospital beds) and key outputs.

AHS performance Indicator – Mental Health Clinical Staff (full-time equivalent)

Health Service	2001/02	2002/03	2003/04
CCAHS	189	208	202
CHS	127	93	140
CHW	39	39	55
CSAHS	544	551	558
FWAHS	38	51	37
GMAHS	122	117	138
HAHS	539	580	615
IAHS	231	259	213
MAHS	67	58	55
MNCAHS	175	231	208
MWAHS	227	269	293
NEAHS	118	137	113
NRAHS	126	171	175
NSAHS	738	723	752
SAHS	241	202	238
SESAHS	449	459	537
SWSAHS	381	370	395
WAHS	154	158	167
WSAHS	718	740	682
TOTAL	5,223	5,416	5,573

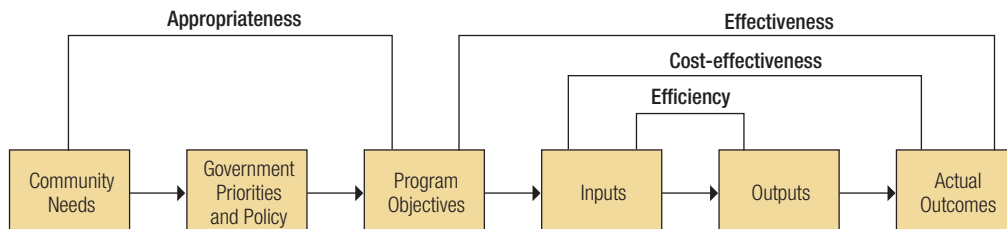
Sources – Program and Product Data Collection (PPDC) and National Survey of Mental Health Services (NSMHS). Data for 2003/04 is provisional.

Definitions

Clinical staff are defined as in the NSMHS, namely, medical, nursing, allied health and ‘other personal care’ staff.

Interpretation

Clinical staffing levels provide the simplest overall indicator of the resources available to an integrated mental health service. In addition to increasing acute hospital beds, NSW has been increasing community-based clinical care. The increase over the period reflects the impact of continuing enhancement of mental health funding.



AHS Performance Indicator – Mental Health Acute Inpatient Care (separations from overnight stays)

Health Service	2001/02	2002/03	2003/04
CCAHS	747	804	1,005
CHS	151	100	92
CHW	*see note	*see note	10
CSAHS	2,684	2,746	2,675
FWAHS	108	93	79
GMAHS	845	757	810
HAHS	2,656	2,749	2,911
IAHS	1,482	1,670	2,007
MAHS	126	119	160
MNCAHS	839	1,318	1,452
MWAHS	720	646	958
NEAHS	768	764	907
NRAHS	793	1,065	1,263
NSAHS	2,008	1,824	1,771
SAHS	528	561	532
SESAHS	2,384	2,206	2,514
SWSAHS	2,182	2,295	2,398
WAHS	735	803	762
WSAHS	2,770	2,549	2,336
TOTAL	22,526	23,069	24,642

Source – Area Health Service returns to Department of Health Reporting System (DOHRS), and MNCAHS data on contract patients at Port Macquarie Base Hospital.

* The Children's Hospital at Westmead did not have any specialised acute inpatient beds until 2003/04.

Interpretation

NSW has undertaken an accelerated program to add new acute beds since 2000/01. Although the main impact of that program lies ahead, the effects were seen in 2003/04. Additional acute inpatient beds were opened in 2003/04 (see later tables for details). The 9% increase in acute overnight stays between 2001/02 and 2003/04 shows the first effects of this increase in service capacity.

AHS Performance Indicator – Mental Health Non-Acute Inpatient Care (bed-days in overnight stays)

Health Service	2001/02	2002/03	2003/04
CHS	22,396	21,299	21,604
CSAHS	30,048	28,949	29,467
HAHS	42,913	42,868	43,507
MWAHS	30,741	33,555	38,344
NSAHS	56,248	55,820	59,397
SAHS	16,680	17,426	17,697
WSAHS	51,814	52,569	51,301
TOTAL	250,840	252,486	261,327

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

Interpretation

An integrated mental health service requires that acute services be backed up by rehabilitation and extended care services, including those in hospitals. In NSW at present, non-acute inpatient services are provided only in psychiatric hospitals and a number of child/adolescent units, operating as statewide services.

The increase in 2003/04 is partly due to a significant increase in beds at Bloomfield Hospital and partly due to a technical change of reporting category (from acute to non-acute) for two child/adolescent units.

AHS Performance Indicator – Ambulatory care (contacts)

Australian mental health services now invest about half their resources in ambulatory (community-based and outpatient) care. Until recently, however, there has been no detailed reporting on what these services provide to individual clients. Mental health services in NSW have begun to address this gap by providing a record of each client contact and its duration, in accordance with Circular 2003/66. In future, it will be possible to report the number of hours of clinical service provided to clients each year. To achieve that, however, services must be able to record and report approximately two million contacts per annum, and have an encrypted Unique Patient Identifier that can be used to relate inpatient services, ambulatory services and outcome data.

Since 2000/01, Area Health Services have submitted nearly four million contact records, but have yet to achieve complete reporting.

Data on this indicator will be presented when services achieve 85% compliance with reporting requirements. It is expected that this will occur in 2004/05.

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

Hospital/Unit	Available beds as at 30/06/03			Available beds as at 30/06/04			In residence		Admitted in 12 mths to 30/06/04		On Leave as at 30/06/04	Deaths in 12 mths to 30/06/04
	gaz	non gaz	tot	gaz	non gaz	tot	as at 30/06/03	as at 30/06/04	Over Night	Same Day		
Rozelle Psychiatric ¹	202	13	215	210	13	223	168	171	1,925	63	20	2
Macquarie Hospital ²	175	0	175	195	0	195	171	184	367	9	3	2
Cumberland Psychiatric	236	0	236	236	0	236	228	233	1,438	54	14	5
James Fletcher – Morisset	104	26	130	108	22	130	120	124	142	0	3	8
James Fletcher – Newcastle	68	14	82	68	14	82	76	79	1,461	92	12	8
Bloomfield Psychiatric ³	145	0	145	165	0	165	127	141	1,315	28	24	11
Kenmore Psychiatric	54	0	54	54	0	54	49	44	166	0	3	3
2003/04 Total				1,036	49	1,085		976	6,814	246	79	39
2002/03 Total	984	53	1,037	984	53	1,037	939	939	6,287	288	59	30
2001/02 Total				959	82	1,041		922	6,513	255	44	20
2000/01 Total				927	94	1,021		838	5,711	268	87	15

¹ Rozelle Hospital – 18 of the 32 beds in Ward H were unavailable, as these beds are reserved for veterans (funded by DVA) they were not occupied on 30 June 2004

¹ Rozelle Hospital – reported 8 additional available beds, 2 in OBS unit and 6 in IPCU

² Macquarie Hospital – reported all its beds as available including 20 in Hamilton House that were unavailable in 2003 due to renovation

³ Bloomfield Hospital – reported 4 additional available beds in Canobolas that were unavailable in 2003

Source: Centre for Mental Health

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

Hospital/Unit	Available beds as at 30/06/03			Available beds as at 30/06/04			In residence		Admitted in 12 mths to 30/06/04		On Leave as at 30/06/04	Deaths in 12 mths to 30/06/04
	gaz	non gaz	tot	gaz	non gaz	tot	as at 30/06/03	as at 30/06/04	Over Night*	Same Day		
Albury Base – Nolan House	24		24	24		24	22	18	488	28	2	0
Armidale Hospital	8		8	8		8	8	9	342	15	0	1
Bankstown Hospital – 2D ¹	0	12	12	0	12	12	10	7	238	1	0	1
Bankstown Hospital – Banks House	30		30	30		30	31	30	847	28	2	1
Blacktown – Bungarabee House	30		30	30		30	30	30	589	15	10	0
Bowral	0	2	2	0	2	2	1	0	115	3	0	0
Braeside Hospital – Aged MH Unit ¹	0	16	16	0	16	16	16	16	142	2	0	0
Broken Hill Base – Special Care Suite	2		2	2		2	2	2	155	11	0	0
Campbelltown Hospital – Waratah House	30		30	30		30	31	30	840	33	3	0
Coffs Harbour Hospital – Psych Unit	24		24	30		30	19	29	676	17	0	0
Concord Hospital – Ward 34 ²	0		0	0		0	0	0	0	3,178	0	0
Dubbo Base – Special Care Suite	2		2	2	1	3	2	3	149	0	0	0
Gosford District Hospital – Mandala Clinic	25		25	25		25	25	24	1,117	378	9	0
Goulburn Base – Chisholm Ross	20		20	20		20	16	18	549	117	6	2
Greenwich Hospital – Riverglen Unit	20		20	20		20	20	20	187	18	2	0
Hornsby & Ku-ring-gai Hospital – Lindsay Madew Unit	25		25	25		25	25	25	493	14	0	1
Kempsey District – Ward 149	0	10	10	0	10	10	9	10	233	14	1	0
Lismore Base – Richmond Unit	25		25	25		25	26	25	1,165	212	4	0
Liverpool Hospital – Psych Unit	30		30	30		30	30	28	770	205	1	2
Long Bay Prison Hospital – All Psych units ³	89		89	98		98	89	98	202	0	0	0
Maitland Hospital – Psych Unit	24		24	24		24	20	17	852	33	12	1
Manly District – East Wing General	20		20	20		20	20	20	755	4	2	0
Manly District – East Wing Psychogeriatric	10		10	10		10	10	10	278	3	1	0
Manning Base – Taree Acute Inpatient Unit	20		20	20		20	19	19	382	5	3	0
Mudgee – Special Care Suite	0	2	2	0	2	2	0	0	36	1	0	0
Nepean Hospital – Piala Unit	30		30	30		30	25	30	739	65	2	0
Prince of Wales – Adult Psychiatry	49		49	45		45	49	45	804	23	2	0
Prince of Wales – Neuropsychiatric Institute	3		3	2		2	3	1	3	0	0	0
Prince of Wales – Psychogeriatric	6		6	6		6	6	6	49	4	6	0
Prince of Wales – MH Rehab Unit ⁴				0		0		0	0	0	0	0
Queanbeyan – Special Care Suite ⁵	2		2	2		2	0	2	0	0	0	0
Royal North Shore – Cummins Unit	20		20	20		20	18	20	421	5	3	1
Royal Prince Alfred – Missenden Unit ⁶	40		40	30		30	37	27	791	38	2	0
Shellharbour Hospital – Eloura Unit	29		29	29		29	29	22	956	172	6	0
Shellharbour Hospital – Mirrabook Unit	20	2	22	20		20	21	19	1,089	20	2	0
St George – MH Unit	28		28	28		28	28	28	617	46	0	1
St Joseph's Auburn – Psychogeriatric	15		15	15		15	15	13	151	1	0	0
St Vincents – Caritas	27		27	27		27	27	27	747	34	2	0
Sutherland Hospital – Psych Unit	28		28	28		28	28	25	589	41	0	0

* Including transfers in.

Hospital/Unit	as at 30/06/03			as at 30/06/04			In residence		12 mths to 30/06/04		Leave as at 30/06/04	in 12 mths to 30/06/04
	gaz	non gaz	tot	gaz	non gaz	tot	as at 30/06/03	as at 30/06/04	Over Night	Same Day		
Tamworth Base – Banksia Unit	25		25	25		25	22	22	712	60	0	0
Tweed Heads Hospital – Tweed Valley Clinic	25		25	25		25	19	25	603	9	0	0
Wagga Wagga Base – Gissing House ⁶	14		14	6		6	14	4	382	13	0	0
Westmead – Adult Acute Unit	12		12	18		18	10	15	608	3,046	2	0
Westmead – Psychogeriatric Unit	8		8	8		8	7	8	94	207	0	0
Wollongong Hospital – MH Unit	20		20	20		20	12	21	467	11	6	0
Wyong Hospital – Miri Miri Older Persons Unit ⁷				15		15		15	49	1	0	0
2003/04 Total (excl C&A)				872	43	915		863	21,471	8,131	91	11
2002/03 Total (excl C&A)	859	44	903				851		20,843	8,409	92	16
Child and Adolescent Units												
Coral Tree Family Unit		15	15		15	15	10	15	586	1,094	0	0
Thomas Walker – Rivendell		24	24		24	24	13	7	271	1,231	6	0
Westmead – Redbank House	9	17	26	9	18	27	13	19	279	2,422	19	0
Campbelltown – Gnakulun	10		10		6	6	5	6	153	308	0	0
John Hunter – Nexus	10		10		10	10	9	9	147	1	0	0
Children's Hospital at Westmead ⁸				4	4			4	13	0	0	0
Sydney Children's Hospital – Adolescent Unit ⁹				5	5			5	16	59	0	0
2003/04 Total Child and Adolescent				25	66	91		65	1,465	5,115	25	0
2002/03 Total Child and Adolescent	29	56	85				50		1,084	4,745	25	0
2003/04 Total all Units				897	109	1,006		928	22,936	13,246	116	11
2002/03 Total all Units	888	100	988	888	100	988	901		21,927	13,154	117	16
2001/02 Total all Units				802	74	876	767		21,445	13,342	45	9
2000/01 Total all Units				718	137	855	751		21,920	12,497	103	2

¹ Aged Care Mental Health beds – not funded under Mental Health Program 8

² Ward 34 of Concord relocated to Rozelle in June 2001 – now Ward 24 at Rozelle

² Concord has a day care ambulatory mental health program for veterans

³ A nine bed female ward [Ward B East] opened in Long Bay in September 2003

⁴ A new 14 bed MHU opened in POW on 22 May 04 – none of the beds were available due to pending staff recruitment

⁵ Bed activity not reported in DOHRS and HIE under program eight as beds located in general ward – hence no activity data available for 03/04 – reporting to start in 04/05

⁶ Missenden Unit at RPA and Gissing House at Wagga Wagga reported 10 and eight unavailable beds respectively on 30 June 2004

⁷ A new aged care MHU opened in Wyong Hospital in May 2004

⁸ A new eight bed C&A Mental Health Unit called Hall Ward opened at Children's Hospital at Westmead in May 2004 – not all beds available due to pending staff recruitment

⁹ A new eight bed C&A Mental Health Unit opened in Sydney Children's Hospital on 3 Nov 2003 – not all beds available due to pending staff recruitment

Source: Centre for Mental Health

Private Hospitals in NSW authorised under the Mental Health Act 1990

Hospital/Unit	Available beds		In residence		Admitted in 12 mths to 30/6/04		On leave as at 30/06/04	Deaths in 12 mths to 30/06/04
	as at 30/06/03	as at 30/06/04	as at 30/06/03	as at 30/06/04	Over Night	Same Day		
Albury/Wodonga Private	12	12	7	10	2,328	335	0	1
Evesham ¹	44	42	33	25	423	1,680	0	0
Lingard	25	25	19	20	418	1,082	0	0
Northside Clinic ²	89	98	75	83	1,429	3,854	2	0
Port Macquarie Base ³	10	10	10	10	261	8	1	0
South Pacific	35	35	20	21	398	180	0	0
Northside West Clinic ⁴	80	80	32	29	602	2,004	0	0
St John of God Burwood	86	86	65	70	1,370	918	2	0
St John of God Richmond ¹	89	64	60	58	904	990	0	0
Sydney Private Clinic	34	34	33	33	683	2,177	0	1
Wandene	30	30	26	29	417	1,161	1	0
Wesley Private	38	38	35	33	517	3,950	0	0
Mayo Private Clinic ¹	8	6	7	5	107	0	0	0
Total 2003/04		560		426	9,857	18,339	6	2
Total 2002/03	580		422	422	8,048	17,589	2	4
Total 2001/02	570		377	377	7,822	18,666	4	1
Total 2000/01	524		524	348	7,126	14,454	42	4

¹ Fewer beds reported from previous year by Evesham (-2); St John of God Richmond (-25); and Mayo Clinic (-2)

¹ St John of God Richmond closed two of its wards in the beginning of 2004 reducing the number of beds from 89 to 64

² Northside Clinic reported 10 additional beds from previous year

³ Port Macquarie Base beds are non gazetted public psychiatric beds within a private hospital

⁴ Previously known as The Wentworth Private Clinic

The Department of Health's response to the Government philosophy in relation to women

The NSW Government's Action Plan for Women complements the Government's Social Justice Directions Statement. The principles of equity, access, rights and participation underpin the Action Plan, providing a focus on women with the least access to social and economic resources.

The NSW Health response to the Action Plan provides clear policy directions reflecting the principles of equity, access and participation. These principles are at the centre of women's health policy in NSW. The key determinants in health status for women include the role and position of women in society and their reproductive role, as well as their biomedical health.

Women's health priorities are outlined in the following policy documents developed by the Department of Health:

- A Strategic Framework to Advance the Health of Women in NSW
- The Women's Health Outcomes Framework
- Gender Equity in Health.

The Women's Health Outcomes Framework Resource Kit has also been developed to assist in the implementation of these policy priorities.

