

# Annual Report 04/05

NSW Department of Health



## NSW Department of Health

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SHPN (MCB) 050157  
ISBN 0 7347 3875 7

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November 2005

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## Letter to the Minister

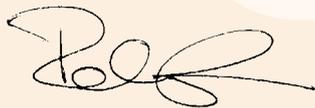
The Hon John Hatzistergos MLC  
Minister for Health  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

Dear Minister

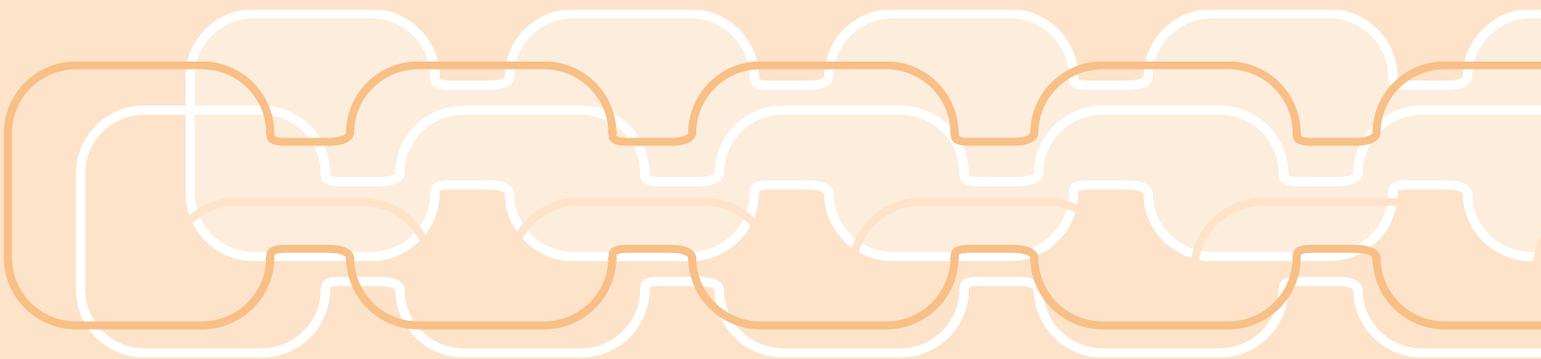
In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the Annual Reports (Departments) Regulation 2005 and the *Public Finance and Audit Act 1983*, I submit the Annual Report and Financial Statements of the NSW Department of Health for the financial year ended 30 June 2005 for presentation to Parliament.

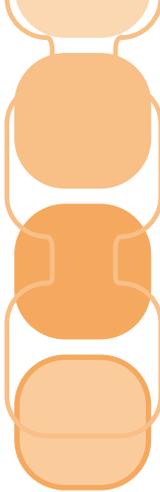
Copies are being sent to the Auditor General, Members of Parliament, Treasury, other key government departments and Chief Executives of Area Health Services.

Yours sincerely



Robyn Kruk  
**Director-General**





# Director-General's year in review

There is no doubt that NSW has one of the best public health systems in the world. The proof is that NSW residents are now living longer, healthier lives with falling infant mortality and declining numbers of deaths due to cancer and heart disease.

Whenever I visit a hospital, a community health facility, research institute or ambulance station, or hear a health promotion campaign message I am given confidence that the people who comprise the NSW public health system are dedicated to keeping people healthy, providing them with the health care they need, and delivering high quality and well managed health services.

When we received the devastating news about the Boxing Day tsunami our public health system again showed its true strength and capacity to respond to the health needs of the community, both here in NSW and internationally.

While many people were spending time with family and friends over the festive season, NSW Health pulled out all stops to put together a highly qualified and dedicated team of medical, nursing and ambulance staff, together with medical supplies, emergency equipment and pharmaceuticals, to care for patients under extremely difficult conditions. There were still more health staff back home, including ambulance officers and mental health staff, meeting passengers at Sydney Airport on their return from the tsunami-affected areas.

On behalf of NSW Health I extend my sincere thanks to those people who worked tirelessly during this health emergency and my sympathy for those in our community and beyond who lost family and friends.

The 2004/05 reporting period was a year in which the NSW health system and the Department began a major undertaking to change the way health care is provided in NSW. Like other international health systems the NSW health system faces many pressures that impact on our capacity to deliver quality health services. These are:

- increasing demand for health services
- population changes
- clinical workforce shortages
- changes in the nature of illness
- introduction of new technologies
- increasing expectations of patients and providers.

## Health System Reform

In July 2004, the Minister for Health launched the Planning Better Health reforms. These reforms aim to deliver a more efficient health system, with 17 Area Health Services being merged into 8 larger Area Health Services. Administrative positions are being reduced and funds re-directed to frontline health care.

Area Health Boards were abolished from 30 September 2004 as part of these reforms.



NSW Health staff work tirelessly to treat tsunami victims in Aceh

In addition, we have introduced Area Health Advisory Councils to ensure clinicians, health consumers, and other community members are consulted about the delivery of important health services.

Area Health Services play a major role in the planning, delivery and coordination of local health services across the State. They are responsible for providing services such as public hospitals, mental health services, acute care, rehabilitation, counselling and many community support programs in a wide range of settings, from primary care posts in the remote outback to district and metropolitan hospitals and teaching hospitals.

Our Planning Better Health Service Reforms will lead to an estimated \$100 million in savings being redirected into frontline services.

### Shared Corporate Services

We have also started to review a range of 'back-of-house' services for delivery through a Shared Services Program. Our Shared Services Program will allow the State's health system to benefit from a purchasing power that will drive down unit costs for a whole range of goods and services used every day by our hospitals.

### Improving services

During 2004/05 the Department of Health identified improved mental health services, reduced health risks and improved Aboriginal health as important priorities for the health and well-being of our population. The ongoing implementation of the NSW Chronic Care Program, initiatives to address overweight and obesity, a significant funding boost for a range of mental health services and initiatives to address Aboriginal health, like the successful Otitis Media Screening Program for young Aboriginal people, are just a small sample of the initiatives the Department of Health pursued to keep people healthy in NSW.

### Demand management

When people get sick and require treatment it is our job in the public health system to provide them with the health care they need. We are constantly working to meet this demand, whether it be emergency care, easing waiting times for non-emergency care such as booked surgery, or ensuring that everyone has fair access to health services across NSW, no matter who they are or where they live.

Since late winter 2004, we have developed new strategies to better cope with demand. Underpinning these strategies is a commitment of \$227 million to provide more than 800 new beds to our public hospitals. More beds mean more capacity. We also provided more funding to rural and regional hospitals and community-based health services to enable people to receive health care close to home.

In addition to extra beds, other strategies funded by the NSW Government to improve performance to meet demand include:

#### Patient Flow Units

There has been substantial training of hospital managers and newly appointed, dedicated Patient Flow Managers to keep people moving through the emergency department – to monitor and anticipate patient activity and make appropriate plans to access inpatient beds with limited delays.

Such plans are to be in place 24 hours a day, 7 days a week, everyday of the year.

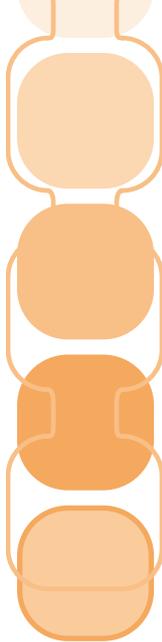
#### Clinical services re-design

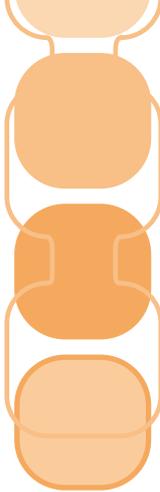
A three-year Clinical Services Redesign Program (CSRP) is underway to increase patient satisfaction, reduce delays, minimise errors in patient care and provide a better working place for hospital staff. It is using frontline clinical staff to drive change.

#### Better ways of managing emergency patient demand and admission

NSW Health and the Ambulance Service of NSW have refined the Emergency Department Network Activation (EDNA) system. The refinement follows comments and suggestions from the people who use EDNA – the ambulance officers, clinicians, and other hospital staff.

These changes aim to ensure that *the right patient goes to the right hospital for the right treatment at the right time* thereby reducing the need for inter-hospital transfers.





## Predictable surgery plans

One of the down sides of increased admissions to hospital beds from our emergency departments is the impact on our capacity to perform elective surgery. Increased demand for emergency surgery has meant elective surgery procedures sometimes being deferred as hospitals meet increased demand for surgery or medical treatment by patients arriving through our emergency departments.

To counter this, a Predictable Surgery Program has been developed in consultation with leading clinicians. A range of initiatives have been undertaken to ensure that elective surgery targets are met and that long wait lists are reduced. These include:

- the use of 23 hour wards
- a reduction in long wait lists
- more funds for surgery
- standard protocols have been developed for the criteria for addition to waiting lists and the admission to 23 hour wards.

## Funding Boost for Mental Health Services

Improving mental health services in NSW has been a major priority. The NSW Government announced recurrent funding of \$854 million to enhance emergency and community mental health services across NSW. Mental health services now account for 7.8 per cent of the total NSW Health budget.

For the first time the NSW Government has set out a coordinated strategy for mental health policy to improve the mental health and well-being of the NSW community. Both the *NSW Mental Health Plan 2005–2010* and the *NSW Interagency Action Plan for Better Mental Health* recognise the importance of coordinated mental health service delivery through Area Health Services, partner organisations and other government agencies.

The increased funding to mental health services will expand the range of mental health services available in NSW. It means more new acute and non-acute mental health care beds, expansion of the Psychiatric Emergency Care unit program, more allied health staff for community rehabilitation services, more nursing, allied and medical staff for older people with dementia and other mental illnesses associated with ageing, and workforce development programs to recruit and train mental health nursing staff.

## Clinical workforce

The international and local shortages impacting on our clinical workforce have led to NSW Health adopting a more proactive stance to secure new staff or to retain existing staff in a very competitive market.

We have been very successful attracting overseas nurses and bringing nurses back to the workforce. At the end of June 2005, there were 39,125 nurses and midwives employed in the NSW health system – an increase of more than 5,000 since January 2002 when the “Nursing Re-Connect” campaign was launched.

The new NSW Institute of Medical Education and Training (IMET) was announced to strengthen the focus on postgraduate medical education in NSW and to help address medical workforce shortages. The Institute will work with Area Health Services, the NSW Department of Health, clinical colleges and other key stakeholders to develop and implement postgraduate specialist medical education systems in NSW and provide advice to the NSW Minister for Health and the Director-General on issues related to medical education and training.

## Commitment to patient safety

NSW Health released the first report on incident management in public hospitals in January 2005. The Report on Incident Management in the NSW public health system 2003/04 measured incidents such as clinical management problems, falls and right patient/site/surgery.

The release of this information demonstrates NSW Health’s commitment to a culture of open disclosure in public hospitals where incidents can be reviewed and lessons learned.

The four-year \$55 million *NSW Patient Safety and Clinical Quality Program*, incorporating the NSW Clinical Excellence Commission, was announced as further evidence of our commitment to improved patient safety. This program puts in place the strongest support system available for doctors, nurses, other health professionals, managers and patients. The Clinical Excellence Commission will act as the system-wide monitoring and audit body for the Program. Guided by principles of openness, learning, accountability and action, teamwork and information sharing, the health system will move further towards greater consumer satisfaction through high quality clinical treatment and care.

## Planning for the Future

The Department is developing a Health Plan that will lay the foundations for the development of the NSW public health system for the next 20 years.

The Health Futures Planning Project is one of the NSW Government's responses to the recommendations of the Independent Pricing and Regulatory Tribunal (IPART) for a longer term planning framework for health and health care in NSW.

IPART said in 2003, *"We cannot expect the nature of health services in 2023 to be an image of those in 2003 simply adjusted for population growth. There is little doubt that the health services in 2023 will be as different from those in 2003 as today's services are different from those of 1983."*

The Health Futures Planning Project started in January 2005 and will take some 16 months to complete. The NSW Health Care Advisory Council has responsibility for overseeing this significant system-wide planning exercise.

A Planning Roundtable was held in April 2005 as the first major event for the Project and involved 90 leading clinicians, academics, consumers, and government and the non-government sector representatives. Their early planning work informed discussion and debate at the Futures Forum in July 2005. After an extensive consultation process I look forward to receiving next year a high-level strategic directions statement for the future of the NSW health system.

A clear view about long term directions for the NSW health care system will help ensure that the system continues to meet patient and community needs over the next 15 to 20 years.

We have also begun a process to develop five year strategic plans for all Health Services and for the Department.

In NSW Health we will continue to be partners with health professionals, the community and other government agencies to meet the health needs of the people of NSW and to address major health challenges.

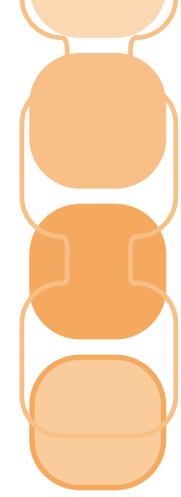
NSW Health is made up of an incredible team of workers, both paid and voluntary, who are committed, innovative, resourceful and dedicated to their patients and the communities they serve. I thank everyone of them for their hard work and dedication over the past year.

I also thank the Minister for Health, the Hon Morris Iemma MP, for his support of NSW Health and its staff.



Robyn Kruk  
**Director-General**

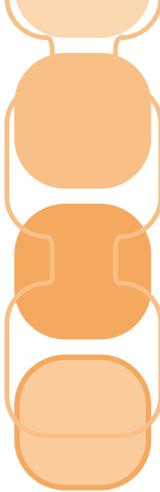




# Organisation

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# About us

## The Department of Health

**We work to provide the people of NSW with the best possible health care.**

The NSW Department of Health supports the NSW Minister for Health in performing his executive and statutory functions, which include promoting, protecting, developing, maintaining and improving the health and wellbeing of the people of NSW, while considering the needs of the State and the finances and resources available.

The NSW Department of Health has statewide responsibility for providing:

### **Advice to government**

The Department supports the role and functions of the Minister for Health and the Minister Assisting the Minister for Health by providing advice and other support functions.

### **Strategic planning and statewide policy development**

The Department undertakes system-wide policy and planning in areas such as inter-government relations, funding, health service resources and workforce development.

### **Improvements to public health**

The Department enhances the health of the community through protective regulation, health promotion activities and management of emerging health risks.

### **Performance management**

The Department monitors performance against key performance indicators and strategies to improve performance, such as performance agreements and monitoring property and infrastructure management.

### **Strategic financial and asset management**

The Department manages the NSW health system's financial resources and assets, coordinates business and contracting opportunities for the NSW health system and provides financial accounting policy for NSW Health.

### **Community participation**

The Department liaises and fosters partnerships with communities, health professionals and other bodies.

### **Employee relations**

The Department negotiates and determines wages and employment conditions and develops human resource policies for the NSW health system.

### **Workforce development**

The Department works in collaboration with national and state agencies and other stakeholders to improve workforce supply and distribution.

### **Corporate support**

The Department provides the resources and support needed to enable Department staff to effectively fulfill their roles.

### **Regulatory functions**

The Department manages licensing, regulatory and enforcement functions to ensure compliance with Acts administered by the Health portfolio.

The NSW Department of Health was established under section 6 of the *Health Administration Act 1982*.

### **Department of Health Priorities**

The Department of Health identified eight priorities for 2004/05:

- Improve access to services and clinical efficiency
- Improve patient safety
- Invest in a sustainable workforce
- Improve mental health services
- Improve the health of the population by reducing health risk
- Improve Aboriginal health
- Implement administrative, structural and corporate services reform
- Pursue Commonwealth/State reforms, including aged care.

The NSW Department of Health Annual Report 2004/05 reports on our activities and achievements according to our vision, values, goals and priorities.



# What we stand for

## Our corporate charter

Our vision, values, goals and priorities are a set of guiding principles for how we go about our work. Being clear about our role enables us to move forward together with common purpose and work effectively with our partners.

### Our Vision

Our vision is for everyone in NSW Health to work together to achieve Better Health, Good Health Care for the people of NSW.

### Our Values

#### Fairness

We strive for an equitable health system and fairness in all our dealings.

#### Respect

We recognise the worth of individuals through trust, courtesy, sensitivity and open communication.

#### Integrity

We achieve ends through ethical means with honesty and accountability.

#### Learning and Creativity

We seek new knowledge and understanding and thinking with innovation.

#### Effectiveness

We pursue quality outcomes.

### Our Goals

#### To keep people healthy

- More people adopt healthy lifestyles
- Prevention and early detection of health problems
- A healthy start to life

#### To provide the health care people need

- Emergency care without delay
- Shorter waiting times for booked non-emergency care
- Fair access to health services

#### To deliver high quality health services

- Consumers are satisfied with all aspects of services provided
- High quality clinical treatment
- Care in the right setting

#### To manage health services well

- Sound resource and financial management
- Skilled, motivated staff working in innovative environments
- Strong corporate and clinical governance.

### Our principles

In the NSW public health system our focus is on our patients, their relatives and friends and other stakeholders. Simply, our focus is on meeting the health needs of the people of NSW within the resources available to us.

NSW Health acknowledges the following principles that underpin our accountabilities to deliver quality health services.

We will:

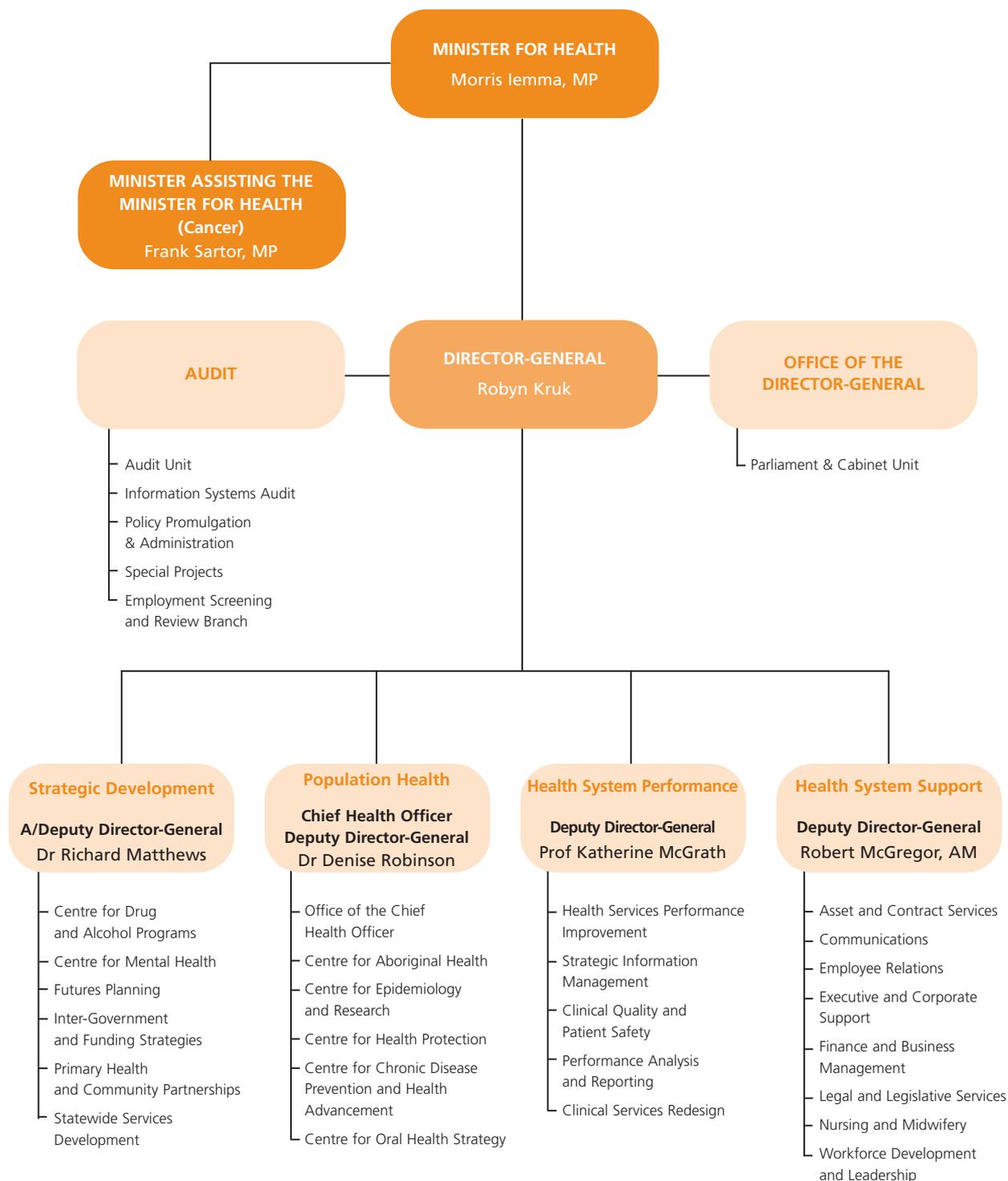
- Focus on our fundamental accountability to promote and protect the health of the people of NSW and to ensure they have access to basic health services
- Perform effectively and efficiently in clearly defined functions and roles
- Promote our values for NSW Health and demonstrate these values through leadership and behaviour
- Take informed, transparent decisions and manage the risks we encounter on a daily basis
- Develop our capacity and capability to ensure we provide effective and safe health services
- Engage stakeholders and make accountability real for us all.

# What we do

## Structure and responsibilities

### Organisation chart

Organisation



As at June 2005 the NSW Department of Health was administered through six main functional areas.

### **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**

The Office of the Director-General provides high-level executive and coordinated administrative support to the Director-General of NSW Health across a broad range of issues and functions. It works with the Deputy Directors-General and members of the NSW Health Board of Management 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 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.

### **Parliament and Cabinet Unit (PACU)**

Provides support to the Minister for Health and the Director-General to help them respond to the NSW Parliament, Cabinet and the central agencies of the NSW Government.

Manages the preparation of material for the Minister and the NSW Department of Health for Estimate Committee hearings and other Parliamentary Committees and Inquiries. The PACU co-ordinates responses on behalf of the Minister on matters being considered by the Cabinet.

## **Audit**

### **Functions within Department**

Provides performance, financial and compliance audit services to the NSW Department of Health. Performs strategic audits of health services as requested by the Director-General, senior management, and Area Health Service Chief Executives. Conducts benchmarking and quality assurance reviews of Internal Audit Units within Area Health Services and undertakes special investigations of matters referred by the Minister, the Director-General, the NSW Auditor-General, the Ombudsman, and ICAC.

### **Information Systems Audit**

Provides specific audit, review and advisory services on information systems across NSW Health, provides advice on emerging technology trends and investigates possible corrupt conduct and mismanagement of information systems.

### **Policy Promulgation and Administration**

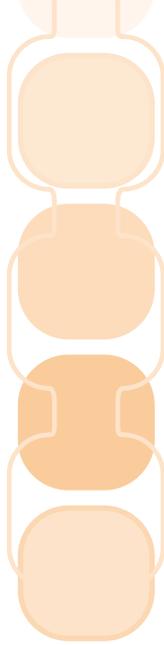
Manages the Department of Health's system for issuing policies and guidelines. Develops and promulgates policy and procedure manuals, designs standard forms used across the NSW health system, and provides administration services to Audit Division.

### **Special Projects**

Provides corruption prevention and investigative services to NSW Health and investigates possible fraud and allegations of corrupt conduct at the request of the Director-General, Area Health Service Chief Executives, and ICAC.

### **Employment Screening and Review Branch**

Undertakes employment screening of all new NSW health system employees and students undertaking clinical placements in the NSW health system. Investigates "reportable incidents", including allegations of child abuse, sexual assault, violence, patient abuse, and drug-related matters.



## 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 NSW Department of Health as Deputy Director-General, Operations in 1997 and was appointed to his current position in November 2003.

### Functions within Department

Health System Support manages and provides strategic advice on financial, employee relations, asset and procurement, workforce, nursing and legal issues in the health system and provides corporate and executive support services for the Department. Responsibilities include:

- Ensuring the health system operates within available funds
- Managing industrial relations across the system
- Asset management and facility development
- Legislation development of key significance to the health system
- Quality corporate services and executive support
- Trends analysis and implementing strategies to address workforce, training and development issues in the health system
- Leadership in communications initiatives across the public health system
- Nursing recruitment and retention.

### Asset and Contract Services

Provides leadership in asset management and procurement policy development. Manages the Asset Acquisition Program across the health system, and directs specific asset and procurement projects to support the efficient delivery of health services.

### Media and Communications

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

### 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 and monitoring key performance indicators for support services.

### Employee Relations

Deals with system-wide industrial relations issues for the health system, including the conduct of arbitrations, negotiating and determining wages and employment conditions for the NSW Health Service, administration for the Health Executive Service, and human resource and OH&S policy development for the health system.

### Legal and Legislative Services

#### Legal Branch

Provides comprehensive legal and legislative services for the Department and Minister, specialist legal services and privacy policy support for the health system, compliance support and prosecution services for NSW Health.

#### Health Professionals Registration Boards

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

#### Nursing and Midwifery Office

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

#### Workforce Development and Leadership

Plans, develops, facilitates, communicates and evaluates health workforce strategies across the NSW health system to improve health outcomes for the people of NSW.

### Executive and Corporate Support

#### Executive Support Unit

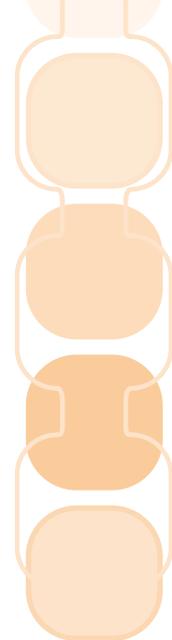
Provides advice and information to the Director-General and Minister in response to matters raised by, or of interest to, the public, Members of Parliament, Health Care Complaints Commission, Coroner, Ombudsman, Privacy Commission, central agencies and various Ministerial Councils.

#### Shared Services Centre

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

#### Corporate Personnel Services

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



## Strategic Development

### A/Deputy Director General

#### Dr Richard Matthews

Dr Richard Matthews is Acting Deputy Director-General, Strategic Development. He joined the Department in November 2003. Dr Matthews' substantive position is Chief Executive Officer, Justice Health. Dr Matthews commenced his career in general practice and has developed a particular interest and expertise in drug and alcohol treatment.

### Functions within Department

The Strategic Development 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 also supports the Health Care Advisory Council and a number of Health Priority Taskforces.

### Centre for Drug and Alcohol Programs

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

### 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 supports the maintenance of the mental health legislative framework.

### Futures Planning Unit

Leads a statewide futures planning process which will set the strategic directions for the NSW public health care system for the next 20 years.

### 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.

Determines the appropriate distribution of resources to health services, and ensures there is a comprehensive framework for the funding and organisation of the NSW health system. Translates government priorities for the health system into effective strategies, and leads 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 organizations.

### Statewide Services Development

Develops NSW Health policy, planning tools, frameworks, clinical plans and strategy development for a range of acute and specialty health services with statewide implications. Collaborates with the Asset and Contracts Services to develop strategic planning for capital infrastructure.

## Population Health

### Chief Health Officer Deputy Director-General

#### Dr Denise Robinson

Dr Denise Robinson was officially appointed to this position to commence 1 July 2005. She had been acting in this capacity since February 2005, after replacing the former Chief Health Officer, Dr Greg Stewart. Before joining the Department in early 2003 as Deputy Chief Health Officer, Dr Robinson had extensive management experience in NSW, holding a number of senior positions in Area Health Services.

### Functions 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 quality of life. It develops, maintains and reports on population health data sets, implements disease and injury prevention 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.

### Office of the Chief Health Officer

Develops policies and priorities that promote, improve and protect the population's health.

### Centre for Aboriginal Health

Develops, coordinates and influences policy, strategic planning, services and program design which are culturally inclusive and accessible to the Aboriginal population in NSW to improve their health and wellbeing. The Centre acts as a specialist resource for NSW Health to provide appropriate cultural and sensitive advice on Aboriginal issues.

For the purposes of the Annual Report, when referring to Aboriginal and Torres Strait Islander health issues in NSW, the word Aboriginal is used in line with the NSW Health policy directive 2003/55.

### Centre for Epidemiology and Research

Monitors the health of the population of NSW, supports the conduct of high quality health and medical research through the provision of infrastructure funding, promotes the use of research to inform policy and practice, provides leadership to the NSW health system with regard to ethics in research and clinical practice, and builds workforce skills through the operation of public health training programs.

### 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 health care sector through the the following branches:

- AIDS and Infectious Diseases
- Communicable Diseases
- Clinical Policy
- Environmental Health
- Pharmaceutical Services
- Private Health Care.

### Centre for Chronic Disease Health Prevention and Health Advancement

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

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

### Centre for Oral Health Strategy

Develops and coordinates oral health policy for the State, and monitors population oral health prevention and service delivery programs in NSW.

## Health System Performance

### Deputy Director-General

#### Professor Katherine McGrath

Professor McGrath worked as an active clinician, academic, laboratory director and Division Chair in Victoria and NSW before being appointed as Chief Executive Officer and honorary Professor of Pathology in the Hunter region in 1997. Professor McGrath commenced in her current position in March 2004.

### Functions within Department

The Health System Performance Division works to optimise the patient journey by driving performance improvement in the health system.

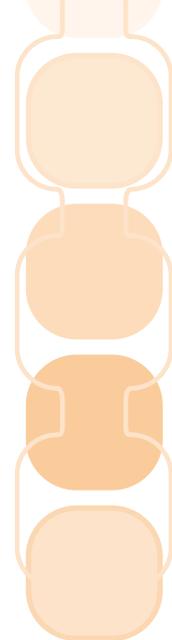
The priorities of the Health System Performance Division are to:

- Achieve agreed performance measures for improved and sustainable access to services for patients, clinical governance, safety and quality, and budget.
- Liaise with Area Health Services and hospitals to ensure clinical services are planned and managed in a systematic and sustainable way.
- Develop strong relationships and communication with front line clinicians and managers to help them implement sustainable patient-centred changes.
- Provide expert advice on the performance of NSW Health to the Director-General, the Minister and a range of external state and national agencies.

### Health Service Performance Improvement

Works with Area Health Services to optimise patient access to services. Allocates resources strategically to maximise performance and improve demand management and patient flow.

Provides strategic advice and identifies obstacles affecting implementation of service improvement strategies. Manages Area Performance Agreements.



### **Clinical Services Redesign Program**

Provides leadership to develop and implement major health service delivery reform initiatives across the NSW health system. Ensures a coordinated approach to the redesign of clinical services, and engages local and frontline staff and consumers in the design process.

### **Strategic Information Management (SIM)**

Coordinates statewide future standards and directions for NSW Health Information Management & Technology (IM&T). The role of Information Management & Technology (IM&T) for NSW Health has shifted from technology capability to patient-centred care. It aims to deliver the most benefit for the most patients by providing quality core IM&T services across the state.

### **Clinical Quality and Patient Safety**

Provides strategic leadership for clinical quality and patient safety and is responsible for consistent implementation of the *NSW Patient Safety and Clinical Quality Program*:

- Sets standards for Area Health Service quality systems.
- Develops policies on quality and safety for statewide implementation.
- Develops and reports on system wide quality indicators.
- Monitors, analyses and acts on serious clinical incidents.
- Oversees statewide clinical governance issues.

### **Performance Analysis and Reporting**

Undertakes data collection and integrity, reporting and performance analysis to meet the health system's objectives. Manages the key data collections of the NSW health system, including data collections for admitted patients, emergency departments and elective surgery waiting lists.

# Where we fit

## The NSW health system

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

The NSW health system comprises the:

- NSW Minister for Health
- Minister Assisting the NSW Minister for Health (Cancer)
- Health Administration Corporation
- NSW Department of Health
- Area Health Services
- Ambulance Service of NSW
- The Children's Hospital at Westmead (Royal Alexandra Hospital for Children)
- Other public health organisations.

### NSW Minister for Health

The NSW Minister for Health is responsible for the administration of health legislation within NSW. Under the *Health Administration Act 1982*, the Minister formulates policies to promote, protect, maintain, develop and improve the health and well-being of the people of NSW, given the resources available to the state. The Minister is also responsible for providing public health services to the NSW community.

The Hon Morris Iemma MP served as the NSW Minister for Health throughout the reporting period.

### Minister Assisting the Minister for Health (Cancer)

The Hon Frank Sartor MP served as the Minister Assisting the NSW Minister for Health throughout the reporting period. Mr Sartor is responsible for the Cancer Institute (NSW), which oversees the state's cancer control effort.

### Health Administration Corporation

The Health Administration Corporation (HAC) is the employer of health system staff for the purpose of negotiating and determining wages and conditions of employment, and overseeing industrial matters. The Director-General of the Department of Health is the delegated authority for the HAC and so has a pivotal role in NSW public health workforce relations.

The Public Health System Support Division of HAC provides a range of corporate and health support services to Area Health Services and the public hospitals they manage. Other functions include acquiring and disposing of land and entering into contracts to support the functions of the Director-General and the NSW Minister for Health.

### NSW Department of Health

The NSW Department of Health supports the NSW Minister for Health in performing his executive and statutory functions, which include promoting, protecting, developing, maintaining and improving the health and wellbeing of the people of NSW, while considering the needs of the State and the finances and resources available.

### Area Health Services

Area Health Services, statutory health corporations and affiliated health organisations are known in NSW as Public Health Organisations. They are established as distinct corporate entities under the *Health Services Act 1997*.

Area Health Services are responsible for providing health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres.

On 1 January 2005, the formal implementation of the NSW Area Health Service restructure came into effect. The new Area Health Services are:

- Greater Southern
- Greater Western
- Hunter and New England
- North Coast
- Northern Sydney and Central Coast
- South Eastern Sydney and Illawarra
- Sydney South West
- Sydney West

### Ambulance Service of NSW

The Ambulance Service of NSW is responsible for providing responsive, high quality clinical care in emergency situations, including pre-hospital care, rescue, retrieval and patient transport services. It is established under the *Ambulance Services Act 1990*.

### Other public health organisations

There are four statutory health corporations, which provide statewide or specialist health and health support services:

- Justice Health
- The Clinical Excellence Commission
- HealthQuest
- The Stewart House Preventorium, Curl Curl

There are 22 affiliated health organisations in NSW which are managed by religious and/or charitable groups. They are an important part of the NSW public health system and they provide a wide range of hospital and other health services.

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# How we compare

## NSW health system comparisons with other health systems in Australia and overseas

This annual report presents some preliminary work that the Department of Health has undertaken to assess how its health services compare with those offered elsewhere in Australia and overseas.

Using data available from the Australian Institute of Health and Welfare (AIHW) and the World Health Organisation (WHO) we have looked at major causes of death, life expectancy, health expenditure, spending on core public health activities and patients admitted to public hospitals.

There must be some caution when using international data on the health of communities and the efficiency of health systems to assess the comparative performance of these systems. Not all countries measure the same things and, where they do, they sometimes use different inputs and definitions.

It also needs to be borne in mind that countries make choices about how they will fund their health systems, the mix of public and private funding, the level of health insurance available, and the availability of health professionals to provide health services. These choices impact on the range of services provided.

There are also determinants of health, such as living and working conditions, that are beyond the ability of health service providers to directly influence.

It is with these cautionary notes that the Department provides some initial data on:

- Life expectancy – international comparisons
- Life expectancy – States and Territories
- Age standardised death rates by State and Territory
- Total expenditure on health – international comparisons
- Average health expenditure per person – States and Territories
- Admissions to public hospitals by State and Territory

In 2006 the Organisation for Economic Co-operation and Development (OECD) is expected to release its comparative data, entitled *Health at a Glance 2005*, based on some 32 key performance indicators. The Department of Health will report on that data in its next annual report if the data is available.

Table 1. Life expectancy at birth (years) 2003

	Males and Females	Males	Females
Japan	82	78	85
Australia	81	78	83
NSW*	80	77	83
Singapore	80	78	82
Canada	80	78	82
France	80	76	84
United Kingdom	79	76	81
United States	77	75	80

Source: Country Health Indicators – World Health Organisation  
 \*NSW figure is extracted from Australian Institute of Health and Welfare

Internationally, the NSW life expectancy figures for 2003 compared favourably with a range of selected countries. Australia ranked second to Japan in life expectancy at birth.

The Australian average life expectancy for males born in the years between 2000–02 was 77.4 years. For females it was 82.6 years.

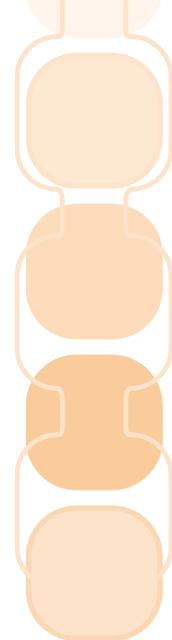


Table 2. Life expectancy (years) at selected ages, States and Territories, 2000–02

State / Territory	At birth		At age 15		At age 65	
	Males	Females	Males	Females	Males	Females
NSW	77.3	82.6	62.9	68.1	17.3	20.8
Victoria	77.8	82.8	63.4	68.3	17.5	20.9
Queensland	77.2	82.4	62.9	68.0	17.4	20.8
Western Australia	77.9	82.9	63.4	68.4	17.6	21.2
South Australia	77.3	82.6	62.9	68.1	17.3	20.9
Tasmania	76.5	81.3	62.2	66.9	16.7	20.0
Australian Capital Territory	79.2	83.3	64.7	68.7	18.2	21.0
Northern Territory	71.3	76.7	57.5	62.8	15.5	18.3
Australia	77.4	82.6	63.0	68.1	17.4	20.8

Source: ABS Cat. No. 3302.0; ABS unpublished data.

In NSW, the average life expectancy for males born in the years 2000–02 was 77.3 years and for females it was 82.6 years. This compares favourably with all States and Territories and is similar to the life

expectancy at birth of all Australians. There are similar results for remaining expected years of life at ages 15 and 65, as presented in the above table.

Table 3. Age standardised death rates by major cause of death, 2000–02 and changes from 1997–99.

Cause of death	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
<b>Ischaemic heart disease</b>								
Males	196.8	187.2	213.9	181.4	210.2	210.9	181.6	222.4
% change from 1997–99	-19.4%	-16.4%	-18.7%	-18.4%	-14.2%	-16.8%	-21.8%	-17.1%
Females	114.7	106.0	132.8	104.0	115.8	126.7	113.4	139.8
% change from 1997–99	-19.0%	-18.2%	-12.9%	-14.8%	-14.7%	-8.7%	-8.9%	-7.3%
<b>Stroke</b>								
Males	79.4	67.9	75.0	64.8	70.8	83.7	64.2	69.3
% change from 1997–99	-9.3%	-10.8%	-10.4%	-18.9%	-13.2%	-13.1%	-25.4%	-26.3%
Females	72.4	62.1	73.7	58.1	66.9	74.2	79.8	60.1
% change from 1997–99	-11.2%	-12.8%	-5.5%	-19.8%	-9.0%	-5.5%	-13.3%	-38.8%
<b>Lung Cancer</b>								
Males	58.5	58.7	64.2	65.1	59.0	69.3	43.9	80.9
% change from 1997–99	-8.3%	-8.6%	-7.6%	-3.0%	-9.2%	-1.1%	-28.9%	11.6%
Females	24.9	26.2	25.5	26.4	23.7	35.0	25.3	37.9
% change from 1997–99	7.0%	7.9%	6.2%	3.3%	11.2%	43.3%	-18.4%	-4.7%

Source: Age standardised death rates by major cause of death, 2000–02 – Australian Institute of Health and Welfare Statistical Tables

In NSW, people are living longer and deaths from a range of life threatening illnesses are reducing due to changes in technology, better medicines and improved access to health services.

In the years, 2000–02, the numbers of people who died from some of the major causes of death continued to decline, when compared with data for 1997–99. The exception was lung cancer where the number of female deaths continues to be cause for concern.

Table 4. Total expenditure on health, per capita total expenditure for 2002 (\$US)

Country	Per head	As % of GDP
United States	5,274	14.6
Japan	2,476	7.9
France	2,348	9.7
NSW*	2,263	na
Canada	2,222	9.6
United Kingdom	2,031	7.7
Australia	1,995	9.5
Singapore	898	4.3

Source: Selected national health accounts indicators – World Health Organisation.  
NSW figure is extracted from Health Expenditure in Australia 2003/04  
– Australian Institute of Health and Welfare

The total expenditure on health in Australia as a percentage of Gross Domestic Product continues to increase and was 9.5 per cent in 2002.

This compares to 14.6 per cent for the United States and 9.6 per cent for Canada in the same period. It is predicted that the ageing of the Australian

population will continue to put pressure on total expenditure on health services.

In Australia, spending on health care continues to grow. Real health expenditure in Australia has grown more strongly than real GDP in every year since 1999/00.

Table 5. Average health expenditure per person (a), current prices, by state and territory, 1996/97 to 2003/04 (\$)

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
1996/97	2511	2469	2447	2225	2402	2758	2473	2603	2459
1997/98	2623	2594	2578	2522	2526	2672	2680	2811	2594
1998/99	2782	2737	2696	2631	2656	2800	2874	2908	2733
1999/00	2899	2896	2939	2752	3777	3459	3094	2210	2901
2000/01	3171	3237	3261	3012	3013	3750	3342	3512	3196
2001/02	3394	3578	3324	3183	4208	3267	3635	3660	3418
2002/03	3612	3910	3451	3430	4540	3163	4965	3252	3656
2003/04(b)	3906	4158	3691	3653	3790	4435	4354	4562	3919

(a) Based on annual mean resident population.

(b) Based on preliminary AIHW and ABS estimates.

Source: Health Expenditure in Australia 2003/04 – Australian Institute of Health & Welfare

Data from the Australian Institute of Health and Welfare (AIHW) and the World Health Organisation (WHO) demonstrates how NSW compares with other Australian States and Territories.

On a per capita basis, Australia's national expenditure per person health spending averaged \$3,919. In NSW, spending on health per person has increased from \$2,511 in 1996/97 to \$3,906 in 2003/04.

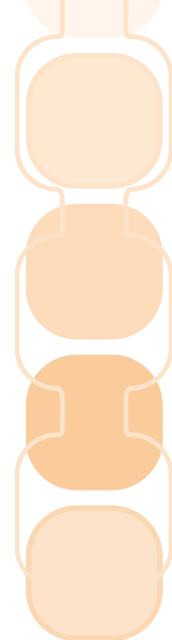


Table 6. Total expenditure incurred by the Australian Government, States and Territories on core public health activities, 2000/01 (\$ million)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	States & Territories	Australian Government
Communicable Disease Control	54.0	31.0	17.4	12.2	12.5	2.5	3.7	9.1	142.3	21.3
Selected Health Promotion	36.1	28.3	18.7	15.8	6.8	4.5	4.6	9.6	124.4	30.9
Organised Immunisation	38.0	27.0	18.9	10.3	9.1	3.6	4.0	7.2	118.1	50.9
Environmental Health	10.8	3.2	11.6	11.0	6.0	2.6	2.0	3.6	50.7	14.5
Food standards and Hygiene	7.3	3.1	1.9	1.8	1.5	0.1	1.8	1.0	18.5	16.6
Breast cancer Screening	32.1	19.4	19.6	7.5	7.8	3.1	2.3	0.9	92.7	3.3
Cervical Screening	3.8	11.0	3.6	1.5	3.2	0.7	0.6	2.0	26.4	61.8
Prevention of hazardous & harmful drug use	17.2	25.3	17.9	14.5	13.9	4.4	8.3	3.6	105.1	41.2
Public Health Research	0.6	7.0	0.1	3.2	0.7	0.4	0.1	0.6	12.6	55.4
<b>Total</b>	<b>199.9</b>	<b>155.2</b>	<b>109.7</b>	<b>77.8</b>	<b>61.4</b>	<b>21.9</b>	<b>27.3</b>	<b>37.6</b>	<b>690.7</b>	<b>296.0</b>

Source: Expenditure on public health in Australia, 2000/01 – Australian Institute of Health & Welfare

The NSW expenditure on public activity to protect and promote the future health of the whole population or groups of people who are at risk is a good investment in the overall health of our people.