A Strategic Framework to Advance the Health of Women outlines four key strategic objectives for the implementation of women's health policy in NSW. These are to:

- incorporate a gender approach to health
- work in collaboration with others to address social determinants
- advance research in women's health
- apply a health outcomes approach to women's health.

The Department provides leadership and policy direction in delivering women's health outcomes in NSW. Programs addressing the key policy directions for women's health focus on equity of outcomes for women with the least access to social and economic resources.

Programs are implemented within a supportive performance management process in partnership with Area Health Services and non-government organisations (NGOs) using the Women's Health Outcomes Framework. This Framework provides Area Health Services and NGOs with a step-by-step outcomes approach, directly linking policy priorities to measuring health gain from innovative programs funded through the Department.

Key Program Objective: Reducing Violence Against Women

The NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence (2003) introduced an early intervention and prevention strategy involving universal routine screening for domestic violence in services where significant numbers of women have been found to be at risk. To support this strategy, staff training has been developed and implemented within the NSW Health system.

The aims of the policy are to:

- reduce the incidence of domestic violence through primary and secondary prevention approaches
- minimise the trauma that people living with domestic violence experience, through tertiary prevention approaches, ongoing treatment and follow-up counselling.

The NSW Strategy to Reduce Violence Against Women involves a partnership between the Attorney General's Department, NSW Police, Department of Community Services, Department of Education and Training, Department of Health, Department of Housing and the Office for Women.

The Department of Health contributed \$652,948 for 2003/04, and 7 of the 18 Regional Violence Prevention Specialists are hosted by Area Health Services.

Other programs focusing on reducing violence against women include:

1. **When Love Hurts** – to assist women who have experienced domestic violence through the development of a resource manual. (Northern Rivers Community Legal Centre: \$10,000)
2. **Strong Women Strong Voice** – to raise awareness among service providers of the incidence and the effects of sexual violence on the health of Aboriginal women. (Macquarie Area Health Service Sexual Assault Service: \$23,830)
3. **Women's Safety in Low Cost Housing** – to identify and address safety concerns of women living in low cost housing and address their issues from a short and long term perspective. (Mid North Coast Area Health Service: \$58,427).
3. **GRACE the Elephants Project** – to develop an educative tool which operationalises gender awareness and a gendered approach to health service delivery with the aim of increasing the capacity of service providers in applying a gendered approach to the delivery of health services. (Greater Murray Area Health Service: \$54,775.)
4. **The Cowra Breakaway Program** – to address the issue of mental illnesses in Aboriginal girls under 18 years with a low attendance at school through the development of a resource manual. (Mid Western Area Health Service: \$10,000.)
5. **Creating conditions for Health Improvement of Women in South West Sydney** – To determine what the gaps are in the understanding of the social, environmental, economic and behavioural determinants of health for women in South Western Sydney and find solutions to address these gaps. (South Western Sydney Area Health Service: \$46,894.).

Women's Health Strategy

The NSW Health Women's Health Strategy, which is funded through the Public Health Outcomes Funding Agreement, has allocated one-off funding for the implementation of the following innovative health improvement projects during 2003/04 and 2004/05:

Improve the health and quality of life of women in NSW

1. **Young women and smoking** – to reduce the prevalence of smoking in 12-18 year old women through the involvement of young women in the production of a short film based on the 'Survivor' program targeting smoking. (Moruya Youth Centre: \$38,880.)
2. **Home Support Pilot Project** – to reduce the rate of homelessness among chronically mentally ill women through the provision of outreach, support and case management to clients of the service with a history of chronic homelessness and chronic mental illness. (Women's and Children's Emergency Centre: \$41,000.)

Linking chronic care to the community

To increase the proportion of 'at risk' women in correctional centres screened and assessed for chronic obstructive pulmonary disease. (Justice Health: \$36,111).

PRIVACY MANAGEMENT PLAN

A number of activities were carried out to assist health service compliance with the Privacy and Personal Information Protection Act and to prepare for commencement of the Health Records and Information Privacy Act 2002 on 1 September 2004. These included the development and distribution of staff training materials, the publication of a privacy leaflet for patients and the revision of NSW Health privacy policy.

All aspects of privacy implementation have been overseen by the privacy reference group comprising clinical staff, health information managers, legal and departmental staff. NSW Health has informed the Office of the Privacy Commissioner of all aspects of its privacy implementation plan.

The Department continues to provide support to health services in relation to the collection, storage, handling, access and disclosure of personal information. Presentations have been provided to professional organisations and to health service staff.

NSW Health has continued to be involved in the national privacy agenda, including supporting finalisation of the National Health Privacy Code.

During 2003/04, two applications for internal review were considered in accordance with section 53 of the *Privacy and Personal Information Protection Act*. Both reviews related to the collection, use and disclosure of personal information and personal health information.

The first review was conducted in August 2003. The applicant sought a review from the Administrative Decisions Tribunal, and that decision is pending.

The second review was conducted in February and March 2004. The applicant was notified of the outcome of the review in March 2004.

Disability Action Plan 2003/04

The Department's Disability Action Plan is closely aligned with the Diversity and Equity Plan for the Workplace, NSW Department of Health 2003-05, and is informed by the *Strategic Directions for Health 2000-05* and the *NSW Health Corporate Plan 2003-05*.

As a way of improving access to the Department, and to help overcome barriers for people who have communication impairment, the Department has developed a policy for staff called *Using Language Services to Overcome Communication Barriers (Circular 2004/16)*, with accompanying guidelines. This promotes to staff the availability of a range of language services and how to access them.

Significant work has been undertaken to review and modify the Department's Internet and Intranet sites to best practice standards, to ensure that people with disabilities have equal access. Modifications include an easy-to-use site map, greater emphasis on text-based content, and prudent use of graphics and multimedia.

The design and delivery of the Department's websites aim to ensure that:

- visitors are aware of, and have easy access to, health information
- web pages are tagged correctly for motor and visually-impaired visitors who use screen readers
- key publications are available in other languages.

Web publishing guidelines have been developed for the Department's web content authors. These include standards on readability, navigation, design and accessibility, and procedures for reviewing and improving new and updated content before it is posted to the Internet and Intranet.

The interests of staff with a disability are represented on the Department's Equity Advisory Committee by members who have a disability. Equity Advisory Committee meetings are publicised, with Minutes and information on the Committee accessible on the Intranet.

Persons with a disability are also members of the Department's Occupational Health and Safety Committee and contribute to other committees and working parties throughout the Department.

Strategies for the Disability Action Plan are available in the Staff Handbook on the Department's Intranet and the Department continues to recruit and retain employees with a disability.

Staff development and training programs including induction, staff selection techniques and the leadership development program have been reviewed to ensure that they contain information on resources for communicating with people with a disability. These programs incorporate modules on dealing with the diverse needs of people with disabilities in a non-discriminatory manner. A coaching, mentoring and performance review scheme is in place for staff and assists in identifying the needs of employees with disabilities and ways for them to access, and be supported in, professional development opportunities.

Managers have available to them information on modification of the workplace to meet the needs of staff with disabilities and can access a central workplace adjustment fund to meet associated expenses.

The Department has a role as a Key Agency under the Disability Policy Framework, for the Program of Appliances for Disabled People (PADP). PADP assists eligible NSW residents with a permanent or long-term disability to live in their community by providing appropriate equipment, aids and appliances.

Major Equal Employment Opportunity (EEO) outcomes for the year

- Implemented the Department's Diversity and Equity in the Workplace Management Plan incorporating the EEO plan, the Disability Action plan, the Ethnic Affairs Priority Statement (EAPS) and the Aboriginal Workforce Development Plan
- Implemented a Using Language Services to Overcome Communication Barriers policy to promote access to the Department and to better involve communities and clients. It also provides staff with a single reference point for information on language services and how to access them.
- Supported the ongoing development and formalisation of the Department's Support Network for Aboriginal and Torres Strait Islander staff
- Continued a successful Spokeswomen Program on three campuses with information seminars, celebrations of cultural diversity and forums featuring women leaders.
- Celebrated Pride Week by providing information and a seminar for staff.
- Commenced development of an Affirming Sexual and Gender Diversity Policy for the Department working with representatives of gay and lesbian staff
- Refined the Coaching and Performance System (CAPS) to identify employee training and career development needs. Conducted training for managers in how to coach and for staff on how to be coached.
- Organised and hosted information seminars and events for staff to celebrate and promote diversity in the workplace including Journey of Healing and National Aboriginal Islander Day Observance Committee (NAIDOC) events and Pride Week
- Commenced work on an Aboriginal Employment Strategy for the Department
- Commenced work with members of the Department's Equity Advisory Committee to form a support network for staff with a disability and who are carers of people with disabilities.

A. Trends in the Representation of EEO Groups

EEO Group	Benchmark or Target	Percentage of Total Staff				
		2000	2001	2002	2003	2004
Women	50%	59%	59%	59%	59%	60%
Aboriginal people and Torres Strait Islanders	2%	2%	2%	1%	2%	2%
People whose first language was not English	20%	18%	18%	19%	20%	20%
People with a disability	12%	5%	4%	3%	4%	4%
People with a disability requiring work-related adjustment	7%	1%	1%	1%	1%	1%

B. Trends in the Distribution of EEO Groups

EEO Group	Benchmark or Target	Distribution Index				
		2000	2001	2002	2003	2004
Women	100	87	91	90	90	95
Aboriginal people and Torres Strait Islanders	100	104	95	94	n/a	n/a
People whose first language was not English	100	92	93	89	92	91
People with a disability	100	103	105	102	100	101
People with a disability requiring work-related adjustment	100	n/a	n/a	n/a	n/a	n/a

Notes:

- 1 Staff numbers are as at 30 June.
- 2 Excludes casual staff.
- 3 A Distribution Index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the EEO group is less concentrated at lower salary levels. The Distribution Index is automatically calculated by the software provided by the Office of the Director of Equal Opportunity in Public Employment on Equal Employment Opportunity (ODEOPE).
- 4 The Distribution Index is not calculated where EEO group or non-EEO group numbers are less than 20.

The Department released a new Occupational Health & Safety Policy and a new Workers Compensation and Injury Management Policy for the Department in June 2004. Both policies were developed in consultation with the Occupational Health & Safety Committee, the Public Service Association of NSW and the Nurses Association of NSW.

Workers compensation claims are an indicator of Occupational Health and Safety performance. In 2003/04, the number of claims decreased from 31 to 26, continuing a trend of decreases since the 1998/99 financial year made by Department staff.

The actual cost of claims for the financial year was \$119,864. Comparisons with previous financial years are illustrated in the accompanying tables.

The type of claims reported has remained generally unchanged from previous years. Slips/trips account for the greatest number of workers compensation claims and also account for most of the journey claims. Journey claims accounted for 12 of the 26 claims made in 2003/04 (as opposed to 16 of 31 in 2002/03).

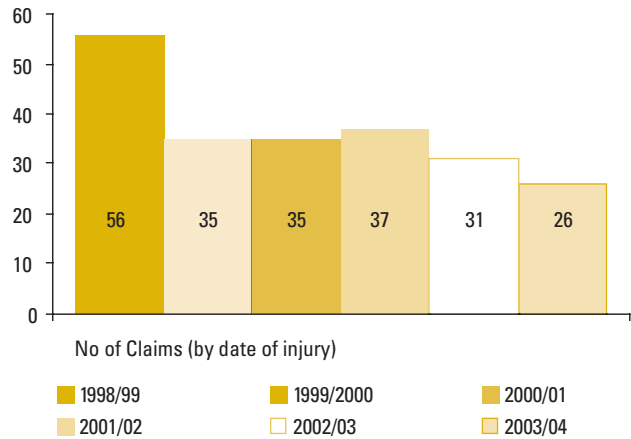
The continued improvement in workers compensation performance can be attributed partly to:

- improved management of workers compensation claims and return to work programs
- regular contact with staff and managers in the claims process
- occupational Health and Safety (OH&S) awareness initiatives implemented by the Department and the Occupational Health and Safety Committee.

The following are some of the OH&S initiatives that will be introduced in the coming year:

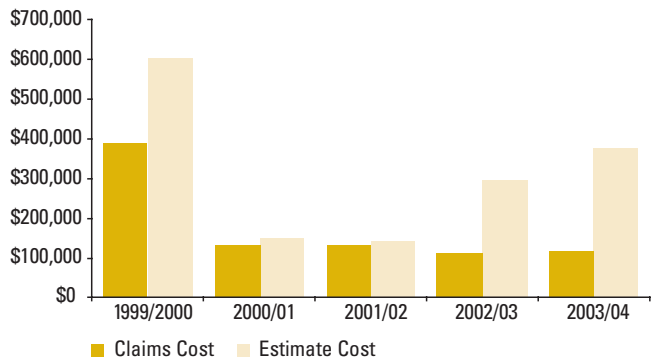
- Review of First Aid Facilities/Training in the Department
- Implementation of all aspects of the OHS & Workers Compensation/Injury Management Policies
- Implementation of the 'SafetyCheck' program.

1. Number of claims each year since 1998

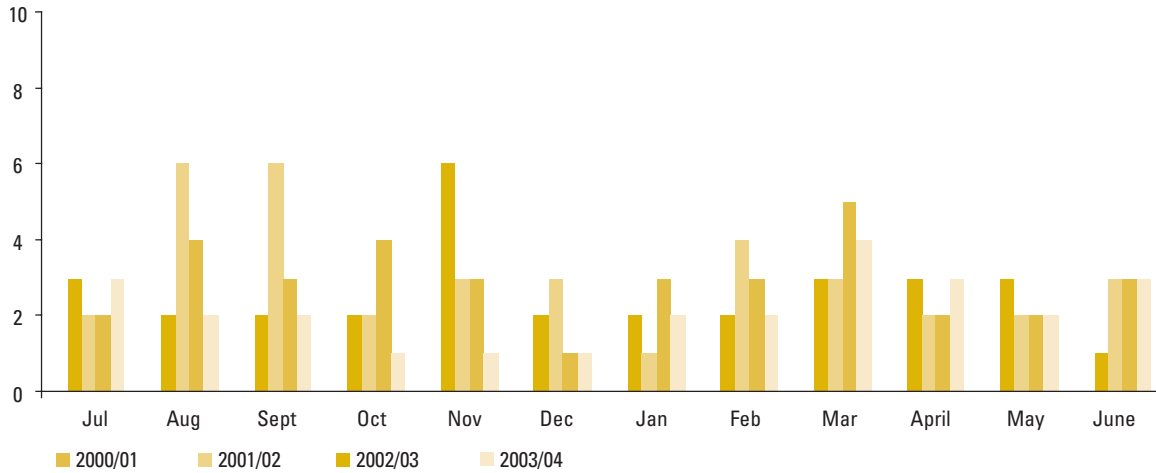


2. Claims costs each year since 1999/2000

- Claims costs are the actual amount of money paid in total on all claims to that date
- Estimated costs is the amount of money estimated by the GIO to be paid against all claims in future.



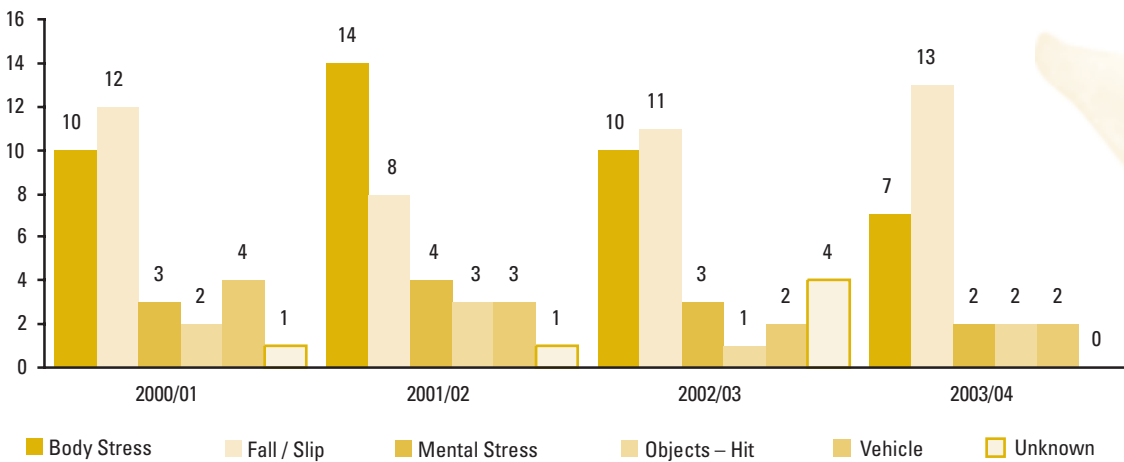
3. Workers Compensation Claims each month for past four years



4. Type of new claims each month – 2003/04

Injury/illness	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Body Stress		2							2	2	1		7
Exposure													
Fall/slip	2		2	1			1	2	2			3	13
Mental Stress					1	1							2
Objects- hit	1										1		2
Vehicle							1			1			2
Unknown													
Total	3	2	2	1	1	1	2	2	4	3	2	3	26

5. Categories of Workers Compensation Claims over past four financial years



Personnel, Policies and Practices

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

Human resource issues include conditions of employment, training, equity, salaries, occupational health and safety, workers compensation and rehabilitation, grievance resolution, organisation change and performance management, job evaluation and establishment.

Major achievements

- Planned and implemented a Voluntary Redundancy program including a communications strategy and assessment process.
- Coordinated a functional review of the Department.
- Implemented a range of equity strategies including finalisation of the equity plan and integrated reporting, support of the Aboriginal staff network, trainees, Spokeswomen's Program and Pride Week.
- Improved data management processes from the payroll system, 'Complete Human Resources Information System' (CHRIS) for submission of data to the Management Board and inclusion in the Workforce Profile.
- CHRIS modules were implemented for training and recruitment improving process efficiency and the capacity to analyse data.
- Implementation of the provisions of the *Public Sector Employment and Management Act 2002* into all personnel activities.
- Commencement of lunch time staff briefings 'Know your working conditions'.
- Participation in industrial negotiations and actions associated with the devolution of functions and staff to Area Health Services and transfer of Food Branch staff to the NSW Food Agency.
- Completion of the revitalised Leadership Development Program targeted for current and future leaders within the Department of Health. Fifteen attendees successfully completed the Program.
- The inaugural Certificate IV in Frontline Management was successfully completed by a number of staff.

Policies released

- NSW Department of Health Restructuring Procedures (Circular No 2003/59)
- Using Language Services to Overcome Communication Barriers (Circular No 2004/16)
- Occupational Health & Safety Policy and Workers Compensation and Injury Management Policy (Circular No 2004/33)
- Accessing Leave entitlements and Flexible Working Hours Arrangements to Observe Religious Duties (Circular 2004/07)
- NSW Department of Health Flexible Work Locations Policy (Circular 2003/52)

Scholarships

The Department introduced the Margaret Samuels Scholarship for Women in 1997 and the Peter Clark Memorial Scholarship for Men in 2002.

The scholarships are designed to assist Departmental officers graded up to and including Clerk Grade 7/8, to pursue tertiary studies in an area that is relevant to the Department's functions. Areas may include health and general administration, finance, human resources, information technology and law. The scholarships were awarded to the following staff:

Margaret Samuel Memorial Scholarship

- Ainsley Martlew, Health Ethics Branch – to continue a Master of Management at the University of Technology, Sydney.
- Val Middleton, Child Protection and Violence Prevention Unit – to undertake a Bachelor of Arts, majoring in Criminology and Sociology.

Peter Clark Memorial Scholarship

- Robert Spencer, Corporate Personnel Services – to continue Bachelor of Arts at the University of New South Wales

Staff Awards for Excellence

The Staff Awards for Excellence recognise outstanding individual and team service in terms of the Department's corporate values of fairness, respect, integrity, learning and creativity and effectiveness in their performance. The Awards are presented on a quarterly basis. In December 2003 awards were presented for the Staff Member of the Year and the Team of the Year.

July – September 2003

Individual

Rebecca Mitchell, *Centre for Health Promotion.*

Team

Design and Distribution Team, Communications
Debra Lynn, Amanda Holt, Bilyana Bain, Renée Roos and Donna Parkes.

October – December 2003

Annual Individual Award

Imelda Wunder, *Statewide Services Development Branch.*

Annual Team Award

Aboriginal Environmental Health Unit
Jeff Standen, Monique Sharp, Marc Goodall and Andrew Reefman.

January – March 2004

Individual

John Roach, *Finance.*

Team

Client Services Reception Staff
Karen Butler, Biljana Kozaroska, Shue Lee, Irene Reilly, Lusia Uepa

April – June 2004

Individual

Bill Bellew, *Centre for Health Promotion.*

Team

Aged Care Team, Inter-government and Funding Strategies
Christine Foran, Barbara Anderson, Clare Gardiner, Scott Stafford

NUMBER OF FULL TIME EQUIVALENT STAFF EMPLOYED IN THE NSW PUBLIC HEALTH SYSTEM

22

Full time equivalent as at 30 June

Controlled Entities and Department	2003/04	2002/03	2001/02	2000/01
Medical	6,363	6,112	5,822	5,623
Nursing	33,491	32,551	31,442	30,724
Corporate Administration	5,004	4,984	4,839	4,707
Allied Health Professional	12,308	12,354	11,756	11,556
Hospital Employees (eg Wardsmen, Technical Assistants and Ancillary Staff)	14,934	14,624	13,736	12,911
Hotel Services	7,858	7,986	8,033	8,280
Maintenance and Trades	1,085	1,104	1,127	1,135
Ambulance – Uniform	2,870	2,743	2,595	2,545
Other	867	865	855	784
Total – Controlled entities and Department	84,780	83,323	80,205	78,265
3rd Schedule Hospitals	5,002	5,097	5,040	5,101
Total staff – NSW public health system	89,782	88,420	85,245	83,366

Note: An improved and more accurate reporting system was developed in 2003/04 to returns for the previous three financial years, which means there are minor variations from figures reported in Annual Reports from 2000/01-2002/03. This table is not directly comparable to EFT data in Appendix 4 as Appendix 4 does not include Department and Ambulance Service staff and provides average EFT figures, rather than those as at the end of the reporting period.

The number of registered health professionals as at 30 June

Health professional	2003	2004
Chiropractors	1,233	1,244
Dental Technicians	692	711
Dental Prosthetists	409	412
Dentists	4,153	4,245
Medical Practitioners	25,281*	25,981*
Nurses – Enrolled	16,200	16,393
Nurses – Registered	79,244	80,560
Optical Dispensers	1,381	1,402
Optometrists	1,535	1,580
Osteopaths	443	488
Pharmacists	7,233	7,414
Physiotherapists	5,992	6,250
Podiatrists	724	751
Psychologists	7,655	8,093

* Figures supplied by the Medical Board – 21,798 practitioners currently holding general registration
 – 2,620 practitioners currently holding conditional registration
 – 1,563 practitioners currently retired/non-practising

Note: Figures for Dentists, Medical Practitioners and Pharmacists have been provided by their individual Boards.

The schedule of overseas visits includes both Department and Health Service staff. The reported instances of Health Service travel are those sourced from general operating funds or from sponsorship arrangements, both of which require Department approval.

Department of Health

Pam Albany – Population Health: *7th World Conference on Injury Prevention and Safety Promotion*. Austria. General Funds.

Margaret Banks – Population Health: *7th International Medical Workforce Conference and Health Leaders UK Health Workforce Study Tour*. United Kingdom. General Funds.

Peter Hill – Population Health: *British Dental Association Conference and the Asia Pacific Dental Congress*. United Kingdom and Hong Kong. General Funds.

Kendall Hockey – Information and Business Solutions: *Varian Medical Systems International VARiS Vision Users Meeting*, United States of America. Sponsorship.

Devon Indig – Population Health: *2003 American Public Health Association Conference*. United States of America. General Funds.

Joanna Kelly – Health System Performance: *Site Reference Visits – EHR Tender Evaluation; National Clinical IM&T Conference*. United Kingdom. General Funds.

Robyn Kruk – Director-General. *7th International Medical Workforce Conference*. United Kingdom. General Funds.

Jeremy McAnulty – Population Health: *Training Session on Epidemiology of Infectious Diseases and site visit to UK Public Health Laboratory Service*. United Kingdom. General Funds.

Brenda McLeod – Strategic Development: *Altogether Better Health: Progress in Interprofessional Education and Collaborative Practice Conference*. Canada. General Funds.

Lynne Madden – Population Health: *The Second International Conference on Urban Health; Globalisation, Justice and Health and American Public Health Association Annual Meeting*. United States of America. General Funds.

Toby Mathieson – Chief Information Office: *Attend Site visit to USA to review Cerner Point-of-Care Clinical System (PoCCS) System in a live environment*. United States of America. General Funds.

Sarah Michael – Health System Performance: *Asia Pacific Forum*. New Zealand. General Funds.

Elisabeth Murphy – Strategic Development: *Biannual International Conference on Newborn Hearing Screening, Diagnosis and Intervention*, Italy. General Fund.

Beverley Raphael – Strategic Development: *Australia-Canada Population Health Conference and Attend Meetings*. Canada. General Fund and Sponsorship.

John Sanders – Population Health: *12th World Conference on Tobacco or Health – Global Action for a Tobacco Future*, Finland. General Funds.

Jeff Standen – Population Health: *New Zealand Public Health Association Conference*, New Zealand. General Funds.

Jola Stewart – Population Health: *National Aboriginal Injury Prevention Conference 2004: Towards Community Action on Aboriginal Injuries*, Canada. General Fund.

Peter Williams – Health System Performance: *Site Reference Visits – EHR Tender Evaluation; National Clinical IM&T Conference*, United Kingdom. General Fund.

Other NSW Health Staff**Kim Adler** – Hunter Area Health Service:*CCI-779/Letrozole Phase III Investigators' Meeting (First-Line Hormonal Therapy in Postmenopausal Women with Locally Advanced or Metastatic Breast Cancer).* United States of America. Sponsorship.**Ivern Ardler** – Illawarra Area Health Service:*National Aboriginal Injury Prevention Conference 2004: Towards Community Action on Aboriginal Injuries.* Canada. General Funds.**Phillip Biro** – Illawarra Area Health Service:*3rd European Congress on Violence in Clinical Psychiatry.* London. Sponsorship.**Louisa Bray** – Hunter Area Health Service:*European Bone Marrow Transplant Conference.* Spain. Sponsorship.**Rosemary Burke** – Central Sydney Area Health Service:*National Workshop of Medication Safety and Quality Use of Medicines.* New Zealand. Sponsorship.**Denis Calvort** – Illawarra Area Health Service:*Eli-Lilly 1001 Investigator Meeting.* Poland. Sponsorship.**Deidre Cornes** – Hunter Area Health Service:*Trans-Tasman Radiation Oncology Group Annual Meeting.* New Zealand. Sponsorship.**Heather Davies** – Central Sydney Area Health Service:*Annual Scientific Meeting of Haematology Society of Australia and New Zealand.* New Zealand. Sponsorship.**Suzie Ferrie** – Central Sydney Area Health Service:*2nd Biennial Scientific meeting of the Parenteral and Enteral Nutrition Society of Malaysia.* Malaysia. Sponsorship.**Fergus Fitzsimons** – New England Area Health Service:*Microsoft Corporation's Government Leaders Conference and attendance at Meetings.* United States of America and Canada. General Funds.**Elizabeth Frig** – Central Sydney Area Health Service:*Topiramata IR Clinical Program in Obesity and Diabetes Data Presentation Meeting.* Italy. Sponsorship.**Maree Gleeson** – Hunter Area Health Service:*Development Physiology Conference (SIDS) and 8th International SIDS Conference.* United Kingdom and Canada. Sponsorship.**Nils Hanson** – Southern Area Health Service: *Site Visits – Undertake Needs Assessment to Identify Specialised Priority Areas for Children.* East Timor. General Funds.**Denise Heinjus** – Illawarra Area Health Service: *Recruitment Campaign for Nurses, New Zealand.* General Funds.**Julie Hollis** – Illawarra Area Health Service: *Investigator Meeting for Amgen Australia, ABX-EGF 20020408 Metastatic Colorectal Cancer Study.* Italy. Sponsorship.**Margaret Hollis** – Mid North Coast Area Health Service: *18th International Diabetes Federation Congress.* France. General Funds.**William Jansens** – Illawarra Area Health Service: *Annual Scientific Meeting of Haematology Society of Australia and New Zealand.* New Zealand. Sponsorship.**Despina Jasllarea** – Central Sydney Area Health Service: *Investigators Meeting for Schwarz Biosciences' trial on drug for overactive bladder.* South Africa. Sponsorship.**Louise Kerr** – Central Sydney Area Health Service: *Annual Scientific Meeting of Haematology Society of Australia and New Zealand.* New Zealand. Sponsorship.**Olga Kovacev**, Hunter Area Health Service: *Trans-Tasman Radiation Oncology Group Annual Meeting.* New Zealand. Sponsorship.**Simon Kuzyl** – Central Sydney Area Health Service: *Annual Scientific Meeting of Haematology Society of Australia and New Zealand.* New Zealand. Sponsorship.**Susan Lampe** – Illawarra Area Health Service: *Australian and New Zealand College of Mental Health Nurses 29th International Conference.* New Zealand. General Fund.**Sandra Liddell** – Central Sydney Area Health Service: *Renal Cancer Study Investigator Meeting.* Hungary. Sponsorship.**Elizabeth Lucas** – Illawarra Area Health Service: *Advanced Study Regional Meeting.* New Caledonia. Sponsorship.**Elizabeth Lucas** – Illawarra Area Health Service: *Fifth Australian and New Zealand FIELD Investigators' Meeting.* New Zealand. Sponsorship.

Elizabeth Lucas – Illawarra Area Health Service: *MK-0557 (Protocol 015) Study Investigators' Meeting*. Italy. Sponsorship.

John Lyons – Macquarie Area Health Service: *Changing Faces of Rural Mental Health*. United States of America. Sponsorship.

Anne McDade – Central Sydney Area Health Service: *Intravenous Safety Course*. India. Sponsorship.

Andrea Marsden – Southern Area Health Service: *Site Visits – Undertake Needs Assessment to Identify Specialised Priority Areas for Children*. East Timor. General Funds.

Carol Martin – Illawarra Area Health Service: *Australian and New Zealand College of Mental Health Nurses 29th International Conference*. New Zealand. General Fund.

Peter Massey – New England Area Health Service: *TB Conference*. New Zealand. Sponsorship.

William Matheson – ASNSW: *Clinical Skills and Simulation Conference*, Waikato University. New Zealand. Sponsorship.

Kerri Melehan – Central Sydney Area Health Service: *R-Modafini Global Sleep Technician Meeting*. USA. Sponsorship.

Robert Moses – Illawarra Area Health Service: *Fifth Australian and New Zealand FIELD Investigators' Meeting*. New Zealand. Sponsorship.

Bronwyn Murray – Central Sydney Area Health Service: *Aventis Pharma XRP9981B-3001 (Treatment of Metastatic Breast Cancer) Investigators Meeting*. France. Sponsorship.

Bronwyn Murray – Central Sydney Area Health Service: *Wyeth 3066A1-303WW – CCI-779/Letrozole Phase III (Advanced Breast Cancer) Investigator Meeting*. United States of America. Sponsorship.

Rosemary Neild – Hunter Area Health Service: *6th Annual Meeting of International Society for Addiction Medicine and Satellite Symposium*. Finland and Russia. General Funds.

Amanda Niciak – Western Sydney Area Health Service: *Delivery of NSW Cervical Screening Program's Workshop – 'Meeting Challenges in Cytology'*. New Zealand. General Funds.

Gary Nolan – Central Coast Area Health Service: *Chronic Obstructive Pulmonary Disease Conference-COPD4*. United Kingdom. General Funds.

Sellvakumaran Paramasivam – Hunter Area Health Service: *19th Annual Meeting of the Australian Society of Gynaecological Oncologists*. Singapore. General Funds.

Mark Patterson – Central Sydney Area Health Service: *17th International Symposium on the Forensic Sciences*. New Zealand. General Funds.

Anne Pilley – Central Sydney Area Health Service: *Australasian Stomal Therapy Conference*. New Zealand. Sponsorship.

Peter Pilon – ASNSW: *Integrated Access Forum and International Academy of Emergency Dispatch 'Navigator Conference'*. USA. Sponsorship.

Terese Pinkis – Illawarra Area Health Service: *Australasian Neuroscience Nurses Association 31st Annual Conference*. New Zealand. Sponsorship.

Dorrielyn Rajbhandari – Central Sydney Area Health Service: *Chiron TFP008 (Community Acquired Pneumonia) Investigators Meeting*. Aruba. Sponsorship.

Fiona Rennison – Central Sydney Area Health Service: *Essentials of Haemophilia Care, (Two-Part Course) and the Global Nurse Symposium Advancing Haemophilia Nursing Practice*. United Kingdom and United States of America. Sponsorship.

Amelia Renu – Northern Sydney Area Health Service: *Australian and New Zealand College of Mental Health Nurses 29th International Conference*. New Zealand. General Funds.

Debbie Richards – Southern Area Health Service: *Site Visits – Undertake Needs Assessment to Identify Specialised Priority Areas for Children*. East Timor. General Fund.

Chris Rissel – Central Sydney Area Health Service: *World Health Organisation Evidence of Health Promotion Effectiveness Technical Meeting*. Hong Kong. Sponsorship.

Lesley Salem – Hunter Area Health Service: *NeophroAsia 2004 Conference*. Singapore. Sponsorship.

Liliana Schwartz – Central Sydney Area Health Service: *17th International Symposium on the Forensic Sciences*. New Zealand. General Funds.

George Smith – ASNSW: *International Search and Rescue Team-Leaders Meeting*. South Korea. General Funds.

George Smith – ASNSW: *National Urban Search and Rescue Meeting*. New Zealand. Sponsorship.

Joanna Starky – New England Area Health Service: *Independent Practitioners Association Conference*. New Zealand. Sponsorship.