The Australian Institute of Health & Welfare's Expenditure on public health in Australia, 2000/01 compares the NSW commitment to providing better public health with spending by the other States and Territories.

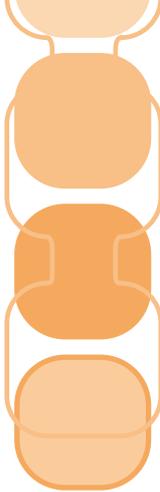
Table 7. Admissions to public hospitals by States and Territories 2003/04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of hospitals	230	143	178	93	80	27	2	5	758
Number of admissions	182,400	126,637	111,193	46,056	36,649	12,413	8,547	5,054	528,949
Admission per 1,000 population	27.2	25.6	28.9	23.4	23.9	25.9	26.5	25.4	26.5

Source: Australian Hospital Statistics 2003/04 – Australian Institute of Health & Welfare

The Australian Institute of Health and Welfare data for patients admitted from waiting lists for 2003/04 shows that the number of admissions in NSW was 182,400 – nearly 56,000 more than Victoria.

This reflects both the size of the NSW public hospital system and the needs of its population. The number of admissions per 1,000 of population in NSW at 27.2 was close to the national average.



# Keep people healthy

## More people adopt healthy lifestyles

During 2004/05 the Department of Health identified improved mental health services, reduced health risks and improved Aboriginal health as important priorities for the health and well-being of our population. The ongoing implementation of the NSW Chronic Care Program, a significant funding boost for a range of mental health services and a range of Aboriginal health promotion programs, like the successful Otitis Media Screening Program for young Aboriginal people, are just some of the initiatives the Department of Health pursued to keep people healthy in NSW.

### **Chief Health Officer's Report – living longer, healthier lives**

According to the 2004 Report of the Chief Health Officer NSW residents are living longer healthier lives, with improving life expectancy, falling infant mortality and declining numbers of deaths due to cancer and heart disease.

The 2004 Chief Health Officer's Report is the fifth in a series that began in 1996. It provides an overview of the health of the people of NSW, including life expectancy and major causes of illness and injury. It presents trends in key health indicators, demonstrates health inequalities and highlights emerging health priorities and new health data sources.

For the first time the 2004 Report of the Chief Health Officer included a new chapter on refugee health, and new health indicators for water quality, housing in Aboriginal communities, drink driving, the health of young people in custody, colonoscopy, congestive heart failure, complications of diabetes, sports injury and psychological distress in teenagers. The report also analyses key indicators according to the new Area Health Services boundaries, the new Access-Remoteness Index of Australia Plus (ARIA+) and provides a range of international comparisons.

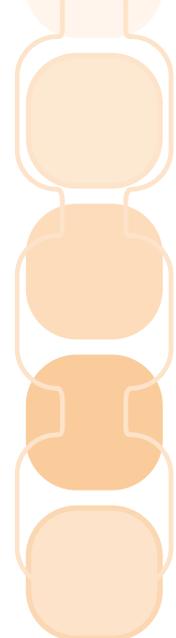
With detailed information about health trends and outcomes of health prevention strategies the Report can help health planners, policy makers and clinicians develop strategies to improve further the health status of people living in NSW.

### **Safe Sex No Regrets**

*Safe Sex No Regrets* was the public education campaign launched by NSW Health in February 2005 to address increases in sexually transmitted infections and Human Immunodeficiency Virus (HIV).

*Safe Sex No Regrets* urged people to use condoms to help reduce their risk of diseases such as infectious syphilis, chlamydia and HIV.

In NSW from 1999 to 2004 there was a 307 per cent increase in chlamydia notifications, a 213 per cent increase in infectious syphilis and a 12 per cent increase in gonorrhoea. From 1999 to 2003 there was an 11 per cent increase in HIV. Chlamydia has increased in most areas and populations across NSW and is the fastest growing notifiable disease in Australia.



Safe Sex No Regrets delivered the message about condom use across a number of media, including mainstream television advertisements, bus interiors, convenience posters, educational booklets and advertisements in specialist publications. A dedicated telephone service was staffed throughout the two-month campaign. The independent evaluation of the campaign showed that it reached an estimated 70 per cent of the campaign target audience. The campaign was cost effective and communicated successfully its target messages.

NSW Health worked closely with other health professionals, including the AIDS Council of NSW, Multicultural HIV/AIDS and Hepatitis C Service and the Aboriginal Health and Medical Research Council to develop the campaign. Letters were sent to more than 8,000 general practitioners across NSW to enlist their support in promoting condom use to patients at risk of sexually transmitted infections.

### Young people have their shout

Young people's talent and understanding of the risks associated with hazardous drinking was showcased in the Play Now/Act Now short film and video competition.

Play Now/Act Now is an initiative of the NSW Government's Youth Alcohol Action Plan 2001–05.

The 2004 Play Now/Act Now theme was "Your Shout". It was developed to encourage young people to explore the cultural practice of the "shout" in heavy sessional drinking and to have their "shout" or say about the important role of alcohol use in Australian youth culture.

The third Play Now/Act Now short film and video competition attracted outstanding entries from young people aged 18 to 25 years across NSW. The winning entries, together with outstanding entries from previous years, were compiled into a "best of" DVD. The DVD was launched by the Special Minister of State, The Hon. John Della Bosca, in March 2005. The DVDs were distributed throughout NSW to young people, and community and sporting organisations to deliver positive, relevant and creative messages about responsible alcohol use by young people.

The 2005 competition has introduced three new categories, including drawing/graphic design, short story writing and logo re-branding. Winning entries will be showcased in November 2005.



Photo by Paul Huntley

NAISDA dancer performs  
at the Department's  
Journey of Healing Day 2005

### 5th National Indigenous Environmental Health Conference

NSW Health hosted the 5th National Indigenous Environmental Health Conference on behalf of the enHealth Council and the National Indigenous Environmental Health Forum in November 2004. More than 200 delegates from across Australia and New Zealand attended.

The conference provided a forum to discuss Indigenous environmental health issues and brought together community members, environmental health practitioners, community housing providers, Aboriginal health workers and essential service providers to share their projects and programs, successes and challenges.

NSW Health presented details of Indigenous Environmental Health projects from NSW, including the Healthy Housing Worker Project in Far West NSW, Empowering Indigenous Communities to Identify and Resolve Environmental Health Issues, The Dog Health Program in Far West NSW, Evaluating the Health Impacts of Housing for Health on Aboriginal Communities in Rural NSW, Sewage Treatment Facility Removal and Site Regeneration Project (Taree/Purfleet), Environmental Tobacco Smoke and Koori Kids, Temperature Control Project, North Western NSW and Giardiasis – A Public Health Intervention in Promoting Community Awareness.

The recommendations from the conference will be the core focus of Indigenous environmental health activity for the Environmental Health Council and the National Indigenous Environmental Health Forum in future years.

**PERFORMANCE INDICATOR**

## Chronic disease risk factors

**Desired outcome**

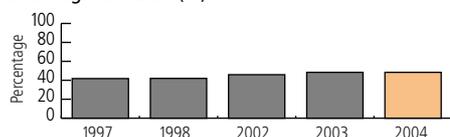
Reduced chronic disease

**Overall context**

The NSW Health Survey includes a set of standardised questions to measure health behaviours.

**Overweight or obesity**

**Context** – Being overweight or obese increases the risk of a wide range of health problems.

**Overweight or obese (%)**

Source: NSW Health Survey, Centre for Epidemiology and Research

**Interpretation** – Consistent with international and national trends, the prevalence of overweight or obesity has risen from 42 per cent in 1997 to 48 per cent in 2004. This increase has occurred in both males and females. In 2004 more males (56 per cent) than females (40 per cent) were classified as overweight or obese. More rural residents (52 per cent) than urban residents (48 per cent) were classified as overweight or obese.

**Strategies to achieve desired outcomes**

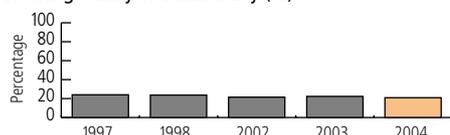
The NSW Government Action Plan 2003–2007: Prevention of Obesity in Children and Young People includes initiatives such as the NSW Healthy School Canteen Strategy and the NSW Health Breastfeeding Policy.

A community education campaign is being developed to provide parents of children aged 5–12 years with strategies on healthy eating and physical activity.

Area Based Services Strategic Implementation Support Trials (ASSIST), a large-scale obesity prevention initiative, will be trialled in the Hunter New England Area Health Service to explore a range of intervention strategies aimed at reducing childhood obesity.

**Smoking**

**Context** – Smoking is responsible for many diseases including cancers, respiratory and cardio-vascular diseases, making it the leading cause of death and illness in NSW.

**Smoking – daily or occasionally (%)**

Source: NSW Health Survey, Centre for Epidemiology and Research

**Interpretation** – Since 1997, the prevalence of daily or occasional smoking among the NSW adult population has decreased from 24 per cent to 21 per cent in 2004. For both males and females, rates of current smoking were highest in young adults. The percentage of smoke-free households has increased significantly, from 70 per cent in 1997 to 84 per cent in 2004.

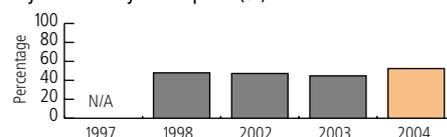
**Strategies to achieve desired outcomes**

The NSW Tobacco Action Plan 2005–2009 sets out the NSW Government's commitment to the prevention and reduction of tobacco-related harm in NSW.

The six focus areas are smoking cessation, exposure to environmental tobacco smoke, marketing and promotion of tobacco products, availability and supply of tobacco products, capacity building, and research, monitoring and evaluation.

**Physical activity**

**Context** – Physical activity is important to maintaining good health. It is a factor in protecting people from a range of diseases including cardiovascular disease, cancer and diabetes mellitus.

**Physical activity – adequate (%)**

Source: NSW Health Survey, Centre for Epidemiology and Research

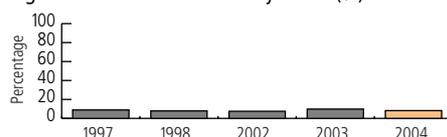
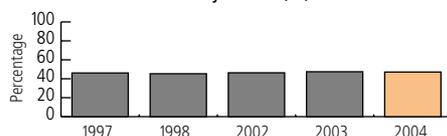
**Interpretation** – Between 1998 and 2004 there has been an increase in the percentage of people who undertake adequate physical activity (from 48 per cent to 52 per cent). In 2004 more males (57 per cent) than females (48 per cent) undertook adequate physical activity.

**Strategies to achieve desired outcomes**

Support for the Premier's Council for Active Living which was established to develop a new strategy for increasing physical activity in NSW through collaboration across government, non-government and private organisations.

**Vegetable and fruit intake**

**Context** – Nutrition is important at all stages of life. It is strongly linked to health and disease. Good nutrition protects people from ill-health whereas a poor diet contributes substantially to a large range of chronic (long lasting and recurrent) conditions, from dental caries to coronary heart disease and cancer.

**Vegetables – recommended daily intake (%)****Fruit – recommended daily intake (%)**

Source: NSW Health Survey, Centre for Epidemiology and Research

**Interpretation** – Between 1997 and 2004 there was no change in the percentage of people consuming the recommended daily intake of 2 fruits (47 per cent in 2004) and 5 vegetables (8 per cent in 2004). In 2004 more rural residents (10 per cent) than urban residents (8 per cent) consumed the recommended daily intake of vegetables whereas more urban residents (48 per cent) than rural residents (44 per cent) consumed the recommended daily intake of fruit.

**Strategies to achieve desired outcomes**

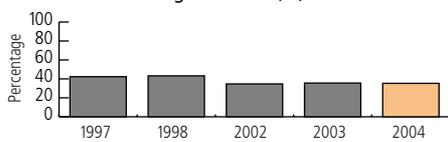
Eat Well NSW: Strategic directions for public health nutrition 2003–2007 outlines the areas for action to increase the daily vegetable and fruit consumption of the NSW population.

Successful programs implemented in Area Health Services include the Tooty Fruity Vegie project, Mt Druitt Food project, the Hawksbury Food program and the Sydney Fresh Food Bowl Network.

### Alcohol consumption

**Context**—Alcohol has both acute (rapid and short but severe) and chronic (long lasting and recurrent) effects on health. Too much alcohol consumption is harmful, affecting the health of others via alcohol-related violence and road trauma, increased crime and social problems.

Alcohol – risk drinking behaviour (%)



Source: NSW Health Survey, Centre for Epidemiology and Research

**Interpretation** – Since 1997, there has been a decrease in the percentage of adults reporting ‘any risk drinking behaviour’, from 42 per cent to 35 per cent in 2004. This decrease was greater in males (from 51 per cent to 41 per cent) than in females (from 34 per cent to 30 per cent). In 2004, as in previous years, more rural residents (39 per cent) than urban residents (34 per cent) reported any risk drinking behaviour. Alcohol risk drinking behaviour includes consuming on average, more than 4 (if male) or 2 (if female) ‘standard drinks’ per day.

### Strategies to achieve desired outcomes

- NSW Health is developing an Alcohol Disease Prevention Plan in response to the NSW Summit on Alcohol Abuse, held in 2003.
- The annual Play Now Act Now film, writing and design competition provides a unique opportunity for young people in NSW aged 18–25 years to examine the health, social and cultural consequences of alcohol consumption through a creative peer-to-peer approach.
- Commenced planning a new Youth Alcohol Action Plan 2005–2009 which outlines the Government’s commitment and approach to preventing and reducing alcohol use and associated harm by young people 12–24 years.
- General Practitioners are being trained in the use of the Drinkless materials which assist GPs to undertake alcohol interventions with their patients and identify those who have concerning or problematic levels of alcohol consumption.

### PERFORMANCE INDICATOR

#### Potentially avoidable mortality

Potentially avoidable mortality – persons aged 75 and under (age-adjusted rate per 100,000 population)

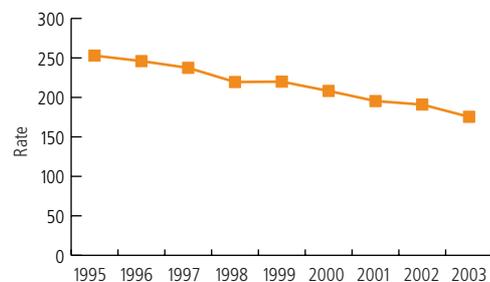
#### Desired outcome

Increased life expectancy

#### Context

Potentially avoidable deaths are those attributed to conditions that are considered preventable through health promotion, health screening and appropriate treatment. Examining the premature deaths (before age 75 years) provides a measure that is more sensitive to the direct impacts of health system interventions.

Potentially avoidable mortality – persons aged 75 and under (age-adjusted rate per 100,000 population)



Source: ABS Mortality data and population estimates (HOIST)

#### Interpretation

The rate for potentially avoidable premature deaths has improved consistently over the period 1995 to 2003.

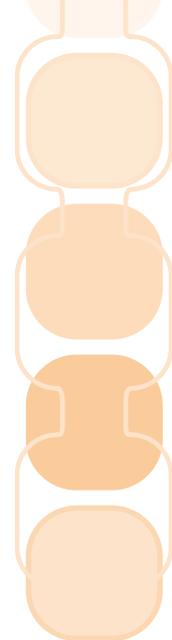
#### Strategies to achieve desired outcomes

The causes of avoidable deaths can be further divided into those that may be prevented through ‘primary’, ‘secondary’, and ‘tertiary’ interventions. Primary interventions are aimed at preventing a condition developing, for example, through lifestyle modification. Secondary interventions detect or respond to a condition early in its progression, such as screening programs for breast or cervical cancer. Tertiary level interventions treat an active condition to reduce its severity and prolong life, for example, heart revascularisation.

Strategies for interventions are highlighted elsewhere in this report, for example the NSW Healthy Canteen Strategy and the NSW Falls Prevention Strategy.

## Other highlights

- NSW Health launched a six-week advertising campaign on World No Tobacco Day in the lead up to the latest smoking changes in NSW pubs and clubs. The “Change Is In The Air” campaign, which featured Irish comedian Dave Callan, ran on TV, radio and print to flag the new law with the NSW public. The first phase of the *Smoke-free Environment Amendment Act 2004* came into effect on 3 January 2005. The second phase of the Amendment Act commenced on 4 July 2005 restricting smoking to one part of NSW pubs, clubs and the casino. By July 2007 there will be a complete ban on smoking in enclosed areas of licensed premises.
- Three Area Health Services were funded to carry out health promotion research projects under the NSW Health Promotion Demonstration Research Grants Scheme in 2004/05.
  - Sydney South West** – Increasing walking to and from school: the Central Sydney Walk-to-School Randomised Control Trial.
  - South Eastern Sydney/Illawarra** – Pedometers and physical activity in Illawarra residents referred to outpatient cardiac rehabilitation.
  - Hunter/New England** – Reduction in falls injuries within aged care facilities in the Hunter.
- NSW Health continues to provide secretariat support to the Premier’s Council for Active Living (PCAL), established in 2004. The Council works to promote active living in the NSW community by strengthening the physical and social environments in which communities engage in active living. PCAL follows on from the successful NSW Physical Activity Taskforce, which was coordinated by the Department of Health from 1996 to 2002.
- In response to the NSW Summit on Alcohol Abuse, a NSW Alcohol Education and Information Taskforce has been established to advise the Government on the delivery of coordinated and consistent communications on responsible alcohol use, harms and abuse. Chaired by Ms Trish Worth, the Taskforce includes representatives from the liquor industry, government agencies, non-government organisations, sporting organisations and experts in the field. It met three times in 2004/05.



## Prevention and early detection of health problems

### NSW Chronic Care Program

The Chronic Care Program aims to improve the health and quality of life for people with chronic health conditions and their carers, prevent crisis situations and reduce unplanned hospital admissions.

Phase two of the NSW Chronic Care Program (2003–2006) is building on the achievements of Phase One (2000–2003), including ongoing implementation across Area Health Services of the Clinical Service Frameworks for cancer, heart failure and respiratory disease and the development of the NSW Chronic Disease Strategy and Service Model. Expert clinicians, other health service providers, patients and carers led the development of the Clinical Service Frameworks to provide evidence-based standards of care for Area Health Services and the adoption of best practice across the State.

Recurrent funding of \$15 million has been allocated to support the ongoing implementation of the Program, with most of this funding allocated to Area Health Services to support the local implementation of the Clinical Service Frameworks. Many of the 60 priority health care programs that commenced in the first phase of the Program are continuing in the second phase to 2006, with many tackling broader dissemination across their respective Area Health Services.

The Chronic Care Program has broadened the applicability of strategies and models of care developed for single diseases to other chronic diseases. The Chronic Disease Strategy recognises there are common causes for diseases and that a shared approach is required to manage many aspects of care. Further, many people with chronic health problems have more than one condition and benefit from comprehensive rather than single disease approach to care. Community-based care and support for self-management and coordinated care across care settings are central to the Chronic Disease Strategy. This Strategy has been informed by ongoing work internationally and will be released for Area implementation from January 2006.

### NSW Chronic Care Collaborative

The NSW Chronic Care Collaborative is a key initiative of the NSW Chronic Care Program. It draws on collaborative methodology developed by the US Institute for Health Improvement to spread evidence based knowledge, skills and proven good practice across multiple sites over a defined period of time. Twenty-two teams from across NSW participated in the Chronic Care Collaborative and achieved impressive results for strategies to diagnose and manage heart failure and chronic obstructive pulmonary disease (COPD).

Approximately 300 clinicians and managers from acute community settings were actively engaged in the Collaborative to improve chronic care. Specialist physicians, nursing and allied health, health executives, representatives from non-government partners including general practitioners and peak health care organisations, consumers and carers were involved. Area Health Service Executive sponsorship was a key component of supporting and driving the success of the teams locally.

External evaluation of the Collaborative showed 16,000 bed days were saved through decreased hospital admissions for COPD and 9,000 bed days saved for heart failure. There was improved diagnosis and management overall of these conditions. Outcomes included earlier spirometry for people with or suspected of lung disease, improved smoking cessation interventions, and increased referral to rehabilitation. Importantly, involvement in the Collaborative improved clinicians' and managers' understanding of the principles of chronic care management.

### Avian influenza and pandemic planning

In response to the outbreak of H5N1 avian influenza in several Asian countries in 2004 NSW Health began redeveloping its Influenza Pandemic Plan in 2004/05. It is possible that this strain of avian influenza could mutate into a form that is spread among people and cause an influenza pandemic that could kill many people worldwide.

NSW Health convened a workshop, Infectious Diseases Emergencies in NSW – Planning a Way Forward, in December 2004 to facilitate Area Health Service planning. The Population Health Division also prepared advice and frameworks for Area Health Services to use to form local advisory groups, response teams and capacity to deal with a pandemic. NSW Health is preparing to develop improved systems for communicating with health care workers as well as training and exercise opportunities for Area Health Service staff.

## NSW surveys state of oral health

NSW Health launched a statewide adult oral health survey to provide a snapshot of the state's oral health including levels of tooth loss, dental decay and gum disease.

The statewide survey is part of a comprehensive nationwide review. The 2005 National Survey of Adult Oral Health is being undertaken at the Australian Research Centre for Population Oral Health at the University of Adelaide.

The NSW Centre for Oral Health Strategy, will undertake the NSW component of the survey. Examinations will take place in metropolitan, regional and rural NSW. Dentists will survey 2,000 NSW residents aged 15 years and older. The research involves dental examination and recording additional health measures, such as body mass index and questions to examine the possible link between gum disease and heart disease. This is the first time in Australia that the survey will examine these potential links.

## NSW Falls Prevention Policy

NSW Health has started to implement the *NSW Management Policy to Reduce Fall Injury Among Older People* with \$8.5 million allocated over four years for this initiative.

Fall injury is a major cause of injury-related preventable hospitalisation and loss of independence among people aged 65 years and over in NSW. No other single injury cause, including road trauma, costs the health system more than fall injuries.

The *NSW Management Policy to Reduce Fall Injury Among Older People* policy aims to actively reduce the burden of fall injury across the community, with particular focus on fall related injuries among older people living independently in the community, in aged care environments and also in acute and rehabilitation care. It includes strategies to provide direct services to older people, improve the skills of health professionals to prevent fall related injuries and to contribute to the research knowledge currently available about falls prevention.

Best practise guidelines for managing risk in public and private home environments as well as for aged care establishments have been developed and educational materials have been written for a broad range of disciplinary training groups. Area Health Services have implementation plans and a statewide coordination service has been established at the Clinical Excellence Commission. A research plan and suitable indicators have been developed for monitoring change.

## PERFORMANCE INDICATOR

### Fall injuries

Fall injuries for people aged 65 years+ (age-adjusted hospital separation rate per 100,000 population) male and female

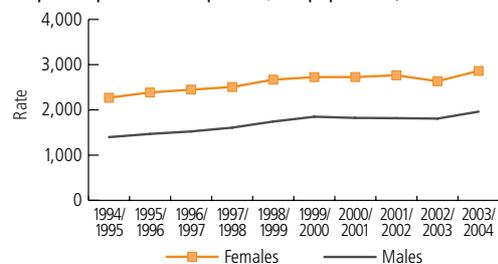
#### Desired outcome

Reduced injuries, deaths and hospitalisations from fall-related injury in people aged 65 years and over.

#### Context

Falls are one of the most common causes of injury-related preventable, expensive hospitalisations for people aged 65 years and over in NSW. Older people are more susceptible to falls due to reduced fitness and flexibility, chronic illness and medication use. Nearly one in three people aged 65 years and older living in the community is likely to fall at least once in the year.

Fall injuries – persons aged 65 years + (age standardised hospital separation rate per 100,000 population)



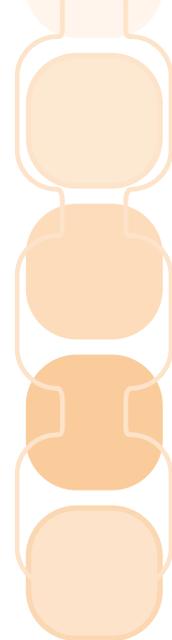
Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST)

#### Interpretation

There have been increasing rates of fall injury hospitalisations for older people over the period 1994/95 to 2003/04 with rates for females greater than males. It is likely that this continuing rise in age-adjusted rates may be related to levels of physical activity. The NSW Health Survey reports continuing reduced rates of physical activity among older people in the community and who are more sedentary than former generations. The relationship between levels of inactivity and fall events is well established and the change in the fall admission rate may be an effect of increasing levels of inactivity among at risk people.

#### Strategies to achieve desired outcomes

Effective strategies to prevent fall-related injuries include increasing levels of physical fitness and reducing environmental hazards. The NSW Falls Prevention Policy will deliver an \$8.5 million investment over 4 years to Area Health Services to support systemic change in practice in acute and residential care environments and in the delivery of services to reduce the risk for people living independently in the community. The policy will also support research designed to increase knowledge about strategies which are likely to reduce risk.



## Funding Boost for Mental Health Services

Mental health services now account for 7.8 per cent of the total NSW Health budget. Recurrent funding of \$854 million has now been dedicated to enhance emergency and community mental health services across NSW.

For the first time the NSW Government has set out a strategy for mental health policy which commits to a coordinated approach to improving the mental health and well-being of the NSW community. *The NSW Mental Health Plan 2005–2010* and the *NSW Interagency Action Plan for Better Mental Health* recognise the importance of coordinated mental health service delivery through Area Health Services, partner organisations and other government agencies.

The increased funding to mental health services will broaden a range of services in the following areas:

- New acute and non-acute mental health care beds, including a new 20 bed non-acute unit at Campbelltown Hospital, a 15 bed psychiatric intensive care unit at Hornsby Hospital and 16 acute beds at Dubbo Hospital.
- The Psychiatric Emergency Care unit program will be expanded to reduce the length of stay in emergency departments for patients with a mental illness.
- More allied health staff for community rehabilitation services.
- More nursing, allied and medical staff for better access and more equitable services for older people with dementia and other mental illnesses associated with ageing.
- Dual diagnosis/early intervention programs to support young people aged 16–25 with substance abuse and mental illnesses.
- Programs to target young people in contact with the juvenile justice system in order to divert them from the criminal justice system.
- Workforce development programs to recruit mental health nursing staff, education and training for staff and support to universities for mental health nursing development.

## Aboriginal Mental Health Initiatives

Over the past year the Centre for Mental Health negotiated final funding agreements for ten Aboriginal Mental Health Worker positions in nine Aboriginal Community Controlled Health Services (ACCHSs). Enhanced funding is now provided on a recurrent basis.

The Department provided grants to the New England University, Charles Sturt University and Southern Cross University to support the education of Aboriginal Mental Health Workers. The Department also provided funding to support:

- The Aboriginal Men's Suicide Prevention Program in Orange, Far West Area Health Service.
- An Aboriginal Mental Health Project Officer position in the South Eastern Sydney/Illawarra Area Health Service to scope service planning for the region.
- Hunter/New England Area Health Service initiatives in Aboriginal mental health, including recurrent funding for mental health outreach services in Armidale and Pius X (Moree) ACCHSs.
- Funding for an increased number of Aboriginal mental health worker positions in the Greater Western Area Health Service.

## Serum Dioxin Study at Rhodes Peninsular

The former Union Carbide site on the Rhodes peninsula in inner Western Sydney is contaminated with dioxins. Approval has been granted to remediate and redevelop the site for medium/high density housing. On-site remediation of contaminated soils and sediments is planned to commence in 2005 and continue for a period of approximately five years.

The environmental measures imposed through the conditions of consent to the remediation process are designed to protect human health. Additionally, the NSW Government has committed to undertake a blood dioxin monitoring study to reassure residents that they are not being exposed to significant levels of dioxin as a result of the remediation.

The Department of Health's Environmental Health Branch and the Sydney South West Public Health Unit are conducting a joint study to look at changes in blood dioxin levels over the five year remediation process.

It is planned to undertake three rounds of blood testing from local residents and compare changes to those of controls recruited from the Australian Red Cross Blood Service. The first round of testing providing baseline levels has been completed with 61 Rhodes residents submitting blood samples and 594 control blood samples collected from the Blood Service.

**PERFORMANCE INDICATOR**

## People aged 65 yrs+ immunised

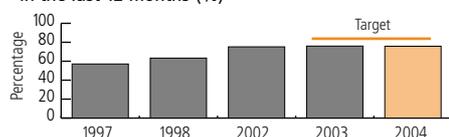
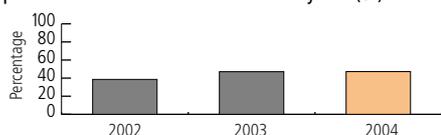
- Influenza – in the last 12 months
- Pneumococcal disease – in the last 5 years (%)

**Desired outcome**

Reduced illness and death from vaccine-preventable diseases in adults.

**Context**

Vaccination against influenza and pneumococcal disease is recommended for people aged over 65 years, Aboriginal people aged over 50 years and for those with chronic medical conditions.

**People aged 65 years and over vaccinated against influenza – in the last 12 months (%)****People aged 65 years and over vaccinated against pneumococcal disease – in the last 5 years (%)**

Source: NSW Health Survey, Centre for Epidemiology and Research

**Interpretation**

The vaccination rate for influenza has increased since 1997. While the target of 85 per cent is yet to be achieved, the immunisation rate has remained stable, with 76 per cent of people over 65 years vaccinated in 2003 and 75.8 per cent in 2004. The rate of vaccination against pneumococcal disease has increased significantly from 38.6 per cent in 2002 to 47.2 per cent in 2004.

From January 2005 the pneumococcal vaccine was made free for people over 65 years of age. It is anticipated that the increased availability of this vaccine will significantly improve the percentage of older people protected against pneumococcal disease.

**Strategies to achieve desired outcomes**

- The NSW Immunisation Strategy 2003–2006 defines the Key Result Areas to improve adult vaccination coverage.
- Recurrent funding is provided for a full-time coordinator to implement the Strategy.
- A formal review of the Strategy will be undertaken in late 2005 to identify future priorities.

**PERFORMANCE INDICATOR**

## Breast cancer screening

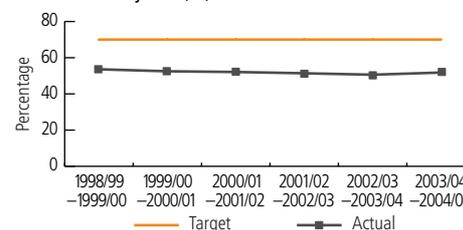
Two-yearly participation rate of women aged 50–69 years.

**Desired outcome**

Increased survival rate for breast cancer.

**Context**

Mammographic screening assists in the early detection of breast cancer and is seen as the best method for reducing mortality and morbidity that results from breast cancer.

**Breast cancer screening – two yearly participation rate women 50–69 years (%)**

Source: BreastScreen NSW

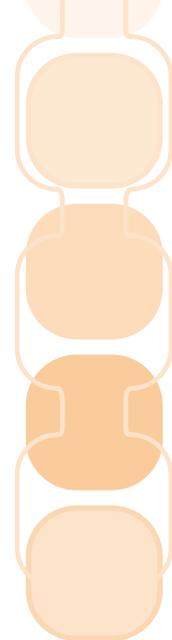
**Interpretation**

The two-yearly participation rate for women aged 50–69 years has remained stable, within a range of 50.6 per cent to 53.6 per cent for the last six years. The latest rate was 51.8 per cent, which is below the target of 70 per cent set by BreastScreen Australia:

- all states did not achieve the BreastScreen Australia target of 70 per cent. South Australia had the highest participation rate in 2002/03 at 64 per cent
- the number of women aged 50–69 years screened by BreastScreen NSW biennially continued to increase at an average annual rate of 2.1 per cent from 1998/99 to 1999/00 to 2003/04 to 2004/05. However, the ABS estimated resident population in NSW increased at an annual rate of 3.5 per cent. This meant that the participation rate steadily declined over the period to December 2004
- in December 2004 NSW Health endorsed a recruitment policy to not reinvite women unless they were in the target age group for screening, and at the same time provide priority appointments to target age women. This has enabled BSNSW to focus available resources on improving participation rates and resulted in improved participation from December 2004 to June 2005.

**Strategies to achieve desired outcomes**

- continue to prioritise appointments for women in the target population
- fully implement the BSNSW family history policy, to reduce over screening in women at average risk and improve appointment availability to target age women in services with high annual screening rates
- fully implement the letter/telephone recruitment strategy to increase the number of new target age women attending screening and increase the re-screen compliance rate for women previously screened
- implement statewide evidence-based recruitment strategies in line with the findings of the BSNSW market research findings
- implement specific capital projects to reduce the costs of screening and provide increased screening appointments for women, including the introduction of two new mobile vans, a relocatable screening unit, the fixed Screening and Assessment sites at Gosford, Wagga and Albury and future sites in Tweed Heads and Baulkham Hills, and the enhanced Screening and Assessment site at Royal North Shore Hospital
- continue to focus on the enhancement of the radiography and radiology workforce in NSW.



## Other highlights

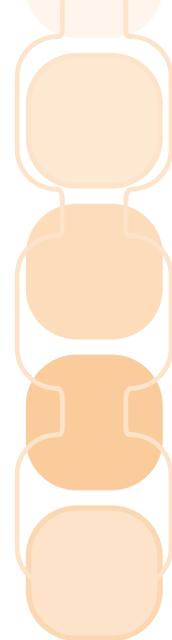
- The second snapshot report for routine screening for domestic violence was completed. The report found that 7 per cent of women who presented to targeted health services experienced domestic violence. The screening tool is continuing to be implemented throughout health services.
- The NSW Government released its response to the first Tracking Tragedy (2003) report, a review of suicide and homicide deaths involving patients of mental health services, including recommendations for systemic changes.
- The Centre for Mental Health established the NSW Suicide Prevention Advisory Group to develop priorities for the revised Suicide Prevention Strategy.
- The Centre for Mental Health released the Framework for Suicide Risk Assessment and Management for NSW Health staff.
- The Centre for Mental Health provided support for three pilot initiatives under the auspices of the Senior Officers' Group Co-Morbidity Subcommittee, targeting young people, forensic populations and indigenous people.
- The Centre for Mental Health provided support for a range of programs based in Area Health Services, including the Chrysalis project in Sydney South West, CAMHSNET services targeting dual diagnosis populations and the Institute of Psychiatry's dual diagnosis educational programs.
- The Centre for Mental Health conducted Early Psychosis Indicator Training for NSW Mental Health staff in Area Health Services.
- My Health Record was reviewed and revised in 2004. Developed for people with chronic disease this folder holds in a single place details about a patient's medical condition and the treatment recommended by doctors and other health care providers. The review confirmed the Record's usefulness for patients, carers and health professionals. A revised version is being developed to increase its usefulness and acceptability.
- The Centre for Oral Health Strategy completed the NSW Oral Health Promotion Framework for Action 2010. The document provides an evidence-base for a range of population health strategies that align with the National Oral Health Plan: Healthy Mouths Healthy Lives 2004–13 and provides the basis for ongoing development of oral health programs in NSW.
- The Environmental Health Branch provided expert advice about the likely health impacts of major development proposals to proponents, planners and consent authorities through comment and input into Environmental Impact statements.
- Local Public Health Units and the Department's Water Unit continued to provide expert advice to local water utilities (usually councils) to help provide drinking water to communities in rural and regional NSW. The drinking water database is managed by the Water Unit and is used by utilities to maintain and improve water quality outside the metropolitan areas.



A stroke patient receives care at Wyong Hospital's new Stroke Unit which was officially opened during Stroke Week 2004

## Future initiatives

- Australia's largest childhood obesity prevention trial will be conducted in the Hunter New England Area Health Service from 2006 to 2011 at a cost of \$7.5 million. The trial will focus on preventing weight gain in children and young people between the ages of 0–15 years. It will explore the effectiveness of a range of intervention strategies in kindergartens, childcare, schools, local government, and health services aimed to encourage healthy eating and active lifestyles. In 2006 NSW Health will launch a new statewide public health education campaign to encourage healthy eating and active living by influencing parents and carers of children 5–12 years.
- Develop the specific plans arising from the NSW Alcohol Summit including the NSW Alcohol Disease Prevention Plan, the NSW Alcohol Communication Plan and the NSW Youth Alcohol Action Plan.
- Publish the NSW Mothers and Babies Report, Population Health Survey Child Report 2003/04 and ongoing updates to the web-based version of the Report of the Chief Health Officer.
- Develop and implement a long term strategy for Anaphylaxis training in schools and child care facilities now and into the future.
- Expand coverage of Public Health Real Time Emergency Department Surveillance System to 32 emergency departments in the Sydney/Illawarra/Hunter regions.
- Pilot and then implement electronic notification of notifiable diseases from at least the five largest laboratories.
- Fund the Transcultural Mental Health Centre to expand the Children and Family Mental Health Project.
- Complete and launch the NSW Health psychostimulant strategy.
- Conduct an independent review of the Aboriginal Health Strategy and by consultation provide recommendations for future strategy development which will lead to stronger service delivery to Aboriginal families.
- Publish and distribute the Tobacco Action Plan 2005–2009 and Report on the Social Cost of Smoking in NSW at the 3rd Australian Tobacco Control Conference.
- Establish a "SmokeCheck" Aboriginal and Torres Strait Islander tobacco prevention project to provide training for Aboriginal Health Workers in evidence-based smoking cessation interventions.
- Work with NSW Fire Brigades to support the introduction of a new Australian cigarette standard into legislation which will focus on cigarettes that are self-extinguishing.
- Scope climate change and health strategies to assist human adaptation so that adverse health impacts to climate change can be minimised.
- Develop policy advice and health based guidelines for recycled water to support recycling initiatives under the Metropolitan Water Strategy.
- Develop and implement in conjunction with the Aboriginal Health and Medical Research Council an Aboriginal Drug and Alcohol strategy aimed at improving the health status of Aboriginal communities in relation to alcohol and drugs.
- Deliver the NSW Health component of Drug Crime Diversion Programs, including the establishment of four new MERIT Services.



## A healthy start to life

### Fresh Tastes @ School – NSW Healthy School Canteen Strategy

Fresh tastes for students are the flavour at school canteens across NSW with the NSW Healthy School Canteen Strategy underway. NSW is the first jurisdiction in Australia to make it compulsory for government school canteens to limit the sale of foods high in energy, saturated fat and/or have high levels of added sugar and/or salt.

The NSW Healthy School Canteen Strategy, now branded as Fresh Tastes @ School, is considered a significant opportunity to improve children's dietary behaviours. The Strategy aims to ensure that all government schools (and encourages others to) provide a canteen service with healthy and nutritious food consistent with the Australian Dietary Guidelines for Children and Adolescents. It also aims to support, advise and educate the school community about childhood obesity and the role of the school canteen to promote healthy eating.

Schools have been well supported to make the necessary changes to their canteens. The *Canteen Menu Planning Guide* and the *Fresh Tastes Tool Kit* were developed and provided to every school in NSW. A Strategy Coordinator based at the NSW Department of Education and Training has been assisting with implementation. Health Promotion staff from Area Health Services are also supporting schools.

The response from schools and their canteens has been excellent. There has been a significant increase in the variety and availability of health products for school canteens. The healthy foods filling canteen counters are very popular with students. The support materials have been very well received and utilised by canteen staff and 98 per cent of the schools surveyed about the Strategy have implemented all or some of the recommended changes.

### Otitis Media Screening for young Aboriginal children

There are significantly higher incidence rates of otitis media (middle ear infection) in Aboriginal children than non-Aboriginal children. Otitis Media is the general medical term for inflammation or infection of the middle ear which can lead to hearing loss and affect learning development.

A major strategy to address otitis media within Aboriginal communities is to provide otitis media screening training for Aboriginal Health Workers. Thirty Aboriginal Health Workers successfully completed screening training during 2004/05, which will allow more children to be tested in future years.



Kids enjoy a surfing and mentoring program

The otitis media screening and community education services for children 0–6 years has been expanded under the whole-of-government approach, Aboriginal Affairs Plan: *Two Ways Together*.

Over 9000 Aboriginal children up to the age of six years across NSW received free checks for middle ear infection during 2004/05. Approximately one in three were found to have the disease and were referred to treatment.

### Breastfeeding for better health

A new report released by the NSW Centre for Public Health Nutrition identifies new ways of promoting and supporting breastfeeding. Promoting breastfeeding is one of five public health nutrition priority areas identified for action in *Eat Well NSW, NSW Health's Strategic Directions for Public Health Nutrition 2003–2007*.

The National Health and Medical Research Council recommends that breast milk be the only source of nutrition until an infant is about six months old. Breastfeeding is associated with improved general health, physical growth and mental development of infants and protection against a number of diseases during childhood and adult life.

The report provides clear guidance on the most effective ways to support breastfeeding by mainstream health services. It specifically recommends that health services, health professionals and advocacy bodies develop and extend their services to promote breastfeeding in line with a range of support practices that are proven to be effective. These include education of mothers before and immediately after birth, peer and professional support in the early months, early skin-to-skin contact, and "rooming in" of babies with their mothers.

In response to the report, NSW Health has funded a breastfeeding policy development project. This project will address increased organisational commitment to breastfeeding, evidence-based services and practices to promote breastfeeding and improved breastfeeding services for disadvantaged and at-risk groups.

### NSW Mothers and Babies report

The *NSW Mothers and Babies Report 2003* has confirmed that women are continuing to defer childbirth to older ages and the rate of caesarean births is continuing to rise.

The Report examines birthing trends in NSW from 1999–2003. It looks at birth numbers, the age of mothers, and the rate of premature births and abnormalities to further research into the causes of health problems in newborn babies. The information also helps health planners and clinicians develop programs to improve health services for NSW mothers and their babies.

The Report found the average maternal age in NSW is now over 30, while the number of new mothers over the age of 35 continues to rise, up from 10.4 per cent in 1999 to 12.3 per cent in 2003. Caesarean section rates increased from 19.7 per cent in 1999 to 26.5 per cent in 2003. The number of teenage mothers continues to decline and the proportion of mothers who reported smoking during pregnancy has declined from 19 per cent in 1999 to 15 per cent in 2003.

### School vaccination success

The most comprehensive high school vaccination program ever seen in Australia was completed in NSW – one year ahead of the Australian Government deadline.

Since the National Meningococcal C Vaccination Program started in August 2003, a total of 823,197 (74 per cent) of NSW primary and secondary school students aged six to 19 years received the vaccine through school-based services. The Australian Government scheduled completion date was 2006.

NSW Health implemented the NSW Adolescent Vaccination Program, including a world first pertussis outbreak response strategy, with assistance of \$5.6 million advanced funding from the Australian Government. The program offered hepatitis B and diphtheria, tetanus and whooping cough vaccine to school students. Completed in December 2004, 274,469 secondary students (59 per cent) were vaccinated with the new diphtheria/tetanus/whooping cough vaccine. In addition, a routine annual program of hepatitis B vaccinations for Year 7 students was established in all secondary schools with a total of 87,128 doses of hepatitis B vaccine given to Year 7 students.

### PERFORMANCE INDICATOR

Infants fully immunised at 12 to < 15 months

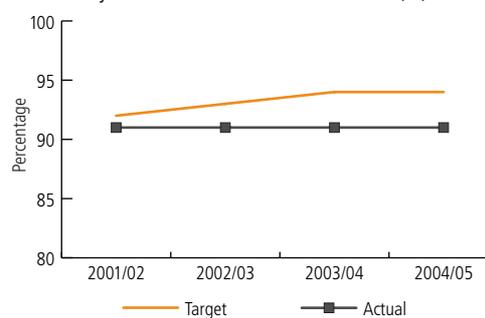
#### Desired outcome

Reduced illness and death from vaccine-preventable diseases in children.