Andrea Taylor – Northern Sydney Area Health Service: *3rd Asia Pacific Forum on Quality Improvement in Health Care*. New Zealand. General Funds.

Sarah Thackway – Illawarra Area Health Service: *Surveillance and Olympic Games 2004*. Greece. Sponsorship.

Theam-Khoo – Mid Western Area Health Service: *Executive Learning Set*. New Zealand. General Funds.

Clare Turner – Far West Area Health Service: *International Nurse Practitioner Conference*. Holland. Sponsorship.

Leanne Unicomb – Hunter Area Health Service: *12th International Meeting on Campylobacter, Helicobacter and Related Organisms*. Denmark. General Funds.

Bill Varday – Senior Electronics Technical, Biomedical, Wollongong Hospital, Illawarra Area Health Service: *High Energy 'C' Technical Maintenance I and II Training Courses*. United States of America. Sponsorship.

Anne Vertigan – Hunter Area Health Service: *Advances in Diagnosis and Treatment of Vocal Cord Dysfunction and attend a Research/Clinical Meeting with National Jewish Medical and Research Centre*,. United States of America. General Funds.

Helen Vidot – Central Sydney Area Health Service: *Parenteral and Enteral Nutrition Society of Malaysia and the Malaysian Liver Foundation*. Kuala Lumpur. Sponsorship.

Surinder Wadhwa – Illawarra Area Health Service: *Investigator Meeting for Amgen Australia, ABX-EGF 20020408 Metastatic Colorectal Cancer Study*. Italy. Sponsorship.

Jeanette Ward – South Western Sydney Area Health Service: *5th International Conference on the Scientific Basis of Health Services and site visits to academic and government agencies*. United States of America and Canada. General Funds.

Alison Webb – Illawarra Area Health Service: *Advanced Study Regional Meeting*. New Caledonia. Sponsorship.

Alison Webb – Illawarra Area Health Service: *Eli-Lilly 1001 Investigator Meeting*. Poland. Sponsorship.

Alison Webb – Illawarra Area Health Service: *Fifth Australian and New Zealand FIELD Investigators' Meeting*. New Zealand. Sponsorship.

Claudia Whyte – Northern Sydney Area Health Service: *European Congress of Clinical Microbiology and Infectious Diseases Conference*. Czech Republic. Sponsorship.

Booklets

- Communicating Positively – A Guide to Appropriate Aboriginal Terminology
- Increasing Awareness of Mental Illness Among Secondary School Students
- NSW Aboriginal Safety Promotion Strategy
- Stay on your feet – your home safety checklist

Brochures/flyers

- Acute Stress, Trauma and Bereavement – Information for General Practitioners
- Children of parents with mental illness
- Collaboratives in NSW – Patient Flow and Safety, and Chronic Care
- Educational resources for the NSW Health Aboriginal Vascular Health Program (AVHP) – 13 pamphlets
- Families and Friends affected by the drug or alcohol use of someone close
- Heart Moves
- In All Fairness: Increasing equity in health across NSW
- Quitline referral forms
- Selling Tobacco in NSW – tips for retail employees
- Stay on your feet: your home safety checklist
- Zero tolerance zone – group and hand brochures

Factsheets

- Anaphylaxis and severe allergic reactions
- BBQ safety and salmonella
- Beach and water
- Bushfire smoke
- Buying medicines over the internet
- Car and home smoke free zone
- Cardiovascular disease (CVD) and smoking
- Christmas Crisis Care
- Christmas Toy Safety
- Driving Diet Tips
- Dust storms
- Full body scan and virtual colonoscopy health risks
- Gastroenteritis (viral)
- Groundwater contamination by EDC at Botany
- Healthy eating and exercise
- Healthy swimming pools
- How to display the compulsory warning signs
- Legionnaires Disease

- Leptospirosis
- Light cigarettes
- Nicotines and other poisons
- Peanut Allergy
- Products to help you quit smoking – update
- Quit smoking in the new year
- Safe Sex
- Serving food safely
- Severe Acute Respiratory Syndrome (SARS)
- Solarium Safety
- Summer Health and Safety Tips
- Sun protection
- Supporting someone to quit smoking
- Tobacco and Health fact sheets – the first five
 - Smoking and pregnancy
 - Remaining a non-smoker
 - Nicotine dependence and withdrawal
 - Quitting smoking – the first few days
 - Benefits of quitting smoking
- Unflued Gas Heaters – Environmental Health
- Wood smoke from wood-fired home heaters

Information manual kits

- Improving Mental health and wellbeing in NSW – Children of parents with mental illness
- Improving Mental health and wellbeing in NSW – Integrated Perinatal and infant care (IPC)
- Improving Mental health and wellbeing in NSW – NSW Early Psychosis Program
- Improving Mental health and wellbeing in NSW – NSW Parenting Program for Mental health
- Improving Mental health and wellbeing in NSW – NSW School link initiative
- Improving Mental health and wellbeing in NSW – Suicide Prevention in NSW

Newsletters

- EHR*Net Newsletter September 2003
- Health Ethics Newsletter – Issues 1-4
- Public Health Forum NSW – Communique No.4 November 2003
- Rhodes Community Newsletter No.1
- Safety Advocate Issue 5, Infusion pump safety and 6, Self-inflating bag/mask devices
- Telehealth Newsletter – Issues 9 and 10

Policy / control guidelines

- Anthrax
- Arboviral
- Barmah Forest virus infection
- Bat bites and scratches
- Botulism
- Brucellosis
- Chancroid
- Chlamydia
- Cholera
- Cryptosporidiosis
- Diphtheria
- Donovanosis
- Food-borne illnesses
- Gastroenteritis (viral)
- Giardiasis
- Gonorrhoea
- Haemolytic Uraemic Syndrome and Verotoxigenic E. Coli infections
- Haemophilus influenzae type B invasive infection
- Hepatitis A, B, C, D, E
- HIV/AIDS
- Influenza
- Invasive Pneumococcal Disease
- Lead
- Legionnaires Disease
- Leprosy
- Leptospirosis
- Listeriosis
- Lymphogranuloma Venerum
- Malaria
- Measles
- Meningococcal Disease
- Mumps
- Murray River Encephalitis
- Pertussis (Whooping Cough)
- Plague
- Pneumococcal Disease
- Poliomyelitis
- Psittacosis
- Q Fever
- Rabies and Bat Lyssavirus
- Ross River Fever
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Syphilis
- Tetanus
- Tuberculosis
- Typhoid
- Typhus
- Viral haemorrhagic fevers
- Whooping Cough (Pertussis)
- Yellow Fever

Policy

- Aboriginal Safety Promotion Strategy
- Aboriginal Workforce Development Strategic Plan
- Access Issues at NSW Public Hospitals – Key Strategies
- Accredited Persons Handbook
- Adapting the ward for people with dementia
- Anaphylaxis and severe allergic reactions
- Anaphylaxis Guidelines for Schools
- ANSTO Research Reactor Lucas Heights – Strategy for off-site iodine distribution
- Assisted Reproductive Technology Bill 2003
- Assisted Reproductive Technology Bill 2003 – Information Guide
- Brief Treatment Outcome Measure – Concise (BTOM-C) Questionnaire
- Care of Patients with Dementia in General Practice
- Child Protection Service Plan 2004-2007, NSW Health
- Chronic Disease Prevention Strategy 2003-2007, NSW
- Clinical Service Framework for Heart Failure – Volume 1, Overview of the framework and its standards
- Clinical Service Framework for Heart Failure – Volume 2, A practice guide for the prevention, diagnosis and management of Heart Failure in NSW
- Clinical Service Framework for Optimising Cancer Care in NSW
- Clinicians Guide to the Brief Treatment Outcome Measure – Concise (BTOM-C)
- Code of Practice for the Control of Legionnaires' Disease 2nd Edition 2004, NSW
- Competency Standards for Biostatisticians – NSW Biostatistical Officer Training Program

- Complaints Handling Procedures and the Quality Agenda in the NSW Health System – Background Paper
 - Costs of Care Standards 2003/04 (Appendix)
 - Costs of Care Standards NSW 2003/2004
 - Criteria for the diagnosis and management of Attention Deficit Hyperactivity Disorder in Adults TG190/3
 - Data Dictionary and Collection Guidelines for the NSW Minimum Dataset for Alcohol and Other Drug Treatment Services, 2003-2004
 - Eat Well NSW – Strategic Directions for Public Health Nutrition 2003-2007
 - Funding Guidelines 2003-04, NSW
 - Guide for Submitting Water Samples to DAL for Analysis
 - Guidelines for the Promotion of Sexual Safety in NSW Mental Health Services
 - Guidelines on the display of a business name by tobacco retailers
 - Health Facility Guidelines
 - How to treat illicit drug users
 - Infection Control Program Quality Monitoring Software Users Guide
 - Joint Guarantee of Service for People with Mental Health Problems and Disorders: NSW Department of Housing, NSW Aboriginal Housing Office, NSW Health, Aboriginal Health and Medical Research Council of NSW, NSW Department of Community Services
 - Living non-directed kidney donation consultation document
 - Magistrates Early Referral into Treatment (MERIT) Program: Data Dictionary and Collection Guidelines
 - Parenting Partnerships, NSW – Resource and literature review
 - Parenting Partnerships, NSW – Strategy 2002-2004
 - Performance Indicators, NSW Health System
 - Privacy manual (version 1) 2004, NSW Health
 - Process of Facility Planning
 - Program of Experience in the Palliative Approach (PEPA): Host Facility Information
 - Program of Experience in the Palliative Approach (PEPA): Learning Guide
 - Program of Experience in the Palliative Approach (PEPA): NSW Program Information
 - Program of Experience in the Palliative Approach (PEPA): NSW Program Management Guidelines
 - Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities
 - Septic Tanks and Collection Wells – Register certificates of accreditation
 - Standard Facility Cost Planning Guidelines
 - Strengthening health promotion in NSW – a map of the work and implications for workforce planning and development
 - Sustainable Access Plan 2004
 - Technical Guide to the Brief Treatment Outcome Measure – Concise (BTOM-C)
 - Treatment agreement – conditions of methadone/buprenorphine treatment
 - Using Advance Care Directives (NSW)
 - Waiting Times Collection Manual 1997, NSW Department of Health
 - Weekend/Monday discharge processes for emergency overnight medical patients in selected clinical specialities and hospital sites
 - Your Guide to MH-OAT
 - Zero tolerance zone – policy and framework guidelines
- Posters**
- Calendar of events 2004, NSW Health
 - Severity Assessment Code Matrix (SAC)
 - Stay healthy this winter
 - University undergraduate students of nursing
 - Zero tolerance zone – group and hand posters
- Reports**
- Adult Health Survey 2002, NSW Health
 - Air Quality Monitoring Project Report – M5 East Tunnels
 - Baxter 2003 Awards Winners, Finalists and Commendations Book
 - Building blocks for sustainable change: evaluation of the NSW Aboriginal Vascular Health Program 2000-2003
 - Dispensing of HIV Specialist Drugs – Community Pharmacy Pilot – Evaluation Report
 - Evaluation of the NSW Aboriginal Vascular Health Program 2000-2003
 - Evaluation of the NSW HIV/AIDS Health Promotion Plan 2001-2003
 - Families and Carers Training (FACT) Project Focus Research Report

- General Practice Dementia Projects Summary Report
- Health and Equity in New South Wales
- Heart Moves
- In All Fairness: Increasing equity in health across NSW
- Investigation into the possible health impacts of the M5 East Motorway Stack – Phase 1
- Investigation into the possible health impacts of the M5 East Motorway Stack on the Turrella community – Phase 2
- Investigation Report: Campbelltown and Camden Hospitals Macarthur Health Service
- Key Recommendations of the NSW Taskforce on SARS (TSARS)
- Mental Health Sentinel Events Review Committee: Tracking Tragedy – First Report of the Committee (NSW)
- Monitoring Report on Breastfeeding
- Mothers and Babies 2002 Report, NSW
- NSW Govt Response to the Select Committee Inquiry into Mental Health Services in NSW
- Nursing Practice and Process Development Survey 2002-2003
- Parliament of New South Wales: Committee on the Health Care Complaints Commission Report of the inquiry into procedures followed during investigations and prosecutions undertaken by the Health Care Complaints Commission – Report No 2 December 2003
- Phase 1 Summary: Investigation into the possible health impacts of the M5 East Motorway Stack
- Pilot Shared Scientific Assessment Scheme (SSAS) Interim Report
- Program for Enhanced Population Health Infrastructure (PEPHI): a report of responses to the November 2000 discussion paper
- Report on Breastfeeding in NSW 2004
- Report on the Consumption of Vegetables and Fruit in NSW: 2003
- Report on the weight status of NSW: 2003
- Report to the Health Care Complaints Commission
- Review of the Mental Health Act Discussion Paper 1 – Carers and Information Sharing
- School-Link: health and education working together. School-Link Training Program Report
- School-Link: health and education working together: School-Link Training Program Evaluation Summary of Results and Recommendations
- Suicide in NSW: we need to know more: the NSW suicide data report

Consultancies equal to or more than \$30,000

Consultant	\$ Cost	Title/Nature
Information technology		
Accenture Australia	63,772	Strategic study of NSW Health Provider Directory
Axis Technology	37,290	Development of database specifications to manage the Mental Health Service Entity Register
CSC Australia	48,870	Assesment of viability of systems for monitoring non-admitted patient encounters
Laeta	50,000	Analysis of Hospital Cost Information and provision of advice for refinement of NSW Casemix Standards
Sub-total	199,932	
Management services		
Asia Pacific Applied Consulting	106,136	Development of strategies on Aged Transitional Care and GP co-location
Barraclough, Bruce	87,750	Expert clinical review of Macarthur Health Service (Campbelltown/Camden Hospitals)
Bill Jurd & Assoc.	30,259	Review of the NSW Isolated Patients Travel and Accommodation Assistance Scheme
Carla Cranny & Assoc.	30,382	Review of NSW Caring for Carers mental health projects
Cosnan Consulting	45,455	Development of the NSW Self-Management Strategy and Resource Package
David Fowler Consulting	78,400	Evaluation of NSW HIV/AIDS Health Promotion Plan 2001-2003
Jan Smith & Assoc.	40,500	NSW Women's Health Strategy Review
Jan Smith & Assoc.	36,750	Evaluation of the Primary Health Care Network and the Primary Dementia Care Models
Jim Stewart Consulting	45,000	Strategic planning project for the NSW Artificial Limbs Service
Quality Management Services	44,795	Consumer and Community Participation Project
University of Wollongong	42,582	Development of assessment tool for the Program of Appliances for Disabled People
Whitworth, Judith	47,883	Review of medical and health research in NSW
Sub-total	635,892	
Organisational review		
Asia Pacific Applied Consulting	71,795	Review of NSW Area Health Service boundaries and governance issues
Independent Pricing & Regulatory Tribunal	267,530	Review of key issues in NSW Health (under section 9 of the IPART Act 1992)
Nexus Management Consulting	65,700	Review of functions of the NSW Department of Health
Sub-total	405,025	
Training		
Quay Connection	96,954	Development of Family and Carers (of drug users) Information and Education Resource
Sub-total	96,954	
Total consultancies equal to or more than \$30,000	1,337,803	

Consultancies less than \$30,000

During the year 110 other consultants were engaged in the following areas:

Area	\$ Cost
Finance and accounting/tax	15,073
Information technology	266,852
Legal	23,605
Management services	608,367
Environmental	0
Organisational review	275,347
Training	218,890
Total consultancies less than \$30,000	1,408,134
Total consultancies	2,745,937

Abolished committees

Bed Management Advisory Committee

Robert McGregor AM (Chair), *Deputy Director-General, Health System Support, NSW Department of Health*
Function – To monitor and advise on strategies to manage access to acute care beds (functions assumed by the Sustainable Access Management Committee).

Capital and Asset Management Committee

Robert McGregor AM (Chair), *Deputy Director-General, Health System Support, NSW Department of Health*
Function – Direct, report and provide executive management for the development and implementation of the Department's Asset Acquisition Program.

Employment Committee

Rosemary Milkins (Chair) Director, *Corporate Services*
Function – Manage approval for permanent employment within the Department (function now performed by the Director-General)

Executive Committee, Department of Health

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*
Function – Provide strategic leadership and management for the NSW Health system and manage ongoing and strategic issues across the Department (replaced by the higher level Management Board, Department of Health).

Senior Executive Forum

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*
Function – Provide advice to the Executive Committee on system-wide matters (replaced by the higher level Senior Executive Advisory Board).

Funding Models Implementation Group

Robert McGregor AM (Co-Chair), *Deputy Director-General, Health System Support, NSW Department of Health*
 Dr Ralph Hanson (Co-Chair), *IT Director, New Children's Hospital*
Function – Central reference and coordinating group for the implementation of the funding aspects of the Government Action Plan for Health.

General Practitioner Advisory Committee

Dr Ruth Ratner (Chair)
Function – Advise the Director-General on health policy and program developments that involve or impact on general practice. Replaced by the NSW General Practice Council.