#### Context

Although there has been substantial progress in reducing the incidence of vaccine-preventable diseases in NSW it is an ongoing challenge to ensure optimal coverage of childhood immunisation.

Infants fully immunised – at 12 to < 15 months (%)



Source: Australian Childhood Immunisation Register (ACIR)

#### Interpretation

The percentage of children fully immunised in NSW remains stable at 91 per cent, with the target of 94 per cent yet to be achieved. However, the Australian Childhood Immunisation Register data may underestimate actual vaccination rates by around 3 per cent due to children being vaccinated late or to delays by service providers forwarding information to the Register.

#### Strategies to achieve desired outcomes

- NSW Immunisation Strategy 2003–2006 defines the Key Result Areas to improve vaccination coverage.
- Recurrent funding is provided for a full-time coordinator to implement the Strategy.
- A formal review of the Strategy will be undertaken in late 2005 to identify future priorities.

## Kids benefit from Car and Home Smokefree Zone campaign

Since 2001 NSW Health has been working with a range of health organisations on a \$2.4 million social marketing campaign to reduce the exposure to environmental tobacco smoke (ETS) in homes and cars by children and infants from 0–6 years of age.

The Car and Home Smokefree Zone campaign included television and radio advertisements, a website and print and promotional resources for parents and carers, general practitioners and health workers. Nineteen community-based projects were implemented across NSW with particular focus on working with indigenous communities and culturally and linguistically diverse communities to reduce children's exposure to ETS.

The Car and Home Smokefree Zone campaign achieved significant and sizeable behavioural changes between September 2002 and March 2005, which is good news for children's health in NSW. The surveys found a:

- 55.7 per cent increase in the number of smoke free homes with children
- 41.8 per cent increase in the number of people reporting that all cars in which children have travelled during the last month were smoke free.

The campaign included educating and involving key health professionals, including nurses and GPs, and staff from childcare centres. This will make it likely that the campaign's key messages and strategies developed to reduce childhood exposure to tobacco smoke will be sustained in the future.

### PERFORMANCE INDICATOR (under development)

#### Postnatal Families First Universal Health Home Visits

Percent of families:

- Offered a home visit
- Receiving a home visit within 2 weeks of birth

#### Desired outcome

To support parents and carers raising children and help them solve problems early before those problems become entrenched

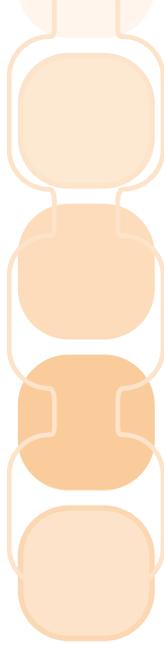
#### Context

The Postnatal Families First Universal Health Home Visit Program (UHHV) is an initiative under Families First, the coordinated NSW Government strategy that aims to give children the best possible start in life. The purpose of the UHHV is to enhance access to postnatal child and family services by providing all families with the opportunity to receive their first postnatal health service within their home environment, thus providing staff with the opportunity to engage more effectively with families who may not have otherwise accessed services. The UHHV provides an opportunity to identify needs with families in their own homes, and facilitate early access to local support services, including the broader range of child and family health services available.

#### Strategies to achieve desired outcomes

Strategies that have been implemented to support the UHHV Program include:

- additional recurrent funds (total \$6.3 million per annum) allocated to support implementation of Families First, including UHHV
- a Families First Coordinator appointed in each Area Health Service to support and manage the implementation process
- Health Home Visiting Guidelines developed for use by Area Health Services in implementing the strategy
- a project officer employed to develop a whole-of-health evaluation framework and performance indicators developed for use in monitoring the implementation of UHHV and to support improvement in services on an ongoing basis
- funding of a statewide education support program for health staff.



**PERFORMANCE INDICATOR**

First antenatal visit before 20 weeks' gestation

First antenatal visit before 20 weeks' gestation:

- Aboriginal
- Non Aboriginal

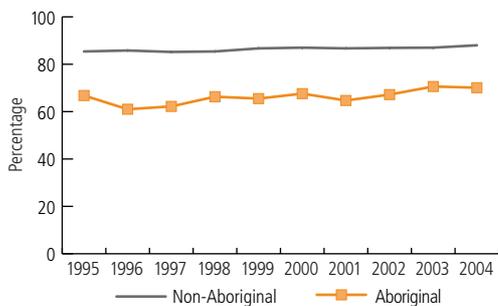
**Desired outcome**

Improved health of mothers and babies

**Context**

Antenatal care provides an opportunity to assess and monitor the health and wellbeing of mothers and babies during pregnancy. Early commencement of antenatal care allows early detection and identification of any problems and engages mothers with health and related services.

First antenatal visit – before 20 weeks gestation (%)



Source: NSW Midwives Data Collection (HOIST)

**Interpretation**

The percentage of both Aboriginal and non-Aboriginal mothers having their first antenatal visit before 20 weeks gestation has increased slightly since 1995. However, the percentage for Aboriginal mothers remains below that for non-Aboriginal mothers, although the gap is narrowing.

**Strategies to achieve desired outcomes**

Published in 2000, the NSW Framework for Maternity Services, the five year plan from maternity services.

Support the development of collaborative, networked models of care.

Programs targeted for Aboriginal mothers to increase their access to and use of antenatal care (Aboriginal Maternal and Infant Health Strategy).

**PERFORMANCE INDICATOR**

Low birth weight babies less than 2,500 grams

Low birth weight babies less than 2,500 grams:

- Aboriginal
- Non-Aboriginal

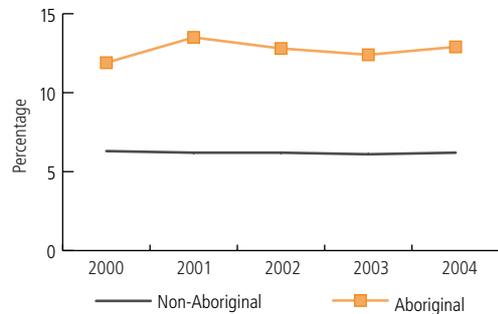
**Desired outcome**

Reduced rates of low weight births and subsequent health problems

**Context**

Low birth weight is associated with a variety of health problems.

Low birthweight babies – birthweights less than 2,500g (%)



Source: NSW Midwives Data Collection (HOIST)

**Interpretation**

The rates for low birth weight are relatively stable. However, the rate for babies of Aboriginal mothers remains substantially higher than that for babies of non-Aboriginal mothers.

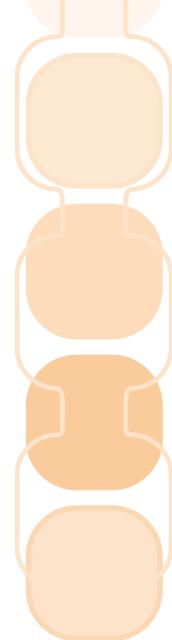
**Strategies to achieve desired outcomes**

Published in 2000, the NSW Framework for Maternity Services, the five year plan from maternity services.

Support the development of collaborative, networked models of care.

Targeted programs through the Aboriginal Maternal and Infant Health Strategy for Aboriginal mothers to increase access to and use of antenatal care.

Targeted antenatal smoking cessation programs.



## Other highlights

- A three-year evaluation of the NSW Aboriginal Maternal/Infant Health Strategy was completed in June 2005. Using population data results show there has been a reduction in the Aboriginal perinatal mortality rate (from 20.7 per 1,000 in 1996–2000 to 14.4 per 1,000 in 2001–03), a decrease in Aboriginal prematurity from 20 per cent to 11 per cent and a 14 per cent increase in the number of Aboriginal women accessing antenatal care before 20 weeks in the local government areas where programs are located.
- Since the Statewide Infant Screening Hearing Program (SWISH) was launched in December 2002 over 95 per cent population coverage for newborn hearing screening has been achieved. Between December 2002 and June 2005 179 newborns were diagnosed with significant permanent bilateral hearing loss. The SWISH program was awarded the Baxter NSW Health Awards in 2004 for Effectiveness and the 2004 Premier's Public Sector Gold Award in the category of Service Delivery.
- A Controlled Drinking Program via correspondence based at the Sydney West Area Health Service was expanded in 2004 to provide services throughout NSW. This program enables heavy and risky drinkers to engage in a process of behaviour change.
- Over 20 Child and Adolescent Mental Health Service Network (CAMHSNET) nurses across NSW, supported by a Clinical Nurse Consultant and a Child and Adolescent Psychiatrist Network Director, provided improved assessment and treatment for children and adolescents admitted to paediatric wards and adult psychiatric units in rural and regional centres closer to their homes. Extensive education and training was provided for nurses in the program.
- A discussion paper for responding to sexualised behaviour and sexually abusive behaviour by children under the age of 10 years has been developed.
- Support was provided to Area Health Services to meet targets for staff training in child protection. Forty thousand staff have been trained across NSW.
- Transfer of Diagnosis and Assessment Services from the Department of Ageing Disability and Home Care to NSW Health was completed. These services provide assessment and referral for children with suspected developmental delay.
- Psychologists from the Department of Juvenile Justice participated in the School-Link advanced training module on diversity with school and TAFE counsellors and mental health staff.
- The Centre for Oral Health Strategy supported a number of initiatives through the Teeth for Health project to increase the coverage of fluoridation in public water supplies, particularly in rural areas. A number of local government areas have sought direction through the Director-General to fluoridate their public water supplies or requested updates to existing fluoridation plants. A focus will continue on this population health initiative.

# Health care people need

## Emergency care without delay

During 2004/05 we have developed new strategies with increased funding to better cope with demand for services. Funding for more than 800 new hospital beds has increased public hospitals' capacity to treat patients. Patient Flow Units, resources and staff to manage emergency patient demand and admission, more ambulance officers with improved networking systems, and predictable surgery plans to reduce waiting times for booked surgery are just some of the initiatives we have introduced to provide people with the health care they need. Also, we continued to focus on services for Aboriginal people and provided more funding to rural and regional hospitals and community-based health services to enable people to receive health care close to home.



A new head injury retrieval trial conducts a live training run

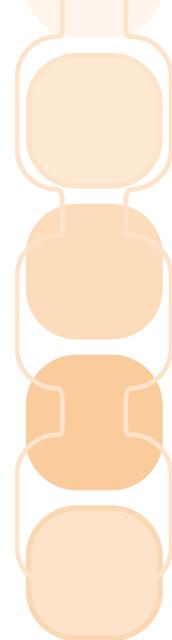
### More beds for NSW hospitals

The opening of 800 new public hospital beds, including 57 adult, neonatal and paediatric intensive beds and cots, was announced by the NSW Government to accommodate the growing demand for hospital care and to improve the timeliness of hospital care.

Through the Sustainable Access Program the \$227 million in recurrent funding for the 800 new hospital beds included 600 new permanent beds on top of the 200 now permanently funded winter beds opened in winter 2004. A range of new community-based healthcare services, including community care packages, was also funded. By June 2005 there were almost 1,200 more hospital beds and community-based care places than there were in 2003/04.

In addition to extra beds, the Area Health Service Demand Management Plans will enhance emergency care. These plans have been developed to enable patients to move through the emergency departments and hospitals. They are designed to monitor and anticipate patient activity and access inpatient beds with limited delays.

Patient Flow Units have been established to enable designated staff to implement the Demand Management Plans, manage resources, balance capacity on an hour-to-hour basis to match patient demand and to facilitate effective discharge of patients. A web-based tool, the NSW Health Patient Flow Bed Board, has been introduced across the State to provide daily information on patients admitted within the hospital. It assists with the planning of bed movements and capacity management.



### Improved ambulance and hospital network benefits patients

The NSW Ambulance Service and the Department of Health developed a new system to improve the delivery of patients to hospitals. Following the review of the Emergency Department Network Access (EDNA) system ambulance officers have been issued with a simple guide to help them ensure that patients are taken straight to the right hospital for the right treatment at the right time. It reduces the need for secondary transfers and consequent delays in treatment.

The Ambulance Arrivals Board has been implemented in all Sydney metropolitan emergency departments. This accessible electronic system provides real time information on pending Ambulance arrivals and their status which enables hospitals to proactively plan their resources.

These initiatives have resulted in a higher number of patients being admitted from emergency departments to ward beds more quickly. Access Block, the percentage of patients who wait longer than 8 hours in the Emergency Department to get a hospital bed, has reduced from 35 per cent in July 2004 to 30 per cent in June 2005.

### Clinical Guidelines for children

Care and access to the latest treatment for children has improved with the development of guidelines to recognise and treat sick children suffering from a range of conditions, including asthma, croup and fever.

The Paediatric Clinical Guidelines were developed by expert clinical groups, using an evidence-based approach. They have been implemented in collaboration with the Child Health Networks and the Clinical Excellence Commission. The guidelines are proving to be a valuable resource in assisting clinicians treat sick children in different settings. Improvements include increased rates of asthma management plans for parents and decreased hospitalisations for gastroenteritis through parental involvement and their understanding of these conditions.

### Psychiatric Emergency Care centres

In 2004 the NSW Government established two pilot Psychiatric Emergency Care (PEC) units at Liverpool and Nepean Hospitals and a trial rural and regional program in the North Coast Area Health Service.

The PEC program represents a significant expansion of the successful Mental Health Emergency Care program. The service has been established to ensure that patients who present to an emergency department with a mental illness are quickly assessed and referred to the right place for treatment.

The units at Liverpool and Nepean have significantly reduced the average length of stay in emergency departments for patients with a mental illness. This has helped to alleviate emergency department and access block pressure in these busy hospitals.

Nine PEC units are being established across NSW. While the new PEC beds are being established immediate assistance is provided in the emergency departments by a 24-hour a day, seven-day a week mental health Clinical Nurse Consultant service and Drug and Alcohol Clinical Nurse Consultant positions will support the units.

Information systems to support the initiative have also been implemented. The Acute Mental Health bed management program coordinates the work of the patient flow managers. The Mental Health Bed Monitoring System provides real time information to mental health clinicians about the location of available beds throughout NSW.

**PERFORMANCE INDICATOR**

**Ambulance Response time**

All 000 calls within 10 minutes.

**Desired outcome**

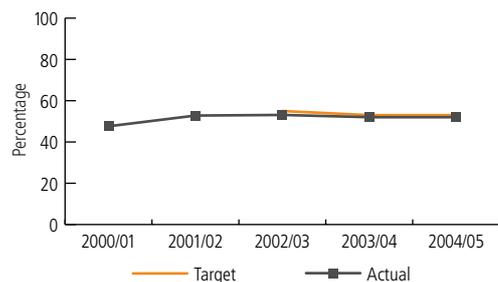
Improved survival, quality of life and satisfaction, with reduced Ambulance response times for patients requiring urgent pre-hospital treatment and transport.

**Context**

Timeliness of treatment is a critical dimension of emergency care, particularly in the early stages. Ambulance Emergency Response Time is the period between a "000" emergency call and the time the first ambulance resource arrives at the scene. In Australia, a 10-minute reference point is a key measure.

The Ambulance Service of NSW has now implemented a system to allocate each "000" call to a priority category, to provide the most rapid responses to the most urgent cases. This will also allow more meaningful reporting in future on "Priority 1" call response times, which are the most critical within the more general "000" group reported here.

**Ambulance response time – all 000 calls within 10 minutes**



Source: Ambulance Service NSW

**Interpretation**

Performance has been maintained at over 50 per cent since 2001/02. The 2004/05 result of 51.4 per cent was close to the target of 53 per cent. The result is achieved in the context of a 3.6 per cent increase in demand.

**Strategies to achieve desired outcomes**

Response times are expected to be improved through the introduction of call triaging, refining the system and staff familiarisation. A review and update of Standard Operational Procedures pertaining to mobilisation, response and 'on scene' time management is expected to ensure uniformity in response practice and performance throughout the Service.

**PERFORMANCE INDICATOR**

**Off stretcher time**

Transfer of care to the Emergency Department in 30 minutes or less from ambulance arrival.

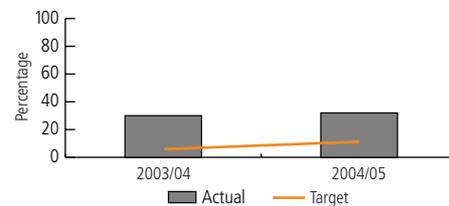
**Desired outcome**

Improved survival, quality of life and patient satisfaction, with timely transfers from Ambulance to Hospital Emergency Departments.

**Context**

Timeliness of treatment is critical to emergency care. Better coordination between ambulance services and Emergency Departments will allow patients to receive treatment more quickly.

**Off stretcher time – transfer of care to the Emergency Department >=30 minutes from ambulance arrival (%)**



Source: Ambulance Service of NSW CAD System

**Interpretation**

Off stretcher time has appeared to increase over the previous year. The target to reduce of stretcher time to 10 per cent is yet to be achieved. The data, however, is subject to a number of reporting anomalies which are currently being addressed to ensure accurate reporting in the 2005/06 period.

**Strategies to achieve desired outcomes**

The refined EDNA system in the Sydney metropolitan region aims to get the right patient to the right hospital for the right treatment at the right time. The Ambulance clinical services matrix software ensures that hospital destination options for ambulance officers are those hospitals with the clinical services appropriate to treat the patient. It also takes into account the estimated time to arrive at the nearest hospitals, the number of ambulances currently at those hospitals and the optimum number of ambulances those hospitals can manage within capacity. Better patient movement through hospitals is facilitated through demand management plans, and improved patient flow systems.

## PERFORMANCE INDICATOR

### Emergency Department treatment time

Cases treated within Australian College of Emergency Medicine (ACEM) benchmark times.

#### Desired outcome

Improved survival, quality of life and satisfaction, with timely provision of emergency care across all emergency triage categories.

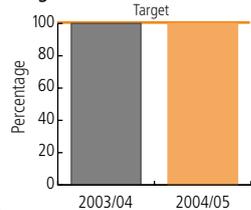
#### Context

Allocating emergency patients to triage categories aims to provide each patient with timely care according to their clinical priority. Timely treatment is critical to emergency care.

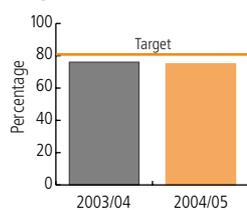
Triage time is the time from the patient's presentation at the emergency department to the time active treatment commences. The following benchmark times are recommended by the Australian College of Emergency Medicine (ACEM):

- Triage 1 – within 2 minutes
- Triage 2 – within 10 minutes
- Triage 3 – within 30 minutes
- Triage 4 – within 60 minutes
- Triage 5 – within 120 minutes

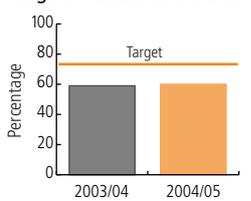
#### Triage 1 – within 2 minutes



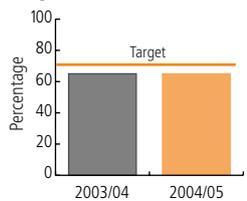
#### Triage 2 – within 10 minutes



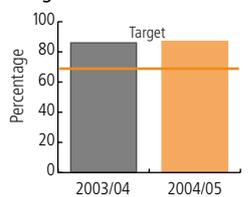
#### Triage 3 – within 30 minutes



#### Triage 4 – within 60 minutes



#### Triage 5 – within 120 minutes



Source: Emergency Department Information System

#### Interpretation

Benchmarks have been met or exceeded for Triage categories 1 and 5. Triage times for categories 2, 3 and 4 remain stable, but ACEM benchmarks yet to be achieved.

#### Strategies to achieve desired outcomes

ED fast track models created for less seriously ill patients who have traditionally waited for long periods for treatment in EDs. These models

use skilled staff who process such patients rapidly. Highly skilled nurse practitioners have been employed in a number of EDs to perform this work.

Emergency medicine units provide a place adjacent to the emergency department where patients who are awaiting a hospital bed, or who need only a short admission, can stay without occupying ED beds. This allows for much more efficient processing of new patients as they arrive.

Short stay observation units have been created for patients who need to remain in EDs for observation for up to 24 hours, but don't need intensive emergency services, thus freeing up emergency capacity for more urgent patients.

## PERFORMANCE INDICATOR

### Access Block

Emergency Department patients not admitted to an inpatient bed within 8 hours of commencement of active treatment

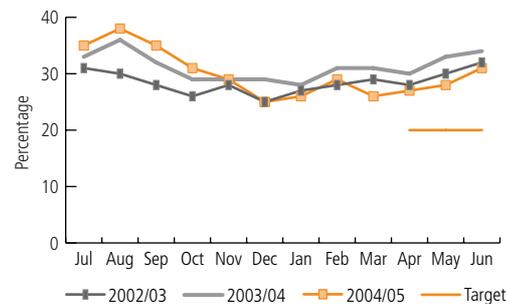
#### Desired outcome

Improved patient satisfaction and availability of services with reduced waiting time for admission to a hospital bed from the emergency department.

#### Context

Timely admission to a hospital bed, for those emergency department patients who require inpatient treatment, contributes to patient comfort and improves the availability of emergency department services for other patients.

#### Access block – Emergency Department patients not admitted to an inpatient bed within 8 hours of commencement of active treatment (%)



Source: Emergency Department Information System

#### Interpretation

Access block is strongly affected by seasonal factors, with the greatest challenges in the busy winter period from June to August each year. From March 2005, Access Block has remained below the rates for the corresponding months of the previous two years. Across NSW it has fallen from 35 per cent in July 2004 to 30 per cent in June 2005. The target of 20 per cent is yet to be achieved.

#### Strategies to achieve desired outcomes

Demand management plans are designed to keep people moving through the ED proactively by monitoring and anticipating patient activity and making appropriate plans to access inpatient beds with limited delay.

Surge beds are those that can be activated at short notice in response to higher than expected surges in demand. The ability to activate extra beds for emergency admission is an important component of the Demand Management Plan.

Patient flow units are responsible for implementing demand management plans, through the management of surge beds, balancing capacity and demand on an hour-to-hour basis and facilitating the effective discharge of patients back to the community.

Older persons' evaluation, assessment and review units: A number of hospitals have recognised the need to actively manage older people who present to EDs. These units, staffed by specialist geriatric staff provide better, more coordinated care for older patients. They have been shown to reduce the total length of stay in hospital.

Psychiatric Emergency Care Centres: These centres provide a place where mental health patients presenting at ED can be provided with better and more coordinated care by specialist psychiatric staff. Funding has been provided for nine centres throughout metropolitan Sydney in the last budget.

Clinical redesign units: Each Area Health Service has been funded to create a clinical services redesign unit that will utilise business process reengineering methodology to improve health systems and create better patient focused care.

## Shorter waiting times for non-emergency care

### Predictable surgery plans reduce waiting times

NSW Health embarked on a drive to reduce waiting times for booked surgery by implementing predictable surgery plans and improving the capacity of public hospitals to undertake surgery.

During 2004/05, 197,432 booked surgery procedures were performed in NSW public hospitals, which represents 6,538 more procedures than the previous year. The NSW Surgical Services Taskforce was convened in 2004 to identify how booked surgery throughput could be improved and sustained for patients in a climate where increased emergency admissions put pressure on the ability of public hospitals to expand booked surgery capacity.

Key features of the Predictable Surgery Plan include:

- expanding and protecting surgical capacity for booked patients
- clearing long-wait and overdue patient lists
- funding for booked surgery based on achievement of agreed targets and no funding for work not undertaken
- improved choices for booked patients aimed at reducing waiting times
- more stringent waiting list controls to ensure patients are properly categorised and non-appropriate surgery is removed
- a new management structure for booked surgery, including the appointment of eight Area Program Directors of Surgery.



A patient's cardiac output is measured with the Australian developed Ultrasonic Cardiac Monitor

## PERFORMANCE INDICATOR

### Waiting times

Booked medical and surgical patients:

- More than 30 days – categories 1 and 2 (Overdue)
- More than 12 months – categories 1, 2, 7 and 8 (Long Wait)

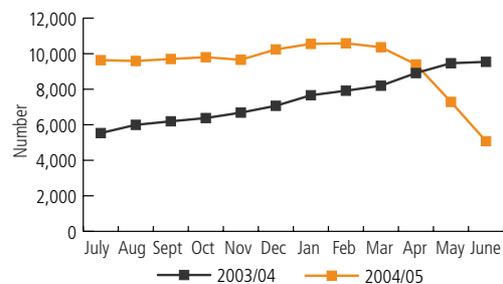
#### Desired outcome

Improved clinical outcomes, quality of life and convenience for patients.

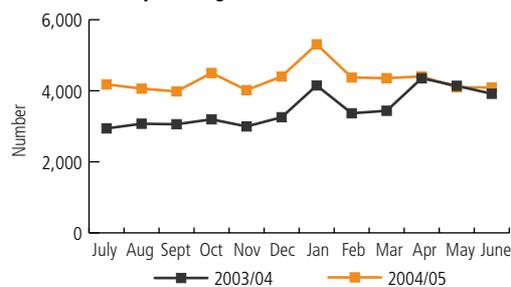
#### Context

Better management of hospital services helps patients avoid the experience of excessive waits for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

Waiting times – booked medical and surgical patients: more than 12 months – categories 1, 2, 7 and 8 (number)



Waiting times – booked medical and surgical patients: more than 30 days – categories 1 and 2 (number)



Source: Waiting List Collection Online System

#### Interpretation

In January 2005, the number of patients Overdue at 30 days was 1,159 more than at the same time last year. By June 2005 the trend had been reversed and the difference narrowed to 177 (from 3,916 at 30 June 2004 to 4,093 at 30 June 2005).

There was a very marked decrease of 4,464 in the number of Long Wait patients (waiting more than 12 months) from last year. The reduction was from 9,540 at 30 June 2004 to 5,076 at 30 June 2005. This was 199 below the end-of-year target of 5,275. The major decreases were achieved since February 2005.

#### Strategies to achieve desired outcomes

Additional funds were provided to reduce long waits for booked surgery. This is part of a set of strategies aimed at ensuring patients do not wait longer than 12 months for non-urgent surgery nor longer than 30 days for urgent surgery.

## PERFORMANCE INDICATOR

### Overall length of stay

Including same day admissions.

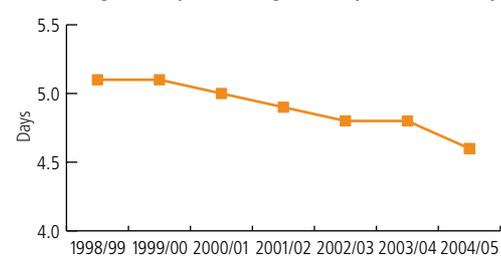
#### Desired outcome

Improved use of hospital resources and convenience for patients.

#### Context

Longer than necessary hospital stays can be inconvenient to patients, waste resources and block other patients' access to hospital beds. Same-day admissions, managing availability of diagnostic procedures and better managing the discharge of patients waiting in hospital for other forms of treatment or accommodation, such as nursing homes can help to reduce unnecessary length of stay in hospitals.

Overall length of stay – including same day admissions (days)



Source: NSW Inpatient Statistics Collection

#### Interpretation

Overall length of stay declined from 4.79 days in 2004/05 to 4.64 days in 2004/05. This continues to be an ongoing trend with a reduction of 9 per cent from the figure of 5.1 days in 1998/99.

#### Strategies to achieve desired outcomes

The recognition of the patient journey as an interrelated set of experiences and interactions with service providers has led to the widespread use of process mapping and change management methodologies to improve performance by identifying avoidable delays in patient care. Strategies have included:

- Increased use of peri-operative units that support Day of Surgery admission.
- Early determination of discharge plans and actions to reduce delays to appropriate discharge.
- Use of Patient Discharge Lounges and early discharge procedures.
- Improved integration of Community Health Services with acute care requirements.
- Increased uptake of non-acute setting treatment models including Hospital in the Home, Transitional Care Places and Community Care Packages.

Clinical redesign units in each Area Health Service will utilise business process reengineering methodology to improve health systems and create better, patient focussed care.

## Fair access to health services across NSW

### Boost for rural and regional health services

Providing health services to people living in rural and regional NSW is a high priority. The health budget for rural and regional NSW now totals \$3 billion, an increase of \$222 million, or 8 per cent more than the 2004/05 budget. People in rural and regional communities have benefited from a number of initiatives to boost access to health services in rural and regional NSW, including:

- The Basic Physician Training Program will see country, regional and outer metropolitan hospitals the first to be staffed by new trainee physicians which means patients will get access to quality trainee doctors, regardless of where they live.

The Program is a \$2.8 million per year agreement between NSW Health and the Royal Australasian College of Physicians. Under the agreement eight new training networks for physicians were created. The networks will comprise a mix of hospitals, including tertiary teaching hospitals, metropolitan and regional facilities.

The new networks supported over 284 trainees in 2004/05, which represents an increase of 15 from the previous period.

- Nine specialty registrar positions were funded for up to \$80,000 per annum for the 2004/05 clinical years. These posts are distributed around Hunter New England (Radiology, Pathology and Medicine), North Sydney Central Coast and South East Sydney (Psychiatry), Greater Western (Emergency and General Surgery) and North Coast Area Health Service (Paediatrics and Medicine).
- \$3.6m was allocated for three clinical years (ending in December 2005) for the Rural and Regional Anaesthetics Program to create additional vocational training posts in rural and regional NSW, as well as Westmead and Randwick Children's Hospitals. A total of 12 positions were created.
- \$3.5m was allocated for the rural GP Procedural Training Programs for GP/GP registrars to increase skills in the areas of anaesthetics, emergency medicine, obstetrics, mental health and surgery. In 2004, 43 full time, part time and flexible positions were filled. For the 2005 intake there were 32 GP/GP registrars enrolled in the program with more registrations being processed.
- The NSW Rural Doctors Network received more than \$1 million for a variety of core programs including the NSW Rural Medical Undergraduates Initiative and the NSW Rural Resident Medical Officer Cadetship programs.

- Since the release of the Rural Health Plan in 2002 a range of workforce strategies have been funded to target nursing, medical and allied health staff including the expansion of scholarships for allied health professionals and the establishment of a Chair in Rural Pharmacy. More specialist services have been established with new renal dialysis units at Bathurst, Griffith, Goulburn, Moruya and Tweed Valley. Planning is underway for radiotherapy services at Coffs Harbour and Port Macquarie.

### NSW Rural Health Plan

In 2002 the NSW Rural Health Plan was released which outlined three key directions for the future of rural health. They were the recruitment and retention of health workers, providing more services closer to home and improved networking of services.

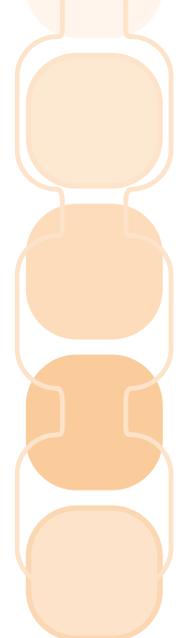
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### Review of the self-assessment tool for older people

The Department published the *Framework for the integrated support and management of older people in the NSW health care system 2004–06* in 2004. This Framework recognises that older people in NSW are entitled to timely and equitable access to services which support their ability to remain as independent and healthy as possible and participate in community life.

The self-assessment undertaken by the Area Health Services and Justice Health aimed to identify and address gaps throughout the continuum of care, from hospital to sub-acute/transition to home based care. The first comprehensive self-assessment reports were submitted in January 2005.

Initial evidence was encouraging and demonstrated key achievements related to the Framework standards, actions planned to respond to gaps in service delivery, and an increasing responsiveness to the demands of an ageing population. Area Health Services are being urged to continue to use the Framework standards and the associated self-assessment process to improve the NSW health care system and to meet the needs of older people and their families and carers.



### Electronic Death Certificate Project

With life expectancy of Aboriginal people significantly lower than the non-Aboriginal population, NSW Health is committed to improving the quality of Aboriginal health information, including cause of death data.

Identification of Aboriginal deaths will be improved with the electronic Medical Certificate Cause of Death which has been developed and implemented in NSW public hospitals. The project was funded by the Departments of Health and Commerce and Office of Information Technology and managed by NSW Health in collaboration with the NSW Registry of Births Deaths and Marriages.

Medical practitioners in NSW public hospitals will enter data directly on to an electronic form located on the NSW Health Intranet. A secure on-line transfer will send this information regularly to the NSW Registry of Births Deaths and Marriages. This will achieve improved quality of Cause of Death data, including identification of Aboriginal deaths, as well as more accurate and timely death registration.

### Welcome to Country Protocols

NSW Health introduced the Welcome to Country Protocols policy to recognise the unique position of Aboriginal people in Australia's culture and history.

The NSW Health policy is consistent with the Premier's Circular 2004-39, which outlines the requirements for all government agencies conducting ceremonies to comply with Welcome to Country and Acknowledgment of Country.



Kids enjoy activities at the Walgett Aboriginal Medical Service Open Day, January 2005

The purpose of the policy is to assist NSW Health to observe the appropriate protocols in recognising Aboriginal people at official events or at events where NSW Health is a sponsor. Official events include health forums, health seminars, conferences, statewide meetings, and ceremonies.

Incorporating Aboriginal ceremonies into official events enables NSW Health to:

- recognise and pay respect to Aboriginal peoples' cultures and heritage
- communicate to all people the cultural heritage of Aboriginal peoples and to promote development of mutual respect and understanding
- provide opportunities to witness and experience Aboriginal cultures first hand and to change perceptions by demonstrating that Aboriginal cultures are "living" and "enduring"
- build and strengthen relations with Aboriginal peoples and their communities.

### PERFORMANCE INDICATOR

#### Resource distribution formula

Resource distribution formula (RDF) – distance from areas' targets.

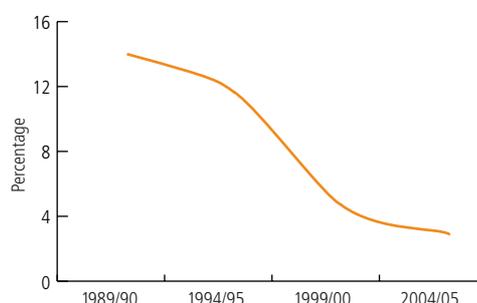
#### Desired outcome

Equitable access to health funding between NSW Area Health Services.

#### Context

Funding to NSW Area Health Services is guided by a resource distribution formula (RDF), which aims to indicate equitable shares of resources taking account of local population needs. Factors used in estimating local need include age, sex, mortality and socio-economic indicators.

Weighted average distance from RDF target for 17 NSW Area Health Services



#### Interpretation

In 1989/90, Area Health Services were on average 14 per cent away from their RDF target. With a greater share of growth funding allocated to historically under-funded population growth areas, the average distance from target for Area Health Services has declined significantly over time and is expected to stabilise around current levels.

**PERFORMANCE INDICATOR**

**Radiotherapy utilisation rates**

For new cancer patients.

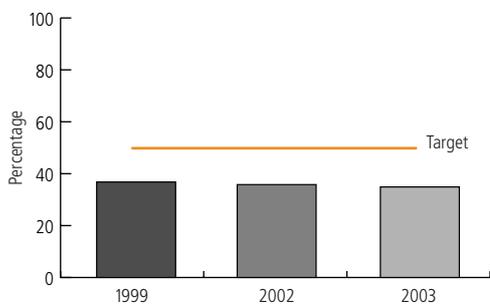
**Desired outcome**

Improved outcomes for cancer patients who would benefit from radiotherapy for curative or palliative purposes.

**Context**

Selected treatments for appropriate target groups can contribute to quality and length of life. Access to such services can be measured through treatment rates, the target for radiotherapy being 50 per cent of new cancer patients.

**Radiotherapy utilisation rates – for new patients**



Source: NSW Central Cancer Registry, RMIS Reports

**Interpretation**

Radiotherapy utilisation rates for 2003 continue to be below the 50 per cent target.

Factors impacting on utilisation rates over this period include:

- rural Area Health Services have limited influence over increasing access rates primarily because radiotherapy treatment services are predominantly provided in metropolitan area
- increased linear accelerator (linac) downtime due to ageing machines and workforce shortages (identified national shortage of trained Radiation Therapists and Medical Physicists)
- replacement of linacs result in downtime for recommissioning.

Note: While the utilisation rate has plateaued on a State basis, there has been a steady increase in the number of cancer cases being treated for NSW residents.

**Strategies to achieve desired outcomes**

There has been a range of strategies in place for a number of years, with improvements experienced more recently to address factors impacting on utilisation rates:

- Distribution of treatment machines improved with six new linacs (linear accelerators) at public sector services.
- Seven older machines replaced in established public treatment centres to reduce preventable downtime.
- Workforce strategies introduced to attract and retain Radiation Therapists (RT) and Medical Physicists in public centres.
- Overall workforce numbers increased through increased RT student intakes and Medical Physicist Trainee placements.

**PERFORMANCE INDICATOR**

**Mental health needs met**

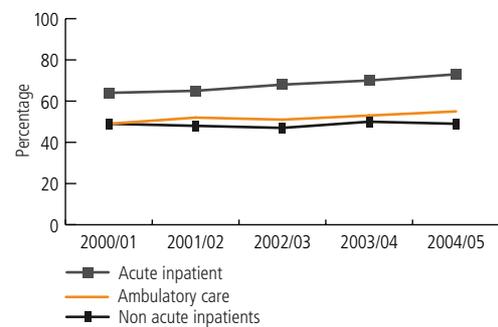
**Desired outcome**

Improved mental health and well-being.

**Context**

Access to appropriate mental health services is an important part of NSW mental health strategies. The Need Met measure is an indicator of the level of services actually available compared to the theoretical need calculated for the population.

**Mental health needs met**



Source: DOHRS (Acute inpatient, Non-acute inpatient) National Survey of Mental Health Services (Ambulatory Care)

**Interpretation**

These global indexes of service capacity are calculated with reference to the population need projections in the MH-CCP model (available on the Department's website). For indexes to increase, service capacity has to expand by more than population growth of 0.9 per cent per annum.

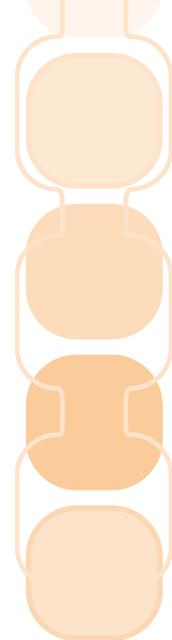
Acute Inpatient Beds: The index increased from 64 per cent to 74 per cent over the period, reflecting average availability of an additional 167 acute beds.

Non-acute Inpatient Beds: The index was the same (49 per cent) at the end of the period as at the beginning. This reflects maintenance of existing capacity levels in psychiatric hospitals.

Ambulatory Care Clinical Staff: The index increased from 49 per cent to 55 per cent over the period, with the 2004–05 level being 35.5 clinical FTE staff per 100,000 population as against 31.6 per 100,000 in 2000–01.

**Strategies to achieve desired outcomes**

- The increase in acute bed capacity is on track to achieve the target level of 80 per cent by 2007–08.
- Inclusion of 14 beds at prince of Wales Hospital and 100 sub-acute beds at other general hospitals will add about 7 per cent to the non-acute index by 2007–08.
- The provision of 226 High-support HASI beds is expected to meet some of the need for both acute and non-acute hospital beds, and this effect will be modelled when data are available.
- Ambulatory care enhancements in 2005–06 are expected to increase the index to 60 per cent.



## Other highlights

- There are now 62 authorised Nurse Practitioners (including 2 Midwife Practitioners) in NSW, an increase of 21 from last year. There are 19 Nurse Practitioners or nurses preparing for NPs positions in rural and remote NSW. These nurses provide quality health care services in regions where medical practitioners may not be available.
- The Centre for Health Equity Research Training and Evaluation was contracted to develop a framework for Primary and Community Health Services to help Area Health Services plan and deliver more effective primary and community health services.
- The Telehealth network grew to over 270 facilities during 2004/05 with 15 new health facilities and 14 new clinical telemedicine services commissioned.
- The review of the NSW confused and disturbed elderly units was received.
- The Guidelines for Working with People with Challenging Behaviours in Residential Aged Care Facilities: Using Appropriate Interventions and Minimising Restraint were completed.
- A review of the Women's Health Program in NSW was completed. The review has highlighted some of the significant achievements that have improved the health and wellbeing of women in NSW and identified a number of strategies to build on these achievements.

## Future initiatives

- Increase the number of nurse practitioners in public hospitals.
- Roll out the Aboriginal Cultural Respect Training Package to Area Health Services.
- Coordinate a NSW Aboriginal Health Worker State Conference in 2006 which will focus on Aboriginal health issues and Aboriginal workforce development to meet community health needs.
- Complete the *NSW Health, Women's Health Strategy 2006–2011*, which will set the strategic direction for women's health services in NSW for the next five years.
- Progress the development and implementation of the National Framework for Action on Dementia.
- Review the NSW Carers Statement and develop a carers policy framework for NSW.
- Review disability support programs funded and operated by NSW Health, including the Ventilator Dependent Quadriplegic Program, Program of Appliances for Disabled People and the Artificial Limb Scheme. Develop improved models of service delivery to improve their efficiency and effectiveness.
- Develop the NSW Multicultural Mental Health Plan 2005–10 to guide Area mental health services to develop and implement culturally appropriate mental health services and programs.
- Prepare the NSW Health Aboriginal Health Impact Statement, drafted and trialled in 2002–04, to be implemented throughout NSW Health in 2005/06. Guidelines will help staff produce an Aboriginal Health Impact Statement to accompany any new policy, program, service or major strategic initiative. This will ensure that the needs and interests of Aboriginal people in NSW are inclusive and integrated into the policy, program and service development process.
- The Housing for Health program will be further expanded to incorporate both the Aboriginal Community Development Program (ACDP) and enhance Two Ways Together initiative.
- Complete the revision and update of the Methadone Maintenance Clinical Practice Guidelines and the Withdrawal Management Clinical Practice Guidelines and monitor implementation.
- Open a statewide youth detoxification service at Penrith.
- Work with Greater Western Area Health Service and South Eastern Sydney Illawarra Area Health Service to establish Cannabis Clinics in these areas.
- Implement the outcomes of the Government Response to the Inebriates Act Inquiry.
- Establish integrated primary health and community care services.
- Participate in the Council of Australian Governments (COAG) Health Reforms.

# Quality health care

## Consumers are satisfied with all aspects of services

In NSW we are constantly striving to improve quality of care and services. During 2004/05 the major restructure of the health system came into effect with detailed plans to improve clinical quality and patient safety. Clinical governance has been embedded through the mandatory requirement that the new Area Health Services establish a consistent organisational structure, including a Clinical Governance Unit which reports directly to the Chief Executive. As further evidence of our commitment to improved patient safety the four-year \$55 million *NSW Patient Safety and Clinical Quality Program*, incorporating the *NSW Clinical Excellence Commission*, was announced.

### Health innovation

The very best in health care and innovation in the NSW health system was recognised at the Baxter NSW Health Awards in October 2004.

The Baxter NSW Health Awards were established in 1999 to showcase NSW Health's commitment to quality, innovation and excellence in healthcare. The first Awards in 1999 received 97 entries. In 2004 this number increased to 275 entries.

The newborn hearing screening program, known as the SWISH Program, has been one of the NSW health system's success stories with benefits for many families and their newborn babies across the State.

In 2004 the SWISH program won the prize for "Effectiveness of Health Care". In the first 18 months of the program, 92 babies were identified with significant hearing loss. The average age of diagnosing hearing loss decreased from 18 months to 1.6 months and the average age of commencing hearing aid intervention decreased from 22 months to 3.8 months.

The former South Western Sydney Area Health Service also deserves mention as a joint winner of the "Consumer Participation" category in 2004. All health services must demonstrate a commitment to working with communities about planning and delivering local health services. Throughout 2001-04 community representatives and staff of the South Western Sydney Area Health Service embarked on a journey together to develop a Community Participation Framework.



The Premier, Minister for Health, Member for Wyong, and health staff are introduced by mum Suzie to baby Tommy who was born in the new maternity unit at Wyong Hospital

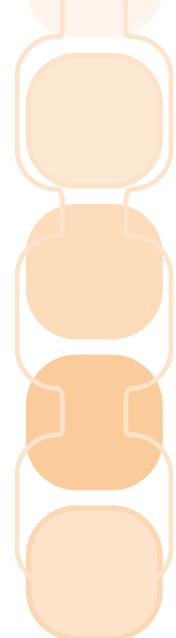
Fifty finalists were chosen in 10 categories. The Minister for Health presented six inaugural Access Awards and three Minister's Awards: the Encouragement Award, the Innovation Award and the Minister's Award. The Director-General also awarded six commendations.

The Baxter NSW Health Awards are significant not just for demonstrating local initiative and innovation but also for showcasing programs that have statewide significance.

The Community Participation Framework was a strong commitment from the Health Service to its community with the philosophy of participation underpinning all its work. As a result, the numbers of community representatives involved in the Health Service increased and the range of activities in which they participated expanded. Staff feedback demonstrated a greater understanding and recognition of the community's invaluable contribution to the Health Service.

In the spirit of consumer participation the Ambulance Service of NSW has developed collaborative community partnerships. These partnerships have enabled community members in the remote towns of Tibooburra, Ivanhoe and Menindee to take ownership and accept responsibility for emergency prehospital care in their respective communities.

These successful partnerships have increased the trained response to emergencies. Additional resources, ongoing training and support have been provided to community volunteers and nurses who now work together to deliver improved service delivery and better health outcomes for people in these communities.



## Patient safety report released

The Minister for Health released the first report on incident management in public hospitals in January 2005. The First Report on Incident Management in the NSW public health system 2003/04 measured all adverse sentinel events. These cover events such as clinical management problems, falls and wrong patient/site/procedure incidents.

The report identified 31 incidents in NSW public hospitals, known as "sentinel events" which are judged against a set of nationally defined criteria. During the 2003/04 reporting period, there were

1.5 million patient admissions and more than 25 million outpatient services provided.

The report demonstrates NSW Health's commitment to a culture of open disclosure in public hospitals where incidents can be reviewed and lessons learned. The Patient Safety and Clinical Quality Program, which includes the establishment of the Clinical Excellence Commission and individual clinical governance units in Area Health Services, will oversee the reporting of future incidents and ensure that systems are improved where faults are identified.

### PERFORMANCE INDICATOR

Surveyed population rating their healthcare as "excellent", "very good" or "good"

- Emergency Departments
- hospital inpatients
- Community Health Centres.

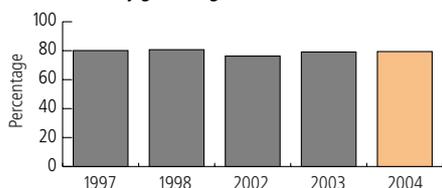
#### Desired outcome

Increased satisfaction with health services.

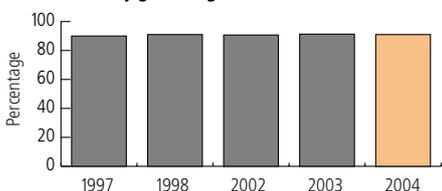
#### Context

Health services should not only be of good clinical quality but should also result in a satisfactory experience of the "patient journey".

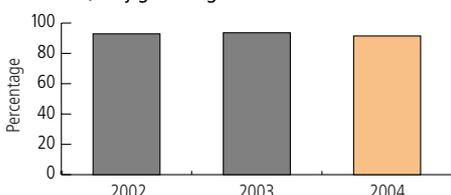
Emergency Department service users surveyed ratings – excellent, very good or good



Hospital inpatient service users surveyed ratings – excellent, very good or good



Community health centre service users surveyed ratings – excellent, very good or good



Source: NSW Health Survey Centre for Epidemiology and Research

#### Interpretation

Satisfaction ratings by health service users are collected as part of the NSW Population Health Telephone Survey. Persons who had attended a health service in the last 12 months were asked to rate the health care as "excellent, very good, good, fair or poor". The satisfaction with services has not changed substantially since 1997 when the data collection began.

Of those who attended an emergency department 28.2 per cent rated the care received as 'excellent', 27.8 per cent as 'very good', 22.7 per cent as 'good', 11.7 per cent as 'fair', and 9.6 per cent as 'poor'. The main reason cited for rating the care as 'fair' or 'poor' was waiting time in emergency departments (63.5 per cent). Other issues included not enough staff (17.5 per cent), poor attitude of clinical staff (14.9 per cent), and poor technical skill of clinical staff (9.1 per cent).

Of those who attended a hospital 43.8 per cent rated the care they received as 'excellent', 30.5 per cent as 'very good', 16.8 per cent as 'good', 6.5 per cent as 'fair', and 2.4 per cent rated the care received as 'poor'. The main reasons cited for rating the care as fair or poor were not enough staff (19.0 per cent), poor attitude of clinical staff (18.0 per cent), hospital could not offer required care (14.4 per cent), poor technical skill of clinical staff (14.1 per cent), communication problems (11.6 per cent), and the excessive time waiting for care (11.4 per cent).

Of those who attended a community health centre, 30.7 per cent rated the care they received as 'excellent', 32.6 per cent as 'very good', 28.0 per cent as 'good', 6.0 per cent as 'fair', and 2.7 per cent rated the care received as 'poor'. The main reasons cited for rating the care as fair or poor were insufficient services offered or staff shortages (64.1 per cent), poor attitude of staff (20.1 per cent), treatment not effective (14.5 per cent), waiting time (11.4 per cent), and poor technical skill of staff (10.3 per cent).

#### Strategies to achieve desired outcomes

Ongoing monitoring of patient satisfaction through the NSW Population Health Survey, together with an understanding of the reasons for the ratings received, provides information that will assist health managers and planners to develop, implement and evaluate health services within the community.

**PERFORMANCE INDICATOR****Complaints resolved within 35 days (%)****Desired outcome**

At least 80 per cent of complaints to health services resolved within 35 days.

**Context**

Complaints to health services should be resolved as soon as practicable. Recognising that a proportion of complaints may involve complex issues that take longer to address, a benchmark of 80 per cent of complaints resolved within 35 days has been adopted.

**Complaints resolved**

Area Health Service	Within 35 days	Total received	% within 35 days
Children's Hospital at Westmead	104	127	82
Justice Health	204	217	94
Sydney South West	1,134	1,297	87
South East Illawarra	355	485	73
Sydney Western	441	870	51
Northern Sydney/Central Coast	857	1,079	79
Hunter New England	187	221	85
North Coast	442	567	78
Greater Southern	138	241	57
Greater Western	202	269	75
Ambulance	109	203	54
<b>Grand Total</b>	<b>4,173</b>	<b>5,576</b>	<b>75</b>

Source: Statewide Complaints Database includes complaint data for July to December 2004<sup>1</sup>.

**Notes:**

1 Records from the former Hunter AHS were excluded due to data quality. 67 records were excluded because of dates errors, ie resolution date was before the complaint received date. 221 records were excluded because resolution dates were outside of reporting period. Five records were excluded as invalid facilities codes were used.

When receiving date is missing, complaint date was used to calculate time taken to resolve complaints.

Records with missing resolution dates were treated as not meeting target.

**Interpretation**

Most health services have achieved the benchmark acknowledging a proportion of complaints may involve complex issues and require a more detailed investigation.

**Strategies to achieve desired outcomes**

Initiatives introduced to resolve patient complaints include:

- The NSW Patient Safety and Clinical Quality Program which provides a comprehensive quality improvement and patient safety program across NSW.
- The Incident Information Management System (IIMS) which provides a standardised means of recording and monitoring complaints from consumers. IIMS enables the monitoring of the timelines of the health service's response to consumers and the recording of factors that may have contributed to the issues identified in the complaint.
- The NSW Government Response to the Legislative Council General Purpose Standing Committee No 2 (GPSC No.2) inquiry into complaints handling within NSW Health provides a number of strategies for improving complaints handling processes in NSW Health.
- The Statewide NSW Complaints Management Working Party is being convened to revise the 1998 NSW Better Practice Guidelines for Frontline Complaints Handling to ensure the new complaint management policy directive reflects new health service structures, responsibilities, new legislation and reporting requirements.

**New end-of-life care guidelines**

New guidelines were released in March 2005 to assist patients, families and health professionals make decisions about a person's end of life care.

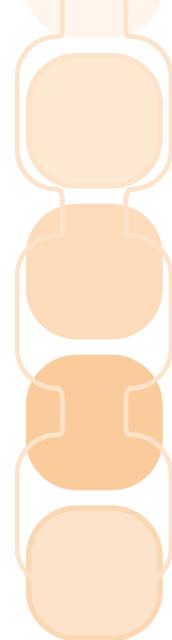
The new guidelines set out in clear, easy to understand language processes that will help patients and their families make informed and compassionate decisions about end-of-life care.

The principles underlying the guidelines include respect for life and care in dying, the right to know and to choose, appropriate withholding and withdrawal of life-sustaining treatment, a collaborative approach to care, transparency and accountability and non-discriminatory care. The rights and obligations of health care professionals and their obligation to strive for ongoing improvement in standards for end-of-life care are also stipulated.

The guidelines distinguish between the legally permissible practice of appropriately withholding or withdrawing treatment in the dying patient, and the illegal practice of euthanasia or assisted suicide. They also recognise that a patient's wishes and values are central to appropriate end-of-life decisions and uphold the rights of competent patients to make whatever decisions they choose about their treatment.

The revised guidelines also provide specific advice on issues including:

- making decisions about end of life care when patients cannot do so themselves
- resolving disagreements between and within the health care team and the family about appropriate end-of-life care
- appropriate documentation of treatment limitation decisions and subsequent care
- the use of "no cardiopulmonary resuscitation" orders
- use of artificial hydration and nutrition
- appropriate use of analgesia and sedation.



## High quality clinical treatment

### Multi-Resistant Organism Expert Group

An Expert Group has been established to monitor hospital infection control programs and provide advice about multiple antibiotic resistant organisms (MROs).

Since January 2003 it has been mandatory to report all occurrences of MROs in all public healthcare facilities. The Expert Group was established in response to concerns in the community and health system about MROs – particularly Methicillin Resistant *Staphylococcus Aureus* (MRSA), *Vancomycin Resistant Enterococci* (VRE) and multi-resistant *Acinetobacter baumannii* (MRAB).

The Group is chaired by Professor Lyn Gilbert, a specialist in microbiology and infectious diseases at Westmead Hospital.

The aims and objectives of the NSW MRO Expert Group are to:

- Provide advice to the NSW Government on all aspects of MRO response planning and management.
- Work with the NSW Chief Health Officer to provide specific MRO clinical response advice to NSW Health as required.
- Draft consensus guidelines on MRO prevention and management, including outbreak management.
- Make recommendations on relevant education strategies to improve MRO prevention and management.
- Liaise with the Committee for Healthcare Associated Infections Prevention and Control (CHIPC).

### Correct Patient, Correct Procedure and Correct Site Model Policy

The Correct Patient, Correct Procedure, Correct Site Model Policy was released in November 2004.

The policy outlines three steps to be taken to ensure that the correct procedure is performed on the correct patient at the correct site and if applicable, with the correct implant.

Patient Safety Managers received posters and patient brochures to distribute within their Area Health Service. Patient brochures have been translated into 18 different languages and placed on the NSW Health website.

The policy is based on best practice principles identified by the Royal Australasian College of Surgeons and the Veterans Administration and Joint Commission on Accreditation of Healthcare Organisations in the USA. The NSW Branch of the Royal Australasian College of Surgeons, the Australian and New Zealand College of Anaesthetists, NSW Regional Committee and the NSW Operating Theatre Association were consulted in the development of this model policy.

### Infection Prevention and Control

In January 2003 NSW became the first Australian jurisdiction to introduce standardised monitoring of healthcare associated infections to assist infection prevention and control efforts. The data are collected via the Infection Control Program Quality Monitoring Indicators. Revised indicators were introduced in January 2005. The data for 2003 and 2004 are published on the Department's website. The monitoring system provides a framework for Area Health Services to develop and implement targeted strategies to monitor local rates of healthcare associated infections to:

- identify infection risks associated with specific clinical practices or non-compliance with recommended processes
- implement changes to clinical care and process that may reduce such risks
- evaluate the impact of implemented changes on infection rates.

### Root Cause Analysis

Incident management is an important component of the NSW Patient Safety and Clinical Quality Program. The Root Cause Analysis (RCA) methodology, which has been implemented across the NSW health system, is a key component of incident management and was rolled out as part of the Safety Improvement Program. The RCA methodology reviews serious incidents to determine what happened, why it happened and the underlying causes.

The RCA process has already led to the implementation of clinical improvements. For example, initiatives to reduce the number of falls in hospitals now include the use of arm bands on high risk patients, on site 'Fall Reduction Teams' and the elimination of hazards such as high beds and lowered bed rails for high risk patients.

Following a pilot RCA program, a NSW training program was developed and rolled out to Area Health Services. Follow up visits were conducted in each Area Health Service to assess the uptake and success of the program and to determine future requirements. Train-the-Trainer programs to deliver RCA training to a limited number of staff in Area Health Services were provided by the Cognitive Institute in April 2005. The program has also seen the introduction of the Reportable Incident Brief to ensure that appropriate management of serious adverse events occurs at local, area and state levels.

### PERFORMANCE INDICATOR

#### Unplanned and unexpected hospital readmissions

##### Desired outcome

Improved quality and safety of treatment, with reduced unplanned events.

##### Context

An unplanned treatment event may suggest a problem in patient management or care processes, that the patient was inappropriately discharged or that hospital and non-hospital services may not have been well coordinated. However, readmissions may also occur due to a new health problem arising or to a complication of an unrelated condition. Therefore, whilst improvements may be made to reduce readmission rates, unplanned readmissions cannot fully eliminated.

##### Definition of terms

- Unplanned hospital readmission refers to an:
  - unexpected admission for further treatment of the same condition for which the patient was previously hospitalised.
  - unexpected admission for treatment of a condition related to one for which the patient was previously hospitalised.
  - unexpected admission for a complication of the condition for which the patient was previously hospitalised.
- day stay patients are included in both the numerator and denominator figures. Day stay patients are those whose admission date equals the discharge date.
- Hospital in the Home patients and emergency department patients re-admitted to the emergency department only, are not included in this indicator.
- This indicator addresses patients re-admitted to the same organisation.

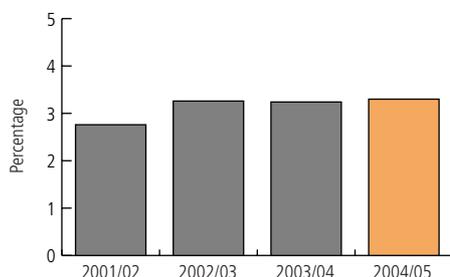
##### Type of indicator

This is a comparative rate based indicator addressing the outcome of patient care.

##### Clinical Indicator – Unplanned and unexpected hospital readmissions

Numerator – The total number of unplanned and unexpected readmissions within 28 days of separation, during the time period under study.

Denominator – The total number of separations (excluding deaths) during the time period under study.



Source: Australian Council of Healthcare Standards (ACHS) July–December 2004

##### Note:

The data is collected only from the hospitals reporting indicator data to the ACHS for the 6 month period July–December 2004.

##### Interpretation

The number of patients unplanned and unexpected hospital readmissions remains stable.

### PERFORMANCE INDICATOR

#### Unplanned readmission into an intensive care unit (ICU), up to and including 72 hours post-discharge from the intensive care unit

##### Context

Unplanned readmission into an intensive care unit may reflect less than optimal management of a patient. It may also reflect premature discharge as a consequence of inadequate resources or reflect the standard of ward care.

##### Definition of terms

- Unplanned readmission refers to an:
  - unexpected readmission for further treatment of the same condition for which the patient was previously admitted to the intensive care unit.
  - Unexpected readmission for treatment of a condition related to one for which the patient was previously admitted to the intensive care unit.
  - unexpected admission for a complication of the condition for which the patient was previously admitted to the intensive care unit.
- The time frame of 72 hours is an arbitrary measure, which aims to identify deficiencies in management rather than complications/progression of the disease process. Admissions after this time are more likely to be complications of the disease process.

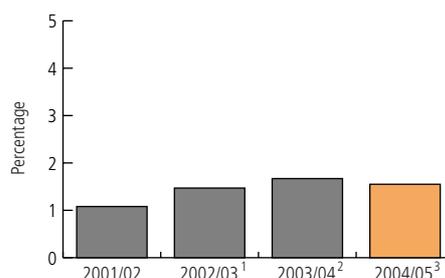
##### Type of indicator

This is a comparative rate based indicator addressing the outcome of patient care.

##### Clinical Indicator – Unplanned readmission into an ICU, up to and including 72 hours post-discharge from the ICU

Numerator – The total number of unplanned readmissions, as defined above, into an ICU within 72 hours of discharge from an ICU.

Denominator – The total number of admissions into an ICU.



Source: Australian Council of Healthcare Standards (ACHS) July–December 2004

1 ICU clinical indicator: This rate is based on 60.87 per cent of NSW facilities

2 ICU clinical indicator: This rate is based on 56.82 per cent of NSW facilities

3 ICU clinical indicator: This rate is based on 66.67 per cent of NSW facilities

##### Note:

The data is collected only from the hospitals reporting indicator data to the ACHS for the 6 month period July–December 2004.

##### Interpretation

The number of patients returning to ICUs within 72 hours of discharge remains stable.

**PERFORMANCE INDICATOR**

Unplanned return to the operating room during the same admission

**Context**

Unplanned return of a patient to the operating room during the same admission may reflect less than optimal management.

**Definition of terms**

- Unplanned refers to the necessity for a further operation for complication(s) related to a previous operation/procedure in the operating room.
- Return refers to readmissions to the operating room for a further operation/procedure.
- An operating room is defined as a room, within a complex, specifically equipped for the performance of surgery and other therapeutic procedures.
- Day stay patients are included in both the numerator and the denominator.
- Patients returning to the operating room from the recovery room are included in the numerator figure.
- When there are multiple returns to the operating room for the one patient, that patient is counted only once.

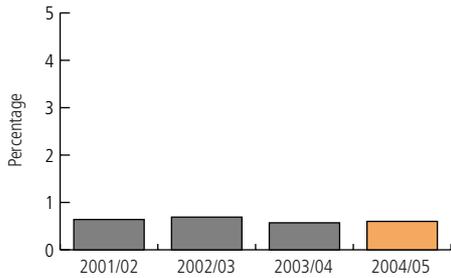
**Type of indicator**

This is a comparative rate based indicator addressing the outcome of patient care

**Clinical Indicator – Return to operating room following booked surgery**

Numerator – The number of patients having an unplanned return to the operating room during the same admission, during the time period under study.

Denominator – The total number of patients having operations or procedures in the operating room during the time period under study.



Source: Australian Council of Healthcare Standards (ACHS) July–December 2004

**Note:**

The data is collected only from the hospitals reporting indicator data to the ACHS for the 6 month period July–December 2004.

**Interpretation**

The number of patients that have required a return to the operating theatre following a procedure remains stable and is not statistically significant.

**PERFORMANCE INDICATOR**

Mental Health acute adult readmission – within 28 days to same mental health facility

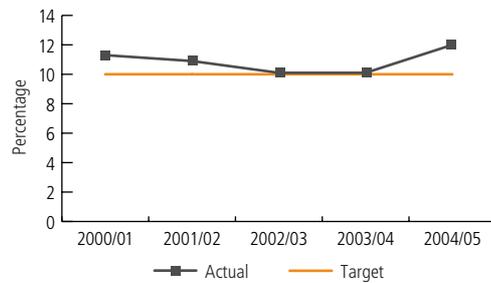
**Desired outcome**

Improved quality and safety of treatment with reduced unplanned events.

**Context**

A readmission for acute mental health care may suggest a problem in patient management or care processes, such as the patient was inappropriately discharged or the hospital and community services may not have been well coordinated. A benchmark of 10 per cent has been adopted in NSW for unplanned overnight adult mental health readmissions.

**Mental health acute adult readmission – within 28 days to same mental health facility (%)**



Source: Admitted Patient Collection on Hoist and HIE Datamart

**Interpretation**

The readmission rate has remained close to the target of 10 per cent since 2000/01, with 12 per cent for 2004/05. This includes all readmissions to the same hospital, some of which may have been planned. The NSW Admitted Patient Collection does not distinguish planned and unplanned admissions.

**Strategies to achieve desired outcomes**

During 2005/06 NSW is introducing Unique Patient Identifiers (UPI) to enable post-discharge patient care to be evaluated, in both community and hospital settings. This will allow readmissions to be assessed in relation to the care provided by the discharging hospital and by post-discharge services. In particular, Mental Health Service plans will incorporate indicators of the percentage of people receiving care in the community within 7 days of discharge.

## Care is provided in the right setting

### NSW Aboriginal Chronic Conditions Area Health Service Standards

Funding of \$180,000 was announced in March 2005 to progress the implementation of the NSW Aboriginal Chronic Conditions Area Health Service Standards.

Aboriginal people continue to experience higher mortality and morbidity from chronic illness than the general population. The *NSW Aboriginal Chronic Conditions Area Health Service Standards* were developed in partnership with the Aboriginal Health and Medical Research Council, expert clinicians and the Aboriginal community in the priority areas to progress the priority areas of diabetes, cancer, cardiovascular, kidney and respiratory diseases.

The Standards seek to enhance Area Health Service programs in chronic care by providing culturally appropriate, integrated, coordinated and quality care for Aboriginal people with chronic conditions. To provide the best health outcomes for Aboriginal people the Standards are based on guiding principles promoting:

- Self-management and self determination by Aboriginal people.
- Aboriginal community participation.
- Individual and community-centred care.
- Primary health care.
- Integrated, coordinated services across the continuum of care.
- Multi-disciplinary care.

A state working group with key stakeholders, a nominated Area Health Service representative to establish local working groups and funding to each Area Health Service will help implement the Standards.

### Tobwabba Aboriginal Medical Service opened

The Tobwabba Aboriginal Medical Service in Forster was opened on 29 June 2005. This \$1.1 million facility was fully funded by the Centre for Aboriginal Health and built in partnership with the North Coast Area Health Service and Biripi Aboriginal Corporation Medical Centre.

The Tobwabba Aboriginal Medical Service is a purpose built clinic that will provide general practice, oral health and other primary health care services to the Aboriginal communities in and around Forster. It is also an outreach service for the Biripi Aboriginal Corporation Medical Centre in Taree.

### Housing and Accommodation Support Initiative

In the space of three short years, NSW Health will be providing psychosocial rehabilitation support to an additional 700 people with a mental illness to live in the community, rather than in hospital.

The Housing and Accommodation Support Initiative (HASI) aims to strengthen partnerships between NSW Health, the Department of Housing and non-government organisations (NGOs) to deliver accommodation support to help people with mental illness live successfully in the community.

**Stage One** – 118 medium to high support places in the community. The Department of Health is funding \$5million per year recurrently to mental health NGOs for high-level accommodation support. The Department of Housing has provided housing stock worth approximately \$7.8 million.

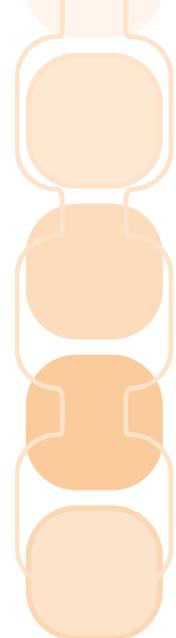
**Stage Two** – 460 low outreach support places to people in public and community housing. The Department of Health is funding \$15 million over 4 years to mental health NGO's for low-level disability outreach support for people with mental illness and disability associated with that illness who are already living in community and public housing.

**Stage Three** – 126 places for medium to high support. The 2005/06 mental health budget announced in May 2005 has allocated an additional \$6.3 million for NGOs to provide moderate to high-level accommodation support.

### Control of disease outbreaks

In 2004/05 NSW Health investigated and helped control several important disease outbreaks. Notably there was a large number of outbreaks of gastroenteritis in aged care facilities due primarily to norovirus infections, several outbreaks of salmonellosis, outbreaks of influenza in 13 residential facilities associated with 34 deaths, an outbreak of cryptosporidiosis linked to several contaminated swimming pools, and an outbreak of legionnaires disease most likely linked to contaminated cooling towers in the Illawarra.

In response to several reports of a peeling rash among clients of the methadone program NSW Health initiated a series of epidemiological and laboratory investigations to identify its likely cause. While the exact cause of the outbreak could not be determined, batches of methadone temporally associated with the outbreak were quarantined from use and the outbreak subsided.



## Counter Disaster Unit Awarded

The NSW Health Counter Disaster Unit received two awards at the Australian Safety Community Awards, organised by Emergency Management Australia.

The Counter Disaster Unit won awards in two categories:

- Pre-disaster, which covers projects aimed at preventing or mitigating disasters and emergencies or their effects, including preparedness activities.
- Post-disaster, which covers response and recovery related activities.

The pre-disaster category was awarded for the work done on creating the new AUSBURNPLAN.

This plan was designed to ensure adequate specialist burns treatment is provided after a mass casualty incident involving large numbers of burns patients. This plan is a nationally coordinated approach to interstate transfer of patients to burns units throughout Australia.

The post-disaster category was awarded for the CBR Triage and Antidote Treatment Pack designed for treating chemically effected patients within the hot zone (contaminated area). The treatment pack is a world first and has been adopted by Emergency Management Australia and distributed to all health and ambulance services throughout Australia.

## PERFORMANCE INDICATOR

### Potentially avoidable hospital admissions

Potentially avoidable hospital admissions – (based on Ambulatory Care Sensitive Conditions data) 4 year change for vaccine preventable conditions, acute conditions, chronic conditions and all conditions for Aboriginal people and non Aboriginal people.

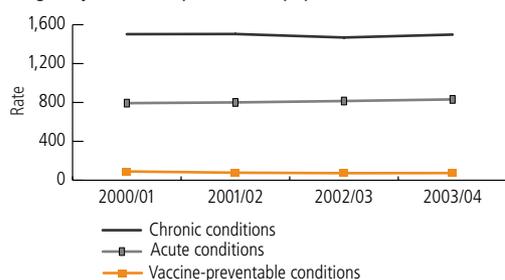
#### Desired outcome

Improved health and increased independence for people who can be kept well at home, while reducing unnecessary demand on hospital services

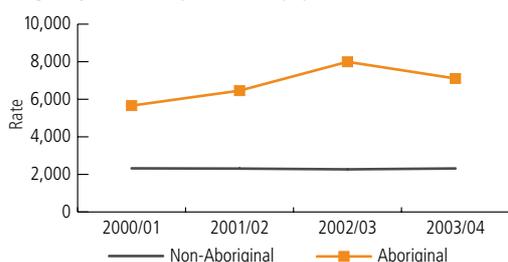
#### Context

There are some conditions for which hospitalisation is considered potentially avoidable through early disease management by general practitioners and in community health settings.

Potentially avoidable hospital admissions – age-adjusted rates per 100,000 population



Potentially avoidable hospital admissions – age-adjusted rates per 100,000 population



Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST)

#### Interpretation

All rates above are per 100,000 population, age adjusted.

The conditions reported in the graph are:

- vaccine-preventable (including influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, whooping cough and polio)
- acute (including dehydration and gastroenteritis, kidney infection, perforated ulcer, cellulitis, pelvic inflammatory disease, ear nose and throat infections, dental conditions, ruptured appendix, convulsions and epilepsy and gangrene)
- chronic (including diabetes complications, asthma, angina, hypertension, congestive heart failure, chronic obstructive pulmonary disease and iron deficiency anaemia and nutritional deficiencies).

Between 2000/01 and 2003/04 rates of potentially avoidable hospitalisations have decreased from 90 to 74 for vaccine-preventable conditions, remained at 1,500 for chronic conditions and increased consistently every year from 793 to 832 for acute conditions.

The rates for Aboriginal people and non-Aboriginal people are compared because of the differences between these groups in health status and access to appropriate health services. Aboriginal people experience a much higher rate of potentially avoidable hospitalisation. The year-to-year variations in the reported rates for Aboriginal people may be due to inaccuracies in identifying these patients in hospital records.

Note: Hospitalisation for Ambulatory Sensitive Conditions data is primarily an indicator of access to primary care (ie general practice).

#### Strategies to achieve desired outcomes

Initiatives under the Chronic Care Program include:

- Chronic Disease Strategy defining best practice elements of chronic care to be implemented across all Areas progressively from January 2006
- grants in 8 Divisions of General Practice to improve integration of chronic care service delivery between general practice and Area Health Services
- rehabilitation project to improve access to best practice rehabilitation care for chronic conditions
- chronic conditions self management support project to increase the capacity of patients to self-manage
- revision and reissue of My Health Record, patient held record.

#### Initiatives under the Aboriginal Chronic Care Program

Implement the NSW Aboriginal Chronic Conditions Area Health Service Standards across Area Health Services.

Aboriginal vascular health projects in 31 community based sites including eight in Justice Health to prevent and manage vascular health conditions in local Aboriginal populations.



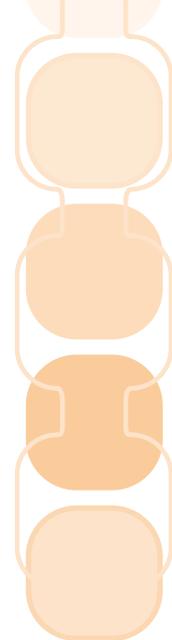
Leeton Station Officer Chris Bailey is awarded the Australian Ambulance Service medal on Australia Day

## Other highlights

- Community Sharps Management Guidelines for NSW Councils were released in collaboration with the Local Government Association of NSW and the Shires Association of NSW to improve disposal services for people who use sharps in their homes, occupational health and safety and public amenity.
- Implementation of the minimum data set for the Needle and Syringe Program. The data collection will improve capacity to monitor the activity and effectiveness of the Program.
- Implementation of the *Human Tissue and Anatomy Legislation Amendment Act 2003* and provided training to all relevant health staff in conjunction with implementing the Human Tissue Project.

## Future initiatives

- The Clinical Services Redesign Program, which involves all Area Health Services, was approved by Treasury in May 2005. This \$70 million three-year program will focus on the redesign of patient journeys by frontline clinicians, patients and health consumer representatives to make each patient journey smooth, safe and of the highest quality.
- Deployment of the Integrated Clinical Information Program (ICIP) across Areas to enhance clinical care. The ICIP architecture will be updated to deal with emerging priority areas including medical imaging, emergency departments, bedboards, intensive care, pathology and operating rooms. This will guide further implementation and upgrades to these systems.
- Implement Phase One State Build of the Electronic Medical Record (EMR) for order catalogues, alerts, allergies, user profiles, diagnostic imaging, results views and referrals. Procure a second Electronic Medical Record product to assist in accelerating deployment in Area Health Services.
- Implement a statewide Health Service Provider Directory to support improved patient referral.
- Implement the Electronic Health Record in the pilot Areas and plan for statewide implementation. The EHR will integrate patient information across multiple care settings and enable this information to be shared by all care providers to enhance decision-making.
- Develop further initiatives to improve patient care delivery and recruit and retain a skilled nursing workforce. Initiatives include developing workforce capacity to deal with the changes in demand and new models of care.
- Implement new policy on insurance and indemnity arrangements for clinical trials in NSW Health.
- Develop and implement new policy on research governance in Area Health Services.
- Implement a program on streamlining ethical and scientific review of multi-centre research.
- Implement policies on "Guidelines for end of life care decision making" and "Using Advance Care Directives".
- Develop a whole of government aged care strategy.
- Develop Aged Care service agreements with the Area Health Services, needs analysis, integration of services, and support for the Chronic Aged and Community Health Priority Taskforce.



- Continue to review and refine the Aged Care Service Emergency Teams.
- Review Area Health Service Self-Assessments against the Care of Older People Framework and review standard self-assessment tool.
- Implement recommendations from the review of the Aged Care Assessment Program in NSW.
- Provide access to the Aged Care Channel for all NSW Health Multi Purpose Services.
- The Private Health Care Branch is currently reviewing its activities. A website is being developed to provide information and feedback to private health care facilities and allow for on-line notifications to the Branch.
- Work with the Open Disclosure Working Party to implement the Open Disclosure Standard into NSW.
- Review the *Mental Health Act* to ensure the legislation meets the needs of mental health service users, their carers and health professionals.
- Develop and implement a Dual Diagnosis work plan.
- Continue to implement the Patient Safety & Clinical Quality Program, including the release of the Incident Management Policy Directive and the Second Report on Incident Management in the NSW public health system 2004/05.
- Complete the NSW Integrated Primary and Community Health Policy, to set the direction of the NSW Primary and Community Health sector for the next 5 to 10 years.
- Introduce the Sexual Assault Nurse Examiner (SANE) model in Area Health Services to enable specialised training for forensic assessment of victims of sexual assault.
- Introduce protocols and specific tools in Emergency Departments to improve the documentation of presentations where domestic violence or physical abuse of a child have been the cause of injury.
- Complete the Policy and Procedures for NSW Health Physical Abuse and Neglect of Children (PANOC) Services.
- Complete a project providing education, networks and resources to provide culturally appropriate palliative care to Aboriginal people in NSW.
- Map Palliative Care services in NSW using the recently developed Resource and Capability Framework.
- Develop and implement a statewide database for the screening, diagnostic audiology, social work and medical assessment aspects of the SWISH program.
- The Family and Carer Mental Health Program, with allocated annual funding of \$3.63million, will be rolled out across NSW during 2005/06.
- Funding has been allocated to support workforce development in Area Health Services for the roll out of the Working with Families Program. This program will focus on improving clinical practice and systems to respond to the unique needs of families and carers and involve them in services.
- In 2004 the Centre for Community Welfare Training was contracted to deliver customised short courses to Diversion workers in NSW. These successful courses, Working with Coerced Clients, Court Protocols and Working with Mental Health Clients, have led to the development of a specific calendar of training events for workers in Court Diversion programs, to be implemented in 2005 through to 2007.
- Establish a Chair in Population Oral Health in partnership with NSW Health, University of Sydney, Faculty of Dentistry and supported by Westmead Centre for Oral Health and Area Oral Health Services.
- Finalise devolvement of blood and blood product budgets to Area Health Services in conjunction with the Transfusion Medicine project with the Clinical Excellence Commission. Approval will be sought to implement review(s) and recommendations and commence implementation.
- The Human Tissue project will be finalised in January 2006. If national issues are agreed the final stage for disposal of tissue will be implemented.
- Consider implications of the Parliamentary review into Complementary Health and develop strategies to deal with future issues.

# Health services managed well

## Sound resource and financial management

During 2004/05 the Department of Health continued its commitment to sound resource and financial management of health services, enabling skilled motivated staff to work in innovative environments and establishing strong corporate and clinical governance.

The goal of the health service restructure, which formally came into effect on 1 January 2005, was to re-direct an estimated \$100 million to front-line health services by reducing administrative duplication and streamlining corporate and business processes. With record funding from the NSW Government this has meant more money for more beds, more doctors, nurses, allied health staff and more clinical services.



NSW Health staff formed part of the combined Australian surgical team sent to Aceh to perform life-saving operations after the Boxing Day tsunami.

### Planning for the future

A State Health Plan that will lay the foundations for the development of the NSW public health system for the next 20 years is currently being developed.

The Health Futures Planning Project is a NSW Government's response to the recommendations of the Independent Pricing and Regulatory Tribunal for a longer term planning framework for health and health care in NSW. Commenced in January 2005 it is expected the project will take approximately 16 months to complete. The NSW Health Care Advisory Council has responsibility for overseeing this significant system-wide planning exercise.

Through an extensive consultation process the aim of the project is to ensure that the health care needs of the state's population will continue to be met in the medium to long-term.

A Planning Roundtable was held in April 2005 as the first major event for the Project. It involved 90 leading clinicians, academics, consumers, and government and the non-government sector representatives. The roundtable helped to identify and confirm major drivers for change in the state's health care system, which included:

- Ageing population
- Impact of public health and medical technology extending life and improving wellness/improving survival rates
- Social disadvantage – the growing gap between the most and least disadvantaged
- Technology
- Medical workforce shortages and maldistribution
- The economy and government funding responsibilities.

Participants also contributed to the preliminary drafting of values-based operating principles which are likely to shape the future organisation, funding and delivery of health care to NSW residents over the next two decades. This early planning work was developed further at the Futures Forum in July 2005.

## PERFORMANCE INDICATOR

### Net Cost of Service General Fund (General)

Variance against budget.

#### Desired outcome

Optimal use of resources to deliver health care.

#### Context

Net Cost of Services is the difference between total expenses and retained revenues and is a measure commonly used across government to denote financial performance. In NSW Health, the General Fund (General) measure is refined to exclude:

- the effect of Special Purpose and Trust Fund monies which are variable in nature dependent on the level of community support
- the operating result of business units (eg linen and pathology services) which traverse a number of health services and which would otherwise distort the host health service's financial performance
- the effect of Special Projects which are only available for the specific purpose (eg Oral Health, Drug Summit).

Health Service	2004/05	Variation from Budget	
	Budget	\$M	%
Sydney South West	1,428.8	(1.1)	(0.1)
South Eastern Sydney/Illawarra	1,239.6	(6.1)	(0.5)
Sydney West	1,080.9	(0.3)	0.0
North Sydney and Central Coast	1,009.5	10.0	1.0
Hunter and New England	938.9	(18.4)	(2.0)
North Coast	587.4	(1.1)	(0.2)
Greater Southern	536.2	8.3	1.6
Greater Western	464.2	(1.5)	(0.3)
NSW Ambulance Service	300.6	(0.1)	(0.0)
Children's Hospital at Westmead	80.8	1.3	1.6
Justice Health	56.3	0.0	0.0
Issued Budgets	7,723.2	(9.0)	(0.1)
2003/04 Result	7,156.8	24.7	0.3

Note: Brackets denote favourability.

#### Interpretation

These results reflect full year operations of the amalgamated and Area Health Services which had legal effect from 1 January 2005.

The aggregated favourable result of \$9 million for the year reflects that health services are ongoing concerns. Over the last four financial years, the average overall result each year is less than \$10 million favourable or around 0.1 per cent of allocated budgets.

## PERFORMANCE INDICATOR

### Major and Minor Works

Variance against BP4 total capital allocation.

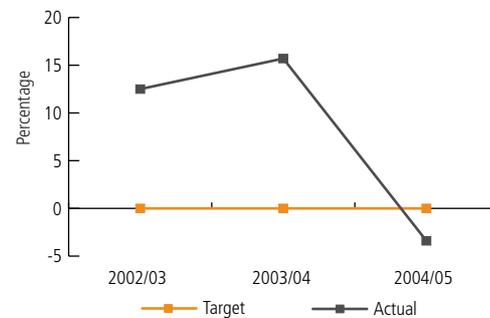
#### Desired outcome

Optimal use of resources for asset management

#### Context

Variance against approved total BP4 capital allocation and difference to actual expenditure achieved in the financial year. It is used to measure performance in delivering capital assets. The desired outcome is 0 per cent, ie full expenditure of the NSW Health Capital Allocation for major and minor works.

Major and minor works – variance against BP4 capital allocation (%)



Source: Asset Management Services

#### Interpretation

The variation has decreased from 15.7 per cent over-expenditure in 2003/04 to 3.4 per cent under expenditure in 2004/05.

Reasons for under expenditure include project implementation delays arising from the Area Health Service amalgamations and the new Government procurement reforms introduced in July 2004. Area Health Service amalgamations required reviews of clinical services requirements, often refining the scope and budget of individual projects, and consequent impact on tenders.

#### Strategies to achieve desired outcomes

Strategies to achieve the desired outcome of 0 per cent to be implemented during 2005/06:

- Establish a Major Works Procurement Office to manage the delivery of capital projects with a value greater than \$10 million.
- Adopt standardised procurement methods (Managing Contractor, Design and Construct and Prime Contractor).
- Re-engineer current procurement processes including changes to the Treasury Default Procurement System and implementation of a Verification Audit process.



## Skilled, motivated staff work in innovative environments

### Postgraduate medical education

The new NSW Institute of Medical Education and Training (IMET) was announced to strengthen the focus on postgraduate medical education in NSW and to help address the medical workforce shortage.

From September 2005 the NSW Medical Training and Education Council and the NSW Postgraduate Medical Council will merge to form the new Institute.

The role of the NSW Institute of Medical Education and Training will be to:

- Work with Area Health Services, the NSW Department of Health, clinical colleges and other key stakeholders to develop and implement optimum postgraduate specialist medical education systems in NSW, including the introduction of innovative new methods in medical education and training.
- Provide leadership in aligning postgraduate medical education and training with government strategies to meet the future medical workforce and service delivery requirements of the public health system.
- Act as a point of reference to which stakeholders can refer emerging issues in medical education and training.
- Provide advice to the NSW Minister for Health on issues related to medical education and training.

The new Institute will build on the outcomes of the Premier's Medical Workforce Roundtable by working towards distributing the medical workforce where it is most needed.

### Aged Care Channel – training resources for Rural and Remote Aged Care Services

To address limited opportunities for education and training for staff in small health facilities, such as nursing homes and rural and remote locations, the Department's Inter-government and Funding Strategies Branch purchased the Aged Care Channel service to deliver workplace education and training for all State Government Residential Aged Care Facilities throughout the NSW. Over the next year the same service will be rolled out to all Multi Purpose Services.

The Aged Care Channel is an independent television channel which produces live and interactive satellite-delivered educational television to the aged care sector. Staff have the opportunity to ask questions and receive written responses from industry experts for up to a month after the program has gone to air. Since the Department purchased the service nursing home staff in NSW have received programs about dementia care, caring for residents with Parkinson's Disease, bullying and harassment and creating a restraint-free facility.

### Strategy to recruit mental health nurses

A strategy to recruit 400 mental health nurses in NSW over the next two years was launched by the Minister for Health, Morris Iemma.

The strategy aims to boost the number of specialist mental health nursing professionals in line with the opening of more than 240 new beds for mental health patients over the next three years.

The main features of the mental health nurse recruitment strategy include orientation programs, scholarships for further study, flexible rostering, mentoring and clinical skills updates for professional development.

Backed by a 1,800 telephone information service, the strategy aims to recruit 150 nurses in 2005 with a target of 400 to be recruited by December 2006.



Nurses who provided emergency care after the tsunami in Banda Aceh were recognised on International Nurses Day 2005

### Overseas recruitment campaign to boost nurse numbers

A successful recruitment campaign was undertaken in January and February in North America, Scandinavia, New Zealand, Ireland and the United Kingdom. At 30 June, nearly 600 job offers had been made by the Area Health Services and 150 registered nurses had actually commenced employment. Most of these nurses are on long stay visas.

### PERFORMANCE INDICATOR

#### Clinical staff as a percentage of total staff

Medical, Nursing, Allied Health Professionals and uniformed Ambulance staff as a proportion of total staff (%).

#### Desired outcome

Increased proportion of total staff employed that provide client service.

#### Context

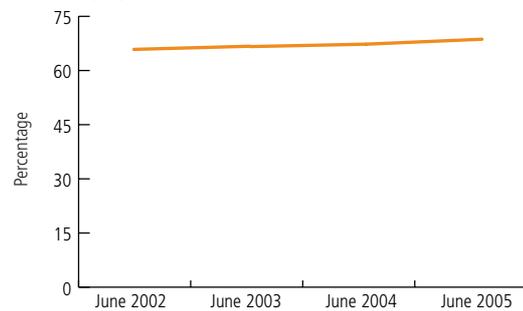
The organisation and delivery of health care is complex and involves a diverse range of health professionals, service providers and support staff. All these groups contribute to ensure high quality accessible health care is provided. Strong growth in demand for health services means re-examining how services are organised and delivered to direct more health resources to provide care to patients and services to the population.