Health Claims and Consumer Protection Advisory Committee

Professor John Dwyer (Chair) *Associate Dean, Health Protection and Deputy Chief Health Officer, NSW Department of Health*
Function – Address issues related to claims made by both orthodox and complementary health practitioners. Replaced by the NSW Regulators' Forum.

National Methadone and Other Treatment Sub-Committee

Dr Jennifer Gray (Chair), *Director, Drug Programs Bureau, Public Health, NSW Department of Health*
Function – Commonwealth initiated Advisory Committee to the National Drug Strategy

National Expert Advisory Committee on Illicit Drugs

Dr Jennifer Gray (Chair), *Director, Drug Programs Bureau, Public Health, NSW Department of Health*
Function – Commonwealth initiated Advisory Committee to the National Drug Strategy

NSW Department of Health Research and Development and Advisory Committee

Professor Stephen Leeder (Chair) *Professor of Public Health and Community Medicine, University of Sydney*
Function – Provide advice on issues of research and development policy. Replaced by the Ministerial Advisory Committee on Health and Medical Research.

NSW Department of Health, Teaching and Research Implementation Group

Professor Stephen Leeder (Co-Chair) *Professor of Public Health and Community Medicine, University of Sydney*
Function – Provide advice to the Department of Health on implementation of specific components of the Government Plan of Action for Health.

NSW Health Medical Workforce Liaison Committee

Margaret Banks (Chair), *Manager, Medical Education Training and Workforce Unit, NSW Department of Health*
Function – Provide an interdepartmental forum for medical workforce and related issues (functions now performed by other workforce committees).

NSW Physical Activity Taskforce

Libby Darlinson (Chair) *Independent Consultant*
Function – Develop and implement a comprehensive inter-sectoral plan to increase the levels of physical activity in the community. (Taskforce re-established as the NSW Premier's Council for Active Living).

Steering Committee to Establish the NSW Institute of Rural Clinical Services and Teaching

Dr Austin Curtin (Chair)

Function – Advise on the role, functions, governance and structure of the NSW Institute of Rural Clinical Services and Teaching.

Taskforce on SARS

Professor Ron Penny (Chair), *Senior Medical Adviser, NSW Department of Health*

Function – Advise on strategies to prepare and respond to SARS.

New committees

Australian Rural Health Research Collaboration

Ken Wyatt, *Director, Aboriginal Health Branch, NSW Department of Health*

Function – Undertake an innovative and robust program of research and development that leads to sustained improvements in the health of rural communities and informs national and international health practice.

Board of Management, Department of Health

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*

Function – Provide strategic leadership and management for the NSW Health system and manage ongoing and strategic issues across the Department (replaces the Executive Committee, Department of Health).

Chronic Care Collaborative Planning Group (jointly with Institute of Clinical Excellence)

Professor Ron Penny (Co-Chair), *Senior Medical Adviser, NSW Department of Health*
Assoc. Professor Patricia Davidson (Co-Chair), *Assoc. Professor of Nursing, Western Sydney Area Health Service*

Function – Oversee the implementation of the Chronic Care Collaborative.

Forensic Medicine and Pathology Coordinating Committee

Dr Greg Stewart (Chair) *Deputy Director-General, Population Health and Chief Health Officer, NSW Department of Health*

Function – Provide advice to the Department of Health on the management and organisation of forensic medicine and pathology services in NSW to support the justice system.

Joint Strategic Reference Group

Mary Chiarella, *Chief Nursing Officer, NSW Department of Health*

Function – Provide a forum to address nursing and midwifery issues.

Jurisdictional Blood Committee of the National Blood Authority

William Heiler, *Director, Clinical Policy, NSW Department of Health*

Function – Make decisions on the national production, supply and safety of blood and blood products within existing policy and advise Australian Health Ministers on national blood and blood product policy options through the Australian Health Ministers' Advisory Council.

Mental Health Implementation Taskforce

The Hon. Dr Brian Pezzutti, (Chair)

Function – Monitor and Oversee the implementation of the NSW Government Response to the Select Committee Inquiry into Mental Health Services in NSW and review progress of agreed actions.

Ministerial Advisory Council on Health and Medical Research

Professor Andrew Coates (Chair) *Dean of the Faculty of Medicine, University of Sydney*

Function – Provide advice on issues of research and development policy.

Ministerial Standing Committee on Hearing

The Hon. Peter Anderson (Chair)

Function – Oversee hearing services in NSW and advise on strategic directions for hearing-related services in consultation with key interest groups, including people with hearing disabilities, members of the wider community and health professionals.

National Blood Authority Advisory Board

Ken Barker, *Chief Financial Officer, NSW Department of Health*

Function – Advise the National Blood Authority on national demand and supply planning/purchasing of blood and blood products.

NSW Blood Products Advisory Committee

Professor Ron Penny (Chair)

Function – Act as a regular means of communication between the Australian Red Cross Blood Service (NSW) and the NSW Department of Health on matters such as the funding, supply and quality of blood and blood products.

NSW Breastfeeding Steering Committee

Liz Develin (Chair) *Manager, Nutrition and Physical Activity, NSW Department of Health*

Function – Oversee development of a NSW Health breastfeeding policy.

NSW General Practice Council

Dr Diana O'Halloran (*Royal Australian College of General Practitioners*) *NSW Faculty*

Function – Provide expert and strategic advice to the Minister for Health and NSW Health and facilitate the involvement of General Practitioners in the development of health policies and initiatives aimed at improving the health of the people of NSW.

NSW Health Drug and Alcohol Program Council

David McGrath (Chair) *Acting Director, Centre for Drug and Alcohol, NSW Department of Health*

Function – Provide the corporate governance structure to the NSW Health Drug and Alcohol Program, making policy recommendations to the Director of the Program.

NSW Health Workforce Steering Committee

Philippa Smith, *Chief Executive Officer, Association of Superannuation Funds of Australia*

Function – Develop, oversee and provide advice to the Minister for Health on strategic health workforce reforms in NSW.

NSW Infectious Diseases Emergency Advisory Group

Dr Jeremy McAnulty (Chair) *Director, Communicable Diseases, NSW Department of Health*

Function – Advise the Chief Health Officer on how best to prepare and respond to emerging infectious diseases, including SARS, pandemic influenza and agents of bio terrorism.

NSW Palliative Care Advisory Group

Dr Michael Noel (Co-Chair) *President Palliative Care Association of NSW*

Janet Anderson (Co-Chair) *Director, Primary Health and Community Partnerships Branch, NSW Department of Health*

Function – Provide expert advice to the NSW Health Department on a range of issues of relevance to statewide planning, implementation and monitoring of palliative care service delivery.

NSW Regulators' Forum

Dr Denise Robinson (Chair) *Director, Department of Medicine, Prince of Wales Clinical School, University of NSW*

Function – Ensure that action about serious false and misleading health claims is well coordinated in NSW and that the most appropriate agency takes the lead role in relation to any particular issue.

Premier's Council for Active Living

Assoc. Professor Bill Bellew, *Centre for Health Promotion, NSW Department of Health*

Function – Increase the levels of physical activity in the community.

Safety Improvement Program Steering Committee

Professor Katherine McGrath (Chair) *Deputy Director-General, Health System Performance, NSW Department of Health*

Function – Oversee management of health care incidents reported to the Department and provide strategic direction and advice on policy development and focuses on health care system improvement.

Senior Executive Advisory Board

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*

Function – Involve the Deputy Director-Generals of the Department and public health system Chief Executive Officers in providing advice to the Board of Management on system-wide matters, including budget management, major strategies and policies (replaces the Senior Executive Forum).

Shared Corporate Services Program Steering Committee

Robert McGregor AM (Chair), *Deputy Director-General, Health System Support, NSW Department of Health*

Function – Provide strategic advice and input into the ongoing development and implementation of the Program.

Sustainable Access Management Committee

Professor Katherine McGrath (Chair) *Deputy Director-General, Health System Performance, NSW Department of Health*

Function – Coordinate Department of Health strategies to improve access to acute services in the face of rising demand.

Workforce Planning Group

Robert McGregor AM (Chair), *Deputy Director-General, Health System Support, NSW Department of Health*
Function – Develop system-wide workforce strategies, a statewide training and development program and an integrated workforce plan.

Continuing committees**Aboriginal Affairs Plan Coordinating Committee**

Dr Greg Stewart, *Deputy Director-General, Population Health and Chief Health Officer, NSW Department of Health*

Advisory Board of Pre-Trial Diversion of Offenders Program

Jo Spangaro (Chair) *Policy Manager, Child Protection and Violence Prevention, NSW Department of Health*

Allied Health Consultative Forum

Ms Brenda Mcleod (Chair) *Chief Allied Health Officer, NSW Department of Health*

Audit Committee

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*

Care of Older People Committee

Wendy McCarthy AO (Co-Chair) and Dr Jeff Rowland (Co-Chair)

Carers Advisory Committee

Janet Anderson (Chair) *Director, Primary Health and Community Partnerships Branch, NSW Department of Health*

Chief Executive Officers Group on Aboriginal Affairs

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*

Clinical Council

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*

Emergency Department Clinical Implementation Group

Dr Steevie Chan, *Manager, Clinical Services Planning, NSW Department of Health*
 Brett Abbenbroek, *Statewide Coordinator, Critical Care, NSW Department of Health*

Finance, Risk and Performance Management Committee

Professor Katherine McGrath (Co-Chair) *Deputy Director-General, Health System Performance, NSW Department of Health*
 Robert McGregor AM (Co-Chair), *Deputy Director-General, Health System Support, NSW Department of Health*

Fluoridation of Public Water Supplies Committee

Dr Peter Hill (Chair) *Acting Chief Dental Officer*

Food Safety Transition Steering Advisory Committee

Dr Stefan Fabiansson (Chair) *Associate Director Food Safety (until transfer to SafeFood NSW in April 2004)*

Funding of Statewide and Selected Speciality Steering Committee

Assoc. Professor Brian McCaughan (Chair), *Clinical Director, Cardiovascular Services, Central Sydney Area Health Service*

Health Connect Board

Dr Ralph Hanson, *A/Chief Information Officer, Information Management and Technology Branch, NSW Department of Health*

Health Heritage Committee

David Gates (Chair), *Director, Asset and Contract Services, NSW Department of Health*

Health Participation Council

Wendy McCarthy (AO) Chair

Health Policy Advisory Committee on Technology

Kathy Meleady, *Director, Statewide Services Development Branch, NSW Department of Health*
 Cathryn Cox, *Manager, Health Services, Technology and Capital Planning Unit, NSW Department of Health*

Information Management and Technology Steering Committee

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*

Information Management and Technology Industry Reference Group

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*

Intensive Care Clinical Implementation Group

Dr Steevie Chan, *Manager, Clinical Services Planning, NSW Department of Health*
 Brett Abbenbroek, *Statewide Coordinator, Critical Care, NSW Department of Health*

Joint Consultative Committee

Robyn Kruk, (Chair) *Director-General,
NSW Department of Health*

Maternal and Perinatal Ministerial Advisory Committee

Professor William Walters (Chair),
Hunter Area Health Service

Medical Training and Education Council (MTEC) and Postgraduate Medical Council (PMC) Joint Committee

Robyn Kruk, *Director General,
NSW Department of Health*

Meningococcal Disease Advisory Committee

Dr Jeremy McAnulty (Chair) *Director,
Communicable Diseases, NSW Department of Health*

Ministerial Advisory Committee on AIDS Strategy

Dr Roger Garcia (Chair) *Clinical Senior Lecturer,
Discipline of Medicine, University of Sydney*

Ministerial Advisory Committee on Hepatitis

Professor Geoffrey McCaughan (Chair) *Director,
AW Morrow Gastroenterology and Liver Centre,
Royal Prince Alfred Hospital*

Ministerial Advisory Committee on Private Hospitals and Day Procedure Centres

Irene Hancock (Chair), *Community Representative*

Ministerial Standing Committee on the Nursing Workforce

Mary Chiarella (Chair), *Chief Nursing Officer,
NSW Department of Health*

National Health Information Group

Peter Williams, *Director, Information and Business
Solutions, Information Management and Technology
Branch, NSW Department of Health.*

National Health Information Standards Advisory Committee

Peter Williams (Chair), *Director, Information and Business
Solutions, Information Management and Technology
Branch, NSW Department of Health.*

National Health Performance Committee

Robyn Kruk, (Chair) *Director-General,
NSW Department of Health*

National Intergovernmental Committee on Drugs

David McGrath, *Acting Director, Centre for Drug and
Alcohol, NSW Department of Health*

National Rural Health Policy Sub-Committee of the Australian Health Ministers Advisory Committee

Kathy Meleady, *Director, Statewide Services
Development Branch, NSW Department of Health*

Non-Government Organisations Advisory Committee

Janet Anderson (Chair) *Director, Primary Health
and Community Partnerships Branch, NSW Department
of Health*

NSW Aboriginal Health Partnership

Robyn Kruk, (Chair) *Director-General,
NSW Department of Health*

NSW Aboriginal Maternal and Infant Health Strategy Implementation Group

Dr Elisabeth Murphy (Chair), *Clinical Consultant,
Primary Health and Community Care,
NSW Department of Health*

NSW Department of Health Equity Advisory Committee

Robyn Kruk, (Chair) *Director-General,
NSW Department of Health*

NSW Department of Health Ethics Committee

Dr Lee Taylor (Chair) *Manager, Surveillance Methods
Branch, NSW Department of Health*

NSW Health Area of Need Advisory Committee

Deborah Hyland (Chair) *Director Workforce Development
& Leadership, NSW Department of Health*

NSW Health/DEC Strategic Liaison Group

Dr Greg Stewart (Co-Chair) *Deputy Director-General,
Population Health and Chief Health Officer,
NSW Department of Health*

NSW Health/NSW Department of Local Government Strategic Liaison Group

Dr Greg Stewart (Co-Chair) *Deputy Director-General,
Population Health and Chief Health Officer,
NSW Department of Health*

NSW Health Survey Program Steering Committee

Assoc. Professor Peter Sainsbury (Chair) *Director of
Population Health, Central Sydney Area Health Service*

NSW Health/Sydney Water/Sydney Catchment Authority Strategic Liaison Group

Dr Greg Stewart (Co-Chair) *Deputy Director-General, Population Health and Chief Health Officer, NSW*

NSW Government Broadband Data Services Request for Tender Contract Management Committee

Bernie Gromek, *Director, Enterprise Information and Technology, Information Management and Technology Branch, NSW Department of Health*

NSW Public Health Forum

Professor Tony Adams (Chair) *Professor of Public Health at National Centre for Epidemiology and Population Health, Australian National University*

NSW School Canteen Advisory Committee

Dr Greg Stewart (Co-Chair) *Deputy Director-General, Population Health and Chief Health Officer, NSW Department of Health*

NSW SIDS Advisory Committee

John Abernethy (Chair) *NSW State Coroner*

Nurse Practitioner Statewide Steering Committee

Robyn Kruk (Chair), *Director-General, NSW Department of Health*

Policy Development Committee

Richard Matthews
A/Deputy Director-General, Strategic Development, NSW Department of Health

Program of Appliances for Disabled People Advisory Committee

Janet Anderson (Chair) *Director, Primary Health and Community Partnerships Branch, NSW Department of Health*

Paediatric Intensive Care Advisory Committee

Tony O'Connell (Chair), *Health System Performance Branch, NSW Department of Health*

Peak Consultative Committee (Ambulance Service of NSW)

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*

Prosthetic Advisory Committee

Janet Anderson (Chair) *Director, Primary Health and Community Partnerships Branch, NSW Department of Health*

Radiation Oncology Reform Implementation Sub-Committee of the Australian Health Ministers Advisory Committee

Kathy Meleady (Chair), *Director, Statewide Services Development Branch NSW Department of Health*

Rural Health Taskforce

Liz Rummery (Co-Chair) *Chair Northern Rivers Area Health Service Board*
Dr Bill Hunter (Co-Chair) *Surgeon, Moree*

Shared Scientific Assessment Committee

Professor Paul Seale (Chair) *Professor of Clinical Pharmacology, University of Sydney*

Standards Australia Health Informatics Committee, IT-14

Peter Williams, *Director, Information and Business Solutions, Information Management and Technology Branch, NSW Department of Health*

Standing Committee for Aboriginal and Torres Strait Islander Health

Ken Wyatt, *Director Aboriginal Health Branch, NSW Department of Health*
Mike Taylor, *Assistant Director Aboriginal Health Branch, NSW Department of Health*

Statewide Paediatric Services Advisory Committee

Robyn Kruk (Chair) *Director-General, NSW Department of Health*

Tuberculosis Advisory Committee

Dr Jeremy McAnulty (Chair) *Director, Communicable Diseases, NSW Department of Health*

Health is an important issue in the community and NSW Health is committed to ensuring it provides the best care possible to health consumers.

The following organisations are responsible for ensuring that NSW Health delivers quality health care and that consumers have a say in decisions made by NSW Health.

Health Participation Council

The Health Participation Council, a ministerial advisory committee, was set up in March 2002 to ensure that NSW Health better serves the needs of consumers.

Institute of Clinical Excellence (to be replaced by the Clinical Excellence Commission)

Established to promote and support improvements in clinical quality and safety. The Clinical Excellence Commission will build on the foundation work of the Institute.