Medical, nursing, allied health professionals and uniformed ambulance staff as a proportion of total staff (%)

June 02	June 03	June 04	June 05
64.4	64.5	64.9	65.9

Source: HIE and AHS local data

#### Medical, nursing, allied health and uniformed ambulance staff as a proportion of total staff (%)



Note: Excludes Third Schedule Facilities

#### Interpretation

From June 2002 to June 2005, the percentage medical, nursing, allied health professionals and uniformed Ambulance staff as a proportion of total staff (%) increased from 64.4 per cent to 65.9 per cent or an additional 7,663 health professionals working in the public health system (excluding Third Schedule Facilities). The increase reflects the on-going commitment of NSW Health and its health services to direct resources to front line staff to meet strong growth in demand.

#### Strategies to achieve desired outcomes

Continuation of recruitment strategies to attract and retain medical, nursing and allied health staff within the system.

Continuation of the Shared Services Reforms.

## Strong corporate and clinical governance

### Corporate Governance

Significant changes in governance of the NSW public health system were announced by the Minister for Health in July 2004 and subsequently enacted as law with effect from 1 January 2005.

Some of these key changes involved:

- the abolition of Area Health Boards as the corporate governance model for Area Health Services. Area Health Services are now controlled and managed by a Chief Executive and supported by an executive management team
- the introduction of legislation which enshrines clinical, consumer and community participation structures for Area Health Services in the form of Area Health Advisory Councils (AHACs) and their Charters
- the establishment of the Health Care Advisory Council (HCAC) as the peak clinical and community advisory body to the Minister for Health which is supported by Health Priority Taskforces
- the establishment of a Health Executive Service
- the amalgamation of 17 Area Health Services into 8 larger entities
- the establishment of a Corporate Governance and Risk Management Unit in the Department of Health.

Area Chief Executives are now clearly accountable for the governance and management of Area Health Services and report direct to the Director-General of the NSW Department of Health.

A key aim of the reforms is to provide clinicians, health consumers and local communities with a greater say in the planning and delivery of health services at both the state and local level.

### Clinical Governance

Clinical governance units were established in every Area Health Service following the Area Health Service restructure. The units are responsible for overseeing and monitoring quality work and initiatives in the Area Health Services. In addition to building on existing incidents management systems, a key role of the units is to ensure Areas have properly functioning systems to receive and manage serious complaints.

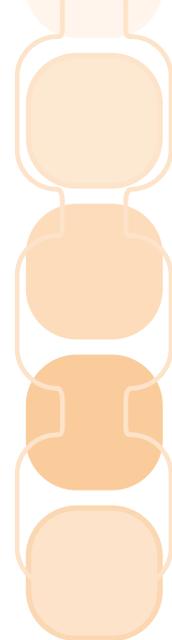
Other key functions of the clinical governance units include:

- supporting implementation of the Incident Information Management System
- ensuring all deaths are reviewed and referred to the Coroner and other appropriate committees
- supporting staff in implementing quality policies and procedures
- providing a Senior Complaints Officer available 24 hours per day, seven days per week to ensure appropriate action is taken to resolve serious complaints.
- improving communication between clinicians and patients and their families
- developing Area specific policies associated with patient safety, ethical practice and management, complaints handling and referral of deaths to the coroner.

### NSW Patient Safety and Clinical Quality Program launched

A four-year \$55 million program aimed at improving clinical quality and patient safety was officially launched by the Minister for Health in August 2004. The *NSW Patient Safety and Clinical Quality Program*, incorporating the establishment of the NSW Clinical Excellence Commission (CEC), is the most comprehensive quality improvement and patient safety program undertaken across the State.

The purpose of the Program is to ensure patients receive the best possible level of care and that effective measures are implemented uniformly and consistently across the health system. Goals of the program include an improved culture of safety within clinical teams, units and health care organisations, greater support for addressing system problems and a balanced focus on individual and system accountability and protection for clinicians who disclose adverse events.



The five major elements of the NSW Patient Safety and Clinical Quality Program are:

- the establishment of the Clinical Excellence Commission
- the establishment of clinical governance units in each Area Health Service
- systematic management of incidents and risks
- a new Incident Information Management System (IIMS) for centralised reporting and recording of incident information
- a Quality Assessment Program for all public health organisations to focus on quality and safety systems across the health system.

The NSW Patient Safety and Clinical Quality Program puts in place the strongest support system available for doctors, nurses, other health professionals, managers and patients.

### **NSW Government responds to inquiry into complaints handling**

In December 2003 the NSW Legislative Council General Purpose Standing Committee No 2 (GPSC No.2) announced an inquiry into complaints handling procedures within NSW Health following the release of the Health Care Complaints Commission report into Campbelltown and Camden Hospitals. The Committee was chaired by Reverent Hon Dr Gordon Moyes MLC and sought to examine systemic issues relevant to complaint handling.

The Government response to the recommendations was released in March 2005. It provided a number of strategies for improving complaints handling processes in NSW Health, including the NSW Patient Safety and Clinical Quality Program. The NSW Government welcomed the Committee's report and its contribution to improving complaints handling processes in the NSW public health system.

## **Future initiatives**

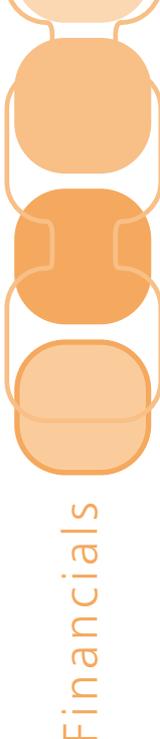
- The NSW Health Futures Planning Project hosted a Futures Forum in July 2005, involving 300 leading clinicians, health experts, academics, consumers and administrators. A Consultation Document incorporating the meeting outcomes will be released for discussion and comment across the State. Area Health Services will work with their Area Health Advisory Councils to facilitate local consultations with state-level bodies. All comments and submissions will be taken into account in producing the Future Directions Statement for NSW Health. It is scheduled to be finalised in the first half of 2006.
- Conduct a forum on the internationally trained medical workforce to discuss support, education, training programs and initiatives within legislative frameworks and best practice approach to recruitment processes.
- Strengthen a planned approach for overseas recruitment of health professionals.
- Finalise the NSW Government submission to the Productivity Commission Health Workforce Study and contribute to the Australian Health Ministers Advisory Council (AHMAC) national submission. Implement recommendations from the final report of the Productivity Commission Health Workforce Study.
- Formalise the NSW Institute of Medical Education and Training (IMET).
- Negotiate a statewide approach to clinical placements with education providers to support the increased education and training places available in health programs.
- Develop an agreed framework for coherent and consistent leadership and management development across NSW Health.
- Develop a Drug and Alcohol performance agreement for each Area Health Service that includes Drug Summit and core programs. Develop an information collection and analysis process to inform planning processes in Area Health Services and the Centre for Drug and Alcohol.
- Complete review of Children's Services strategies and review the Child Care Policy.
- Establish a corporate services enterprise architecture to guide the standardisation and consolidation of information systems supporting finance, e-procurement, human resources, asset management, billing and other administrative systems. This will inform the introduction of shared services in these areas.

- Develop an integrated approach to risk management to support improved enterprise-wide management and monitoring of risks beyond clinical care.
- Review, advise and finalise Area Healthcare Services Plans.
- Develop the Radiotherapy Services Plan 2006 to 2011.
- Complete the Bone Marrow Transplant Services Plan.
- Complete the Paediatric Intensive Care Services Plan to 2011.
- Complete the Options Paper and consultation for the Trauma Services Plan.
- Develop a Renal Services Plan for NSW to 2011.
- Initiate capital planning for four new mental health units in 2006/07.
- Finish the review of acute inpatient projections methodology and develop a planning methodology for sub acute services.
- Continue to support the establishment of Area Health Advisory Councils.
- Review and update the NSW Health Code of Conduct.
- Implement the general workload calculation tool to support the reasonable nursing workload initiatives.
- Review recruitment and selection policies and develop business support processes for public health organisations and the Ambulance Service of NSW.
- Implement recommendations from the NSW Government Response to the Legislative Council General Purpose Standing Committee No.2 (GPSC No.2) inquiry into complaints handling within NSW Health.
- Annual review of Public Health Risk Management and Clinical Risk Management.
- Implement the Clinical Risk Management Rural Visiting Medical Officers General Practitioners training program.
- Finalise the Public Health Care Outcome Funding Agreement (PHOFA).
- Expand Funding Guidelines to include rehabilitation and extended care.
- Complete negotiations for a new long-term agreement with the Department of Veteran Affairs (DVA), implement new DVA arrangements and negotiate 2005/06 Deed of Variation to DVA long term agreement.
- Develop Rehabilitation and Extended Care Funding Guidelines for 2005/06 for designated units and costing of all designated rehabilitation and extended care services.
- Develop new Program Reporting for NSW Health, revise funding guidelines to align with new program reporting and expand costing and funding guidelines to include non admitted care.
- Release the revised 2005 NSW Resource Distribution Formula (RDF). Review the RDF in light of the new program structure.
- Develop the NSW Budget Holding Policy for Area Health Services.
- Information Security Management audits and reviews.
- Project assurance for selected activities under the Integrated Clinical Information Program.

# Financials

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# Performance against 2004/05 Budget Allocation

NSW Health is the major provider of health services to the NSW public.

The Statement of Financial Performance identifies that total expenses for 2004/05 amounted to \$10.39 billion which is a 7.3 per cent increase over 2003/04. An average of \$28.47 million is expended each day.

User charges, where applied, are not based on full cost recovery or on commercial returns and instead reflect a Government contribution to the operating costs of health services. Because of these financial arrangements, the Department's performance measurement is best reflected in the net cost of providing those services. For the year ending 30 June 2005, this net cost was \$9.04 billion compared with \$8.43 billion in 2003/04.

The NSW Government increased its funding for operating and capital needs to the NSW Department of Health from the Consolidated Fund by \$616 million to \$8.481 billion in 2004-05.

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

While capital funding is shown in the Statement of Finance Performance, capital expenditure is not treated as an expense. By its nature, it is reflected in the Statement of Financial Position.

The amount the Department receives from year to year for capital purposes varies in line with its Capital Works Program but does influence the amount reported as the "Result From Ordinary Activities". The result reported is also influenced by the extent of third party contributions restricted by donor conditions.

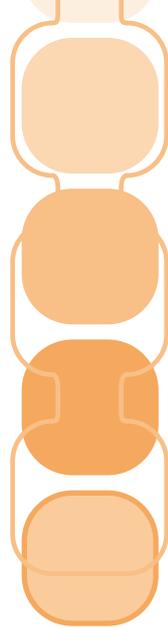
Expenses incurred throughout the health system are varied but the major categories include:

- \$6.38 billion for salaries and employee related expenses (\$5.89 billion in 2003/04)
- \$75 million for food (\$76 million in 2003/04)
- \$842 million for drugs, medical and surgical supplies (\$766 million in 2003/04)
- \$64 million for fuel, light and power (\$61 million in 2003/04)
- \$402 million for visiting medical staff (\$381 million in 2003/04)

The financial statements identify that, whilst \$389 million was charged for depreciation on Property, Plant and Equipment, an amount of \$476 million was incurred in capital expenditure. This constitutes a real increase in the value of health assets and reflects the significant capital works program to improve NSW health infrastructure.

Since 30 June 2000 the total assets of NSW Health have increased by \$3.018 billion or over 46%. The most significant movement has been the increase in the stock of Property, Plant & Equipment of \$2.443 billion which, reflects the injection of Capital funding referenced above and the independent revaluations of assets.

Cash and Other Financial Assets have also increased by \$456 million since 30 June 2000 including a 2004/05 increase of \$186 million flowing from factors such as year end increases in salary and superannuation related accruals of \$99 million and accruals for interstate patient flows, increased leave entitlements, deferred capital projects and increased creditors.



Total Liabilities since June 2000 have increased by some \$830 million or 49 per cent. This generally comprises:

- an increase in Payables of \$365 million stemming from the introduction of the Goods and Services Tax, the reclassification of Salary Accruals and salary related payments from Provisions to Payables in accordance with revised Australian Accounting Standards and the accrual at 30 June 2005 for awards which were subsequently paid in July 2005.

Regarding Payables, Health Services are required to utilise best practice liquidity management to maximise revenue and have funds available to pay staff, creditors and other cash liabilities as they fall due. However, payments to suppliers must be made in accordance with contract or normal terms unless payment is disputed over the condition or quantum of goods and services or the late receipt of invoices.

The NSW Department of Health monitors creditor performance on a regular basis to ensure that performance can be assessed and strategies developed, both in the short term and on a long term basis to achieve benchmarks.

Performance at balance date in the past three years reported by health services is:

	30 June 2003	30 June 2004	30 June 2005
Value of General Accounts not paid within 45 days, \$M	12.5	7.5	13.2
No. of Health Services reporting General Creditors > 45 days	4	3	4

As at 30 June 2005 the Total General Creditors profile monthly average across all Health Services was 42 days (44 days as at June 2004) which compares favourably with industry norms as per the last published benchmark offered by business analysts, Dun and Bradstreet, as at July 2005 when the "all industry" average was 56 days.

- an increase in Employee entitlements of \$545 million due to various Award movements that have occurred together with changes in the measurement of leave values to accord with revised Australian Accounting Standards.

# 2004/05 Major Funding Initiatives

The 2004/05 State Expenditure Budget was \$9.974 billion, ie a 7.6 per cent increase over the initial budget for 2003/04.

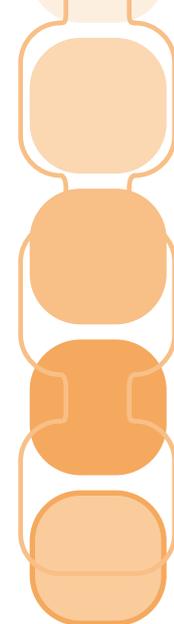
The Government focus on the 2004/05 Health Budget was directed towards a number of priority areas including improving hospital capacity and access to hospital services, improving clinical excellence, enhancing funding to mental health services and redirecting resources to front line health services. Funding of these priorities included:

- \$57 million targeted to improve access to hospital services and a further \$35 million to reduce the number of patients waiting over 12 months for surgery.
- \$10 million was provided to progress the Government's clinical excellence agenda in 2004/05 and provide for the establishment of the Clinical Excellence Commission, develop other evidence based effective programs for implementing better clinical governance across the State and implement professional practice units in each health service.
- \$24.65 million for mental health services as the first step in the \$241 million increase in mental health spending over the four years ended 2007/08. Specific measures funded include:
  - \$6.8 million to fast track urgent additional mental health beds in metropolitan Sydney including piloting psychiatric emergency care units in two hospital emergency departments (Liverpool and Nepean)
  - \$4.6 million to further develop and enhance the role of mental health services being provided in the community including developing partnerships and shared care models with local GPs for managing mental health clients
  - Enhancement to the Child and Adolescent Mental Health Services – \$2.5 million
  - Provision of mental health services to Aboriginal communities – \$1.4 million
  - \$1.5 million for the expansion of the court liaison and community forensic services.
- \$3.6 million for additional adult intensive care beds at Blacktown (2), Liverpool, Campbelltown, Tweed and Albury (ICU/HDUs) hospitals.
- \$1.2 million for additional paediatric intensive care beds at the Sydney Children's Hospital and The Children's Hospital at Westmead (\$600,000 at each site).
- \$1.5 million for three new neonatal intensive care cots at Royal North Shore Hospital, the Royal Hospital for Women and Liverpool Hospital (\$500,000 at each site).
- \$10.2 million to fully commission the new 50 bed acute care mental health unit at Wyong.

## Two year comparison and percentage increase of Initial Health Services Net Cash Allocations

Health Services	2004/05	2003/04	Increase	
	\$M	\$M	\$M	%
Sydney South West Area Health Service	1,361.9	1,292.1	69.8	5.4
South Eastern Sydney/Illawarra Area Health Service	1,321.8	1,249.3	72.5	5.8
Sydney West Area Health Service	978.4	934.3	44.1	4.7
Northern Sydney/Central Coast Area Health Service	929.1	865.7	63.4	7.3
Hunter/New England Area Health Service	854.8	808.4	46.4	5.7
North Coast Area Health Service	497.9	450.7	47.2	10.5
Greater Southern Area Health Service	414.5	391.6	22.9	5.8
Greater Western Area Health Service	376.3	355.0	21.3	6.0
<b>Subtotal</b>	<b>6,734.7</b>	<b>6,347.1</b>	<b>387.6</b>	<b>6.1</b>
The Children's Hospital at Westmead	153.6	137.8	15.8	11.5
Ambulance Service	232.8	217.3	15.5	7.1
Justice Health	61.5	54.0	7.5	13.9
<b>Total</b>	<b>7,182.6</b>	<b>6,756.2</b>	<b>426.4</b>	<b>6.3</b>

Note: These figures reflect initial Net Cash Allocations for 2003/04 and 2004/05 and have been adjusted for 1 January 2005 amalgamations and boundary changes. The values reported by Sydney West have also been adjusted to exclude the Breastscreen program, administration of which was transferred to the Cancer Institute from 1 July 2005.



- \$35 million for the operation of the Cancer Institute and provision of cancer services and research.
- An increase of \$1 million bringing the total to \$2 million annually for improved training for medical physicists.
- Further funding directed to improved training for nurses including doubling of the announced 2003/04 nurses' scholarship program from \$500,000 to \$1 million for 2004/05 and doubling of the allowance to provide for nurses to undertake study leave from \$3 million in 2003/04 to \$6 million in 2004/05.
- Ongoing recruitment of rural ambulance personnel against a target of 62 staff for recruitment in 2004/05 at a cost of \$4.9 million. This is in addition to 32 staff employed during 2003/04.
- Supplementary recurrent funding of \$86 million was subsequently received from Treasury to meet the additional cost of Award funding (\$50 million) together with the implementation of bed and hospital capacity strategies, the introduction of clinical reform processes within selected public hospitals and increased funding for renal services and to reduce elective surgery long waits.

#### NSW Health Key Financial Indicators

	2004/05	2003/04	Increase on previous year	
	\$M	\$M	\$M	%
Expenses	10,390	9,687	+703	+7.3
Revenue	1,349	1,250	+99	+7.9
Net Cost of Service	9,037	8,431	+606	+7.2
Recurrent Appropriation	8,027	7,448	+579	+7.8
Capital Appropriation	453	417	+36	+8.6
Net Assets	7,056	6,156	+900	+14.6
<b>Total Assets</b>	<b>9,592</b>	<b>8,380</b>	<b>+1,212</b>	<b>+14.5</b>
<b>Total Liabilities</b>	<b>2,536</b>	<b>2,224</b>	<b>+312</b>	<b>+14.0</b>

Source: Finance and Business Management 2005

#### Movement in Key Financial Indicators Over Last 5 Years

	June 2001	June 2002	June 2003	June 2004	June 2005
	\$M	\$M	\$M	\$M	\$M
<b>Assets</b>					
Property, Plant and Equipment	6,246	6,612	6,926	7,426	8,408
Inventories	62	64	68	66	72
Cash and Investments	458	504	666	683	868
Receivables	190	183	165	162	192
Other	7	40	35	42	52
<b>Total</b>	<b>6,963</b>	<b>7,403</b>	<b>7,860</b>	<b>8,380</b>	<b>9,592</b>
<b>Liabilities</b>					
Payables	349	470	525	543	690
Provisions	1,223	1,181	1,391	1,507	1,700
Interest Bearing Liabilities	105	105	105	109	82
Other	47	75	77	65	64
<b>Total</b>	<b>1,724</b>	<b>1,831</b>	<b>2,098</b>	<b>2,224</b>	<b>2,536</b>
<b>Equity</b>	<b>5,239</b>	<b>5,572</b>	<b>5,762</b>	<b>6,156</b>	<b>7,056</b>

Source: Audited Financial Statements

# Consolidated Financial Statements

The Department is required under the *Annual Reports (Departments) Act* to present the annual financial statements of each of its controlled entities.

This will be achieved by tabling the 2004/05 annual reports of each Health Service before Parliament. For these purposes the report of each Health Service should be viewed as a component of the Department of Health's overall report.

## 2005/06 and forward years

The 2005/06 Expense budget of \$10.9 billion represents an increase of \$901 million or 9 per cent over that provided in 2004/05.

## Key initiatives 2005/06

The Government focus in the 2005/06 health budget is directed towards addressing a number of demand pressures including a growing and ageing population, changing and improved health technology plus increasing consumer expectations.

Key features of the 2005/06 recurrent expenditure on health care in NSW include:

- Quarantining \$1.5 billion for emergency and elective surgery including an additional \$15 million in 2005/06.
- A mental health program totalling \$854 million including an extra \$45 million of new initiatives in 2005/06.
- The second stage of a \$227 million, 800 bed program that includes a further 164 beds for hospitals in rural and regional NSW.
- \$25 million for 57 new adult, paediatric and neo-natal intensive care beds and services.
- \$19.7 million to initiate a major new clinical services redesign program, to ensure that administrators work closely with clinicians and patients to smooth patient treatment and create better working environments.
- \$2.2 million in additional funding for severe burns services at Royal North Shore and Concord Hospitals, to be supported by \$1 million in new specialised equipment.
- \$10 million for the NSW Ambulance Service to provide more than 100 new staff and lease 22 new vehicles in the Sydney metropolitan area.

2005/06 is the second year of the \$241 million four year mental health package of enhancements to a range of services including additional beds in acute settings as well as extensive community involvement. In 2005/06 major initiatives include:

- \$1.4 million for the commissioning of a new 20 bed non-acute unit at Campbelltown Hospital (construction commenced in March)
- \$2.5 million for a 15 bed psychiatric intensive care unit at Hornsby Hospital
- \$2.5 million for 16 acute beds at Dubbo (increasing to \$3.2 million in 2006/07)
- \$8 million to expand the Housing Accommodation Support Initiative (HASI) to provide a range of medium-high accommodation support places operated by non-Government organisations (NGOs)
- \$4 million for an integrated statewide child and adolescent mental health service encompassing emergency assessment, supported beds in local hospitals, and step up/step down day centres linked to tertiary hospitals and community facilities
- \$1.9 million for workforce development programs including support to Universities for mental health nursing development.

## 2004/05 Total Expenses Comparisons

Expenses include	2004/05 \$M	2003/04 \$M	2002/03 \$M	2001/02 \$M	2000/01 \$M
Salaries and employee related expenses	6,381	5,893	5,339	4,822	4,543
Food	75	76	73	69	64
Drugs, medical and surgical supplies	842	766	699	623	569
Fuel, light and power	64	61	59	56	54
Visiting medical staff	402	381	361	320	292

Source: Finance and Business Management Directorate 2005

# Independent Audit Report



GPO BOX 12  
Sydney NSW 2001

## INDEPENDENT AUDIT REPORT

### Department of Health

To Members of the New South Wales Parliament

#### Audit Opinion

In my opinion, the financial report of the Department of Health:

- (a) presents fairly the Department of Health's and the consolidated entity's financial position as at 30 June 2005 and their financial performance and cash flows for the year ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and
- (b) complies with section 45E of the *Public Finance and Audit Act 1983* (the Act).

My opinion should be read in conjunction with the rest of this report.

#### The Director-General's Role

The financial report is the responsibility of the Director-General of the Department of Health. It consists of the statements of financial position, the statements of financial performance, the statements of cash flows, the program statement - expenses and revenues, the summary of compliance with financial directives and the accompanying notes for the Department of Health and the consolidated entity. The consolidated entity comprises the Department of Health and the entities controlled at the year's end or during the financial year.

#### The Auditor's Role and the Audit Scope

As required by the Act, I carried out an independent audit to enable me to express an opinion on the financial report. My audit provides *reasonable assurance* to members of the New South Wales Parliament that the financial report is free of *material* misstatement.

My audit accorded with Australian Auditing and Assurance Standards and statutory requirements, and I:

- evaluated the accounting policies and significant accounting estimates used by the Director-General in preparing the financial report, and
- examined a sample of the evidence that supports the amounts and other disclosures in the financial report.

An audit does *not* guarantee that every amount and disclosure in the financial report is error free. The terms 'reasonable assurance' and 'material' recognise that an audit does not examine all evidence and transactions. However, the audit procedures used should identify errors or omissions significant enough to adversely affect decisions made by users of the financial report or indicate that the Director-General had not fulfilled her reporting obligations.



# Independent Audit Report

My opinion does *not* provide assurance:

- about the future viability of the Department of Health or its controlled entities,
- that they have carried out their activities effectively, efficiently and economically,
- about the effectiveness of their internal controls, or
- on the assumptions used in formulating the budget figures disclosed in the financial report.

#### **Audit Independence**

The Audit Office complies with all applicable independence requirements of Australian professional ethical pronouncements. The Act further promotes independence by:

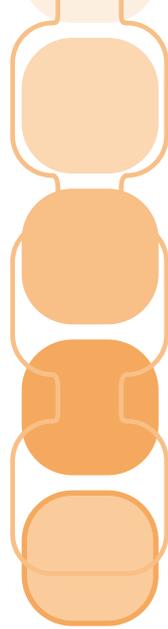
- providing that only Parliament, and not the executive government, can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.



R J Sendt  
Auditor-General

SYDNEY  
9 November 2005

# Certificate of Accounts



## CERTIFICATE OF ACCOUNTS

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

- (i) The financial statements of the NSW Health Department (parent entity) and the consolidated entity comprising the Department and its controlled activities for the year ended 30 June 2005 have been prepared in accordance with the requirements of applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) Consensus Views, the requirements of the Public Finance and Audit Act 1983, and its regulations and Financial Reporting Directions published in the Financial Reporting Code for Budget Dependent General Government Sector Agencies or issued by the Treasurer under Section 9(2)(n) of the Act and the requirements of the Health Administration Act 2000, and its regulations.

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

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

Ken Barker  
Chief Financial Officer

Robyn Kruk  
Director-General

9 November 2005

# Statement of Financial Performance

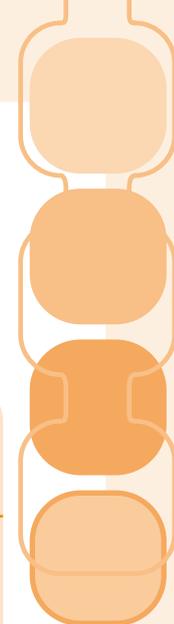
for the year ended 30 June 2005

PARENT			CONSOLIDATED				
Actual 2005 \$'000	Budget 2005 \$'000	Actual 2004 \$'000		Actual 2005 \$'000	Budget 2005 \$'000	Actual 2004 \$'000	
			Notes				
			<b>Expenses</b>				
106,937	105,962	99,157					
			Operating Expenses				
			– Employee Related	3	6,380,846	6,153,784	5,893,330
441,032	528,038	408,956	– Other Operating Expenses	4	2,733,082	2,539,438	2,527,784
1,557	825	772	Maintenance	5	259,977	259,276	261,952
15,961	19,243	14,443	Depreciation and Amortisation	6	388,612	396,939	370,994
8,044,119	7,878,280	7,503,598	Grants and Subsidies	7	621,096	615,116	622,427
2,609	7,016	6,862	Borrowing Costs	8	6,241	9,283	10,040
<b>8,612,215</b>	<b>8,539,364</b>	<b>8,033,788</b>	<b>Total Expenses</b>		<b>10,389,854</b>	<b>9,973,836</b>	<b>9,686,527</b>
			<b>Retained Revenue</b>				
96,563	78,706	98,059	Sale of Goods and Services	9	1,009,238	972,007	934,659
6,133	4,097	6,882	Investment Income	10	59,285	42,200	56,396
35,044	23,000	23,403	Grants and Contributions	11	201,670	171,082	207,127
7,199	8,234	6,490	Other Revenue	12	78,614	85,586	52,067
<b>144,939</b>	<b>114,037</b>	<b>134,834</b>	<b>Total Retained Revenue</b>		<b>1,348,807</b>	<b>1,270,875</b>	<b>1,250,249</b>
(22)	—	(3,667)	Gain/(Loss) on Disposal of Non Current Assets	13	4,469	—	5,371
<b>8,467,298</b>	<b>8,425,327</b>	<b>7,902,621</b>	<b>Net Cost of Services</b>	<b>34</b>	<b>9,036,578</b>	<b>8,702,961</b>	<b>8,430,907</b>
			<b>Government Contributions</b>				
8,027,362	7,941,601	7,447,711	Recurrent Appropriation	15	8,027,362	7,941,601	7,447,711
453,230	431,950	416,840	Capital Appropriation	15	453,230	431,950	416,840
2,958	—	24,933	Asset Sale Proceeds transferred to Parent		—	—	—
10,217	25,562	10,333	Acceptance by the Crown Entity of Employee Benefits	16	516,666	478,466	465,743
<b>8,493,767</b>	<b>8,399,113</b>	<b>7,899,817</b>	<b>Total Government Contributions</b>		<b>8,997,258</b>	<b>8,852,017</b>	<b>8,330,294</b>
<b>26,469</b>	<b>(26,214)</b>	<b>(2,804)</b>	<b>RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES</b>	<b>29</b>	<b>(39,320)</b>	<b>149,056</b>	<b>(100,613)</b>
			NON-OWNER TRANSACTION CHANGES IN EQUITY				
40,415	—	9,777	Net increase in Asset Revaluation Reserve	29	940,565	—	494,396
<b>40,415</b>	<b>—</b>	<b>9,777</b>	<b>Total Revenues, Expenses and Valuation Adjustments recognised Directly in Equity</b>	<b>29</b>	<b>940,565</b>	<b>—</b>	<b>494,396</b>
<b>66,884</b>	<b>(26,214)</b>	<b>6,973</b>	<b>TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS</b>	<b>29</b>	<b>901,245</b>	<b>149,056</b>	<b>393,783</b>

The accompanying notes form part of these Financial Statements

# Statement of Financial Position

as at 30 June 2005



PARENT			CONSOLIDATED			
Actual 2005 \$'000	Budget 2005 \$'000	Actual 2004 \$'000		Actual 2005 \$'000	Budget 2005 \$'000	Actual 2004 \$'000
			Notes			
<b>ASSETS</b>						
<b>Current Assets</b>						
176,968	165,648	54,692		588,681	477,022	416,338
27,517	19,421	19,421	18	190,081	158,386	158,386
—	—	—	19	72,178	66,019	66,019
30,081	36,582	36,582	20	243,948	219,981	218,977
7,585	9,777	9,777	21	36,713	29,640	28,791
<b>242,151</b>	<b>231,428</b>	<b>120,472</b>	22	<b>1,131,601</b>	<b>951,048</b>	<b>888,511</b>
<b>Non-Current Assets</b>						
—	—	—		2,251	3,337	3,337
55,433	41,432	41,432	19	35,735	47,267	47,267
—	0	—	21	—	—	—
100,724	103,560	129,077	23	7,446,224	6,880,630	6,749,534
54,672	53,129	44,372	23	674,861	621,729	599,994
—	—	—	23	287,109	76,513	76,513
<b>155,396</b>	<b>156,689</b>	<b>173,449</b>		<b>8,408,194</b>	<b>7,578,872</b>	<b>7,426,041</b>
—	—	—	22	14,098	14,950	14,950
<b>210,829</b>	<b>198,121</b>	<b>214,881</b>		<b>8,460,278</b>	<b>7,644,426</b>	<b>7,491,595</b>
<b>452,980</b>	<b>429,549</b>	<b>335,353</b>		<b>9,591,879</b>	<b>8,595,474</b>	<b>8,380,106</b>
<b>LIABILITIES</b>						
<b>Current Liabilities</b>						
175,087	145,585	47,598		689,557	556,643	542,798
5,577	3,510	3,510	25	17,137	32,590	29,843
5,492	5,497	5,497	26	557,616	530,571	510,296
21,913	22,033	22,033	27	33,126	31,910	31,910
<b>208,069</b>	<b>176,625</b>	<b>78,638</b>	28	<b>1,297,436</b>	<b>1,151,714</b>	<b>1,114,847</b>
<b>Non-Current Liabilities</b>						
28,023	67,212	44,789		64,439	69,990	79,368
5,640	5,534	5,534	26	1,142,426	1,036,658	997,078
6,081	—	—	27	31,452	32,150	32,907
<b>39,744</b>	<b>72,746</b>	<b>50,323</b>	28	<b>1,238,317</b>	<b>1,138,798</b>	<b>1,109,353</b>
<b>247,813</b>	<b>249,371</b>	<b>128,961</b>		<b>2,535,753</b>	<b>2,290,512</b>	<b>2,224,200</b>
<b>205,167</b>	<b>180,178</b>	<b>206,392</b>		<b>7,056,126</b>	<b>6,304,962</b>	<b>6,155,906</b>
<b>EQUITY</b>						
58,820	59,383	59,383	<b>29</b>	1,192,246	1,722,707	1,722,707
146,347	120,795	147,009		5,863,880	4,582,255	4,433,199
<b>205,167</b>	<b>180,178</b>	<b>206,392</b>		<b>7,056,126</b>	<b>6,304,962</b>	<b>6,155,906</b>

The accompanying notes form part of these Financial Statements

# Statement of Cash Flows

for the year ended 30 June 2005

PARENT			CONSOLIDATED			
Actual 2005 \$'000	Budget 2005 \$'000	Actual 2004 \$'000	Notes	Actual 2005 \$'000	Budget 2005 \$'000	Actual 2004 \$'000
				<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
				<b>Payments</b>		
(474,483)	(432,126)	(435,275)		(6,001,285)	(5,953,344)	(5,685,688)
(7,989,206)	(7,885,160)	(7,503,703)		(643,774)	(592,116)	(650,947)
(2,609)	(7,016)	(6,862)		(6,590)	(9,283)	(10,300)
(511,348)	(528,863)	(486,798)		(3,489,260)	(3,054,888)	(3,186,302)
<b>(8,977,646)</b>	<b>(8,853,165)</b>	<b>(8,432,638)</b>		<b>(10,140,909)</b>	<b>(9,609,631)</b>	<b>(9,533,237)</b>
				<b>Receipts</b>		
87,892	78,706	104,261		1,020,784	966,025	953,314
6,616	4,097	5,764		60,121	42,200	57,635
155,411	130,524	129,702		801,092	493,214	689,081
<b>249,919</b>	<b>213,327</b>	<b>239,727</b>		<b>1,881,997</b>	<b>1,501,439</b>	<b>1,700,030</b>
				<b>CASH FLOWS FROM GOVERNMENT</b>		
8,027,362	7,941,601	7,447,711		8,027,362	7,941,601	7,447,711
453,230	431,950	416,840		453,230	431,950	416,840
413,124	351,726	345,758		413,124	351,726	345,758
2,958	—	24,933		—	—	—
<b>8,896,674</b>	<b>8,725,277</b>	<b>8,235,242</b>		<b>8,893,716</b>	<b>8,725,277</b>	<b>8,210,309</b>
<b>168,947</b>	<b>85,439</b>	<b>42,331</b>	<b>34</b>	<b>634,804</b>	<b>617,085</b>	<b>377,102</b>
				<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
29	—	312		44,972	50,180	62,603
32,827	—	12,492		214,364	—	127,167
(24,501)	(2,483)	(13,554)		(470,686)	(599,950)	(428,136)
(40,327)	—	(42,561)		(223,536)	—	(146,904)
—	—	—		60	—	—
<b>(31,972)</b>	<b>(2,483)</b>	<b>(43,311)</b>		<b>(434,826)</b>	<b>(549,770)</b>	<b>(385,270)</b>
				<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
39,681	74,000	—		83,044	—	5,861
(54,380)	(46,000)	(3,090)		(97,924)	(6,631)	(4,762)
<b>(14,699)</b>	<b>28,000</b>	<b>(3,090)</b>		<b>(14,880)</b>	<b>(6,631)</b>	<b>1,099</b>
<b>122,276</b>	<b>110,956</b>	<b>(4,070)</b>		<b>185,098</b>	<b>60,684</b>	<b>(7,069)</b>
54,692	54,692	58,762		396,010	396,010	403,079
<b>176,968</b>	<b>165,648</b>	<b>54,692</b>	<b>18</b>	<b>581,108</b>	<b>456,694</b>	<b>396,010</b>

The accompanying notes form part of these Financial Statements

# Program Statement – Expenses and Revenues

for the year ended 30 June 2005

Supplementary Financial Statement

EXPENSES AND REVENUES	Program 1.1 *		Program 1.2 *		Program 1.3 *		Program 2.1 *		Program 2.2 *		Program 2.3 *		Program 3.1 *		Program 4.1 *		Program 5.1 *		Program 6.1 *		Not Attributable		Total	
	Primary and Community Based Services		Aboriginal Health Services		Outpatient Services		Emergency Services		Overnight Acute Inpatient Services		Same Day Acute Inpatient Services		Mental Health Services		Rehabilitation and Extended Care Services		Population Health Services		Teaching and Research					
	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Expenses</b>																								
<b>Operating Expenses</b>																								
Employee Related	514,360	481,386	24,221	24,061	633,053	567,907	759,947	700,479	2,500,302	2,302,637	345,355	322,653	601,424	530,273	566,817	531,403	129,939	126,116	305,428	306,415	—	—	6,380,846	5,893,330
Other Operating Expenses	148,382	169,588	9,608	13,753	301,580	282,816	238,025	257,844	1,233,172	1,063,513	253,328	232,664	162,465	141,948	166,115	151,413	126,292	128,918	94,115	85,327	—	—	2,733,082	2,527,784
Maintenance	24,969	22,187	1,637	1,753	29,524	32,189	29,912	32,964	96,212	96,343	16,517	18,577	17,400	16,086	23,627	21,870	6,663	6,241	13,516	13,742	—	—	259,977	261,952
Depreciation and Amortisation	21,837	23,439	898	1,126	48,750	45,802	45,106	45,102	169,774	158,984	24,776	24,860	27,075	24,507	32,417	30,667	5,509	5,423	12,470	11,084	—	—	388,612	370,994
Grants and Subsidies	85,462	76,264	12,863	9,384	54,146	65,790	20,250	22,430	170,590	176,322	8,774	10,873	32,659	36,455	137,810	140,625	37,087	33,164	61,455	51,120	—	—	621,096	622,427
Borrowing Costs	239	433	8	1	384	244	333	430	4,237	8,650	391	168	144	32	274	56	77	8	154	18	—	—	6,241	10,040
<b>Total Expenses</b>	<b>795,249</b>	<b>773,297</b>	<b>49,235</b>	<b>50,078</b>	<b>1,067,437</b>	<b>994,748</b>	<b>1,093,573</b>	<b>1,059,249</b>	<b>4,174,287</b>	<b>3,806,449</b>	<b>649,141</b>	<b>609,795</b>	<b>841,167</b>	<b>749,301</b>	<b>927,060</b>	<b>876,034</b>	<b>305,567</b>	<b>299,870</b>	<b>487,138</b>	<b>467,706</b>	<b>—</b>	<b>—</b>	<b>10,389,854</b>	<b>9,686,527</b>
<b>Revenue</b>																								
Sale of Goods and Services	29,507	29,723	2,519	2,053	69,028	68,806	70,547	70,452	517,897	484,610	52,505	34,844	42,567	43,840	140,544	160,935	13,007	4,187	71,117	35,209	—	—	1,009,238	934,659
Investment Income	3,569	3,222	65	109	4,690	6,602	5,398	2,941	17,919	16,357	2,533	2,119	2,261	1,974	5,006	4,367	1,425	1,406	16,419	17,299	—	—	59,285	56,396
Grants and Contributions	26,430	30,692	2,181	1,565	10,692	10,997	9,467	6,331	29,558	28,084	7,963	7,541	6,991	5,874	32,860	27,684	3,940	6,445	71,588	81,914	—	—	201,670	207,127
Other Revenue	4,433	157	240	232	8,112	5,588	8,972	5,303	23,238	19,892	4,187	2,407	2,935	1,702	8,902	4,014	4,317	2,856	13,278	9,916	—	—	78,614	52,067
<b>Total Revenue</b>	<b>63,939</b>	<b>63,794</b>	<b>5,005</b>	<b>3,959</b>	<b>92,522</b>	<b>91,993</b>	<b>94,384</b>	<b>85,027</b>	<b>588,612</b>	<b>548,943</b>	<b>67,188</b>	<b>46,911</b>	<b>54,754</b>	<b>53,390</b>	<b>187,312</b>	<b>197,000</b>	<b>22,689</b>	<b>14,894</b>	<b>172,402</b>	<b>144,338</b>	<b>—</b>	<b>—</b>	<b>1,348,807</b>	<b>1,250,249</b>
Gain/(Loss) on Disposal of Non Current Assets	(474)	2,395	(13)	(86)	(307)	1,046	64	2,151	9,538	(2,977)	(62)	95	57	399	(4,211)	650	(263)	79	140	1,619	—	—	4,469	5,371
<b>Net Cost of Services</b>	<b>731,784</b>	<b>707,108</b>	<b>44,243</b>	<b>46,205</b>	<b>975,222</b>	<b>901,709</b>	<b>999,125</b>	<b>972,071</b>	<b>3,576,137</b>	<b>3,260,483</b>	<b>582,015</b>	<b>562,789</b>	<b>786,356</b>	<b>695,512</b>	<b>743,959</b>	<b>678,384</b>	<b>283,141</b>	<b>284,897</b>	<b>314,596</b>	<b>321,749</b>	<b>—</b>	<b>—</b>	<b>9,036,578</b>	<b>8,430,907</b>
Government Contributions **	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8,997,258	8,330,294	8,997,258	8,330,294
<b>RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES</b>																								
Administered Revenues Consolidated Fund																					605	1,801	605	1,801
– Taxes, Fees and Fines																					605	1,801	605	1,801
<b>Total Administered Revenues</b>																					<b>605</b>	<b>1,801</b>	<b>605</b>	<b>1,801</b>

\* The name and purpose of each program is summarised in Note 17. The program statement uses statistical data to 31 December 2004 to allocate current year's financial information to each program.

\*\* Appropriations are made on an agency basis and not to individual programs. Consequently government contributions must be included in the "Not Attributable" column.





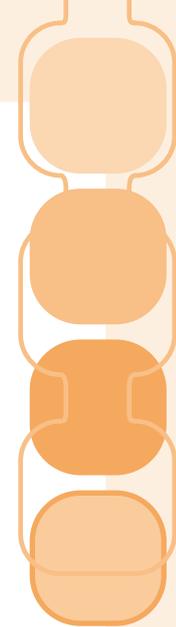
# Summary of Compliance with Financial Directives

	2005				2004			
	Recurrent Appropriation \$000	Expenditure/ Net Claim on Consolidated Fund \$000	Capital Appropriation \$000	Expenditure/ Net Claim on Consolidated Fund \$000	Recurrent Appropriation \$000	Expenditure/ Net Claim on Consolidated Fund \$000	Capital Appropriation \$000	Expenditure/ Net Claim on Consolidated Fund \$000
<b>Original Budget Appropriation/ Expenditure</b>								
<i>Appropriation Act</i>	7,941,601	7,926,316	431,950	431,950	7,356,141	7,345,381	371,335	371,335
S26 PF&AA – Commonwealth specific purpose payments	—	—	—	—	3,528	3,528	—	—
	<b>7,941,601</b>	<b>7,926,316</b>	<b>431,950</b>	<b>431,950</b>	<b>7,359,669</b>	<b>7,348,909</b>	<b>371,335</b>	<b>371,335</b>
<b>Other Appropriations/Expenditure</b>								
Treasurer's Advance	11,863	11,863	2,854	2,854	3,902	3,902	8,040	8,040
Section 22 – expenditure for certain works and services *	79,100	50,100	45,000	—	94,900	94,900	37,465	37,465
Transfers to/from another agency (S27 of the Appropriation Act)	39,083	39,083	18,426	18,426	—	—	—	—
	<b>130,046</b>	<b>101,046</b>	<b>66,280</b>	<b>21,280</b>	<b>98,802</b>	<b>98,802</b>	<b>45,505</b>	<b>45,505</b>
<b>Total Appropriations/Expenditure/ Net Claim on Consolidated Fund (includes transfer payments)</b>	<b>8,071,647</b>	<b>8,027,362</b>	<b>498,230</b>	<b>453,230</b>	<b>7,458,471</b>	<b>7,447,711</b>	<b>416,840</b>	<b>416,840</b>
<b>Amount drawn down against Appropriation</b>	—	<b>8,027,362</b>	—	<b>453,230</b>	—	<b>7,447,711</b>	—	<b>416,840</b>
<b>Liability to Consolidated Fund **</b>	—	—	—	—	—	—	—	—

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

\* The Section 22 Appropriation included \$74 million which was subsequently drawn down by the Crown Entity and paid to the NSW Department of Health as an interest bearing loan. Note 26 reports the remaining indebtedness of \$33.6 million as at 30 June 2005.

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



# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

## 1. The NSW Department of Health Reporting Entity

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

Transactions of the Cancer Institute (as established by the *Cancer Institute (NSW) Act, 2003*) were recognised through a cost centre within the Department in 2003/04 and were included with the parent entity accounts. In 2004/05 the Cancer Institute has been established as a reporting entity in its own right.

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

- (b) In addition to the consolidated results, the Department's financial statements also include results for the parent entity, denoted in note 1(a) as Central Administration and the Health Administration Corporation (HAC), which was established through the *Health Administration Act* in 1982 and effectively empowers the Director-General as a corporation sole (HAC) to enter into various legal contracts such as the purchase, lease or sale of property.

The *Health Administration Act* requires that the monies of health professional boards be managed by HAC. Such monies are credited to the Department of Health's parent entity financial statements (Note 18 refers).

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

- (d) The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

## 2. Summary of Significant Accounting Policies

The NSW Department of Health's financial statements are a general purpose financial report which has been prepared on an accruals basis and in accordance with applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) Consensus Views, the requirements of the *Public Finance and Audit Act 1983* and Regulations, and the Financial Reporting Directions published in the Financial Reporting Code for Budget Dependent General Government Sector Agencies or issued by the Treasurer under Section 9(2)(n) of the Act.

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

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

Except for certain investments and land and buildings, plant and equipment and infrastructure systems, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

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

### (a) Employee Benefits and Other Provisions

#### i) Salaries and Wages, Annual Leave, Sick Leave and On-Costs (including non-monetary benefits)

Liabilities for Salaries and wages, annual leave and vesting sick leave and related on-costs are recognised and measured in respect of employees' services up to the reporting date at nominal amounts based on the amounts expected to be paid when the liabilities are settled.

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

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

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

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

## ii) Long Service Leave and Superannuation Benefits

Long Service Leave provisions are measured for all controlled entities on a short hand basis at an escalated rate of 6.95 per cent above the salary rates immediately payable at 30 June 2005 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement. Long Service Leave provisions for the parent entity have been calculated in accordance with the requirements of Treasury Circular T03/08. The parent entity's liability for Long Service Leave is assumed by the Crown Entity.

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

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

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

## iii) Other Provisions

Other provisions exist when the entity has a present legal, equitable or constructive obligation to make a future sacrifice of economic benefits to other entities as a result of past transactions or other past events. These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

## (b) Insurance

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

## (c) Borrowing Costs

Borrowing costs are recognised as expenses in the period in which they are incurred.

## (d) Revenue Recognition

### i) Parliamentary Appropriations and Contributions from Other Bodies

Parliamentary appropriations and contributions from Other Bodies (including grants and donations) are generally recognised as revenues when the agency obtains control over the assets comprising the appropriations/contributions. Control over appropriations and contributions is normally obtained upon the receipt of cash.

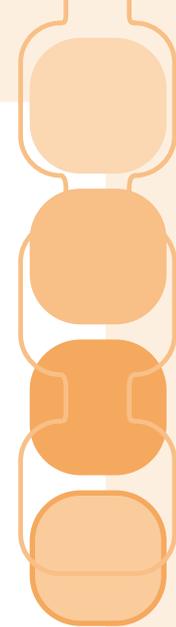
An exception to the above is when appropriations are unspent at year-end. In this case, the authority to spend the money lapses and generally the unspent amount must be repaid to the Consolidated Fund in the following financial year. As a result, unspent appropriations are accounted for as liabilities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

### ii) Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services ie user charges. User charges are recognised as revenue when the Department obtains control of the assets that result from them.

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

Specialist doctors with rights of private practice are charged an infrastructure charge for the use of hospital facilities at rates determined by the NSW Department of Health. Charges are based on fees collected.



**iii) Investment Income**

Interest revenue is recognised as it accrues.  
 Rent revenue is recognised in accordance with AAS17 "Accounting for Leases". Dividend revenue is recognised when the Department's right to receive payment is established.

**iv) Grants and Contributions**

Grants and Contributions are generally recognised as revenues when the Department obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon the receipt of cash.

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

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

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

**(f) Research and Development Costs**

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

**(g) Acquisition of Assets**

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

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

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

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

**(h) Plant and Equipment and Infrastructure Systems**

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

"Infrastructure Systems" means assets that comprise public facilities and which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

**(i) Depreciation**

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

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

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

**(j) Revaluation of Non Current Assets**

Physical non-current assets are valued in accordance with the "Guidelines for the Valuation of Physical Non-Current Assets at Fair Value". This policy adopts fair value in accordance with AASB 1041.

Where available, fair value is determined having regard to the highest and best use of the asset on the basis of current market selling prices for the same or similar assets. Where market selling price is not available, the asset's fair value is measured as its market buying price ie the replacement cost of the asset's remaining future economic benefits.

Land and buildings and infrastructure assets are revalued at minimum every 5 years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date.

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

Non-specialised generalised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

When revaluing non-current assets by reference to current prices for assets newer than those being revalued (adjusted to reflect the present condition of the assets), the gross amount and the related accumulated depreciation are separately restated.

Otherwise, any balances of accumulated depreciation existing at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the Result for the Year from Ordinary Activities, the increment is recognised immediately as revenue in the Result for the Year from Ordinary Activities.

Revaluation decrements are recognised immediately as expenses in the Result for the Year from Ordinary Activities, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

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

Where an asset that has previously been revalued is disposed of, any balance remaining in the asset revaluation reserve in respect of that asset is transferred to accumulated funds.

## **(k) Maintenance and Repairs**

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

## **(l) Leased Assets**

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

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

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

## **(m) Inventories**

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

Obsolete items are disposed of upon identification in accordance with delegated authority.

## **(n) Other Financial Assets**

"Other financial assets" are generally recognised at cost, with the exception of TCorp Hour Glass Facilities and Managed Fund Investments, which are measured at market value.

For non-current "other financial assets", revaluation increments and decrements are recognised in the same manner as physical non-current assets.

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

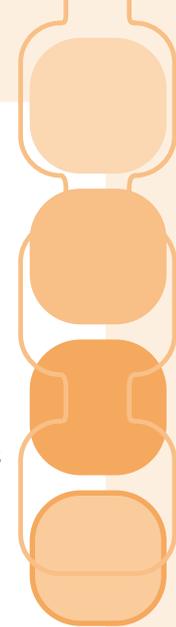
## **(o) Trust Funds**

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

## **(p) Administered Activities**

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

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



## (q) Financial Instruments

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

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

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

### **Cash**

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

Terms and Conditions – Monies on deposit attract an effective interest rate of between 4.0 per cent and 5.9 per cent as compared to 3.7 per cent and 5.7 per cent in the previous year.

### **Receivables**

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

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

### **Investments (Other Financial Assets)**

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

Terms and Conditions – Short term deposits have an average maturity of 30 to 182 days and effective Interest rates of 5.2 per cent to 9.3 per cent as compared to 4.4 per cent to 8.7 per cent in the previous year. Fixed term deposits have a maturity of up to 5 years and effective interest rates of 5.3 per cent to 5.8 per cent as compared to 3.0 per cent to 5.8 per cent in the previous year.

### **Payables**

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

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

### **Interest Bearing Liabilities**

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

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

Classes of instruments recorded at market value comprise:

### **Treasury Corporation Hour Glass Investments**

Accounting Policies – Treasury Corporation Hour Glass investments are stated at net fair value. Interest is recognised when earned.

Terms and Conditions – Deposits attracted interest rates of 5.7 per cent to 11.1 per cent in the year ended 30 June 2005. This compares with interest rates of 4.8 per cent to 10.4 per cent in the previous year.

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

## (r) Interest bearing liabilities

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

## (s) Budgeted amounts

The budgeted amounts are drawn from the budgets as formulated at the beginning of the financial year and with any adjustments for the effects of additional appropriations, S21A, S24 and/or S26 of the *Public Finance and Audit Act 1983*.

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

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

## (t) Exemption from *Public Finance and Audit Act 1983*

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

## (u) Administrative Restructures

The Cancer Institute was scheduled under Schedule 2 of the *Public Finance and Audit Act 1983* on 24 November 2004. NSW Treasury has determined that the Institute will report for the period 1 July 2004 to 30 June 2005 with comparatives for the previous financial year.

For 2003/04 the financial accounts of the Institute were included within the Department. However, from 1 July 2004 the Institute's accounts were separated from the Department.

Assets at that time were transferred to the Institute as an administrative restructure.

Note 40 provides details of the equity transfer.

With effect from 1 April 2005 a separate entity, Health Technology, was also established under the provisions of Section 126B of the *Health Services Act 1997*. The first audited financial statements for the entity will be prepared for the fifteen months ended 30 June 2006 in accordance with Treasury approval. Annual leave values for the staff involved transferred to Health Technology with equivalent cash in June 2005. However, responsibility for various Information Technology assets is yet to be established and will be determined in the 2005/06 reporting year.

A transfer of \$67.084 million is also reported for the Parent Entity in respect of the assets of Port Macquarie Hospital, control of which transferred to North Coast Area Health Service in 2004/05. The transfer has no effect on the consolidated values reported.

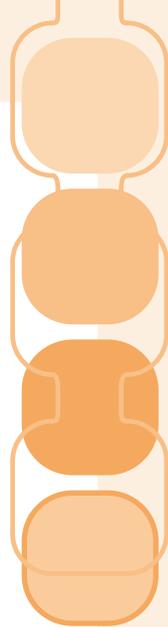
## (v) Impact of Adopting Australian Equivalents to International Financial Reporting Standards

The NSW Department of Health will apply the Australian equivalents to International Financial Reporting Standards (AEIFRS) from 2005/06.

The ramifications of changes in accounting standards have been assessed throughout 2004/05 and the Department's assessment has been based on issue papers prepared by both the NSW Treasury and the NSW Department of Health, together with due consideration by the Health Services of the applicability of each standard.

The Department has determined the key areas where changes in accounting policies are likely to impact the financial report. Some of these impacts arise because AEIFRS requirements are different from existing AASB requirements (AGAAP). Other impacts are likely to arise from options in AEIFRS. To ensure consistency at the whole of Government level, NSW Treasury has advised agencies of options it is likely to mandate for the NSW Public Sector. The impacts disclosed in the table below reflect Treasury's likely mandates (referred to as "indicative mandates").

The Department does not anticipate any material impacts on its Operating Statement, Net Assets and Cash Flows statements. The actual effects of the transition may differ from the estimated figures below because of pending changes to the AEIFRS, including the UIG interpretations and/or emerging accepted practice in their interpretation and application. The Department's accounting policies may also be affected by a proposed standard to harmonise accounting standards with Government Finance Statistics (GFS). However, the impact is uncertain because it depends on when this standard is finalised and its adoption in 2005/06.



**(a) Reconciliation of key aggregates**

Reconciliation of equity under existing Standards (AGAAP) to equity under AEIFRS:

	30 June 2005 ** \$000	1 July 2004 * \$000
<b>Total equity under AGAAP</b>	<b>7,056,126</b>	<b>6,155,906</b>
<b>Adjustments to accumulated funds</b>		
<b>Recognition of Intangible Assets</b>		
Computer assets transferred from Plant & Equipment	(98,497)	(76,361)
Write Back Accumulated Depreciation on Computer Assets	56,200	40,827
Plant and Equipment transferred to Intangible Assets	98,497	76,361
Accumulated Depreciation on Intangible Assets	(56,200)	(40,827)
<b>Recognition of Assets Held for Sale</b>		
Land	(16,640)	(17,980)
Buildings Gross Value	(4,499)	(27,120)
Depreciation on Buildings Written Back	3,400	15,092
Current Assets, "Assets Held for Sale"	17,739	30,008
Asset Revaluation Reserves	1,855	0
Accumulated Funds	(1,855)	0
<b>Total equity under AEIFRS</b>	<b>7,056,126</b>	<b>6,155,906</b>

\* = adjustments as at the date of transition

\*\* = cumulative adjustments as at the date of transition plus year ended 30 June 2005

	Notes \$000
<b>Result from Operating Activity Year ended 30 June 2005</b>	
Result from Operating Activities	(39,320)
Effects of Adoption of AEIFRS	0
<b>Result from Operating Activities</b>	<b>(39,320)</b>

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

In determining the impact of AEIFRS on the "Result from Operating Activities" consideration has been given to the following:

- 1 AASB 120 *Accounting for Government Grants and Disclosure of Government Assistance* requires for-profit entities to recognise grant income over the period necessary to match related costs. This has the effect of delaying revenue recognition and increasing liabilities. Under current AGAAP, grants are normally recognised on receipt. It is possible that AASB 120 may be amended to adopt the approach in AASB 141 *Agriculture* where grants are recognised as revenue when conditions are satisfied. However at this stage, the timing and dollar impact of these amendments is uncertain.
- 2 AASB 116 requires the cost and fair value of property, plant and equipment to be increased to include the estimated restoration costs, where restoration provisions are recognised under AASB 137 *Provisions, Contingent Liabilities and Contingent Assets*. These restoration costs must be depreciated and the unwinding of the restoration provision must be recognised as a finance expenses. This treatment is not required under current AGAAP. Area assessments indicate nil effect for 2004/05.
- 3 AASB 138 *Intangible Assets* requires all research costs to be expensed and restricts the capitalisation of development costs. Current AGAAP permits some research and development costs to be capitalised when certain criteria are met. As a result, some currently recognised intangible assets will need to be derecognised. Further, intangibles can only be revalued where there is an active market, which is unlikely to occur. Therefore, revaluation increments and decrements will need to be derecognised and intangible assets recognised at amortised cost.

The adoption of AASB 138 will result in certain reclassifications from property, plant and equipment to intangible assets (eg computer software). However nil impact is expected in preparation of the Operating result as amortisation will replace the existing depreciation expense raised on these assets.

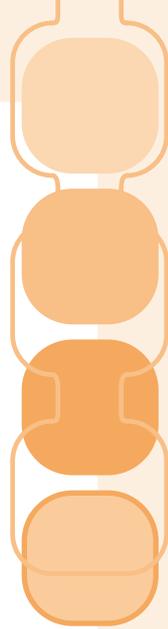
- 4 Current AGAAP requires borrowing costs directly attributable to the acquisition, construction or production of a qualifying asset to be capitalised and other borrowing costs to be expensed. AASB 123 *Borrowing Costs* provides the option to expense or capitalise borrowing costs. NSW Treasury's indicative mandate requires all General Government Sector agencies to expense all borrowing costs to harmonise with Government Finance Statistics reporting. This reduces the recognised value of assets and reduces profits.
- 5 AASB 119 requires present value measurement for all long-term employee benefits. Current AGAAP provides that wages, salaries, annual leave and sick leave are measured at nominal value in all circumstances. The Department has actuarial advice that indicates immaterial difference between the Standards for annual leave liabilities so nominal values are shown.
- 6 AASB 5 *Non-current Assets Held for Sale and Discontinued Operations* requires non current assets classified as "held for sale" to be reclassified as current and recognised at the lower of the carrying amount and the fair value less costs to sell. Unlike current AGAAP, 'held for sale' assets are not depreciated, thereby reducing the depreciation expense.

However, as the majority of the reclassified asset constitutes "Land" the effect of reducing depreciation charges will be minimal.

## (b) Financial Instruments

In accordance with NSW Treasury's indicative mandates, the NSW Department of Health will apply the exemption provided in AASB 1 *First-time Adoption of Australian Equivalents to International Financial Reporting Standards* not to apply the requirements of AASB 132 *Financial Instruments; Presentation and Disclosures* and AASB 139 *Financial Instruments: Recognition and Measurement* for the financial year ended 30 June 2005. These standards will apply from 1 July 2005. None of the information provided above includes any impacts for financial instruments. However, when these standards are applied, they are likely to impact on retained earnings (on first adoption) and the amount and volatility of profit/loss.

Further, the impact of these Standards will in part depend on whether the fair value option can or will be mandated consistent with Government Finance Statistics.



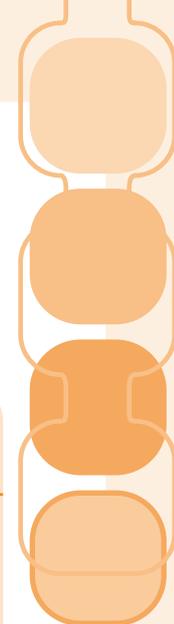
**(c) Grant recognition for not-for-profit entities**

NSW Department of Health will apply the requirements in AASB 1004 Contributions regarding contribution of assets (including grants) and forgiveness of liabilities. There are no differences in the recognition requirements between the new AASB 1004 and the current AASB 1004. However, the new AASB 1004 may be amended by proposals in Exposure Draft (ED) 125 Financial Reporting by Local Governments. If the ED 125 approach is applied, revenue and/or expense recognition will not occur until either the Department supplies the related goods and services (where grants are in-substance agreements for the provision of goods and services) or until conditions are satisfied. ED 125 may therefore delay revenue recognition compared with AASB 1004, where grants are recognised when controlled. However, at this stage, the timing and dollar impact of these amendments is uncertain.

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

PARENT			CONSOLIDATED	
2005	2004		2005	2004
\$'000	\$'000		\$'000	\$'000
		<b>3. EMPLOYEE RELATED EXPENSES</b>		
		Employee related expenses comprise the following specific items:		
65,359	66,422	Salaries and Wages	4,895,267	4,565,245
12,331	12,151	Superannuation	518,915	468,097
3,898	3,577	Long Service Leave	205,981	166,685
11,706	5,125	Recreation Leave *	508,435	445,718
—	—	Nursing Agency Payments	58,045	59,055
7,148	5,890	Other Agency Payments	31,195	25,494
1,533	735	Workers Compensation Insurance	157,004	157,314
4,962	5,257	Payroll Tax and Fringe Benefits Tax	6,004	5,722
<b>106,937</b>	<b>99,157</b>		<b>6,380,846</b>	<b>5,893,330</b>
		* The increase in Recreation Leave for the Parent relates to the acceptance of leave liability for staff transferred as part of the acquisition of Port Macquarie Base Hospital.		
Salaries and Wages includes the following amounts paid to members of Health Service Boards.				
The payments have been made within the following bands:				
			2005	2005
			No. Paid	\$000
			2004	2004
			No. Paid	\$000
\$ range				
\$0 to \$14,999			119	706
\$15,000 to \$29,999			6	93
			182	2,071
			21	442
The Minister for Health announced changes to the health system on 27 July 2004 including dissolving the boards of each Area Health Service and the Children's Hospital at Westmead. Fees paid in 2004 have reduced accordingly.				
			2005	2004
			\$000	\$000
—	—	The following additional information is provided:		
—	—	Maintenance staff costs included in Employee Related Expenses	66,837	70,368
—	—	Employee Related Expenses capitalised – Land and Buildings	554	230
—	—	Employee Related Expenses capitalised – Plant and Equipment	415	787
		Note 5 further refers.		

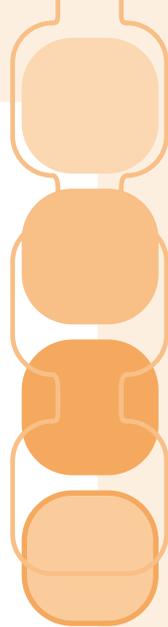


PARENT			CONSOLIDATED	
2005 \$'000	2004 \$'000		2005 \$'000	2004 \$'000
		<b>4. Other Operating Expenses</b>		
—	—	Blood and Blood Products*	46,813	—
14,851	10,203	Computer Related Expenses	59,057	44,754
35	35	Domestic Charges	94,402	92,182
—	—	Drug Supplies	361,088	332,963
—	—	Food Supplies	74,592	76,430
314	397	Fuel, Light and Power	63,735	61,134
84,686	61,193	General Expenses (b)	213,466	209,462
225,708	222,480	Insurance	232,583	230,787
26,045	14,470	Interstate Patient Outflows, NSW	115,419	100,755
55,808	68,343	Medical and Surgical Supplies	480,459	433,294
1,132	807	Operating Lease Rental Expense – minimum lease payments	47,544	39,121
2,209	2,615	Postal and Telephone Costs	49,793	55,756
2,941	2,867	Printing and Stationery	41,327	42,431
6,920	6,886	Rentals, Rates and Charges	38,781	36,923
—	—	Special Service Departments	199,716	173,080
17,002	15,160	Staff Related Costs	49,257	48,951
—	—	Sundry Operating Expenses (a)	111,284	120,372
3,381	3,500	Travel Related Costs	51,849	48,805
—	—	Visiting Medical Officers	401,917	380,584
<b>441,032</b>	<b>408,956</b>		<b>2,733,082</b>	<b>2,527,784</b>
		<p>* The composition of Note 4 has been amended to include "Blood and Blood Products" which were previously reported in Note 7.</p> <p>In 2004/05 budgetary and financial reporting responsibility for the payments transferred from the NSW Department of Health to Health Services, thereby reflecting the reduced level of payments reported by the Parent Entity in 2004/05.</p>		
		<b>(a) Sundry Operating Expenses comprise:</b>		
—	—	Aircraft Expenses (Ambulance)	28,409	24,635
—	—	Contract for Patient Services	75,190	88,560
—	—	Isolated Patient Travel and Accommodation Assistance Scheme	7,685	7,177
—	—		<b>111,284</b>	<b>120,372</b>

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

PARENT			CONSOLIDATED	
2005 \$'000	2004 \$'000		2005 \$'000	2004 \$'000
		<b>4. Other Operating Expenses (continued)</b>		
		<b>(b) General Expenses include:</b>		
1,121	1,003	Advertising	9,154	10,458
416	360	Books and Magazines	8,402	9,188
		Consultancies		
2,609	2,746	– Operating Activities	11,266	11,702
1,053	1,199	– Capital Works	4,016	4,797
70	406	Courier and Freight	9,308	9,222
216	205	Auditors Remuneration – Audit of financial reports	2,685	2,386
7,374	6,474	Health Professional Registration Board Expenses	7,374	6,474
4,492	2,096	Legal Expenses	11,864	8,890
468	418	Motor Vehicle Operating Lease Expense		
		– minimum lease payments	45,533	41,900
—	—	Membership/Professional Fees	5,609	4,266
—	—	Payroll Services	442	473
487	11,761	Provision for Bad and Doubtful Debts	19,658	30,153
22,473	—	Retirement of Port Macquarie lease	22,473	—
		The 2003/04 Operating Expenses of the parent entity include bad debt expenses of \$11.761 million. The Department raised revenues in 2002/03 for this amount in expectation that the monies would be paid to the Department in extinguishment of the debt. However, such monies were not received as "retained revenue" but were provided to the Department from the NSW Treasury as a Consolidated Fund Recurrent Allocation. Although there has been a change in accounting treatment no loss of revenue has occurred.		
		<b>5. Maintenance</b>		
1,557	772	Repairs and Routine Maintenance	160,764	154,578
		Other:		
—	—	– Renovations and Additional Works	30,012	19,891
—	—	– Replacements and Additional Equipment less than \$5,000	69,201	87,483
<b>1,557</b>	<b>772</b>		<b>259,977</b>	<b>261,952</b>
		The 2004/05 value of Employee Related Expense (note 3) applicable to Maintenance staff was \$66.837 million, such cost covering engineers, trades staff and apprentices' salary costs, workers compensation and superannuation. The comparative value for 2003/04 was \$70.368 million.		

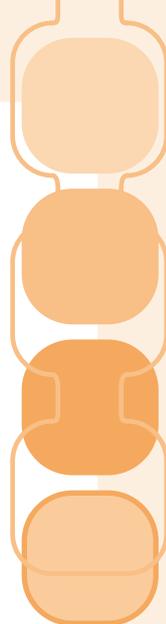


PARENT			CONSOLIDATED	
2005 \$'000	2004 \$'000		2005 \$'000	2004 \$'000
		<b>6. Depreciation and Amortisation Expense</b>		
1,322	1,306	Depreciation – Buildings	237,218	219,083
13,125	10,569	Depreciation – Plant and Equipment	142,698	143,877
—	—	Depreciation – Infrastructure Systems	5,933	4,218
1,514	2,568	Amortisation	2,763	3,816
<b>15,961</b>	<b>14,443</b>		<b>388,612</b>	<b>370,994</b>
		<b>7. Grants and Subsidies</b>		
11,655	49,876	Payments to the National Blood Authority and the Red Cross Blood Transfusion Service *	11,655	49,876
—	—	Operating Payments to Other Affiliated Health Organisations	416,506	403,803
—	—	Capital Payments to Affiliated Health Organisations	1,704	7,089
		Grants:		
22,663	27,677	External Research	22,674	27,678
1,748	1,714	NSW Institute of Psychiatry	1,748	1,714
3,499	3,556	National Drug Strategy	3,499	3,556
36,758	33,872	Non Government Voluntary Organisations	95,998	91,927
7,917,973	7,365,790	Payments to Controlled Health Entities	—	—
49,823	21,113	Other Payments	67,312	36,784
<b>8,044,119</b>	<b>7,503,598</b>		<b>621,096</b>	<b>622,427</b>
		* Payments of \$46.813 million made to the National Blood Authority (NBA) in 2004/05 have been reclassified as Other Operating Expenses (Note 4) due to the assignment of financial responsibility (other than Private Hospitals and overhead charges) to Health Services.		

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

PARENT			CONSOLIDATED	
2005	2004		2005	2004
\$'000	\$'000		\$'000	\$'000
		<b>8. Borrowing Costs</b>		
2,609	6,862	Finance Lease Interest Charges	2,609	9,466
—	—	Other Interest Charges	3,632	574
<b>2,609</b>	<b>6,862</b>		<b>6,241</b>	<b>10,040</b>
		The reduction in Finance Lease Interest Charges reflects the acquisition of Port Macquarie Base Hospital as at 31 January 2005 and the cessation of availability charges from that date.		
		<b>9. Sale of Goods and Services</b>		
		Sale of Goods and Services comprise the following:		
—	—	Patient Fees	289,554	263,656
—	—	Staff—Meals and Accommodation	12,439	14,828
—	—	Infrastructure Charge		
—	—	– Monthly Facility Fees	149,963	127,669
—	—	– Annual Charge	42,704	31,919
43,673	46,269	Department of Veterans' Affairs Agreement Funding	263,714	265,771
—	—	Ambulance Non Hospital User Charges	28,744	28,278
28,500	28,500	Motor Accident Authority Third Party Receipts	28,500	28,500
—	—	Car Parking	15,692	15,034
—	—	Child Care Fees	6,487	5,796
—	—	Commercial Activities	33,802	29,650
—	—	Fees for Medical Records	1,946	1,859
—	—	Non Staff Meals	14,503	16,216
—	—	Linen Service Revenues – Non Health Services	14,304	8,577
—	—	Sale of Prosthesis	22,186	25,130
—	—	Services Provided to Non NSW Health Organisations	7,399	11,407
93	392	Patient Inflows from Interstate	93	392
—	332	Revenue from Health Service Asset Sales	—	—
9,014	8,688	Computer Support Charges – Health Services	—	—
15,283	13,878	Other *	77,208	59,977
<b>96,563</b>	<b>98,059</b>		<b>1,009,238</b>	<b>934,659</b>
		* Other includes a once off recognition of Sydney West Area Health Service Charitable Trust funds (\$8.3 million) in the 2004/05 financial year.		
		<b>10. Investment Income</b>		
5,893	6,724	Interest	46,159	42,520
—	—	Lease and Rental Income	12,017	13,272
240	158	Other	1,109	604
<b>6,133</b>	<b>6,882</b>		<b>59,285</b>	<b>56,396</b>



PARENT			CONSOLIDATED		
2005 \$'000	2004 \$'000		2005 \$'000	2004 \$'000	
		<b>11. Grants and Contributions</b>			
—	—	Clinical Drug Trials	12,848	10,265	
3,340	7,913	Commonwealth Government grants	40,532	55,628	
22,700	13,984	Health Super Growth	22,700	13,984	
—	—	Industry Contributions/Donations	53,302	68,013	
—	—	Mammography grants	—	4,311	
—	—	Research grants	27,025	29,235	
—	—	University Commission grants	577	1,153	
9,004	1,506	Other grants	44,686	24,538	
<b>35,044</b>	<b>23,403</b>		<b>201,670</b>	<b>207,127</b>	
		<b>12. Other Revenue</b>			
		Other Revenue comprises the following:			
—	—	Commissions	1,867	2,021	
—	—	Conference and Seminar Fees	371	1,690	
6,264	6,092	Health Professional Registration Fees	6,264	6,092	
—	—	Treasury Managed Fund Hindsight Adjustment	40,398	27,694	
—	—	Increment on Asset Revaluation	—	—	
—	—	Sale of Merchandise, Old Wares and Books	1,434	2,098	
935	398	Sundry Revenue	28,280	12,472	
<b>7,199</b>	<b>6,490</b>		<b>78,614</b>	<b>52,067</b>	
		<b>13. Gain/(Loss) on Disposal of Non Current Assets</b>			
721	5,840	Property, Plant and Equipment	133,053	206,654	
(670)	(1,861)	Less Accumulated Depreciation	(92,550)	(150,728)	
<b>51</b>	<b>3,979</b>	<b>Written Down Value</b>	<b>40,503</b>	<b>55,926</b>	
(29)	(312)	Less Proceeds from Disposal	(44,972)	(61,297)	
<b>(22)</b>	<b>(3,667)</b>	<b>Gain/(Loss) on Disposal of Non Current Assets</b>	<b>4,469</b>	<b>5,371</b>	
<b>14. Conditions on Contributions</b>					
		Purchase of Assets	Health Promotion, Education and Research	Other	Total
		\$'000	\$'000	\$'000	\$'000
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date		18,507	65,712	44,452	128,671
Contributions recognised in previous years which were not expended in the current financial year		42,441	189,321	122,049	353,811
<b>Total amount of unexpended contributions as at balance date</b>		<b>60,948</b>	<b>255,033</b>	<b>166,501</b>	<b>482,482</b>

Comment on restricted assets appears in Note 24.

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

		PARENT AND CONSOLIDATED	
		2005	2004
		\$'000	\$'000
	<b>15. Appropriations</b>		
	<b>Recurrent appropriations</b>		
	Total recurrent drawdowns from Treasury (per Summary of Compliance)	8,027,362	7,447,711
	<b>Total</b>	<b>8,027,362</b>	<b>7,447,711</b>
	Comprising:		
	Recurrent appropriations (per Statement of Financial Performance)	8,027,362	7,447,711
	<b>Total</b>	<b>8,027,362</b>	<b>7,447,711</b>
	<b>Capital appropriations</b>		
	Total capital drawdowns from Treasury (per Summary of Compliance)	453,230	416,840
	<b>Total</b>	<b>453,230</b>	<b>416,840</b>
	Comprising:		
	Capital appropriations (per Statement of Financial Performance)	453,230	416,840
	<b>Total</b>	<b>453,230</b>	<b>416,840</b>
	<b>PARENT</b>		<b>CONSOLIDATED</b>
	2005      2004	2005	2004
	\$'000      \$'000	\$'000	\$'000
	<b>16. Acceptance by the Crown Entity of Employee Benefits and Other Liabilities</b>		
	The following liabilities and/or expenses have been assumed by the Crown Entity or other government agencies:		
5,961	6,374	512,410	461,784
3,898	3,577	3,898	3,577
358	382	358	382
<b>10,217</b>	<b>10,333</b>	<b>516,666</b>	<b>465,743</b>

## 17. Programs/Activities of the Agency

### **Program 1.1 Primary and Community Based Services**

Objective: To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.

### **Program 1.2 Aboriginal Health Services**

Objective: To raise the health status of Aborigines and to promote a healthy life style.

### **Program 1.3 Outpatient Services**

Objective: To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.

### **Program 2.1 Emergency Services**

Objective: *To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.*

### **Program 2.2 Overnight Acute Inpatient Services**

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.

### **Program 2.3 Same Day Acute Inpatient Services**

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.

### **Program 3.1 Mental Health Services**

Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

### **Program 4.1 Rehabilitation and Extended Care Services**

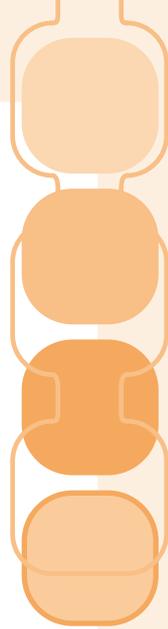
Objective: To improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.

### **Program 5.1 Population Health Services**

Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.

### **Program 6.1 Teaching and Research**

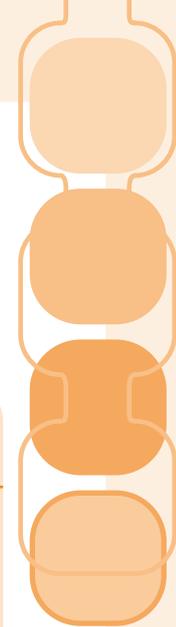
Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.



# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

PARENT			CONSOLIDATED	
2005 \$'000	2004 \$'000		2005 \$'000	2004 \$'000
176,968	54,692	<b>18. Current Assets – Cash</b>		
—	—	Cash at bank and on hand *	371,091	139,130
		Deposits at call	217,590	277,208
<b>176,968</b>	<b>54,692</b>		<b>588,681</b>	<b>416,338</b>
		Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as follows:		
176,968	54,692	Cash	588,681	416,338
—	—	Bank Overdraft **	(7,573)	(20,328)
<b>176,968</b>	<b>54,692</b>	<b>Closing Cash and Cash Equivalents (per Statement of Cash Flows)</b>	<b>581,108</b>	<b>396,010</b>
		* Cash reported for the Parent entity in 2004/05 includes \$3.257 million lodged for the credit of the Health Administration Corporation by Health Professional Boards in accordance with the provisions of their respective Acts and the <i>Health Administration Act, 1982</i> . The comparable value for 2003/04 was \$2.817 million.		
		** Health Services are not allowed to operate bank overdraft facilities. The amounts disclosed as "bank overdrafts" meet Australian Accounting Standards reporting requirements, however the relevant Health Services are in effect utilising and operating commercially available banking facility arrangements to their best advantage. The total of these facilities at a Health Service level is a credit balance which is inclusive of cash at bank and investments.		



PARENT			CONSOLIDATED	
2005 \$'000	2004 \$'000		2005 \$'000	2004 \$'000
		<b>19. Current/Non Current Receivables</b>		
		<b>Current</b>		
20,468	13,686	(a) Sale of Goods and Services	151,372	119,592
5,458	5,065	Goods and Services Tax	30,757	30,916
1,693	772	Other Debtors	44,807	36,503
<b>27,619</b>	<b>19,523</b>	<b>Sub Total</b>	<b>226,936</b>	<b>187,011</b>
(102)	(102)	Less Provision for Doubtful Debts	(36,855)	(28,625)
<b>27,517</b>	<b>19,421</b>		<b>190,081</b>	<b>158,386</b>
		(b) Bad debts written off during the year –		
		<b>Current Receivables</b>		
—	—	– Sale of Goods and Services	4,794	3,271
487	11,761	– Other	5,285	17,584
<b>487</b>	<b>11,761</b>		<b>10,079</b>	<b>20,855</b>
		The 2003/04 Operating Expenses of the parent entity include bad debt expenses of \$11.761 million. The Department raised revenues in 2002/03 for this amount in expectation that the monies would be paid to the Department in extinguishment of the debt. However, such monies were not received as "retained revenue" but were provided to the Department from the NSW Treasury as a Consolidated Fund Recurrent Allocation. Although there has been a change in accounting treatment no loss of revenue has occurred.		
		<b>Non Current</b>		
—	—	(a) Sale of Goods and Services	2,928	3,870
—	—		<b>2,928</b>	<b>3,870</b>
—	—	Less Provision for Doubtful Debts	(677)	(533)
—	—		<b>2,251</b>	<b>3,337</b>
		(b) Bad debts written off during the year –		
		<b>Non Current Receivables</b>		
—	—	– Sale of Goods and Services	725	1,448
—	—	– Other	480	3,006
—	—		<b>1,205</b>	<b>4,454</b>
		Receivables (both Current and Non Current) includes:		
—	—	Patient Fees – Compensable	14,796	17,773
—	—	Patient Fees – Ineligibles	14,317	14,931
—	—	Patient Fees – Other	41,859	35,138

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

PARENT			CONSOLIDATED	
2005	2004		2005	2004
\$'000	\$'000		\$'000	\$'000
		<b>20. Inventories</b>		
		<b>Current – Finished Goods at cost</b>		
—	—	Drugs	29,531	25,818
—	—	Medical and Surgical Supplies	32,902	30,971
—	—	Food Supplies	2,436	2,281
—	—	Engineering Supplies	2,328	2,155
—	—	Other including Goods in Transit	4,981	4,794
—	—		<b>72,178</b>	<b>66,019</b>
		<b>21. Current/Non Current Other Financial Assets</b>		
		<b>Current</b>		
7,050	9,650	Other Loans and Deposits*	243,948	218,954
—	—	Shares	—	23
23,031	26,932	Other	—	—
		– Intra Health Loans	—	—
<b>30,081</b>	<b>36,582</b>		<b>243,948</b>	<b>218,977</b>
		<b>Non Current</b>		
—	—	Other Loans and Deposits	32,096	37,775
3,061	3,301	Shares	3,639	9,492
52,372	38,131	Other	—	—
		– Intra Health Loans	—	—
<b>55,433</b>	<b>41,432</b>		<b>35,735</b>	<b>47,267</b>
		Shares reported by each of the Department's controlled entities are disclosed at market values. The shares reported by the Parent entity are reported at cost.		
		* Other Financial Assets reported for the Parent entity in 2004/05 includes \$7.050 million lodged for the credit of the Health Administration Corporation by Health Professional Boards in accordance with the provisions of their respective Acts and the <i>Health Administration Act 1982</i> . The comparable value for 2003/04 was \$9.650 million.		
		<b>22. Current/Non Current Assets – Other</b>		
		<b>Current</b>		
7,585	9,777	Prepayments	36,713	28,791
<b>7,585</b>	<b>9,777</b>		<b>36,713</b>	<b>28,791</b>
		<b>Non Current</b>		
—	—	Prepayments	4,751	5,543
—	—	Other	9,347	9,407
—	—		<b>14,098</b>	<b>14,950</b>



	PARENT				
	2005 \$'000	2004 \$'000			
<b>23. Property, Plant and Equipment</b>					
<b>Land and Buildings</b>					
At Fair Value	131,803	183,703			
Less Accumulated Depreciation	(31,079)	(54,626)			
	<b>100,724</b>	<b>129,077</b>			
<b>Plant and Equipment</b>					
At Fair Value	106,007	83,682			
Less Accumulated Depreciation	(51,335)	(39,310)			
	<b>54,672</b>	<b>44,372</b>			
<b>Total Property, Plant and Equipment At Net Book Value</b>	<b>155,396</b>	<b>173,449</b>			
	<b>PARENT</b>				
	Land	Buildings	Leased Buildings	Plant and Equipment	Total
	\$000	\$000	\$000	\$000	\$000
<b>23. Property, Plant and Equipment – Reconciliations</b>					
<b>2005</b>					
Carrying amount at start of year	65,595	36,451	27,031	44,372	173,449
Additions	—	—	—	24,501	24,501
Disposals	—	—	—	(51)	(51)
Administrative restructures	(9,205)	(55,100)	—	(2,652)	(66,957)
Net revaluation increment less revaluation decrements	9,205	29,583	—	1,627	40,415
Depreciation expense	—	(1,322)	(1,514)	(13,125)	(15,961)
Reclassifications	—	(25,517)	(25,517)	—	—
<b>Carrying amount at end of year</b>	<b>65,595</b>	<b>35,129</b>	<b>—</b>	<b>54,672</b>	<b>155,396</b>

All Land and Buildings for the parent entity were valued by the State Valuation Office independently of the Department on 1 July 2003.  
Plant and Equipment is predominantly recognised on the basis of depreciated cost.

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

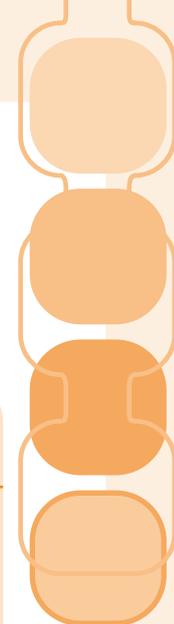
	CONSOLIDATED	
	2005 \$'000	2004 \$'000
<b>23. Property, Plant and Equipment</b>		
<b>Land and Buildings</b>		
At Fair Value	11,243,427	10,815,087
Less Accumulated Depreciation	(3,797,203)	(4,065,553)
	<b>7,446,224</b>	<b>6,749,534</b>
<b>Plant and Equipment</b>		
At Fair Value	1,881,226	1,714,862
Less Accumulated Depreciation	(1,206,365)	(1,114,868)
	<b>674,861</b>	<b>599,994</b>
<b>Infrastructure Systems</b>		
At Fair Value	407,909	123,911
Less Accumulated Depreciation	(120,800)	(47,398)
	<b>287,109</b>	<b>76,513</b>
<b>Total Property, Plant and Equipment At Net Book Value</b>	<b>8,408,194</b>	<b>7,426,041</b>

	CONSOLIDATED					
	Land	Buildings	Leased Buildings	Plant and Equipment	Infrastructure Systems	Total
	\$000	\$000	\$000	\$000	\$000	\$000
<b>23. Property, Plant and Equipment – Reconciliations</b>						
<b>2005</b>						
Carrying amount at start of year	1,295,030	5,393,277	61,227	599,994	76,513	7,426,041
Additions	4,829	267,185	12	203,466	503	475,995
Disposals	(17,980)	(12,028)	—	(10,407)	(88)	(40,503)
Administrative restructures	—	—	—	(1,025)	—	(1,025)
Net revaluation increment less revaluation decrements	222,206	592,365	—	1,628	120,099	936,298
Depreciation expense	—	(237,218)	(2,763)	(142,698)	(5,933)	(388,612)
Reclassifications	2,990	(97,397)	(25,511)	23,903	96,015	—
<b>Carrying amount at end of year</b>	<b>1,507,075</b>	<b>5,906,184</b>	<b>32,965</b>	<b>674,861</b>	<b>287,109</b>	<b>8,408,194</b>

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

Valuations for each of the Health Services are performed regularly within a five year cycle. Revaluation details are included in the individual entities' financial reports.

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



PARENT			CONSOLIDATED	
2005 \$'000	2004 \$'000		2005 \$'000	2004 \$'000
		<b>24. Restricted Assets</b>		
		The Department's financial statements include the following assets which are restricted by externally imposed conditions, eg donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.		
----	----	Specific Purposes	229,081	145,383
----	----	Perpetually Invested Funds	6,378	5,992
----	----	Research Grants	93,354	87,682
----	----	Private Practice Funds	54,650	75,091
----	----	Other	99,019	76,039
----	----		<b>482,482</b>	<b>390,187</b>

Details of Conditions on Contributions appears in Note 14.