In 2002, the Department introduced the Safety Improvement Program, a system to identify the root causes of adverse events and design ways to prevent them recurring. The program ensures that all Health Services are able to identify and classify, report, review, analyse and act on health care incidents, including complaints, so that where possible, the incidents do not recur.

Following from the introduction of the Safety Improvement Program the management of complaint handling procedures was reviewed and a background paper 'Complaints Handling Procedures and the Quality Agenda in the NSW Health System' was published in 2004. A number of the systems and policies identified in the publication are in the early stages of implementation.

The Concerns About Your Health Care website was established in 2004 to provide access to an 'easy guide' web page for consumers and health professionals to report concerns.

Many communications are received each year by letter, email or telephone and fall broadly into the following categories:

- **Treatment in public hospitals, community health centres or by other NSW Health services.**
These issues are referred to Area Health Services (AHS) for response. Data on the number of complaints received are submitted quarterly to the Statewide Complaints Data Collection which monitors broad trends in health system complaints. The collection provides performance measurements in complaints handling and assists in improving the services NSW Health provides to the community. Complaints are dealt with according to Better Practice Guidelines for Frontline Complaints Handling (1998). Quarterly reports are also submitted to all AHS Chief Executive Officers for review and service improvement at a local level.
- **Patient Safety**
Serious issues about patient care, the clinical competence of health professionals, or the character or behaviour of health professionals are referred to the Health Care Complaints Commission (HCCC).
- **Treatment in private hospitals**
These are referred to the Department's Private Health Care Branch. (Note that private hospitals are regulated by the Department, but are not part of NSW Health).
- **Treatment by general practitioners (GPs)**
These are referred to the NSW Medical Board. (Note that GPs are not part of NSW Health).
- **Departmental policy issues**
Where Departmental policy is the issue, the Director of the relevant policy area, or the Director-General if appropriate, responds in writing to the consumer.

Since its establishment in 2002, the Health Participation Council has met bi-monthly and has:

- been involved in three statewide consumer forums highlighting good practice and addressing issues for improved community engagement.
- held meetings and facilitated community forums in Macquarie Area Health Service, Central Sydney Area Health Service, Hunter Area Health Service and South Western Sydney Area Health Service.
- had representation on a number of state level committees including the Department's Policy Development Committee.
- conducted a review of the Public Patients Hospital Charter
- addressed a number of issues raised by consumers including health related transport and early consumer involvement in planning for the health system.

The Department's Consumer and Community Development Unit has facilitated the work of the Health Participation Council and in addition, has:

- commenced a pilot project involving Quality Management Services and the Australian Council on Healthcare Standards to ensure consistent accreditation processes for services and facilities in the area of consumer and community participation.
- coordinated six monthly forums of managers of participation from AHS to address common issues and promote networking across the state.
- assisted in the development of Health Service Dashboard Indicators.
- funded the Directory of Gynaecological Oncology Treatment and Support Services.

Standards of service

NSW 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 individuals can access their hospital or health centre medical records or files by making a request to their clinician or the health service's medical records administrator. If for any reason their request is not met, a Freedom of Information (FOI) application may be lodged seeking access to the records.

All health services staff are legally and ethically obliged to keep health information confidential.

Treatment services

NSW 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

NSW Health will:

- Allow individuals 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 acknowledgement 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 is 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

- All complaints are treated confidentially.
- Compliments or complaints regarding the health care or services received can be made to any member of a hospital or health centre's staff.
- If individuals are not happy with the way the complaint has been handled, they can write to the CEO of the Area Health Service. They can also contact the Health Care Complaints Commission (HCCC) which is independent of the public health system. A complaint may be investigated by the Commission, referred to another body or person for investigation, referred for conciliation with the complainant's permission or referred to the Director-General of the NSW Department of Health.

The HCCC can be contacted at:

The Health Care Complaints Commission
 Locked Bag 18
 Strawberry Hills 2012
 Tel. 9219 7444
 Toll free. 1800 043 159
 TTY. 9219 7555.
 Website. www.hccc.nsw.gov.au

- Assistance is available from the HCCC Patient Support Service to help resolve the concern locally.

This Appendix provides a summary of what can be expected from the NSW public health system.

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

Workers' Compensation

■ Frequency (Numbers of Incidents)

The number of workers' compensation claims for 2003/04 as at 30 June 2004 (with 2002/03 in brackets) was 7,287 (7,398).

A dissection of these claims reveals some 51% (52%) related to Nurses, 16% (17%) to Hotel Services, 10% (9%) to General Administration, 9% (8%) to Ambulance, 3% (3%) to Maintenance with the remaining 11% (11%) spread amongst all other occupations.

Body Stress (manual handling) contributed around 41% (43%) of the numbers, Slips and Falls 15% (17%), Stress 7% (7%), Hit by Objects 12% (12%) with the remaining 25% (21%) spread amongst a number of other causes.

■ Total Claims Cost

Workers' compensation claims costs for 2003/04, as at 30 June 2004, totalled \$42.5 million (\$57.8 million). The lesser amount in 2003/04 reflects the long tail nature of workers' compensation and the fact that the 2002/03 claims have matured by another 12 months. A dissection of this cost reveals 52% (53%) related to Nurses, 10% (11%) to General Administration, 10% (8%) to Medical/Medical Support, 15% (17%) to Hotel Services, 2% (3%) to General Maintenance, 3% (3%) to Linen Services and 7% (6%) to Ambulance.

Body Stress (manual handling) contributed around 48% (52%) of the claims cost, Slips and Falls 16% (15%), Stress 16% (15%), Hit by Objects 10% (10%), Vehicle Accidents 4% (3%) with the remaining 6% (5%) spread amongst a number of other causes.

Legal Liability

This covers actions of employees, health services and incidents involving members of the public. Legal liability is a long-term type of insurance. Presented below is data covering a 15-year period from 1 July 1989. The data has been separated, as the format for data collection changed from 1 January 2002 with the introduction of the *Health Care Liability Act 2001*.

Statistics as at 30 June 2004 reveal that legal liability costs are dissected as follows:

- **1 July 1989 to 31 December 2001** – Treatment Non Surgical 41% (37%), Treatment Surgical 30% (28%), Hepatitis C 4% (4%), Slipping and Falling 7% (7%), Accidental Damage 3% (3%) Misplaced/Lost 6% (7%), and Other 9% (14%).
- **1 January 2002 to 30 June 2004** – Accidental Damage 7% (9%), Anaesthetic issues 3% (2%), Antenatal/Neonatal Issues 6% (7%), Consent Issues 2% (0%), Diagnosis Issues 13% (12%), Infection Control 2% (0%), Misplaced Lost 11% (12%), Non Procedural Surgical 9% (9%), Procedural Surgical 14% (11%), Slips/Trips 7% (9%), Treatment Failure 10% (14%) and Other 16% (15%).

Visiting Medical Officer (VMO) and Honorary Medical Officer (HMO) – Public Patient Indemnity Cover

In 2001 the NSW Government advised that from 1 January 2002, it would provide coverage through the NSW Treasury Managed Fund for all VMOs/HMOs treating public patients in public hospitals, provided that they each signed a Service Agreement with their Public Health Organisation and also a Contract of Liability Coverage.

In accepting this coverage, VMOs/HMOs agreed to a number of risk management principles that would assist with the reduction of incidents in NSW public hospitals.

For the period ending 30 June 2004 some 1,159 incidents had been notified, thus allowing early management as applicable. Of these incidents, 43 had converted to claims.

Retrospective Cover for VMOs/HMOs for incidents prior to 1st January 2002

With the announcement of the VMO/HMO Public Patient Indemnity Cover, the NSW Government also announced that it would provide coverage for all unreported claims from VMOs/HMOs for treating public patients in public hospitals from incidents up to and including 31 December 2001.

This initiative was introduced to lessen financial demands for the Medical Defence Organisations in the setting of premiums. As at 30 June 2004, the Department had granted indemnity in respect of 206 cases.

Specialist Sessional VMOs – Obstetricians and Gynaecologists

The Indemnity Scheme introduced by the Department in February 1999 for Specialist Sessional VMOs – Obstetricians and Gynaecologists seeing public patients in public hospitals – has been incorporated with the VMO/HMO Public Patient Indemnity Cover.

Property

Whilst property is not a significant risk, statistics as at 30 June 2004 on Property Claims since 1 July 1989 show a total of 6,710 claims at a cost of \$51 million. Claims costs are Storm 35% (35%), Fire/Arson 27% (28%), Theft/Burglary 14% (14%), Accidental Damage 8% (8%), Fusion/Electrical Faults 10% (10%) and Other 6% (5%).

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

Hindsight declared during 2003/04 were for:

- **2002-03 Motor Vehicle** – with a surplus of \$0.8 million.
- **Workers Compensation** – hindsight that was expected in 2002/03 for 1997/98 Final five years and 1999/2000 Interim three years was declared in 2003/04 with NSW Health receiving a surplus of \$28.5 million.

Financial responsibility for workers' compensation and motor vehicle risk are devolved to Health Services, while liability, property and miscellaneous are held centrally as master managed funds.

The cost of insurance in 2003/04 for NSW Health is identified under Premium. Benchmarks are the budget allocation.

	Premium \$M	Benchmark \$M	Variation \$M
Workers' Compensation	161.9	177.7	15.8
Motor Vehicle	8.4	8.1	<0.3>
Property	6.4	6.0	<0.4>
Liability	152.5	150.9	<1.6>
Miscellaneous	0.2	0.2	<0.0>
Total TMF	329.4	342.9	13.5
VMO	66.3	66.3	0
Total	395.7	409.2	13.5

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

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

Risk Management Initiatives

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

- Continued commitment to early injury management and return to work of injured workers and release of the updated NSW Health Policy and Procedures for Injury Management and Return-to-Work.
- Continual review of NSW Health's Taskforce on the Prevention and Management of Violence in the Health Workplace initiatives. These include release of the NSW Health Zero Tolerance Policy and Framework Guidelines; supporting brochures for patients, staff and visitors and supporting posters; roll-out of the NSW Health training program A Safer Place to Work: Preventing and Managing Violent Behaviour in the Health Workplace; and release of the security risk management policy Protecting People and Property.
- A Security Improvement Tool to assist Area Health Services assess their compliance with the security risk management policy and drive continuous improvement is under user-testing.

- The NSW Health Facility Guidelines, establishing acceptable standards for safe design of Health facilities, were released in draft form for industry review. These guidelines, when finalised, will be released as an electronic database. The Health Facility Guideline: Safety and Security – which incorporates crime prevention through environmental design into the health building process – was released as a working document and will be incorporated into the database.
- Ongoing development of the NSW Health Occupational Health & Safety (OHS) Numerical Profile.
- Ongoing commitment to Premier's Department Corporate Services Reform initiatives with NSW Health targets devolved to all health services.
- Participation in the NSW WorkCover Occupational Stress Management Steering Group to develop prevention and intervention strategies for occupational stress.
- Review and update of Workplace Health and Safety: A Better Practice Guide.
- Twice yearly meetings of the NSW Health Risk Management Coordinators for formal presentations, workshops and networking.
- Ongoing review of The Clinicians Toolkit for Improving Patient Care, which is designed for Visiting Medical Officers and other clinicians.
- Ongoing development of the Visiting Medical Officers' Incident Reporting System (VMOIRS), an early incident reporting system that allows VMOs to report any incident that may trigger a medical liability claim.

TMF – Risk Management Unit – Sponsored Projects

As a contract requirement the Fund Manager is obliged to provide assistance to Fund Members to undertake special projects that have been approved as 'sponsored projects'.

During 2003/04 the following sponsored projects were either ongoing or completed:

Ongoing

1. The Children's Hospital at Westmead: 'Define an integrated framework for the hospital to effectively identify, classify and manage its risk exposure'. The project will leverage previously completed TMF Sponsored Projects with Area Health Services in the Fund.
2. Northern Sydney Area Health Service: 'Review of Post Injury Management of Stress Claims'.
3. Wentworth Area Health Service: 'Enterprise-wide Risk Management Framework'.

Completed

1. Central Sydney Area Health Service – 'Integrated Management Systems – A Corporate Approach'.
2. Illawarra Area Health Service – 'Review of OHS Workers Compensation and injury management'.
3. Mid North Coast Area Health Service – 'Enterprise-wide Risk Management System'.
4. Northern Sydney Area Health Service – 'Contracting & Procurement'. This project became redundant with the Shared Services approach to procurement.
5. Southern Area Health Service – 'OHS Management Systems Development'.

During 2003/04 financial year, the Department of Health received 66 new requests for information under the Freedom of Information Act 1989, compared to 58 for 2002/03. Overall, the number of FOI applications has increased by 14%.

Three applications were carried over from the 2002/03 reporting period. Of the 69 applications processed, 12 were granted full access, 24 were granted partial access and 30 were refused access. Four 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 58% decrease in the number of FOI applications of a personal nature and a 14% increase in the number of FOI applications of a non-personal nature received during the last 12 months. Thirty applications (47% of new requests) were received from Opposition Members of Parliament, which is a 13% increase over the previous year. Sixteen applications (24% of new requests) were from the media.

Two applications for an internal review were received within the reporting period. In both cases, the original determination was upheld.

No applications were received for amendment or notation of records. No Ministerial certificates were issued.

Twenty-three applications required consultations with parties outside the Department. Some applications required consultation with more than one party, creating a total of 105 third parties requiring consultation.

Processing FOI requests during 2003/04 cost an estimated \$14,223 which was partly offset by a total of \$9,073 received in fees and charges. The annual operating cost to the Department was approximately \$150,000, which is far in excess of the above amounts. This figure comprises the wages and general administration of operating resources in the FOI Unit. As a matter of principle, the Department has a policy of keeping the fees charged for processing FOI applications to a reasonable figure in order to assist FOI applicants.

No requests were determined outside of the time limits prescribed by the Act.

Section A – Numbers of new FOI Requests

FOI Requests	Personal		Other		Total		Variance
	02/03	03/04	02/03	03/04	02/03	03/04	
A1 New (inc transferred in)	12	5	46	61	58	66	14%
A2 Brought forward	1	–	3	3	4	3	-25%
A3 Total to be processed	13	5	49	64	62	69	11%
A4 Completed	9	5	46	61	55	66	20%
A5 Transferred Out	3	–	–	3	3	3	–
A6 Withdrawn	1	–	–	–	1	–	-1%
A7 Total processed	13	5	46	57	59	62	5%
A8 Unfinished (carried forward)	–	–	3	4	3	4	33%

Section B – Results of requests

Result of FOI request	Personal		Other		Total		Total	
	02/03	03/04	02/03	03/04	02/03	% variance	03/04	% variance
B1 Granted in full	4	3	12	9	16	29%	12	18%
B2 Granted in part	3	2	8	22	11	20%	24	36%
B3 Refused	2	–	26	30	28	51%	30	45%
B4 Deferred	–	–	–	–	–	–	–	–
B5 Completed	9	5	46	61	55	100%	66	100%

Section C – Ministerial certificates

C1 Ministerial Certificates issued	0
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Section D – Formal consultations

	Cases		Consultations	
	02/03	03/04	02/03	03/04
D1 Number of requests requiring formal consultation(s)	22	23	74	105

Section E – Amendment of personal records

Result of Amendment Request	Total
E1 Result of amendment – agreed	–
E2 Result of amendment – refused	–
E3 Total	–

Section F – Notation of personal records

F3 Number of requests for notation	–
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Section G – FOI requests granted in part or refused

Basis of disallowing or restricting access	Personal		Other		Total	
	02/03	03/04	02/03	03/04	02/03	03/04
G1 S19 (incomplete, wrongly addressed)	–	–	–	3	–	3
G2 S22 (deposit not paid)	1	–	10	13	11	13
G3 S25 (1) (a1) (diversion of resources)	–	–	3	–	3	–
G4 S25 (1) (a) (exempt)	3	2	11	25	14	27
G5 S25 (1) (b), (c), (d) (otherwise available)	1	–	5	8	6	8
G6 S28 (1) (b) (docs not held)	1	–	9	29	10	29
G7 S24 (2) (deemed refused, over 21 days)	–	–	–	–	–	–
G8 S31 (4) (released to Medical Practitioner)	–	–	–	–	–	–
G9 TOTAL	6	2	38	78	44	80

Note – the total need not reconcile with the refused requests total as there may be more than one reason cited for refusing an individual request.

Section H – Costs and fees of requests processed

Assessed Costs	FOI	fees received
H1 All completed requests	\$14,223	\$9,073

Section I – Discounts allowed

Type of Discount Allowed	Personal		Other		Total	
	02/03	03/04	02/03	03/04	02/03	03/04
I1 Public interest	–	–	–	–	–	–
I2 Financial hardship – Pensioner/Child	–	1	1	–	1	1
I3 Financial hardship – Non-profit organisation	–	–	–	–	–	1
I4 Totals	–	1	1	–	1	1
I5 Significant correction of personal records	–	–	–	–	–	–

Note: except for item I5. Items I1, I2, I3, and I4 refer to requests processed as recorded in A7. For I5, however, the show the actual number of requests for correction of records processed during the period.