**Major categories included in the Consolidation are:**

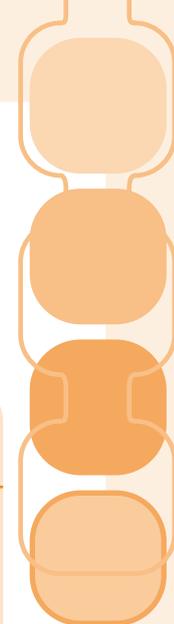
Category	Brief Details of Externally Imposed Conditions
Specific Purposes Trust Funds	Donations, contributions and fundraisings held for the benefit of specific patient, Department and/or staff groups.
Perpetually Invested Trust Funds	Funds invested in perpetuity. The income therefrom used in accordance with donors' or trustees' instructions for the benefit of patients and/or in support of hospital services.
Research Grants	Specific research grants.
Private Practice Funds	Annual Infrastructure Charges raised in respect of Salaried Medical Officers Rights of Private Practice arrangements.

PARENT			CONSOLIDATED	
2005 \$'000	2004 \$'000		2005 \$'000	2004 \$'000
		<b>25. Payables</b>		
		<b>Current</b>		
53	152	Accrued Salaries and Wages	176,138	95,882
36,991	1,632	Taxation and Other Payroll Deductions	61,800	42,914
61,576	43,663	Creditors	422,680	376,305
----	----	Other Creditors		
		– Capital Works	28,939	27,697
76,467	2,151	– Intra Health Liability	----	----
<b>175,087</b>	<b>47,598</b>		<b>689,557</b>	<b>542,798</b>

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

PARENT			CONSOLIDATED	
2005	2004		2005	2004
\$'000	\$'000		\$'000	\$'000
		<b>26. Current/Non Current Interest Bearing Liabilities</b>		
		<b>Current</b>		
----	----	Bank Overdraft*	7,573	20,328
5,577	----	Other Loans and Deposits **	7,775	2,118
----	3,510	Finance Leases [See note 30(d)]	1,789	7,397
<b>5,577</b>	<b>3,510</b>		<b>17,137</b>	<b>29,843</b>
		<b>Non Current</b>		
28,023	----	Other Loans and Deposits **	37,872	8,581
----	44,789	Finance Leases [See note 30(d)]	26,567	70,787
<b>28,023</b>	<b>44,789</b>		<b>64,439</b>	<b>79,368</b>
		<b>Repayment of Borrowings</b> (excluding Finance Leases)		
5,577	----	Not later than one year	15,348	22,446
28,023	----	Between one and five years	36,627	4,718
----	----	Later than five years	1,245	3,863
<b>33,600</b>	----	<b>Total Borrowings at face value</b> <b>(excluding Finance Leases)</b>	<b>53,220</b>	<b>31,027</b>
		* Health Services are not allowed to operate bank overdraft facilities. The amounts disclosed as "bank overdrafts" meet Australian Accounting Standards reporting requirements, however the relevant Health Services are in effect utilising and operating commercially available banking facility arrangements to their best advantage. The total of these facilities at a Health Service level is a credit balance which is inclusive of cash at bank and investments.		
		** The increase in Other Loans and Deposits relates to the acquisition of Port Macquarie Base Hospital.		



PARENT			CONSOLIDATED	
2005 \$'000	2004 \$'000		2005 \$'000	2004 \$'000
		<b>27. Current/Non Current Liabilities – Provisions</b>		
		<b>Current</b>		
5,492	5,497	Recreation Leave	461,343	420,805
-----	-----	Long Service Leave	96,248	89,441
-----	-----	Sick Leave	25	50
<b>5,492</b>	<b>5,497</b>	<b>Total current provisions</b>	<b>557,616</b>	<b>510,296</b>
		<b>Non Current</b>		
5,640	5,534	Recreation Leave	203,230	168,384
-----	-----	Long Service Leave	938,398	827,884
-----	-----	Sick Leave	798	810
<b>5,640</b>	<b>5,534</b>	<b>Total non current provisions</b>	<b>1,142,426</b>	<b>997,078</b>
		<b>Aggregate Employee Benefits and Related On-costs</b>		
5,492	5,497	Provisions – current	557,616	510,296
5,640	5,534	Provisions – non current	1,142,426	997,078
37,044	1,784	Accrued Salaries and Wages and on costs (refer to Note 25)	237,938	138,796
<b>48,176</b>	<b>12,815</b>		<b>1,937,980</b>	<b>1,646,170</b>
		<b>28. Other Liabilities</b>		
		<b>Current</b>		
21,913	22,033	Income in Advance	33,126	31,910
<b>21,913</b>	<b>22,033</b>		<b>33,126</b>	<b>31,910</b>
		<b>Non Current</b>		
-----	-----	Income in Advance	31,452	32,907
6,081	-----	Other	-----	-----
<b>6,081</b>	<b>-----</b>		<b>31,452</b>	<b>32,907</b>
		Income in advance has been received as a consequence of payments from the Department of Veterans' Affairs specifically for services to be provided in the next year. It is also results from Health Services entering into agreements for the sale of surplus properties and the provision and operation of private health facilities and car parks.		



# Notes to and forming part of the Financial Statements

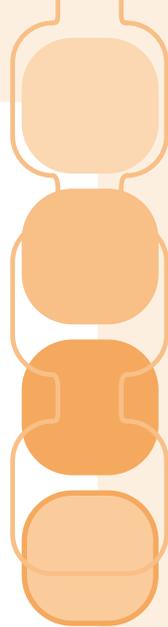
for the year ended 30 June 2005

	PARENT Accumulated Funds		PARENT Asset Revaluation Reserve		PARENT Total Equity		CONSOLIDATED Accumulated Funds		CONSOLIDATED Asset Revaluation Reserve		CONSOLIDATED Total Equity	
	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000
<b>29. Equity</b>												
<b>Balance at the beginning of the Financial Year</b>	<b>147,009</b>	<b>146,356</b>	<b>59,383</b>	<b>53,063</b>	<b>206,392</b>	<b>199,419</b>	<b>4,433,199</b>	<b>4,524,195</b>	<b>1,722,707</b>	<b>1,237,928</b>	<b>6,155,906</b>	<b>5,762,123</b>
Changes in Equity – transactions with owners as owners												
Decrease in net assets from administrative restructuring	(68,109)	----	----	----	(68,109)	----	(1,025)	----	----	----	(1,025)	----
<b>Total</b>	<b>(68,109)</b>	<b>----</b>	<b>----</b>	<b>----</b>	<b>(68,109)</b>	<b>----</b>	<b>(1,025)</b>	<b>----</b>	<b>----</b>	<b>----</b>	<b>(1,025)</b>	<b>----</b>
Changes in Equity – other than transactions with owners as owners												
Result for the Year from Ordinary Activities	26,469	(2,804)	----	----	26,469	(2,804)	(39,320)	(100,613)	----	----	(39,320)	(100,613)
Increment on Revaluation of:												
Land	----	----	9,205	7,893	9,205	7,893	----	----	222,206	208,051	222,206	208,051
Buildings and Improvements	----	----	29,583	1,884	29,583	1,884	----	----	592,365	285,554	592,365	285,554
Plant and Equipment	----	----	1,627	----	1,627	----	----	----	1,628	----	1,628	----
Infrastructure Systems	----	----	----	----	----	----	----	----	120,099	----	120,099	----
Investments	----	----	----	----	----	----	----	----	4,267	791	4,267	791
Transfers to/(from) Revaluation Reserves	40,978	3,457	(40,978)	(3,457)	----	----	1,471,026	9,617	(1,471,026)	(9,617)	----	----
<b>Total</b>	<b>67,447</b>	<b>653</b>	<b>(563)</b>	<b>6,320</b>	<b>66,884</b>	<b>6,973</b>	<b>1,431,706</b>	<b>(90,996)</b>	<b>(530,461)</b>	<b>484,779</b>	<b>901,245</b>	<b>393,783</b>
<b>Balance at the end of the financial year</b>	<b>146,347</b>	<b>147,009</b>	<b>58,820</b>	<b>59,383</b>	<b>205,167</b>	<b>206,392</b>	<b>5,863,880</b>	<b>4,433,199</b>	<b>1,192,246</b>	<b>1,722,707</b>	<b>7,056,126</b>	<b>6,155,906</b>

The asset revaluation reserve is used to record increments and decrements on the revaluation of non current assets. This accords with the Department's policy on the "Revaluation of Physical Non Current Assets" and "Investments", as discussed in Note 2(j)

The transfers to/from Asset Revaluation Reserves in the Consolidated Entity principally relate to the amalgamation of seventeen former Area Health Services to form eight new Area Health Services with effect from 1 January 2005. At that time any revaluation reserves reported by the former Area Health Services were transferred to Accumulated Funds.

The decrease in net assets from administrative restructuring reported by the Parent relates to the transfer of Port Macquarie assets to the North Coast Area Health Service (fully eliminated upon consolidation) and the transfer of \$1.025 million to the Cancer Institute. A further administrative transfer was also effected in respect of the newly established Health Technology entity which involved the recognition of annual leave liability and matching cash therefore having no effect in terms of net assets transferred.

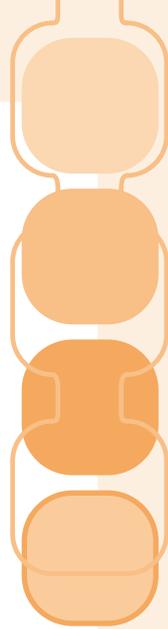


PARENT			CONSOLIDATED	
2005 \$'000	2004 \$'000		2005 \$'000	2004 \$'000
		<b>30. Commitments for Expenditure</b>		
		<b>(a) Capital Commitments</b>		
		Aggregate capital expenditure contracted for at balance date but not provided for in the accounts		
260	5,716	Not later than one year	173,195	240,847
----	----	Later than one year and not later than five years	179,297	153,072
----	----	Later than five years	120	143,000
<b>260</b>	<b>5,716</b>	<b>Total Capital Expenditure Commitments (including GST)</b>	<b>352,612</b>	<b>536,919</b>
		Although not necessarily covered by contractual arrangement the Government is committed to capital expenditures (GST inclusive) as follows in accordance with the Department's Asset Acquisition Program:		
		Not later than one year	646,379	617,832
		Later than one year and not later than five years	1,619,950	1,586,465
		Later than five years	----	----
		<b>Total Capital Program (including GST)</b>	<b>2,266,329</b>	<b>2,204,297</b>
		<b>(b) Other Expenditure Commitments</b>		
		Aggregate other expenditure contracted for at balance date but not provided for in the accounts		
109	881	Not later than one year	31,495	54,006
469	401	Later than one year and not later than five years	24,464	34,420
----	----	Later than five years	----	501
<b>578</b>	<b>1,282</b>	<b>Total Other Expenditure Commitments (including GST)</b>	<b>55,959</b>	<b>88,927</b>

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

PARENT			CONSOLIDATED	
2005 \$'000	2004 \$'000		2005 \$'000	2004 \$'000
		<b>30. Commitments for Expenditure</b>		
		<b>(c) Operating Lease Commitments</b>		
		Commitments in relation to non cancellable operating leases are payable as follows:		
9,584	10,073	Not later than one year	108,408	101,120
24,711	34,466	Later than one year and not later than five years	213,763	234,466
----	2,175	Later than five years	44,495	27,566
<b>34,295</b>	<b>46,714</b>	<b>Total Operating Lease Commitments (including GST)</b>	<b>366,666</b>	<b>363,152</b>
		The operating leases include motor vehicles arranged through a lease facility negotiated by State Treasury as well as electro medical equipment. Operating leases have also been included for information technology equipment although by 2006/07 NSW Health will, in the majority of cases, cease such leases in favour of purchasing arrangements. These operating lease commitments are not recognised in the financial statements as liabilities.		
		<b>(d) Finance Lease Commitments (including GST)</b>		
----	9,831	Not later than one year	4,509	14,107
----	59,716	Later than one year and not later than five years	18,829	77,420
----	11,281	Later than five years	20,734	35,727
-----	<b>80,828</b>	<b>Minimum Lease Payments</b>	<b>44,072</b>	<b>127,254</b>
----	(25,180)	Less: Future Financing Charges	(11,709)	(37,501)
----	(7,349)	Less: GST Component	(4,007)	(11,569)
-----	<b>48,299</b>	<b>Finance Lease Liabilities</b>	<b>28,356</b>	<b>78,184</b>
----	3,510	Current	1,789	7,397
----	44,789	Non-Current	26,567	70,787
-----	<b>48,299</b>		<b>28,356</b>	<b>78,184</b>
		The reduction in Finance Lease Commitments relates to the acquisition of Port Macquarie Base Hospital.		
		<b>(e) Contingent Asset related to Commitments for Expenditure</b>		
		The total "Expenditure Commitments" above includes input tax credits of \$3.194 million in relation to the Parent Entity and \$74.483 million in relation to NSW Health that are expected to be recoverable from the Australian Taxation Office for the 2004/05 year. The comparatives for 2003/04 are \$12.231 million and \$101.477 million respectively.		



### 31. Trust Funds

The NSW Department of Health's controlled entities hold Trust Fund monies of \$91.6 million, which are used for the safe keeping of patients' monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Department or its controlled entities cannot use them for the achievement of their objectives. Receipts includes a once off recognition of Sydney West Area Health Service Charitable Trust funds (\$8.3 million) in the financial statements in the 2004/05 financial year. The following is a summary of the transactions in the trust account:

	Patient Trust		Refundable Deposits		Private Practice Trust Funds		Total Trust Funds	
	2005	2004	2005	2004	2005	2004	2005	2004
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Cash Balance at the beginning of the financial year	3,551	2,764	22,064	17,530	18,363	18,413	43,978	38,707
Receipts	5,360	6,200	54,355	16,306	107,284	127,965	166,999	150,471
Expenditure	(2,113)	(5,413)	(59,392)	(11,772)	(57,912)	(128,015)	(119,417)	(145,200)
<b>Cash Balance at the end of the financial year</b>	<b>6,798</b>	<b>3,551</b>	<b>17,027</b>	<b>22,064</b>	<b>67,735</b>	<b>18,363</b>	<b>91,560</b>	<b>43,978</b>

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

## 32. Contingent Liabilities (Parent and Consolidated)

### (a) Claims on Managed Fund

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

### (b) Workers Compensation Hindsight Adjustment

TMF normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 1998/99 final year and an interim adjustment for the 2000/01 fund year were not calculated until 2004/05. As a result, the 1999/00 final and 2001/02 interim hindsight calculations will be paid in 2005/06.

### (c) Third Schedule Organisations

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

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

### (d) Other Legal Matters

Eight legal matters are currently on foot, which carry a potential total liability of \$1,255,000 (inclusive of costs).

### 33. Charitable Fundraising Activities

#### Fundraising Activities

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

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

	INCOME RAISED \$000's	DIRECT EXPENDITURE* \$000's	INDIRECT EXPENDITURE+ \$000's	NET PROCEEDS \$000's
Appeals Consultants	14,489	219	2,046	12,224
Appeals (In House)	4,040	415	49	3,576
Fetes	136	56	4	76
Raffles	102	9	4	89
Functions	3,190	207	25	2,957
	21,957	906	2,128	18,923
Percentage of Income	100%	4.1%	9.7%	86.2%
* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc.				
+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.				
The net proceeds were used for the following purposes:				\$000's
Purchase of Equipment				5,698
Research				4,585
Other Expenses				3,571
Held in Special Purpose and Trust Fund Pending Purchase				5,069

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

PARENT			CONSOLIDATED	
2005	2004		2005	2004
\$'000	\$'000		\$'000	\$'000
		<b>34. Reconciliation of Net Cash Flows from Operating Activities to Net Cost of Services</b>		
168,947	42,331	Net Cash Used on Operating Activities	634,804	377,102
(15,961)	(14,443)	Depreciation	(388,612)	(370,994)
		Acceptance by the Government of Employee Entitlements and Other Liabilities	(516,666)	(465,743)
(10,217)	(10,334)	(Increase)/Decrease in Provisions	(192,668)	(116,768)
(101)	(810)	Increase/(Decrease) in Prepayments and Other Assets	43,898	3,771
5,904	(16,228)	(Increase)/Decrease in Creditors	(145,278)	(17,770)
(133,450)	(9,986)	Net Gain/(Loss) on Sale of Property, Plant and Equipment	4,469	5,371
(22)	(3,667)	Recurrent Appropriation	(8,027,362)	(7,447,711)
(8,027,362)	(7,447,711)	Capital Appropriation	(453,230)	(416,840)
(453,230)	(416,840)	Other	4,067	18,675
(1,806)	(24,933)			
<b>(8,467,298)</b>	<b>(7,902,621)</b>	<b>Net Cost of Services</b>	<b>(9,036,578)</b>	<b>(8,430,907)</b>
		<b>35. Non Cash Financing and Investing Activities</b>		
----	----	Assets Received by Donation	4,067	7,813
----	----		<b>4,067</b>	<b>7,813</b>

## 36. 2004/05 Voluntary Services

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

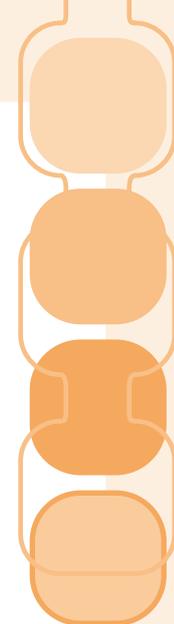
- Chaplaincies and Pastoral Care – Patient and Family Support
- Pink Ladies/Hospital Auxiliaries – Patient Services, Fund Raising
- Patient Support Groups – Practical Support to Patients and Relatives
- Community Organisations – Counselling, Health Education, Transport, Home Help and Patient Activities.

## 37. Unclaimed Monies

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

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

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



## 38. Budget Review

### Net Cost of Services

The actual Net Cost of Services of \$9.036 billion included the following variations not recognised in the budget:

	<b>\$ M</b>
<ul style="list-style-type: none"> <li>■ Cash supplementation provided from either the Treasurer's Advance, Section 22 of the <i>Public Finance and Audit Act</i> or Section 27 of the <i>Appropriation Act</i>. The application of such monies included the funding of Industrial Relation Commission approved award increases, the implementation of bed and hospital capacity strategies, the introduction of clinical reform processes within selected public hospitals and increased funding for renal services and to reduce elective surgery long waits</li> </ul>	86
<ul style="list-style-type: none"> <li>■ Superannuation costs stemming from the payment of award increases and increased workforce</li> </ul>	35
<ul style="list-style-type: none"> <li>■ Increase in leave provisions stemming from approved award increases and due observation of Australian Accounting Standard measurement</li> </ul>	122
<ul style="list-style-type: none"> <li>■ Expensing of Capital Projects that do not satisfy criteria for recognition as assets</li> </ul>	64
<ul style="list-style-type: none"> <li>■ Other Expenses incurred and recognised</li> </ul>	27
	<b>334</b>

### Result for the Year from Ordinary Activities

The Result for the Year from Ordinary Activities is derived as the difference between the above Net Cost of Services result and the amounts injected by Government for recurrent services, capital works and superannuation/long service leave costs:

	<b>\$ M</b>
<ul style="list-style-type: none"> <li>■ Variation from budget for Net Cost of Services as detailed above</li> </ul>	334
<ul style="list-style-type: none"> <li>■ Additional recurrent appropriation</li> </ul>	(86)
<ul style="list-style-type: none"> <li>■ Additional capital appropriation</li> </ul>	(21)
<ul style="list-style-type: none"> <li>■ Crown acceptance of employee liabilities</li> </ul>	(38)
<ul style="list-style-type: none"> <li>■ Other</li> </ul>	(1)
	<b>188</b>

### Assets and Liabilities

Net assets increased by \$751 million from budget. This included the following variations:

	<b>\$ M</b>
<ul style="list-style-type: none"> <li>■ The restatement of Property, Plant and Equipment per independent asset valuations</li> </ul>	936
<ul style="list-style-type: none"> <li>■ Increase in Leave Provisions due to awards and increases in accumulated leave entitlements</li> </ul>	(133)
<ul style="list-style-type: none"> <li>■ Increase in Receivables</li> </ul>	31
<ul style="list-style-type: none"> <li>■ Increase in Payables</li> </ul>	(133)
<ul style="list-style-type: none"> <li>■ Cash increases</li> </ul>	112
<ul style="list-style-type: none"> <li>■ Expenses of Capital Projects</li> </ul>	(64)
<ul style="list-style-type: none"> <li>■ Other</li> </ul>	2
	<b>751</b>

# Notes to and forming part of the Financial Statements

for the year ended 30 June 2005

## Cash Flows

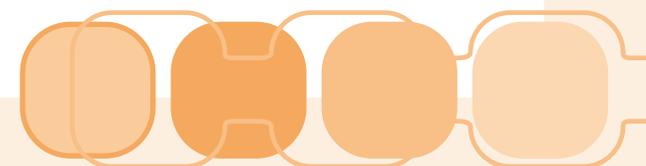
- 2004/05 total payments exceeded the budget by \$531 million which reflects the use of additional budget supplementation from NSW Treasury \$86 million; \$64 million for expensing of items funded from a capital source that do not satisfy the recognition of asset criteria, \$62 million for funded payments to the Crown Entity, Goods and Services Tax (GST) payments offset by increases in Australian Tax Office cash receipts of \$307 million and other variations of \$12 million.
- 2004/05 total revenue receipts were \$381 million more than budget estimates due to increases in GST related receipts of \$314 million, favourable revenues of \$78 million less other movements including receivables and non cash revenues (\$11 million).
- The movement of \$168 million in Cash Flows from Government results from approved supplementations provided after the budget was formulated.

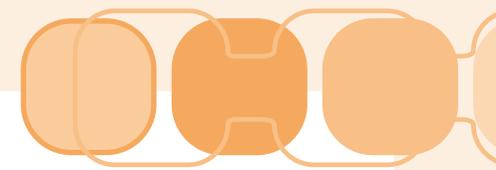
### 39. Financial Instruments

#### a) Interest Rate Risk

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

Financial Instruments	Floating interest rate		1 year or less		Fixed interest rate maturing in: Over 1 to 5 years		More than 5 years		Non-interest bearing		Total carrying amount as per the Statement of Financial Position	
	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Financial Assets</b>												
Cash	458,615	279,130	129,504	135,695	-----	-----	-----	-----	562	1,513	588,681	416,338
Receivables	47,022	-----	-----	-----	-----	-----	-----	-----	145,310	161,723	192,332	161,723
Shares	3,062	3,301	-----	-----	-----	-----	-----	-----	577	6,214	3,639	9,515
Other Loans and Deposits	104,745	102,186	133,101	112,646	4,404	4,123	-----	-----	33,794	37,774	276,044	256,729
<b>Total Financial Assets</b>	<b>613,444</b>	<b>384,617</b>	<b>262,605</b>	<b>248,341</b>	<b>4,404</b>	<b>4,123</b>	<b>-----</b>	<b>-----</b>	<b>180,243</b>	<b>207,224</b>	<b>1,060,696</b>	<b>844,305</b>
<b>Financial Liabilities</b>												
Borrowings – Bank Overdraft	7,573	20,328	-----	-----	-----	-----	-----	-----	-----	-----	7,573	20,328
Borrowings – Other	38,372	64,215	6,881	6,166	20,756	17,074	7,312	1,428	682	-----	74,003	88,883
Accounts Payable	-----	-----	-----	-----	-----	-----	-----	-----	689,557	542,798	689,557	542,798
<b>Total Financial Liabilities</b>	<b>45,945</b>	<b>84,543</b>	<b>6,881</b>	<b>6,166</b>	<b>20,756</b>	<b>17,074</b>	<b>7,312</b>	<b>1,428</b>	<b>690,239</b>	<b>542,798</b>	<b>771,133</b>	<b>652,009</b>





### 39. Financial Instruments

#### b) Credit Risk

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

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

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000	2005 \$000	2004 \$000
<b>Financial Assets</b>										
Cash	117,274	105,029	284,678	248,159	-----	-----	186,729	63,150	588,681	416,338
Receivables	14,380	26,963	-----	-----	66,472	54,780	111,480	79,980	192,332	161,723
Shares	3,061	3,301	-----	-----	-----	-----	578	6,214	3,639	9,515
Other Loans and Deposits	72,999	189,702	133,101	67,006	-----	-----	69,944	21	276,044	256,729
<b>Total Financial Assets</b>	<b>207,714</b>	<b>324,995</b>	<b>417,779</b>	<b>315,165</b>	<b>66,472</b>	<b>54,780</b>	<b>368,731</b>	<b>149,365</b>	<b>1,060,696</b>	<b>844,305</b>

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions.

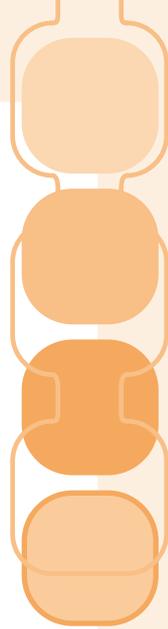
Receivables from this source totalled \$14.317 million at balance date.

#### c) Net Fair Value

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

#### d) Derivative Financial Instruments

The Department of Health holds no Derivative Financial Instruments.



#### 40. Administrative Restructure

Note 2 (u) comments on the creation of the Cancer Institute.

Details of the equity transfer is as follows:

	\$ 000
<b>Assets</b>	
Cash	.....
Property, Plant and Equipment	
– Land and Buildings	.....
– Plant and Equipment	(1,025)
<b>Liabilities</b>	
Payables	.....
Provisions	.....
Net Assets/Equity	(1,025)

Administrative restructures also occurred in respect of the Parent Entity as follows:

- Transfer of Port Macquarie assets per Note 29 to North Coast Area Health Service (nil effect on Consolidation)
- Establishment of Health Technology as a separate reporting entity under the control of the NSW Department of Health with effect from 1 April 2005 (Approval was obtained for Health Technology to produce its first audited statements for the 15 months ending 30 June 2006). Annual leave values of \$932,000 transferred in 2004/05 as did the matching cash thereby resulting in no movement in the net assets. Responsibility for various Information Technology assets is yet to be established and will be determined in the 2005/06 reporting year.

**END OF AUDITED FINANCIAL STATEMENTS**



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# Our commitment to service

NSW Health is committed to providing the people of NSW with the best possible health care. Our commitment to service explains what you can expect from NSW Health, no matter who you are or where you live in NSW.

Following is a summary of what can be expected from the NSW public health system.

## 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 reasons 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 to the NSW Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS) 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 satisfied with the manner in which a complaint has been handled, they can write to the Chief Executive of the relevant Area Health Service.
- Individuals 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 to conciliation with the complainant's permission or referred to the Director-General of the NSW Department of Health.

Assistance is available from the HCCC Complaints Resolution Service to help resolve the concern locally.

The HCCC can be contacted at:

The Health Care Complaints Commission  
 Locked Bag 18  
 Strawberry Hills NSW 2012  
 Tel. (02) 9219 7444  
 Toll free 1800 043 159  
 TTY. (02) 9219 7555  
 Website [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au)

Health is an important issue to the community. NSW Health is committed to providing the best care possible to the community, involving health consumers in decisions about the health system and providing information to improve their own health and the health of their communities.

The following initiatives have been implemented to promote consumer involvement in decisions made by NSW Health and to ensure that NSW Health delivers quality health care.

### Clinical and consumer partnerships framework

In July 2004 'Planning Better Health' reforms provided the framework for clinical and consumer partnerships. The Health Care Advisory Council, Health Priority Taskforces and the Area Health Advisory Councils were established. This framework allows clinicians and consumers to have a greater say in health planning.

### Health Care Advisory Council (HCAC)

In March 2005 the Health Care Advisory Council was established. This is the peak community and clinical advisory body providing advice to the Director-General and Minister on clinical services, innovative service delivery models, health care standards, performance management and reporting within the health care system. The HCAC is chaired by the Rt Hon Ian Sinclair AC and Professor Judith Whitworth AC. The Council replaces the NSW Clinical Council which was established in May 2000.

### Health Priority Taskforces (HPTs)

The Health Priority Taskforces provide advice to the HCAC, Director-General and Minister on policy directions and service improvements in each of the high priority areas of the NSW health system. The 12 Health Priority Taskforces are:

- Aboriginal Health
- Chronic, Aged and Community Health
- Children and Young People's Health
- Critical Care
- Greater Metropolitan Clinical Taskforce
- Information Management and Technology
- Maternal and Perinatal Health
- Mental Health
- Population Health
- Rural Health
- Sustainable Access
- Workforce Development

### Area Health Advisory Councils (AHACs)

The process of establishing an Area Health Advisory Council in each Area Health Service began in late 2004. The Clinical and Community Advisory Group (CCAG), chaired by the Rt Hon, Ian Sinclair AC and Wendy McCarthy AO, conducted a series of 62 public consultations in 35 locations across NSW to seek the views of clinicians and members of the community about the role and functions of AHACs. More than 2,300 people attended these meetings and 190 written submissions were received.

Following amendments to the *Health Services Act 1997* in early 2005, AHACs were enshrined in legislation and AHAC Chairs were appointed in April 2005. AHACs will comprise clinicians and members of the community working together to provide advice to the Area Health Service Chief Executive on planning and delivering health services. Each AHAC is required to develop a Charter and report annually to the Minister and Parliament.

### Consumer and Community Development Unit

The Department of Health's Consumer and Community Development Unit has been responsible for managing the establishment of the clinical and consumer partnership framework. It provides secretariat support to the Health Care Advisory Council, has a coordination role with Health Priority Taskforces and a role in supporting implementation of the Area Health Advisory Councils. In addition it:

- Provided secretariat support to the Health Participation Council until the conclusion of its term of appointment in December 2004.
- Conducted a statewide consumer forum which focused on the changes flowing from the recent reforms to health administration in NSW.
- Coordinated six monthly forums with Community Participation Managers from the Area Health Services to discuss common issues and promote networking across the state.
- Finalised a 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.
- Finalised a report about shared decision-making (Performance Indicator Patient and Consumer Experience) recommending that a 'standardised patient experience survey following treatment' be developed for implementation across NSW Health.

### Clinical Excellence Commission (CEC)

In August 2004 the NSW Government invested \$60 million in the *NSW Patient Safety and Clinical Quality Program*, which builds on the work of the Safety Improvement Program. One of the key initiatives was the establishment of the NSW Clinical Excellence Commission. The role of the CEC is to promote and support improvement in clinical quality and safety in health services, to consult broadly with health professionals and members of the community, identify and share information about safe practices in health care across the State and to monitor clinical quality and safety processes in Area Health Services.

### Complaints Management

The NSW Legislative Council General Purpose Standing Committee No. 2 (GPSC No. 2) held an inquiry into complaints handling procedures following the release of the Health Care Complaints Commission report into Campbelltown and Camden Hospitals. A government response to the management of complaints handling was then released in March 2005.

The GPSC No. 2 made 19 recommendations that addressed a broad range of issues, including accreditation, open disclosure, adverse events, staff training and competency, notification to patient and or next of kin, community awareness and provisions to protect complainants.

The Government response to the recommendations provides a number of strategies for improving complaints handling processes in NSW Health. The key organisations responsible for implementing the recommendations are the NSW Department of Health, the Clinical Excellence Commission, the Health Care Complaints Commission and public health organisations.

Initiatives focusing on patient safety and quality of health services across NSW have been announced and are being implemented. These include a new electronic Incident Information Management System (IIMS) introduced in November 2004. IIMS provides a standardised means of recording and monitoring complaints from consumers. For example, the IIMS monitors the timeliness of health service responses to consumers and records factors that may have contributed to the issues identified in the complaint.

Clinical Governance Units within each Area Health Service will also use this information to coordinate the local management of clinical incidents and complaints and to strengthen quality and safety systems through which we deliver services to the community.

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 for response where complaints management systems are in place. The complaint information is used to improve patient care and reported to other authorities where relevant. A Statewide complaints management working party will be established in October 2005. It will help to develop an updated complaints management policy that will reflect new health service structures, responsibilities and legislation.

- **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.)

- **Treatment by nurses**

Complaints may be lodged with either the Registrar of the Nurses and Midwives Board of New South Wales (NMB) or with the Health Care Complaints Commission (HCCC).

- **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.

The Department of Health's Code of Conduct establishes a framework for ethical decision-making and articulates the standards of behaviour expected of individuals who work within the Department.

The people of New South Wales have the right to expect that staff employed by the Department of Health demonstrate fairness, integrity and sound professional and ethical practice at all times in every respect of their employment. Just as importantly, staff have the right to a workplace free of any form of bullying, harassment or unfair discrimination. Ensuring these rights requires a professional standard of behaviour that demonstrates respect for the rights of the individual and the community as well as promoting and maintaining public confidence and trust in the work of government agencies.

The purpose of this Code of Conduct is to provide an ethical framework for staff decisions and actions. It is not possible for this Code to address all ethical questions or behaviour that staff may encounter. Staff need to be aware of and comply with relevant legislation and departmental circulars, policies and guidelines as they relate to their work. Managers will assist staff in maintaining an awareness of departmental standards of conduct and in resolving ethical dilemmas. However, this does not remove their responsibility to be accountable for their own actions and decisions.

This Code of Conduct covers all staff members working in the NSW Department of Health including managers, contractors, consultants and students. Members of the Chief Executive Service and Senior Executive Service are covered by a separate Code of Conduct and are also required to meet all requirements of this Code.

### Statement of Values

The Department of Health's Statement of Values define our organisation. They underpin how staff deal with each other, with other organisations and the public. They also form the basis for our vision, planning and priorities.

The Department's Statement of Values are:

- **Fairness** – striving for an equitable health system and being fair in all our dealings.
- **Respect** – recognising the worth of individuals through trust, courtesy, sensitivity and open communication.
- **Integrity** – achieving ends through ethical means, with honesty and accountability.
- **Learning and creativity** – seeking new knowledge and understanding, and thinking with innovation.
- **Effectiveness** – pursuing quality outcomes.

### Personal and Professional Behaviour

To demonstrate our commitment to the highest ethical standards staff are required to:

- perform duties impartially, with professionalism, objectivity and integrity
- work effectively, efficiently and economically
- behave fairly and honestly, including reporting others who may be behaving dishonestly
- avoid conflicts of interest and act in the best interests of the people of NSW
- accept instructions from managers and supervisors
- obey any lawful direction from managers/senior executives. If staff have a dispute about carrying out a direction they may appeal through existing grievance procedures
- follow departmental policies, guidelines and procedures
- avoid any form of exploitation or power imbalances in personal relationships in the workplace.

### Fairness and Equity

Staff 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 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 must avoid any financial or other interest that could compromise or be perceived to influence the impartial performance of their duties. Conflicts of interest that lead to biased decision making may constitute corrupt conduct.

Conflicts of interest might occur where staff (and at times their family):

- have financial interests in a matter the Department is involved with
- are Board members, directors or employees of outside organisations, such as non-government organisations in which the Department has a financial interest
- hold personal beliefs or attitudes that influence 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.

It is the responsibility of staff to disclose to their manager or other senior officer any potential or actual conflict of interest. Managers will assist staff in resolving the conflict through solutions such as divestment of the interest, withdrawal from the conflict situation and declaring or documenting the interest.

### **Bribes, gifts, benefits, travel and hospitality**

Staff 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 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**

Full-time staff must have approval from a delegated officer to engage in any secondary employment or business activity, including participation in a family company. Part-time staff 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, and storing or conveying inappropriate or objectionable material such as nudity, sexual activity, drug misuse, crime, cruelty or violence. Staff must safeguard their usage to ensure the integrity of the system and maintain records of activities.

### **Corruption, maladministration and serious and substantial waste**

Staff 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 have a duty to report any possible corrupt conduct, maladministration and serious and substantial waste of public resources to their senior manager. Staff may wish to report suspected incidents to an external organisation with corruption being reported to the ICAC, maladministration to the Ombudsman and waste to the Auditor-General.

The *Protected Disclosures Act, 1994* provides certain protection against reprisals for any staff member who voluntarily reports possible corruption, maladministration or serious/substantial waste. Managers must ensure staff members have information about reporting these matters.

### Public comment

Although staff have the right as private citizens to express their personal views through public comment on political and social issues they must not make or appear to make statements on behalf of the Department. Public comment includes public speaking engagements, comments in the media, views expressed in letters to newspapers, online services (such as Internet bulletin boards) or in publications.

Staff 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 they 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

Staff must not disclose confidential information other than in the course of their work, when required by the law or when authorized to do so. Staff must ensure that confidential information in any form (eg documents, computer files) cannot be accessed by unauthorised persons. Confidential information should be securely stored overnight or when unattended. Staff must not discuss confidential information except in the course of their work and it 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 staff 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

Staff must not harass or discriminate against colleagues or clients for any reason including gender, physical appearance, pregnancy, age, race, sexual preference, ethnicity or national origin, religious or political conviction, marital status, physical or intellectual disability.

The principles of Equal Employment Opportunity apply in the workplace. Bullying is the repeated less favourable treatment of a person by another in the workplace and can include verbal abuse, sarcasm, criticising people in front of others or in private and creating work overload. The Department does not tolerate bullying.

If discrimination, harassment or bullying is witnessed staff 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 work areas tidy and safe and raising potential safety issues promptly.

### Drugs and alcohol

The misuse of alcohol and other drugs can affect staff members' work performance and jeopardise the safety and welfare of colleagues. Staff must not perform their work, remain in the workplace or undertake work-related activities if they are impaired by alcohol or other drugs.

### Post employment

Staff members should not misuse their position to gain opportunities for future employment nor allow themselves to be influenced in their work by plans for or offers of outside employment. Staff members leaving the Department are required to return all documentation and equipment and should respect the confidentiality of information obtained during their employment and not use it for gain until it has become publicly available. Staff should be careful in dealings with former staff members to make sure that they do not give, nor appear to give, favourable treatment or access to privileged information.

### Legislative framework

This Code of Conduct does not stand alone nor take the place of any Act or Regulation. Important laws that apply include:

- *Anti-Discrimination Act 1977*
- *Crimes Act 1900*
- *Commission for Children and Young People Act 1998*
- *Freedom of Information Act 1989*
- *Health Care Complaints Act 1993*
- *Health Services Act 1997*
- *Independent Commission Against Corruption Act 1988*
- *Occupational Health and Safety Act 1983*
- *Ombudsman Act 1974*
- *Privacy and Personal Information Protection Act 1998*
- *Protected Disclosures Act 1994*
- *Public Sector Management Act 1988*

### Relevant Departmental Circulars

(a selection – as amended from time to time)

- 93/70 Department of Health Fraud Strategy
- 95/21 Public Staff Members Contesting State Elections
- 97/72 Grievance Policy and Resolution Procedures
- 97/73 Freedom from Harassment Policy and Procedures
- 98/101 Protected Disclosures
- 99/41 NSW Department of Health Restructuring Procedures
- 99/18 NSW Health Information Privacy Code of Practice
- 99/43 NSW Department of Health Alcohol and Other Drugs Policy
- 99/99 Electronic Messaging Policy
- 00/41 Reporting Possible Corrupt Conduct to the ICAC
- 00/69 NSW Department of Health Policy on Employment Screening

### Breaches of the Code of Conduct

Staff are required to comply with this Code of Conduct. If staff are found to breach this Code they will be subject to a range of administrative actions which include disciplinary action as set out in the *Public Sector Management Act, 1988*. Breaches of certain sections may also be punishable under other legislation.

### Training and Development

The Department's Corporate Personnel Services includes training on the Code of Conduct in its induction program. It also offers a range of training in areas of direct relevance to the Code, including occupational health and safety, ethics, equity, harassment and grievance handling. Managers have a responsibility to provide their staff with training on this Code.

### Further Information and Feedback

If staff need further information on the Code of Conduct they should consult their manager or contact Corporate Personnel Services. Feedback on the Code is also welcomed and should be sent to the Director, Executive and Corporate Support.

# Acts administered by the NSW Minister of Health, legislative changes and significant judicial decisions

## Acts administered

- Ambulance Services Act 1990 (No.16)
- Anatomy Act 1977 (No.126)
- Cancer Institute (NSW) Act 2003 (No.14) (from 18 May 2005, jointly allocated with the Minister Assisting the Minister for Health (Cancer))
- Centenary Institute of Cancer Medicine and Cell Biology Act 1985 (No.192) (until 18 May 2005, when allocated to the Minister for Science and Medical Research)
- Chiropractors Act 2001 (No.15)
- Dental Practice Act 2001 (No.64)
- Dental Technicians Registration Act 1975 (No.40)
- Drug Misuse and Trafficking Act 1985 (No.226, Part 2A only) (jointly with the Minister for Police)
- Fluoridation of Public Water Supplies Act 1957 (No.58)
- Garvan Institute of Medical Research Act 1984 (No.106) (until 18 May 2005, when allocated to the Minister for Science and Medical Research)
- 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) (until 18 May 2005, when allocated to the Minister Assisting the Minister for Health (Cancer))
- New South Wales Institute of Psychiatry Act 1964 (No.44)
- Nurses and Midwives 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 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)

## Legislative changes

### Amending Acts

- Health Legislation Amendment Act 2004
- Health Legislation Amendment (Complaints) Act 2004
- Health Legislation Further Amendment Act 2004
- Health Registration Legislation Amendment Act 2004
- Health Services Amendment Act 2004
- Nurses and Midwives Amendment (Performance Assessment) Act 2004
- Smoke-free Environment Amendment Act 2004

### Acts repealed

- Nursing Homes Act 1988 (with effect on 1 January 2005)

## Subordinate legislation

### Regulations made

- Dental Practice Regulation 2004

### Regulations repealed

- Nursing Homes Regulation 1996 (with effect on 1 January 2005)

### Regulations amended

- Health Services Amendment (Administrators) Regulation 2004
- Health Services Amendment (Amalgamations) Regulation 2004
- Health Services Amendment (Area Health Service Descriptions) Regulation 2004
- Health Services Amendment (Corporate Governance) Regulation 2004
- Mental Health Amendment (Transfer of Queensland Civil Patients) Regulation 2005
- Nurses Amendment Regulation 2004
- Optometrists Amendment Regulation 2004
- Pharmacy (General) Amendment Exceptions Regulation 2005

- Pharmacy (General) Amendment (Qualifications) Regulation 2004
- Physiotherapists Amendment (Infection Control) Regulation 2004
- Poisons and Therapeutic Goods Amendment (Dental Hygienists) Regulation 2004
- Poisons and Therapeutic Goods Amendment (Emergency Supplies) Regulation 2004
- Poisons and Therapeutic Goods Amendment (Fees) Regulation 2004
- Private Hospitals and Day Procedure Centres Amendment (Fees) Regulation 2004
- Public Health (General) Amendment (Nursing Homes) Regulation 2004
- Smoke-free Environment Amendment Regulation 2005

#### Orders made

- Health Services (Amalgamation of Area Health Services) Order 2004
- Health Services Amendment (Calvary Health Care Sydney Limited) Order 2004
- Health Services Amendment (Descriptions of Areas) Order 2004
- Health Services Amendment (Lourdes Hospital and Community Health Service) Order 2004
- Health Services Amendment (St John of God Health Care System Inc) Order 2005
- Health Services (Clinical Excellence Commission) Order 2004

#### Significant judicial decisions

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

The Supreme Court considered an application brought by the family of Mr Messiha seeking orders restraining St George Hospital from terminating current treatment, including life support, of Mr Messiha. In its judgment in November 2004 the Court accepted that the consensus of medical opinion, for both the family and the Area Health Service, was that the plaintiff had suffered severe hypoxic brain damage, and that the current treatment regime was unlikely to result in any improvement, and also that there was no real prospect of recovery. In the circumstances, the Court declined to make the orders sought by the family.