Section J – Days to process request

Elapsed Time	Personal		Other		Total		Total	
	02/03	03/04	02/03	03/04	02/03	% variance	03/04	% variance
J1 0-21 days	4	3	30	40	34	62%	43	65%
J2 22-35 days	5	2	16	21	21	38%	23	35%
J3 Over 35 days	–	–	–	–	–	–	–	–
J4 TOTALS	9	5	46	61	55	100%	66	100%

Section K – Processing time

Processing Hours	Personal		Other		Total	
	02/03	03/04	02/03	03/04	02/03	03/04
K1 0-10 hours	5	3	39	47	44	50
K2 11-20 hours	1	1	6	12	7	13
K3 21-40 hours	3	1	–	2	3	3
K4 Over 40 hours	–	–	1	–	1	–
K5 TOTALS	9	5	46	61	55	66

Section L – Reviews and appeals

	02/03	03/04
L1 Number of Internal Reviews finalised	3	2
L2 Number of Ombudsman Reviews finalised	1	–
L3 Number of District Court/ADT appeals finalised	2	–

Details of internal review results – bases of internal review grounds on which internal review requested

	Personal				Other			
	Upheld*		Varied*		Upheld*		Varied*	
	02/03	03/04	02/03	03/04	02/03	03/04	02/03	03/04
L4 Access refused	1	–	–	–	–	–	–	–
L5 Deferred	–	–	–	–	–	–	–	–
L6 Exempt matter	–	1	–	–	1	–	1	1
L7 Unreasonable charges	–	–	–	–	–	1	–	1
L8 Charge unreasonably incurred	–	–	–	–	–	–	–	–
L9 Amendment refused	–	–	–	–	–	–	–	–
L10 Totals	1	1	–	–	1	1	1	2

Note: relates to whether or not the original agency decision was upheld or varied by the internal review.

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

Planning

The Department has a statewide Energy Manager and Energy Coordinator whose roles are to liaise with Area Health Service Energy Managers on energy management issues and GEMP reporting.

Implementation

NSW Health is a strong performer in utilities reform, with many examples of innovation and a significant history of partnership with the Department of Energy, Utilities and Sustainability and Sydney Water. Such innovative projects include the installation of electricity cogeneration, solar hot water, photovoltaic cells, upgraded lighting and building management systems, efficient air-conditioning and water saving technologies.

NSW Health has previously undertaken energy performance projects to the value of \$14,819,851, that provided guaranteed recurrent savings of \$2,776,838 per annum and reduced greenhouse gas emissions by 24,964 tonnes per annum.

During 2003/04 the following new projects were approved and are currently being implemented:

■ Northern Rivers Area Health Service

The Northern Rivers Area Health Service is undertaking energy performance projects to the sum of \$1,575,302 under the DEUS Energy Smart Government Program, for the upgrading of lighting, heating, ventilation and air conditioning, installation of building management systems, solar hot water and water management systems. The projects will be undertaken at the Lismore, Grafton, Murwillumbah, Ballina and Casino & District Hospitals.

The project will generate guaranteed annual savings of \$246,555. It will also reduce the consumption of 2,214,688 kWh of electricity, 3,050 GJ of LPG and 9,356 KL of water per annum.

■ Northern Sydney Area Health Service – Manly Hospital

The Northern Sydney Area Health Service has obtained approval to their second energy performance project which will be undertaken at the Manly Hospital for install new hot water and steam generators, improve water and gas reticulation, install flow control devices to reduce water consumption.

The project will generate average annual savings of \$161,747.

The project will reduce natural gas consumption by 7,846,000 MJ and electricity by 49,000 MJ per annum and will reduce greenhouse gas emissions by 499 tonnes per annum.

■ NSW Health

NSW Health is the largest user of Treasury provided interest – bearing loans to finance Energy Performance Contracts. Undertaking such projects will improve the energy efficiency of existing Health infrastructure and other strategies are being implemented to improve the energy and water efficiency of new facilities.

In addition, NSW Health has completed a process to aggregate the procurement of energy. This has been through participation in the State Contracts Control Board whole-of-Government tender for the retail supply of electricity to large consumption sites and through completing a whole-of-Health tender for the supply of natural gas. Both tender processes have provided benefits in tendering efficiency and may have derived some price advantage from the market because of increased volumes. It is clear that real and sustainable saving can only be achieved by reducing consumption through increased energy and water efficiency.

Performance Against Goals

Data for 2003/04 is currently being collected using the whole-of-government internet based reporting system.

Key statistical data for 2002/2003 is as follows:

- Total energy consumption for NSW Health in 2002/03 was 4,780,467 Gigajoules (GJ) compared to a consumption in 2001/02 of 4,742,449 GJ.
- Hospitals used 3,419,607 GJ.
- Community Health Centres, Ambulance Stations and Nursing Homes etc. used 200,047 GJ.
- Linen services, stand-alone food services etc used 457,731 GJ.
- Transport services consumed 671,551 GJ of petrol, diesel and aviation fuel.
- Office buildings for NSW Health, which include lighting, office equipment etc. consumed 31,532 GJ.

Future Direction

- Area Health Services have already obtained approval to commence new projects totalling \$4,324,274 in 2004/5 and are exploring a further two energy performance contracts with an estimated cost of \$4,700,000. On completion, these projects will provide additional recurrent savings of \$1,262,000 and reduce greenhouse gas emissions by 13,500 tonnes per annum.
- NSW Health will continue to review opportunities for the application of Energy Performance Contracts and other energy management improvement solutions.
- Area Health Services within the Sydney Water supply area have committed, or are currently in the process of committing, to the 'Every Drop Counts Program'. This program involves detailed investigations on a site-by-site basis to identify significant water leaks and other water savings projects.
- There is an ongoing need to continue to reduce energy consumption because the cost of energy is escalating above the inflation rate and such reductions in demand will ensure sustained cost savings and improved energy efficiency.

The Department of Health occupies nine floors of the office complex located at 73 Miller Street North Sydney, as well as locations at Gladesville and Surry Hills.

The Department has been active in all areas of the NSW State Government's Waste Reduction and Purchasing Policy (WRAPP) over a number of years. The Department's strategies focus on a number of key areas – reduction of waste, resource recovery and green purchasing.

Waste reduction

Implementation

In 2001/02 the Department implemented a Waste Management Plan targeting paper recycling and personal waste in its Miller Street premises. Personal waste bins for all staff were removed and replaced with paper collection boxes. Waste stations were set up in prime locations so that staff could centrally dispose of other waste such as coffee cups, luncheon wrappers and drink containers.

In 2002/03 this approach has been enhanced with improved recycling of all glass and aluminium cans. A strategy was also implemented to more effectively dispose of cardboard waste.

Results

Regular waste audits monitor staff compliance with the strategy. Audits also indicate that paper recycling has risen from about 50% to over 85%. This means that each year the Department's paper recycling approach equates to saving 416 trees or 96 cubic metres of landfill.

Resource Recovery

Implementation

In 2001 the Department upgraded its lighting and lighting equipment to reduce the consumption of electricity in consultation with the Sustainable Energy Development Authority (SEDA). This included the installation of an ECS8000 Lighting Control System at its tenancy at Miller Street, North Sydney. Work included zoning of light switches on every floor; installation of ultrasonic occupancy sensors to enclosed offices and meeting rooms; programmable timers to water boiling units to eliminate water being boiled unnecessarily at night and weekends.

In 2003/04 the Department has sustained this initiative through ensuring all refurbishment works comply with the set standards. New, more effective hot water systems have been installed in all kitchenettes. Old refrigerators were removed from kitchenettes as they did not comply with energy efficiency ratings and were underutilised.

Results

In 2003/04 the Department has continued to make savings in the use of energy in the vicinity of 300,000 Wk per year or \$20,000 on its energy bill and has continued to reduce its maintenance bills. Audits have verified the Department has reduced its Greenhouse Gases by 289 tonnes per year (equivalent to taking 41 cars off the road per year).

The Department retains a key place as a member of the North Sydney Mayor's 'North Sydney CBD Greenhouse Initiative'.

Procurement

Implementation

The Department continues to encourage the use and supply of environmentally friendly products.

All equipment purchases are vetted by the Purchasing Unit of the Shared Services Centre, and are procured through State Contracts Control Board contracts. When processing purchase orders for equipment, the Purchasing Unit investigates the 'green' rating of the requested item, and where a more environmentally friendly option is available, this is encouraged through negotiation with the Unit making the purchase.

Results

Through negotiations with clients and with the support of our corporate office equipment supplier (including the use of product re-directs), the Department has achieved a 90-95% level of usage in recycled paper products and recycled printer toner cartridges. One-hundred per cent of all envelopes and letterhead paper is recycled paper.

The Purchasing Unit monitors all equipment requests and pursues the most efficient energy rated product available in State Government contract.

The people of NSW have the right to expect that staff employed by the NSW 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 Department has a Code of Conduct (Circular 2001/46) 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 staff responsibility to be accountable for their own actions and decisions.

The 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.

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 and 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

Staff members 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

Staff members 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 in which the Department is involved
- are Board members, directors or employees of outside organisations, such as non-government organizations 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 using their official role to gain influence or where they find themselves in conflict in serving the current government. (Special arrangements apply to an election candidate.)
- have access to information that could be used for personal gain
- participate in outside activities including volunteer work which could adversely affect the ability to do their work.

Staff members are responsible 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 them 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 staff must be satisfied that neither they nor the Department is in any way compromised.

Staff must not solicit nor accept any bribe, or other improper inducement. Any approaches of this nature are to be reported to senior management.

Outside employment

If staff are full-time employees, 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.

Staff 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 *Independent Commission Against Corruption 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 *Independent Commission Against Corruption Act 1988*, 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 private citizens to express their personal views through public comment on political and social issues they must not make nor 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.

Staff 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 work and must not be misused by staff 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 or 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 its 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 nor 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 staff 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, and 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 nor 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. Staff must be careful in dealings with former staff members to make sure that they are not given, nor appear to be given, favourable treatment or access to privileged information.

Legislative framework

The 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 2000*
- *Ombudsman Act 1974*
- *Privacy and Personal Information Protection Act 1998*
- *Protected Disclosures Act 1994*
- *Public Sector Employment and Management Act 2000.*

Relevant departmental circulars

(a selection – as amended from time to time)

- 93/70 Department of Health Fraud Strategy
- 99/18 NSW Health Information Privacy Code of Practice
- 99/42 Grievance Resolution Procedures
- 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
- 02/11 Records Management Policy Statement
- 02/31 Software Control and Distribution
- 02/50 Statement of Bullying, Harassment and Discrimination
- 02/95 Protected Disclosures
- 02/116 Public Sector Employees Contesting State Elections
- 03/59 NSW Department of Health Restructuring Procedures
- 3/47 Electronic Information Security Policy.

Breaches of the Code of Conduct

Staff members are required to comply with this Code of Conduct. If staff breach the code they will be subject to a range of administrative actions, which include disciplinary action, as set out in the *Public Sector Employment and Management Act 2000*. 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, which are relevant to the code. Managers have a responsibility to provide their staff also with training on the 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.

It is affirmed that for the 2003/04 financial year credit card use within the Department was in accordance with Premier's Memoranda and Treasurer's Directions.

Credit card use

Credit card use within the Department of Health is largely limited to:

- the reimbursement of travel and subsistence expense
- the purchase of books and publications
- seminar and conference deposits
- official business use whilst engaged in overseas travel.

Documenting credit card use

The following measures are used to monitor the use of credit cards within the Department:

- the Department's credit card policy is documented
- reports on the appropriateness of credit card usage are periodically lodged for management consideration
- six-monthly reports are submitted to Treasury, certifying that the Department's credit card use is within the guidelines issued.

Procurement cards

The Department has also encouraged the use of procurement cards across all areas of NSW Health consistent with the targets established under the Health Supply Chain Reform Strategy and in keeping with the Smarter Buying for Government initiatives of the NSW Government Procurement Council.

The use of the cards benefits all Health Services through the reduction of purchase orders generated, the number of invoices received, the number of cheques processed as well as reducing delays in goods delivery.

The controls applied to credit cards are also applicable and applied to the use of procurement cards.

Achievements

Goal	Health Service	Project title and description	Achievements 2002/03
Healthier People	IAHS	Partners in Health for Culturally and Linguistically Diverse (CALD) Communities	The project aims to improve the health of diverse communities as well as to involve more people from CALD in the planning and review of health services.
		Multicultural Health Worker for newly arrived communities	The worker, who is funded by Community Health and Multicultural Health, will focus on the most pressing health needs of newly arrived immigrants to the Area.
	MNSAHS	Punjabi Sikh – Health Promotion project on Sexual Health and Drug and Alcohol issues	Improved access to information on traditionally sensitive areas.
		Hear our Voices Project	Ongoing project of consultation between a range of government and non-government agencies and the Punjabi Community of Woolgoolga.
	SESAHS	Facility based Ethnic Affairs Priorities Statements	These documents are three year strategic plans which focus on workforce development, language support, ethnicity data management and specific clinical areas.
		Ethnic Affairs Priority Statements on caring for Refugees	Implementation of the Area Strategy on Caring for Refugees commenced via the South East Health Refugee Health Steering Committee.
	SWSAHS	Vaccination Program in Intensive English Language Schools	This program provided vaccinations to 3 local Intensive English Language Schools including: Cabramatta, Canley Vale and Fairfield.
		Asthma Friendly Schools Program	This program takes place in schools and provides parent education in languages including Vietnamese, Arabic and Spanish.
	WAHS	Needs Assessment of People with Cancer and their Carers from CALD Communities	Conduct a needs assessment on the care needs of CALD cancer patients and their carers in partnership with the Cancer Council of NSW
		Best Practice in communicating through interpreters	A study examining hospital records of CALD patients aiming to identifying gaps in interpreter use at critical points along the care pathway.
	CSAHS	Health Is Gold: Smoke Free Car and Home	In partnership with SWSAHS, The Cancer Council of NSW and Vietnamese community, this project aims to reduce infants' and children's exposure to Environmental Tobacco Smoke.
		Bilingual GP interviews	The results offered an insight into the health of the Arabic, Chinese, Greek, Portuguese, Turkish and Vietnamese communities and led to decisions about priorities for health improvement in CSAHS.
	GMAHS	Senior Manager's Training	Senior Manager's forum on Multicultural Health held with topics including GMAHS multicultural profile, communication training and refugee health.
	HAHS	The Bilingual Community Health Facilitator's program	The program involves ongoing consultation on health needs and providing specialist educators to speak with Chinese, Filipino, Samoan, Tongan and Southern Sudanese communities.
	NSAHS	Community and Police Outreach	Project aims to promote a safer community in the Ryde area by enhancing collaboration and building a partnership between NSW police and the Korean community.
		Refugee Youth Sports and Recreational Project	The purpose of the activities are to reduce social isolation, enhance self-esteem and develop links between youth and key service providers.
Connecting Service	Transcultural Mental Health Project	Project linking adult patients with the Transcultural Mental Health services. Resulted in approx 70% increase use of Transcultural Mental Health services.	
TACS	Cultural Competency Training for Aged Care Workers via E-learning	Addresses barriers of access to training for personal care staff employed in smaller aged care facilities in rural and remote areas of NSW.	
Refugee Health Service	Health Information Day	Conducted in the Illawarra, targeting African communities.	
Diversity Health Institute	Detection of Mutations Causing Familial Hypercholesterolaemia	Centre has developed and validated PCR-dHPLC methods for the detection of Lebanese and French mutations in exon 14 LDLR gene.	

Achievements

Goal	Health Service	Project title and description	Achievements 2002/03
	Diversity Health Institute Clearinghouse	The establishment of an online multicultural health clearinghouse	Establishment of 7 databases containing multicultural health information on services, resources, research, education and training materials.
	Female Genital Mutilation Program	'Women's Health and Traditions in a New Society'	Seven programs conducted with Egyptian, Indonesian and Sudanese women. Ninety participants attended.
	Multicultural Problem Gambling Service	Multicultural Problem Gambling Service Youth Award	Hosted the inaugural MPGS Youth Award in conjunction with the Ethnic Communities Council Youth Leadership Awards.
	Transcultural Mental Health Centre	Psychology Intern Program	Sixteen interns have taken part in the program in the 2003/04 period.
Fairer Access	Central Sydney Area Health Service	Health Care Interpreter Service Strategic Plan 2004-08	Finalised plan and distributed to stakeholders.
		School Assessment Program Telephone Survey	The program targeted eight language groups of high risk clients who failed to attend public dental clinics following notification of urgent need.
	Hunter Area Health Service	Ensuring that the appropriate data is collected on the new dental bookings system	Worked with those responsible for the system to make sure that country of birth and language spoken at home were recorded.
		Production of an Equity Profile for CALD populations	The division of Population Health and Planning developed an equity profile on the health issues of CALD populations.
	Illawarra Area Health Service	STARTTS Outreach Service	STARTTS provided the equivalent of a full time position in the Illawarra.
		Interpreters for African languages	The Health Care Interpreter Service (HCIS) recruited and trained interpreters for languages spoken by the newest arrivals to the Area including Dinka, Somali and Swahili.
	MAHS	Steering Committee established	The Area-wide steering committee was established in 2003 and has been active with overseeing the development of EAPS within Macquarie Area Health Service.
		Area Website Development	The MAHS Website was developed and a hot link established to the multi-lingual translation service as well as NSW Health and other Area's Multi-lingual services.
		Consultations with and provision of information to Multicultural Access Worker for Sudanese recent arrivals	Multicultural Access worker in Coffs Harbour was assisted with information regarding access to community based services.
	MNCAHS	Drug and Alcohol Project	Multicultural Access Committee established to address barriers to accessing services and cultural appropriateness of treatment offered.
	NSAHS	Multicultural Mental Health Project	Implementation of a telephone support group for Italian men aged 55 years and over. Aim of the group was to promote positive mental health, physical health and social well-being.
		Sessional Bilingual Health Promotion Network	The network provides sessional bilingual workers to support staff in the delivery of health information, education and research initiatives.
	SESAHS	Area Ethnic Demographic Profile	An Area-wide Ethnic Demographic Profile was completed utilising 2001 Census data from the Australian Bureau of Statistics.
	Support Program for Newly Arrived Arabic Speaking Refugees	Psychological and family support provided. Advocacy on behalf of Arabic speaking refugees to improve their access to services.	
SWSAHS	Newsletter 'Salud y Vida'	Dissemination of information in Spanish on issues related to physical and mental health as well as services available for the Spanish speaking community.	
WAHS	Equity and Access to Research for CALD population	WAHS Ethics Committee undertook an evaluation of researchers' compliance in providing CALD populations the opportunity to participate in Area research.	

Achievements

Goal	Health Service	Project title and description	Achievements 2002/03
		Palliative Care in a Culturally Diverse Community	The project involves enhancing the provision of appropriate palliative care services to people from culturally and linguistically diverse backgrounds.
	Multicultural Health Communication	Communication Awards	Over 40 resources were submitted and 50% will be posted on the service's website.
	Transcultural Mental Health Centre	Suicide Prevention Project	This initiative aims to expand the knowledge base of health professionals working with CALD communities in relation to suicide prevention assessment and intervention.
	The Market Garden Project	Developed strategies for isolated CALD communities living and working in market gardens across the Sydney basin	Brokered English language, first aid and computer classes for women. Developed Chinese playgroup and a community language school.
	Diversity Health Institute	Increase the Capacity and Knowledge of Health Care Staff	Developed cross-cultural training standards and identified good practice models.
	Female Genital Mutilation Program	Sierra Leone Reference Group	Interagency and consumer approach to address the needs of a newly emerging community.
	NSW Refugee Health Service	Health Assessment Clinics for Refugees	Three doctors and three nurses are employed to provide half a day per week clinics in Auburn, Liverpool and Blacktown.
	Multicultural Problem Gambling Service	Responding to Significant Increase in Referrals	2,199 occasions of direct service were provided, including 574 occasions of face-to-face counselling.
Quality Health	CSAHS	Home visiting by Early Childhood Health Nurses	83% of all new mothers received at least one home visit – Families First initiatives
		Mental Health Policy	The CSAHS Multicultural Mental Health Policy was reviewed and updated.
	GMAHS	Multicultural Profile	Development of profile for GMAHS – available on StaffNet
	HAHS	Developed and Reported on Key Performance Indicators	Monthly reports based on information generated from Patient Information Management Systems (PIMs) for inpatients and outpatients clinics.
		Ensuring the overseas trained doctors are given adequate assistance to be oriented to the health system	Helped develop a special orientation package which includes units on clinical governance and cross-cultural communication to be trialled in August 2004.
	IAHS	Reducing Falls	Bulli Hospital undertook a project to reduce falls within the hospital setting.
		Professional Development for HCIS	The NSW HCIS professional Development Committee conducted an ethics workshop for staff and contract interpreters in the local area.
	MAHS	Adopt-a-doc Program	The local migrant support group assisted the integration of new health professionals – often from other cultures, into the local communities.
		EAPS included in all position advertising as an essential criterion	Human Resources Department has assisted the implementation of EAPS by increasing awareness of the responsibilities of individual service providers and the Area Health Service.
	MNCAHS	Ongoing MNCAHS represented on Northern Regional Advisory Council	Direct involvement in regional consultation in regard to Multicultural issues.
	NSAHS	Workforce Development	Workplace English and Literacy (WELL) Project implemented to improve the workplace English language, literacy and numeracy skills of NSH employees.
		Royal North Shore and Ryde Health Service Multicultural Access Committee	Committee membership includes representation from the sector Executive, clinicians and managers from acute services and community and population health services. CALD community groups are also involved.

Achievements

Goal	Health Service	Project title and description	Achievements 2002/03
	SESAHS	eLearning Language Courses for Health Professionals	Mandarin and Greek courses developed and placed on the Unit's Intranet site for access by staff.
		Mobile Breastscreening, Rockdale and Roselands	A flyer with a message in 8 languages was distributed to local GPs, community centres, and women's groups and clubs.
	SWSAHS	A Calendar of Cultural and Religious Festivals for Mental Health Workers	Significant cultural and religious festivals and their importance to the well-being of clients were collated.
		NSW Dementia Reference Group	Participated in the Reference Group to provide advice on the implementation of the Plan from the perspective of people with dementia from diverse cultures.
	WAHS	Palliative Care Forum	Forum which included clinicians, religious/spiritual leaders, language service providers, community representatives, academics and managers to ensure equitable access to service by diverse populations.
		'Communicating through the interpreter' for Hawkesbury District Health Service	The training of the trainers was completed and a 2-hour session on 'Communicating through the interpreter' was delivered to Hawkesbury staff by 2 newly trained trainers.
	WSAHS	Demographic Data Reporting on CALD Communities in WSAHS	Distribution of 150 hard copies of ethnicity data report developed by EIRE in partnership with Area Mental Health Unit.
		Non-Government Organisation Project	Develop working partnerships with Health funded NGO sector to address the issues of service delivery to CALD communities.
	Diversity Health Institute Clearinghouse	National consultation on effectiveness of DHI Clearinghouse to meet stakeholder needs	Aiming to achieve the most user-friendly and effective web-based interface for use by health and allied health workers and consumers.
	Female Genital Mutilation Program	Health and other Professional Training	Ongoing distribution of learning package and delivery of one and two day training programs.
	Service of Excellence in Diversity Health Care	Resourcing the Library	Reference books on diversity training and specific aspects of diversity in a clinical environment have been placed in the library for loan to staff.
	Multicultural Health Communication Service	Multilingual publications added to website	34 new publications were added to the site. It received 1,000,000 hits and 51,725 pieces of information were downloaded by the NSW Health System.
	Multicultural Problem Gambling Service	Service Evaluation	External Service Evaluation completed. Extremely positive feedback was provided.
	Multicultural HIV/AIDS and Hepatitis C Service	Living with HIV and Cultural Diversity	Research project in partnership with the National Centre in HIV Social Research.
Better Value	CSAHS	Cross-Cultural Training Workshops for Staff	273 participants attended 27 workshops.
	SESAHS	Bridge Project	A 10-minute video was produced in English, Cantonese, Mandarin, Arabic, Macedonian and Greek outlining the function of the Emergency Department.
	SWSAHS	Speech Pathology Database.	Develop of area wide speech pathology database to record interactions with the SWSAHS interpreter service.
	WAHS	Best Practice in Communicating Through Interpreters	A study to examining CALD patient's hospital records to identify gaps in interpreter use at critical points along the health care pathway.
	WSAHS	Utilisation of Services Review	To explore consumer understanding of services provided by Community Health Centre and implement initiatives to ensure consumers to access health services.

Planned Initiatives

Goal	Health Service	Project title and description	Initiatives Planned for 2003/04
Healthier People	CSAHS	Active Women, Active Families	To work with participants (families and agencies) and local government to develop capacity (programs, venues etc) in the local area for families to be more physically active.
	GMAHS	Diabetes Support Group for Chinese	To give ongoing support to improve and maintain self help practices.
		Population Health training	Workshop on social determinants of health including culture, language, education, poverty, social participation for senior managers.
	HAHS	Health Clinics for Sudanese Children	Specialist paediatricians will examine children and provide immunisations and other general health care.
	IAHS	Investigating the needs of Carers from CALD	Carers from diverse backgrounds who care for an adult with disabilities will be interviewed to identify the barriers to accessing services and respite options.
	MNCAHS	HIV/Sexual Health for Sudanese Community	Developing culturally appropriate program in HIV/Sexual Health.
	NSAHS	CALD Physical Activity Project Service	Identify sustainable strategies to improve access to information on physical activity and physical activity options.
	SESAHS	Facility Based Ethnic Affairs Priorities Statements	These documents are three-year strategic plans managed and predominately resourced by the facilities.
	SWSAHS	Heart Health Manual (Arabic)	Production and dissemination of material.
	WAHS	Health Promotion and Social Networking Forums	This initiative aims to promote well-being, cultural harmony, build capacity, establish and strengthen social support networks.
	WSAHS	Bilingual Community Educator (BCE) Program	Training of BCEs to conduct Older Women's Health Program and parenting programs.
	Multicultural Health Communication Service	Signs and Symbols	This project will collate and check all available signs and symbols and posted them on the website.
	Multicultural HIV/AIDS and Hepatitis C Service	National Hepatitis C Project	Carry out a national consultation and develop HCV information in 15 community languages.
	Diversity Health Institute	Detection of Mutations causing Familial Hypercholesterolemia	Early diagnosis of at risk individuals will allow for early intervention to prevent the onset of premature cardiovascular disease.
	Diversity Health Institute Clearinghouse	Clearinghouse editorial boards	Establish subject specialist panels to review, recommend and evaluate material for the DHI Clearinghouse.
	Female Genital Mutilation Program	Bundu Camp	Funding has been granted to conduct a second camp for Sierra Leonean women and girls.
Service of Excellence in Diversity Health Care	Seeding Grants	Round 2 will be launched in March 2005.	
Multicultural Problem Gambling Service	Bilingual/Cross Cultural Counsellor Position	Establish an additional full-time bilingual/cross cultural counsellor position based on identified need.	
Fairer Access	CCAHS	VAN Services and Youth Health	New database developed and will record ethnicity.
	CSAHS	Parenting Program for Portuguese Mothers and Carers	Monthly educational sessions with speakers to raise awareness on parenting issues and increase knowledge on services available.
	GMAHS	Migrant Health Information Booklet	Development of GMAHS resource for local CALD communities.
	HAHS	Camp for Sudanese Men and Boys	The purpose of the camp is to give the men and boys an opportunity to speak about their experiences and their current needs.

Planned Initiatives

Goal	Health Service	Project title and description	Initiatives Planned for 2003/04
	IAHS	Investigating the needs of Carers from CALD	Carers from diverse backgrounds who care for an adult with disabilities will be interviewed to identify the barriers to accessing services and respite options.
	MAHS	Management Awareness	Establish EAPS briefing program for managers highlighting CALD community health needs to assist with local resource allocation and planning.
	MNCAHS	Sudanese New Arrivals to Coffs Harbour	Conduct ongoing consultation with the community.
	NSAHS	Drug and Alcohol Project	Implementation and evaluation of cross cultural training to D&A staff in conjunction with the Drug and Alcohol Multicultural Education Centre.
	SESAHS	Health Care Interpreter Service Strategic Plan, 2004-2008	Establishment of Management Committee to oversee implementation.
	WAHS	Cultural Equity Unit (CEU) intranet site	Update information on the CEU intranet site to provide staff with referral information as well as data and research reports.
	WSAHS	Implementation of the WSAHS Refugee Health Strategy	A joint project with Westmead Children's Hospital to establish a primary school based screening clinic for children from refugee backgrounds in Auburn.
	Multicultural Problem Gambling Service	Peer support groups	Establish additional peer support groups for problem gamblers and their families.
	Multicultural Health Communication Service	Youth safe	Develop the safer driving for Chinese and Arabic youth and communications campaign.
	Multicultural HIV/AIDS and Hep C Service	National Positive Diversity Project	Develop an audio resource on living with HIV/AIDS in 9 languages and deliver cultural competency seminars in 6 capital cities.
Quality Health	CSAHS	Environmental Tobacco Smoke (ETS) and Children's Health	Repeat of project in Eastern and Western sectors of the Early Childhood Health Service.
	GMAHS	Griffith Culturally and Linguistically Diverse Policy	Development of CALD strategic plan for Griffith Base Hospital
	HAHS	Patient Location Protocol	Establishing a patient location protocol for patients moving between community health and the acute care settings.
	IAHS	Multicultural Health Communication Service website access training	This will follow on from a pilot project conducted during Multicultural Health Week.
	MAHS	Overseas Trained Health Professionals	Orientation and training for overseas trained Health Professionals on the Australian Health Care system.
	NSAHS	Health Care Interpreter Service and Multicultural Health Service websites	Websites to be completed.
	SESAHS	Cultural Diversity Learning and Development Programs	Identify and profile the cultural competencies for positions in management and clinical services and revise existing cultural diversity curriculum.
	SWSAHS	Community Links Project	The project aims to increase access of newly arrived, migrant and refugee/young people attending intensive language classes to health and community organisations.
	WAHS	Translation Policy	The Cultural Equity Unit is developing a Translation Policy to clarify procedures and lineation of responsibilities for staff.
	WSAHS	Participation in Westmead Hospital Community Planning Strategy	Extension of community consultation activities to include people from CALD backgrounds.
	Multicultural Health Communication Service	Resource Development	Continue to undertake resource development for radio and press.
	Refugee Health Service	Men's Health	Conduct National Forum on Refugee Men's Health. Publish report findings of project and of forum proceedings.

Planned Initiatives

Goal	Health Service	Project title and description	Initiatives Planned for 2003/04
Better Value	HSAHS	Culturally appropriate food	Establishing a protocol to enable patients, especially long-term patients, to have access to culturally appropriate food.
	MAHS	Analysis of client data linking resource allocation	Analyse client data to ensure the allocation of appropriate resources in regard to local priorities for CALD backgrounds.
	SESAHS	Area Clinical Streams	Develop framework for collaboration between the Multicultural Health Unit and the Area Clinical Streams.
	SWSAHS	Khmer Health Program	Set up a working party to plan and compile the resources, write it up and then train the worker.

Achievements during the year

As part of its commitment to electronic service delivery, the NSW Department of Health has:

- Redesigned and improved the Department's intranet site, which averages approximately 1 million page accesses per month.
- Launched the Victims Of Crime website, which details services offered by NSW Health and a range of other government and non-government agencies which support individuals and their families who have experienced a crime.
- Launched the Online Nurse/Midwife Electronic Staffing Support (ONESS) website, which provides an opportunity for nurses and midwives seeking casual employment to list their pertinent professional data, including their availability and work location preferences, on a secure website. The website will facilitate access by health services to additional nursing staff when variations in hospital activity result in a need to supplement the permanent workforce.
- Launched the website for the Cancer Institute NSW, which was established to provide initial information and support to cancer patients, their families and carers, health professionals, researchers and the general public.
- Launched the NSW Immunisation Program website, which provides a routine schedule of vaccines provided free in NSW under the National Immunisation Program, as well as detailed online information regarding a range of School Based Immunisation Programs (vaccinations for Meningococcal C, Diphtheria, Tetanus, Pertussis and Hepatitis B).
- Implemented the PPC Quality Reporting System, a product management tool for the Peak Purchasing Council (PPC), which will enable appropriate staff at hospitals to comment on the quality of clinical consumables and equipment, ie. product, batch number and what the problem may be etc. PPC will then be able to follow-up any problems with the manufacturer.

Future Initiatives

Quit Online

Quit Online is a web-based program designed to assist smokers wanting to quit. An initiative of the Smoke Free Workplace Policy, Quit Online will provide the community with up to date information on tobacco and health issues and personalised quitting advice. Quit Online will also give the user the option of receiving up to 10 free emails and/or 10 free SMS messages to support them during their quit attempt.

Pharmacotherapy Patient Management System

This will replace the Pharmaceutical Drugs of Addiction System (PHDAS) legacy system. It has also been enhanced to allow doctors to apply to prescribe methadone to their patients and monitor the progress of their application online. It provides the Pharmaceutical Services Branch a workflow for managing patient applications as well as prescribers' details.

Mental Health Seclusion and Sedation Register

This application will collect information (ie type of behaviour etc) about patients who have needed to be restrained, secluded from others or given sedation.

Births/Death Certificates

The Department will provide a transport mechanism to send a birth extract from the Health Information Exchange (HIE) to the Registry for Births, Deaths and Marriages. It will also create a pilot for an online version of the Medical Certificate Cause of Death (normal and perinatal) where the doctors at hospitals can enter cause of death information. This data can then be sent to the Registry for Births, Deaths and Marriages at a frequency of 3-6 times per day.

Aboriginal Health Database

This administrative application will capture details about different non government organisations and Area Health Services that have Aboriginal Health programs funded by NSW Health.