##### **Hunter Area Health Service v Presland**

In April 2005 the Court of Appeal handed down its judgment in *Hunter Area Health Service v Presland*. In this case the plaintiff, Mr Presland, had originally been awarded damages of \$369,300. The damages arose from the alleged negligence of the Hunter Area Health Service in not detaining Mr Presland under the *Mental Health Act 1990*. On the day Mr Presland was released from hospital he killed his brother's fiancée. Mr Presland was found not guilty of murder on the grounds of mental illness. His claim for compensation centered on the injury he suffered as a result of his incarceration as a forensic patient. The Hunter Area Health Service appealed the decision.

The Court of Appeal overturned the original Court's decision and found the duty of care owed by a psychiatrist (and hence the Area Health Service) did not extend to decisions about detention under the *Mental Health Act 1990* so as to allow recovery of damages from a non-physical injury. The Court also noted that to impose such an extended duty would be inappropriate as it would be liable to distort the impartial exercise of duties under that Act. The Court also considered it would be unlawful to render a hospital legally responsible for a non-physical injury traced back to unlawful conduct.

##### **NSW Health v Woolworths Ltd (trading as Woolworths Werrington)**

In October 2003, an employee of Woolworths Ltd, trading as Woolworths Werrington, sold tobacco to a volunteer minor assisting environmental health officers from the (former) Wentworth Area Health Service. In accordance with NSW Health's compliance monitoring program, Woolworths Werrington had been randomly selected for testing. Woolworths Ltd was prosecuted by the Department under s.59A of the *Public Health Act 1991* as the employer of a person who sold tobacco to a minor, and was convicted of this offence in the Penrith Local Court. Woolworths Ltd appealed the conviction to the District Court. Berman J of the District Court overturned the conviction.

The District Court held that random testing constituted 'trawling' for offenders and that the evidence obtained in this manner was improperly obtained, breaching s.138 of the *Evidence Act*. Berman J considered there was nothing improper, however, in testing specific targets based on suspicions held by the Department following, for instance, a complaint.

Judge Berman's decision is currently the subject of an appeal to the Supreme Court and it is anticipated that it will be heard on the 18th November 2005.

## Selected Data for the Year ended June 2005 Part 1

Area Health Service	Separations	Planned as % of total separation	% of same day separation	Total bed days	Average length of stay (acute) <sup>3</sup>	Daily average of inpatients <sup>4</sup>
Children's Hospital at Westmead	26,702	47.6%	48.5%	81,885	3.1	224
Justice Health <sup>6</sup>	1,753	19.3%	1.8%	34,805	15.0	95
Sydney South West	264,464	43.5%	43.0%	1,117,448	3.8	3,062
South Eastern Sydney and Illawarra	275,132	45.2%	47.6%	1,091,158	3.5	2,989
Sydney West	190,898	37.4%	40.2%	851,912	3.7	2,334
Northern Sydney and Central Coast	182,208	38.9%	41.8%	840,468	3.6	2,303
Hunter and New England	175,858	42.9%	38.9%	820,955	3.5	2,249
North Coast	123,921	44.5%	42.1%	446,371	3.2	1,223
Greater Southern	93,912	28.1%	35.5%	516,506	3.1	1,415
Greater Western	80,574	35.0%	36.8%	410,708	3.0	1,125
<b>Total NSW</b>	<b>1,415,422</b>	<b>41.0%</b>	<b>42.0%</b>	<b>6,212,216</b>	<b>3.5</b>	<b>17,020</b>
Total 2003/04	1,387,944	40.6%	41.5%	6,231,213	3.6	17,025
Percentage change (%)	2%	0.4%	0.5%	0%	-2%	0%
Previous years' data 2002/03	1,365,042	33.0%	41.4%	5,984,960	3.5	16,397
Previous years' data 2001/02	1,336,147	39.4%	40.4%	5,887,535	3.5	16,130
Previous years' data 2000/01	1,213,770	45.3%	38.5%	5,337,157	3.5	14,622

## Selected Data for the Year ended June 2005 Part 2

Area Health Service	Occupancy rate <sup>5</sup>	Acute beddays	Acute overnight beddays	Non-admitted patient services	Emergency Dept. attendances <sup>8</sup>	Expenses-all program (\$000)
Children's Hospital at Westmead	90.3%	81,885	68,930	626,492	40,038	250,822
Justice Health <sup>6</sup>	na	26,185	26,154	2,040,698	–	71,269
Sydney South West	94.1%	941,229	830,737	4,018,182	270,980	1,981,885
South Eastern Sydney and Illawarra	98.4%	910,772	786,937	4,843,224	315,606	1,775,121
Sydney West	90.0%	670,019	595,752	3,194,722	199,310	1,500,344
Northern Sydney and Central Coast	94.9%	621,661	547,044	2,972,595	209,902	1,391,985
Hunter and New England	86.4%	580,739	513,045	2,535,569	296,412	1,180,430
North Coast	88.6%	387,023	335,322	1,717,149	249,121	739,291
Greater Southern	76.4%	246,009	215,762	1,400,142	221,356	675,530
Greater Western	73.2%	192,842	167,389	1,192,010	201,382	579,776
<b>Total NSW</b>	<b>90.8%</b>	<b>4,658,364</b>	<b>4,087,072</b>	<b>24,540,781</b>	<b>2,004,107</b>	<b>10,146,453</b>
Total 2003/04	91.4%	4,661,011	4,110,036	24,836,029	1,999,189	9,613,775
Percentage change (%)	-0.6%	0%	-1%	-1%	0%	5%
Previous years' data 2002/03	91.7%	4,473,146	3,928,070	24,194,817	2,005,233	8,821,642
Previous years' data 2001/02	97.1%	4,395,481	3,874,228	22,629,220	2,003,438	7,969,570
Previous years' data 2000/01	94.2%	4,025,991	3,571,339	20,475,350	1,778,822	7,502,353

## Note:

- Inpatients activity data are not directly comparable to previous years' published data in the following ways:
  - The Health Information Exchange (HIE) data were used except for The Children's Hospital at Westmead, Sydney South West and North Coast where Department of Health Reporting System (DOHRS) data were used for bed days due to issues with these data in the HIE.
  - The number of separations includes care type changes – All historical data were recalculated using the same method and source of data
- Includes services contracted to the private sector
- Acute average length of stay = (Acute Bed Days)/(Acute Separations)
- Daily average of inpatients = Total Bed Days/365
- The bed occupancy rate includes only June data and covers only major facilities (peer groups A1a to C2). This is not comparable with earlier reports as bed occupancy previously contained information for a full year and included community and

- non-acute facilities. The following bed types are excluded from all occupancy rate calculations: Emergency Departments, Delivery Suites, Operating Theatres and Recovery Wards. From 2004/05 Residential Aged Care, Confused and Disturbed Elderly, Community Residential and Respite activity was also excluded. Unqualified baby bed days were included in occupied bed days from 1 July 2002.
- June 2005 Justice Health inpatients data were not available and are not included.
- Acute separation is defined by service category of acute or newborn.
- Emergency Department attendances are based on DOHRS and Emergency Department Information System (EDIS) and are not comparable to previous years' data as pathology and radiology services performed in Emergency Departments are excluded from 2004/05 data.
- Non-Admitted Patients Service data for the Justice Health were provided directly by Justice Health rather than through DOHRS as for other Area Health Services.
- Inpatients data for 2000/01 are incomplete due to the introduction of the HIE in 2000.

## Average available beds June 2005

Area Health Service	General hospital units <sup>1,4,6</sup>	Nursing home units <sup>5</sup>	Community residential	Other units	Bed equivalents <sup>3</sup>	Total
Children's Hospital at Westmead	264	–	–	–	–	264
Justice Health	–	–	–	153	–	153
Sydney South West	3,287	194	66	187	49	3,784
South Eastern Sydney and Illawarra	3,213	150	10	–	18	3,391
Sydney West	2,290	140	163	257	51	2,901
Northern Sydney and Central Coast	2,349	45	42	195	165	2,795
Hunter and New England	2,562	198	49	236	4	3,049
North Coast	1,569	–	–	–	33	1,602
Greater Southern	1,625	233	135	38	16	2,048
Greater Western	1,413	72	171	165	–	1,821
<b>Total NSW</b>	<b>18,573</b>	<b>1,032</b>	<b>636</b>	<b>1,232</b>	<b>336</b>	<b>21,808</b>

Annual average available beds – 1999/00 to 2003/04<sup>2</sup>

2003/04 Total	17,098	1,306	678	1,289	717	21,087
2002/03 Total	16,882	1,381	647	1,237	592	20,739
2001/02 Total	16,001	1,497	627	1,389	463	19,976
2000/01 Total	16,098	1,580	696	1,346	324	20,044
1999/00 Total	17,226	1,682	672	1,674	259	21,513

## Notes:

- 1 The number of General Hospital Units beds from 2002/03 onwards is not comparable with previous years as cots and bassinets were included from 1 July 2002.
- 2 The number of beds for 1999/00 to 2003/04 is the average available beds over the full year and is provided for general comparison only.
- 3 The number of bed equivalents for 2004/05 is based on different data collection methodology to prior years and is not directly comparable.
- 4 The General Hospital Unit bed increase for June 2005 is generally attributable to:
  - Transfer of Port Macquarie Base Hospital to the public sector in January 2005.
  - Additional beds arising from 2004/05 bed enhancement initiatives that were progressively opened during the year. Included in these are acute care, mental health, aged rehabilitation, sub acute care and seasonal (winter) beds.
- 5 The decrease in Nursing Home Unit beds for June 2005 can generally be attributed to:
  - Transfer of Macquarie Care Centre (Greater Western) to the private sector.
  - Incorrect reporting of beds for Royal Rehabilitation Centre – Weemala (Northern Sydney and Central Coast) in prior years.
  - Decrease in bed availability for Lottie Stewart Hospital (Sydney West), Lourdes Hospital (Greater Western) and Waverley Nursing Home (South Eastern Sydney and Illawarra).
- 6 Does not include beds for Hawkesbury District Health Service.

# Private hospital activity levels

## Private hospital activity levels for the year ended 30 June 2005

Area Health Service	Licensed Beds <sup>1</sup>	Total Admissions				Same Day Admissions				Daily Average	Bed Occupancy <sup>3</sup>		
	Number	Number	% Variation on last year	Market share % <sup>2</sup>	Market share variation	Number	% variation on last year	Market share % <sup>2</sup>	Market share variation	Number	% variation on last year	% variation on last year	
South Western Sydney	583	86,239	-1.0	24.6	0.0	62,181	-1.7	35.4	0.1	500	-3.5	85.7	2.4
South Eastern Sydney and Illawarra	1,429	197,708	5.4	42.0	0.6	126,854	9.0	49.6	1.2	1,333	-1.7	93.3	1.7
Western Sydney	818	104,144	10.7	36.3	2.5	62,149	14.8	45.3	4.3	763	10.2	93.3	14.5
Northern Sydney and Central Coast	1,858	213,631	3.0	54.0	-0.1	132,381	4.3	63.6	0.4	1,744	1.0	93.8	0.5
Hunter and New England	747	92,424	14.2	34.6	2.6	54,267	15.3	44.7	2.9	708	13.4	94.7	19.0
North Coast	357	43,554	-7.3	28.0	-3.3	28,008	3.3	36.5	-3.4	303	-15.8	84.8	-2.2
Greatern Southern	194	32,950	0.7	25.9	-0.5	22,776	4.2	40.6	-1.1	182	-4.9	93.9	-5.1
Greater Western	174	14,619	3.3	15.4	0.4	9,581	5.8	24.4	0.3	90	-9.0	52.0	-10.3
<b>Total NSW<sup>2</sup></b>	<b>6,160</b>	<b>785,269</b>	<b>4.6</b>	<b>36.0</b>	<b>0.5</b>	<b>498,197</b>	<b>7.0</b>	<b>45.9</b>	<b>0.9</b>	<b>5,623</b>	<b>1.0</b>	<b>91.3</b>	<b>4.6</b>

1 Licensed beds as at 30 June 2005

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

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 the private hospitals.

Source: Beds – Private Health Care Branch

Produced date: 6 October 2005

# The NSW Health workforce

The Department of Health's Workforce Development and Leadership Branch oversees workforce development for the NSW public health system. In collaboration with national and state agencies and other stakeholders it aims to establish a clear picture of the health workforce now and into the future to improve workforce supply and distribution. Its role is to address supply, distribution, service delivery, culture and leadership issues across the workforce.

Major Workforce Development and Leadership Development Outcomes for the year include:

- Progressed implementation of the *NSW Health Workforce Action Plan* to address supply and distribution, improve participation and retention, flexible service delivery, employment of best practice in workforce assessment and planning, and improved collaboration between and across health, education, training and regulatory sectors.
- Coordinated the NSW Government submission to the Productivity Commission Health Workforce Study with input from across NSW Government

agencies. The submission focussed on improvement of supply, flexibility and responsiveness of the health workforce over the next 10 years in line with the Council of Australian Governments' goals.

- Created eight Basic Physician Training Networks to enable the training of more specialists in rural and regional hospitals. The new networks supported over 284 trainees in 2004/05, which represents an increase of 15 from the previous period. The networks group together metropolitan, outer metropolitan, regional and rural hospitals and ensure that rural and regional trainee vacancies are filled first. Trainees participate in training at all hospitals within each network.
- Increased the number of Year 1 Basic Surgical Training (BST1) positions from 51 in 2004 to 79 in 2005, successfully negotiating with the Royal Australasian College of Surgeons to increase from its initial allocation of 65 BST1s. Seed funding was provided to Area Health Services for six new or expanded advanced posts in general and ENT surgery.

Number of full time equivalent staff employed in NSW Health as at 30 June

NSW Health System	June 2002	June 2003	June 2004	June 2005
Medical	5,822	6,112	6,363	6,470
Nursing	31,442	32,551	33,491	35,526
Corporate Administration	5,339	5,457	5,485	5,059
Allied Health Professional	11,756	12,354	12,308	12,994
Hospital employees (eg wardsmen, technical assistants and ancillary staff)	13,236	14,151	14,474	15,625
Hotel Services	8,033	7,986	7,858	7,346
Maintenance and Trades	1,127	1,104	1,085	992
Ambulance – Uniform	2,595	2,743	2,870	2,948
Other	855	865	867	908
<b>Total – Controlled entities and Department</b>	<b>80,205</b>	<b>83,323</b>	<b>84,801</b>	<b>87,867</b>
Medical, Nursing, Allied Health and Ambulance – uniform staff as a proportion of all staff (%)	64.4	64.5	64.9	65.9
3rd Schedule Hospitals	5,040	5,097	5,002	5,034
<b>Total staff – NSW public health system</b>	<b>85,245</b>	<b>88,420</b>	<b>89,803</b>	<b>92,901</b>

Notes:

- 1 In 2004, an independent review of corporate administration FTEs resulted in a more consistent application of the definition being applied by Health Services. As a result, corporate administration figures for June 2002, 2003 and 2004 have been adjusted accordingly. This means there are variations from figures reported in Annual Reports from 2002/03 to 2003/04.
- 2 FTEs (21) associated with HealthQuest were omitted from the June 2004 total. The total FTEs for June 2004 have been revised to include HealthQuest.
- 3 As at January 2005 Port Macquarie Base Hospital returned to the public sector. This resulted in an additional 454 FTEs reported as at June 2005.

The Department of Health's Employee Relations Branch is responsible for health system industrial relations and human resources policy. It aims to facilitate a fair, safe, healthy and harmonious working environment for the NSW Health workforce.

### Exceptional movements in wages, salaries or allowances in 2004/05

#### Cardiac Technicians/Technologists

The Industrial Relations Commission granted work value increases by aligning the rates for Cardiac Technicians and Technologists to a number of pay points on the Technical Officer and Scientific Officer scales.

#### Career Medical Officers

A new award was negotiated that includes a new classification structure, changes to on call, call back, study leave and overtime arrangements.

#### Nurses

The Industrial Relations Commission varied the nurses award by awarding continuing education allowance to nurses holding qualifications in a clinical field, in addition to the qualification leading to registration or enrolment, and which is directly relevant to competencies and skills used in the duties of the nursing position.

### Memoranda of understanding

The Health Administration Corporation has entered into a number of Memoranda of Understanding with unions that have coverage in NSW Health. Memoranda have been concluded with unions covering all the employees of the NSW Health system. The wages outcomes and variations to conditions of employment are consistent with other NSW public sector outcomes.

### Statewide human resources policies released in 2004/05

#### Effective Workplace Grievance Resolution – Policy and Better Practice

Developed to assist public health organisations manage and resolve workplace grievances in an effective and timely manner. It includes tools to assist managers separate workplace grievances from more serious matters, and provides a number of illustrative examples of how a resolution focused approach can be applied to grievance management.

#### Workplace Health and Safety – Policy and Better Practice Guide

Developed to assist public health organisations develop and implement an effective OHS management system, consistent with current legislation. It includes information on changes to the OHS legislation since 2001 and provides detailed guidelines for OHS risk management. The Guide also includes a number of tools to assist in the risk identification and assessment process in public health organisations.

#### NSW Health Security Improvement Assessment Tool

Developed in response to heightened security needs in public health organisations. It assists public health organisations measure essential aspects of their security risk management program, identify areas of the program requiring improvement and ensures continuous improvement through the development and implementation of an annual security improvement plan.

#### Employee Assistance Programs – NSW Health Policy and Better Practice

Provides a better practice resource for the establishment and continuous improvement of employee assistance programs in NSW public health organisations. It addresses such matters as EAP service standards, qualifications of related personnel, accessibility of the service, confidentiality, communicating the service to all staff, record keeping, data collection and ongoing review to ensure the service continues to meet the needs of the public health organisation.

# Number of registered health professionals in NSW

## The number of registered health professionals as at 30 June

Health Professional	2004	2005
Chiropractors	1,244	1,306
Dental Technicians	711	723
Dental Prosthetists	412	419
Dentists	4,245	4,300
Medical Practitioners	25,981	27,147 *
Enrolled nurses	16,393	16,497
Registered Nurses	80,560	81,584
Registered Midwives	N/A	18,679
Authorised Nurse Practitioners	N/A	60
Authorised Midwife Practitioners	N/A	2
Optical Dispensers	1,402	1,436
Optometrists	1,580	1,654
Osteopaths	488	508
Pharmacists	7,414	7,583
Physiotherapists	6,250	6,454
Podiatrists	751	783
Psychologists	8,093	8,636
<b>TOTAL</b>	<b>155,524</b>	<b>177,771</b>

\* Figures supplied by the Medical Board:  
 22,253 practitioners currently holding general registration  
 3,228 practitioners currently hold conditional registration  
 1,666 practitioners are currently retired/non-practising

### Notes:

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

Amendments to the Nurses Act 2003 introduced the registration of midwives. Prior to this amendment registered nurses could obtain an authority to practise midwifery, if qualified, but were not registered as midwives.

## Information reported under Section 301 of the *Mental Health Act 1990*

In accordance with Section 301 of the *NSW Mental Health Act* (1990) the following report details mental health activities for 2004/05 in relation to:

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

A similar Appendix has been provided since the 1976/77 Annual Report of the Health Commission of NSW. With only minor variations in wording, this reporting requirement dates back to the *Lunacy Act of 1878*.

### Sources

Previous reports may be found in the State Library of NSW, as:

- Reports of the Inspector of the Insane and other bodies (to 1878)
- Reports of the Inspector-General of the Insane (to 1918)
- Reports of the Inspector-General of Mental Hospitals (to 1959)
- Reports of the Director of State Psychiatric Services (to 1971)
- Special reports of the NSW Health Commission for the period 1971/72 to 1976/77
- Annual Reports of the Health Commission of NSW (1977/78 to 1981/82)
- Annual reports of the NSW Department of Health (from 1982/83).

### Limitations

When comparing data over time it is important to be aware of changes in the scope and definition of the services comprised by the mental health systems in different places and at different times. In broad terms, each series of reports shown above is referring to a different group of services under the heading of "mental health", and there are many difficulties comparing them. The change is usually the result of the passage of new legislation.

### Changes in reporting for the new Area Health Services in 2004/05

This section of the Annual Report has been revised in 2004/05, with historical data provided back to 2000/01. The changes reflect a number of developments:

- The new structure for Area Health Services that came into force in 2004/05.
- New Performance Indicators for Area Mental Health Services, relating the levels of acute and non-acute inpatient services, and of ambulatory care clinical staff, to the estimated need for these resources.

- The need to improve monitoring of increases in bed capacity resulting from investments in NSW since 2000/01.
- Requests for information arising out of the NSW Legislative Council Inquiry into Mental Health in 2002, the NSW Audit Office Performance Review of Emergency Mental Health Services in 2005, and the Australian Senate Inquiry into Mental Health in 2005, which have provided the possibility of reviewing historical data and arriving at a current time series of reliable information.

Changes have been made that should make the data presented here more useful for those with an interest in contemporary mental health services. A number of new statistics are presented for the first time, namely:

- funded beds at 30 June
- average available beds for the financial year
- average occupied beds for the financial year.

The number of *Funded Beds* in a mental health unit has the same meaning as the term "platform" in the general health bed management system. Except for a small number of beds funded for particular patients by the Department of Veteran's Affairs (ten beds at Rozelle Hospital in 2004/05), the number of funded beds is determined by NSW Health. It is a measure of input that can be determined in advance – that is, the AHS either had funding to operate the bed in the previous financial year, received additional recurrent funding during the financial year to open a new unit or expand an existing one, or (more rarely) transferred a unit from another funding program (for example, 15 beds at St Joseph's, Auburn were transferred into Program 3.1 in 2002/03).

The measure only applies to hospital beds operated by NSW Health. It is not the same as the "approved beds" that were reported historically, because (a) the approved complement of beds in a hospital was typically exceeded in practice by 10–25 per cent for most of the 100 years from about 1870 to 1970, and (b) thereafter, there was an increasing number of "approved beds" that had not been used for years.

*Available Beds* has the same meaning as it does in the general health system. They are beds which are staffed and fit for occupancy on a particular day. Historically, availability has been reported only on a single census day each year (30 June). For a few child/adolescent units that operate in conjunction with special schools, this has led to zero available beds being reported when the census day falls on Friday, Saturday or Sunday. It is also subject to the effects of temporary situations (eg refurbishment) that happen to span the census day.

In the case of new units, there will usually be some delay between the date of funding and full availability of all beds, as the clinical staff are recruited. Presenting the *Average Available Beds* for a period provides a more reliable measure of these effects, especially the average over a year. The data are reported by Area Health Services monthly to the Department of Health Reporting System (DOHRS). The average is calculated as the sum of the number of Available Beds on each day in the period, divided by the number of days in the period.

The *Average Occupied Beds* for a period is the sum of the number of beds occupied on each day of the period, divided by the number of days in the period. Historically, the number of occupied beds has only been reported for the single census day of 30 June. Again, the average over a year is a better indicator of usage.

For historical reasons, in relation to 19th century and 20th century mental health services, the main census day statistics have been retained. However, the annual averages are preferable, and have been carried back to 2000/01 to provide a time series for the 21st century.

The report has been rearranged, as follows:

- Hospitals within an Area Health Service are presented together, and AHS totals are provided.
- Acute and Non-Acute beds are reported separately, as are specialist child/adolescent beds.
- Two hospital units (Bankstown Lidcombe Ward 2D and Braeside) are shown because they are in scope for national mental health reporting. However, as they are not funded from the mental health program their beds and other statistics are not counted in the totals.

### Program reporting

The reporting of performance for Program 3.1 that was included in the 2003/04 Annual Report has been continued. The indicators that applied in 2004/05 are presented. The time series data on these indicators was completely reviewed during 2004/05. A number of new performance indicators were developed in 2004/05 for use from 2005/06 onwards. They are presented as Performance Indicators in the body of the Annual Report.

As foreshadowed in 2003/04, the data on ambulatory care contacts has been included for the first time in this report.

### Changes in Bed Capacity (1986/87 to 2000/01)

Prior to 1986/87, it is not possible to clearly identify the number of what would now be called "Mental Health" beds as distinct from Developmental Disability beds. The exception is the year 1981/82 where the numbers of beds (but not patients) of each type is given in the

Richmond Report (1983) for the 5th Schedule Hospital system. Although there were hospitals that were mainly for one purpose or the other, a number served both groups. Over the next few years the services were separated into their Mental Health and Developmental Disability components with patients transferred between the relevant institutions. This process began in the 1970s until 1986/87 when the reporting was clear.

The following table summarises the Annual Report data from that period.

### Available Public Beds and Occupied Beds: 1986/87 to 2000/01

The table below shows the Annual Report data for the period after the Mental Health and Developmental Disability services were reported as separate programs in NSW. No attempt has been made to correct or adjust the Annual Report totals. The day of the census is included because of weekend leave and discharge effects.

Financial Year (day of week for 30 June census)	at 30 June			% Occupancy
	Available Public MH beds	Occupied Public MH beds	Vacant available beds	
1986/87 (Tue)	3,171	2,520	651	79
1987/88 (Thu)	3,081	2,426	655	79
1988/89 (Fri)	2,977	2,487	490	84
1989/90 (Sat)	2,847	2,095	752	74
1990/91 (Sun)	2,741	2,104	637	77
1991/92 (Tue)	2,609	2,145	464	82
1992/93 (Wed)	2,410	1,884	526	78
1993/94 (Thu)	2,297	1,846	451	80
1994/95 (Fri)	2,093	1,671	422	80
1995/96 (Sun)	1,958	1,692	266	86
1996/97 (Mon)	1,963	1,702	261	87
1997/98 (Tue)	2,017	1,739	278	86
1998/99 (Wed)	1,921	1,728	193	90
1999/00 (Fri)	1,861	1,602	259	86
2000/01 (Sat)	1,876	1,589	287	85

### Changes in Bed Capacity in the 21st Century

In 1992, NSW health issued the policy document *Leading the Way: A Framework for NSW Mental Health Services 1991–2001*. It set the following targets for Area Health Service planning:

- 15 Acute inpatient beds per 100,000 population
- Long term (7) and asylum (5) beds per 100,000 population.

On that basis, *Leading the Way* projected a need for 1,800 (public) mental health beds in 2001. According to the previous table, the actual number of beds in 2000/01 conformed closely to the prediction. However, despite a substantial growth

# Information reported under Section 301 of the *Mental Health Act 1990*

## Funded capacity

	2000/01	2001/02	2002/03	2003/04	2004/05
Funded Beds at 30 June	1,874	1,922	2,004	2,107	2,157
Increase since 30 June 2001	–	48	130	233	283

## Average availability (Full Year)

	2000/01	2001/02	2002/03	2003/04	2004/05
Average Available beds	1,814	1,845	1,899	1,985	2,075
Increase since 30 June 2001	–	31	85	171	261
<b>Average Availability (%) – of funded beds</b>	<b>97%</b>	<b>96%</b>	<b>95%</b>	<b>94%</b>	<b>96%</b>

## Average occupancy (Full Year)

	2000/01	2001/02	2002/03	2003/04	2004/05
Average Occupied beds	1,572	1,621	1,702	1,773	1,847
Increase since 30 June 2001	–	48	130	201	274
<b>Average Occupancy (%) – of available beds</b>	<b>87%</b>	<b>88%</b>	<b>90%</b>	<b>89%</b>	<b>89%</b>

in community-based staff over the period, as documented in the National Mental Health Reports, there was intense pressure on acute beds. In 2000/01, NSW Health released the Mental Health – Clinical Care and Prevention (MH-CCP) planning model. This provided specific predictions by age group, ambulatory care staff and hospital beds. The overall hospital bed predictions are:

- 24.4 acute inpatient beds per 100,000 (total) population
- 24.5 non-acute beds per 100,000 (total) population.

Under the NSW Government Action Plan for Health (2000/01 to 2002/03), and with subsequent enhancements commencing in 2004/05, a significant investment has been made to increase bed capacity. Detailed figures for 2003/04 and 2004/05 for each unit and Area Health Service are shown at the end of this Appendix. The overall changes since 2000/01 appear above.

In summary, the system was funded for a net increase in capacity of 283 beds over the five years. Overall, 94–97 per cent of the funded capacity was available all year, and 87–90 per cent of the available capacity was used. It should be noted that design occupancy is 87 per cent, so that there is still pressure on available beds.

## Historical data – census day statistics

The same picture is re-presented below, using the single-day statistics that have been presented in previous Annual Reports, but including only Program 3.1 beds. The number of funded beds is the same as in the previous table, and the Available Beds and Occupied Beds are calculated on the same basis as in the 1986/87 to 2000/01 series presented earlier.

## End of year Census data (on 30 June)

	2000/01	2001/02	2002/03	2003/04	2004/05
Funded Beds on 30 June	1,874	1,922	2,004	2,107	2,157
Available beds on 30 June	1,853	1,907	1,997	2,063	2,142
Occupied beds on 30 June	1,577	1,679	1,814	1,881	1,902
Availability on 30 June (% of funded beds)	99%	99%	100%	98%	99%
Occupancy on 30 June (% of available beds)	85%	88%	91%	91%	93%

### AHS Performance Indicator – Mental Health Clinical Staff (Full-time equivalent)

Area Health Service	2000/01	2001/02	2002/03	2003/04	2004/05
Greater Western	329	335	317	404	422
Hunter New England	715	641	726	769	809
North Coast	219	244	287	318	330
North Sydney Central Coast	862	841	889	915	992
South Eastern Sydney/Illawarra	631	722	707	755	771
Greater Southern	301	314	323	334	353
Sydney South West	827	931	914	981	971
Sydney West	825	864	866	872	916
Children's Hospital at Westmead	1	2	3	41	60
Justice Health Service	128	144	143	140	163
<b>NSW</b>	<b>4,839</b>	<b>5,038</b>	<b>5,174</b>	<b>5,530</b>	<b>5,787</b>

#### Notes

Sources: Program and Product Data Collection (PPDC) and National Survey of Mental Health Services (NSMHS)

Definitions: Clinical staff is defined as in the National Survey of Mental Health Services (NSMHS), namely medical, nursing, allied health and 'other personal care' staff.

Limitations: Data for 2003/04 are provisional NSMHS returns still subject to Commonwealth auditing. Data for 2004–5 are funded FTE (2003/04 returns plus new positions funded in 2004/05).

The comparison of the number of occupied beds demonstrates the main problem of single-day statistics. There were 325 more patients occupying beds on 30 June 2005 (a Thursday) than on 30 June 2001 (a Saturday). In fact the average number of patients only increased by 274 over the period. Past reports have attempted to compensate for this effect by considering the number of patients on leave on the census day, but this does not fully address the issues. The full-year averages over 365 or 366 days are much more reliable.

### Performance Indicators

The 2003/04 Annual Report showed the Program 3.1 (Mental Health) indicators as they were defined for the Health Service Performance Agreement (HSPA) of that year. These HSPA indicators covered not only Program 3.1 services, but also a small number of services funded by other programs (mainly the Primary Care program and the Rehabilitation and Aged Care Program) where these meet the national reporting definitions for "mental health".

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

### 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. For increases in ambulatory care, refer to the Performance Indicator data in the body of this report.

# Information reported under Section 301 of the *Mental Health Act 1990*

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

Area Health Service	2000/01	2001/02	2002/03	2003/04	2004/05
Greater Western	877	954	858	1,197	1,505
Hunter New England	3,402	3,511	3,839	4,166	3,969
North Coast	1,566	1,545	2,034	2,395	2,354
North Sydney Central Coast	2,803	2,755	2,628	2,776	3,187
South Eastern Sydney and Illawarra	3,577	3,866	3,876	4,609	4,425
Greater Southern	1,369	1,373	1,318	1,342	1,348
Sydney South West	4,545	4,866	5,041	5,058	5,135
Sydney West	3,309	3,493	3,149	3,124	3,074
Children's Hospital at Westmead	–	–	–	–	94
Justice Health Service	161	151	100	92	91
<b>NSW</b>	<b>21,609</b>	<b>22,514</b>	<b>22,843</b>	<b>24,759</b>	<b>25,182</b>

### Notes

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

Limitations: Separations from the 14 non-acute beds at Prince of Wales Hospital could not be separately reported from the acute activity in DOHRS in 2004/05. These separations are included here.

The Children's Hospital at Westmead (CHW) did not have any specialized acute inpatient beds until the end of 2003-04.

### Interpretation

The 17 per cent growth in the number of acute overnight stays (separations) reflects the increased number of acute beds.

## AHS Performance Indicator – Mental Health Non-Acute Inpatient Care (Bed-days in Overnight stays)

Area Health Service	2000/01	2001/02	2002/03	2003/04	2004/05
Greater Western	30,440	30,741	33,555	38,344	39,978
Hunter New England	42,464	42,913	42,868	43,502	42,450
North Coast	–	–	–	–	–
North Sydney Central Coast	56,324	56,248	55,820	59,397	62,815
South Eastern Sydney/Illawarra	–	–	–	–	–
Greater Southern	14,669	16,680	17,426	17,697	17,959
Sydney South West	32,260	30,048	28,949	29,467	22,913
Sydney West	52,580	53,250	56,291	56,123	55,805
Children's Hospital at Westmead	–	–	–	–	–
Justice Health Service	21,765	22,396	21,299	21,604	21,769
<b>NSW</b>	<b>250,502</b>	<b>252,276</b>	<b>256,208</b>	<b>266,134</b>	<b>263,688</b>

### Notes

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

Limitations: Bed-days in the 14 non-acute beds at Prince of Wales Hospital could not be separately reported from the acute activity in DOHRS in 2004/05, and do not appear in the table.

### 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, most non-acute inpatient services are provided only in psychiatric hospitals and a number of child/adolescent units. Towards the end of 2004/05, 14 non-acute beds opened in the Prince of Wales Hospital. However, a change is required to the DOHRS system to detect the bed days associated with these beds.

The increase in 2004/05 is partly due to a further increase in beds at Bloomfield Hospital and partly due to the full-year availability of Hamilton Ward at Macquarie Hospital in NSCCAHS. The activity for 2004/05 also includes the bed-days of two wards (44 beds) at Rozelle which have now been closed and been replaced by 40 places in the new service at the Holy Spirit Nursing Home, Croydon.

### Area Health Service – Ambulatory Contacts

Area Health Service	2000/01	2001/02	2002/03	2003/04	2004/05
Greater Western	73,557	88,643	102,644	101,994	111,112
Hunter New England	90,365	89,692	111,593	129,721	108,739
North Coast	5,945	69,278	120,586	145,000	123,710
North Sydney Central Coast	103,928	228,093	282,408	295,704	351,699
South Eastern Sydney/Illawarra	98,072	159,475	221,264	233,001	291,447
Greater Southern	6,399	82,702	106,753	25,332	88,237
Sydney South West	57,568	113,802	166,910	195,935	227,012
Sydney West	146,494	150,022	125,178	123,872	118,026
Children's Hospital at Westmead	3,183	8,634	10,885	10,055	12,787
Justice Health Service	–	443	4,608	171,115	299,101
<b>NSW</b>	<b>585,511</b>	<b>990,784</b>	<b>1,252,829</b>	<b>1,431,729</b>	<b>1,731,870</b>

#### Notes

Source: NSW Health HIE from Area ambulatory source systems

Limitations: Reporting is still incomplete in a number of Area Health Services

### AHS Performance Indicator – Ambulatory care (contacts)

The 2003/04 Annual Report stated that mental health ambulatory care data would be presented when compliance with reporting unit-record contact data reached 85 per cent. While the total number of contact records reported for 2004/05 represents about 63 per cent of expected, a number of Area Health Services have achieved the target level. Thus the table is included to show progress since this collection commenced in 2000/01. Note that this reflects improvement in documented service provision and reporting, and reporting is still incomplete. Increases in service capacity are indexed by the Performance Indicator on Mental Health Needs Met in the Performance Section of this Annual Report.

From 2005/06 the Performance Indicator for Ambulatory Mental Health Care will change to a measure of client-related provider hours. As the mental health unique identifier will be available early in 2005/06, it may also be possible to estimate and present the number of individuals seen by mental health services in the next report for 2005/06, and the average amount of client-related time received.

#### Interpretation

Although reporting is still incomplete, this volume collected in 2004/05 is now equivalent to that in Victoria, and the number of records collected electronically is nearly as large as the number in the whole NSW Admitted Patient Collection. It is larger than the electronic Emergency Department Information System (EDIS) collection. This is a major achievement by Area Health Services over the past five years. To put it in context, NSW mental health services reported that they provided 0.94 million ambulatory care "occasions of service" in 1990/91

(Leading the Way, Appendix C), but this was based on aggregate monthly returns from service providers which (a) were not audited in any way and (b) provided no information on either the clients who received the services or what those services were. The current collection, though still incomplete, documents 1.73 million service contacts from thousands of individual staff and hundreds of individual service units, in the form of unique de-identified electronic records provided to the Area and Department Data Warehouses for analysis, similar to the Admitted Patient and EDIS records. The content of the records is given in Policy Directive PD 2005–325.

With the introduction of Unique Patient Identifiers in 2005/06, the combined service use of mental health service clients will be able to be evaluated. In conjunction with the outcomes data that commenced collection during 2001/02, these data meet a commitment made in *Caring for Mental Health* (1998): "The clinical status of clients at entry to and exit from care will be monitored in relation to services provided and outcomes achieved." A great deal of work remains to be done to develop the reporting around this collection. However, it is now at the stage where the overall provision of mental health services – both in hospitals and in the community – can be assessed.

### Information Activities during 2004/05

The National Minimum Datasets for Admitted Patient Mental Health Care, Community Mental Health Care and Community Mental Health Establishments were delivered on time along with the National Survey of Mental Health Services and the National Outcomes and Casemix Data (NOCC). The Australian Mental Health Outcomes and Casemix Network (AMHOCN) has done some preliminary analysis and reporting on outcome data submitted

## Information reported under Section 301 of the *Mental Health Act 1990*

by all states and territories. The Australian Institute of Health and Welfare AIHW released Mental Health Services in Australia 2002/03 in June 2005 based on client and other data submitted under the Australian Health Care Agreements.

Standard mental health clinical documentation is now in place in all NSW services with file audits conducted by some Areas. The NSW Audit Office performance audit of Emergency Mental Health Care (May 2005) noted this as an instance of "Good Practice".

The technical environment for the process used to provide unique patient identifiers for mental health data records in NSW was completed in 2004/05. Area level identifiers will be allocated to all relevant mental health patient records in the data warehouse by end October 2005.

Recruitment to the new InforMH unit in NSCCAHS occurred early in 2005 and the unit is operating at about 60 per cent capacity. It is involved with Mental Health systems development, consolidation of the MHOAT initiative, developing a reporting framework for national and state key performance Indicators and other service evaluation functions.

A major reconciliation exercise across Departmental reporting systems for mental health data has resulted in the development of performance indicators and activity targets which form the basis for Mental Health Service Agreements between the Director General of the Department of Health and Areas.

### Data Sources for the Annual Report

All bed data and some of the activity data in the attached tables are based on a paper collection from psychiatric hospitals, co-located psychiatric units in general hospitals and private hospitals with authorised psychiatric beds, specifically for the 2004/05 Annual Report. Public hospital data are combined and presented for the categories "Average Available beds", "Average Occupied beds", and "Overnight Separations" from the Department of Health Reporting System (DOHRS) where the facility can be identified in the DOHRS database. Overnight separation (ie admitted and separated on different dates) refers to the process by which an admitted patient completes an episode of care by "being discharged, dying, transferring to another hospital or changing type of care". Separation data is one of the main national indicators of hospital activity.

### Public Beds under the mental health program (Program 3.1) in 2003/04 and 2004/05

These statistics can be calculated from the information presented in the detailed unit-by-unit table. The overall changes for five years are given in earlier tables. Details of changes at individual units are covered by notes to the main table.

### Acute Beds (Total)

- Funded Acute beds increased by 98, from 1,218 to 1,316.
- Average Available Acute beds increased by 92, from 1,143 to 1,235.
- Average Occupied Acute beds increased by 78, from 1,046 to 1,124.

### Non-Acute Beds (Total)

- Funded Non-acute beds decreased by 48, from 889 to 841.
- Average Available Non-Acute beds decreased by 2, from 842 to 840.
- Average Occupied Non-Acute beds decreased by 5, from 727 to 722.

The decrease of 48 beds from 2004 to 2005 was due to a reduction of four DVA-funded patients in Ward H at Rozelle (from 14 to 10), and the closure and transfer of two older people's extended care wards (Ward A and Ward 18) at Rozelle (total 44 beds) to Holy Spirit Nursing Home, Croydon. Since the latter are not hospital beds they are not reported here. The impact on average bed availability and occupancy was limited in 2004/05 because the beds closed progressively through the latter part of the financial year. The average availability data does not capture activity in the 14 Non-Acute beds at Prince of Wales Hospital, since it was reported together with the Acute data for the hospital in DOHRS. The POWH reported that all 14 of these beds were available on 30 June 2005, whereas staff were still being recruited on 30 June 2004. It should be possible to report the activity for these beds accurately next year.

### Child/Adolescent beds

- The number of funded Acute beds increased by 6, from 41 to 47.
- The number of average available Acute beds remained the same at 36.
- The number of average occupied Acute beds increased by 3, from 26 to 29.

The acute units at Campbelltown and the Sydney Children's Hospital reported staff recruitment issues as the main factor limiting bed availability.

The number of funded, average available, and occupied non-acute beds at the Rivendell, Coral Tree, and Redbank units remained essentially the same. The availability and occupancy statistics for these units are complicated by the fact that they operate mainly during the week and school term.

Public Psychiatric Hospitals and Co-located Psychiatric Units in Public Hospitals  
– with beds gazetted under the Mental Health Act 1990 and other non-gazetted Psychiatric Units

Area Health Service/Hospital	Location	Funded <sup>1</sup> beds at 30 June		Available <sup>2</sup> beds at 30 June		Occupied <sup>2</sup> beds at 30 June		Average Available <sup>2</sup> beds in year		Average Occupied <sup>4</sup> beds in year		Overnight separations 12 mths to 30/6/05	On leave as at 30/6/05	Deaths in 12 mths to 30/6/05
		2004	2005	2004	2005	2004	2005	2003/04	2004/05	2003/04	2004/05			
<b>X500 Sydney South West</b>		<b>378</b>	<b>348</b>	<b>372</b>	<b>345</b>	<b>299</b>	<b>299</b>	<b>355.3</b>	<b>340.2</b>	<b>294.9</b>	<b>288.9</b>	<b>5,491</b>	<b>53</b>	<b>2</b>
<b>Acute Beds – Adult</b>														
Royal Prince Alfred Hospital <sup>5</sup>	Camperdown	40	40	30	40	27	36	40.0	40.0	34.7	35.4	771	6	0
Rozelle Hospital <sup>5</sup>	Leichhardt	114	114	122	114	88	89	104.4	104.1	83.9	85.6	1,887	21	0
Liverpool Hospital <sup>6</sup>	Liverpool	30	48	30	48	28	47	30.0	42.0	29.2	38.4	895	4	0
Campbelltown Hospital	Campbelltown	30	30	30	30	30	29	30.0	30.0	30.3	28.3	473	5	0
Bankstown/Lidcombe HS – Hosp.	Bankstown	30	30	30	30	30	25	30.0	30.0	29.5	31.8	712	5	0
Bowral and District Hospital	Bowral	2	2	2	2	0	1	2.0	2.0	1.1	0.8	70	0	0
Acute Beds – Child/Adolescent														
Campbelltown Hospital (GnaKaLun) <sup>7</sup>	Campbelltown	10	10	6	7	6	7	9.7	6.1	5.7	5.9	126	0	0
<b>Non-Acute Beds – Adult</b>														
Rozelle Hospital <sup>8</sup>	Leichhardt	98	50	98	50	83	53	96.7	74.1	74.8	57.2	339	3	2
<b>Non-Acute Beds – Child/Adolescent</b>														
Thomas Walker Hospital	Concord	24	24	24	24	7	12	12.5	11.9	5.7	5.5	218	9	0
<b>Other Program Beds (not in totals)<sup>9</sup></b>														
Bankstown Ward 2D	Bankstown			12	12	7	12					119	0	1
Braeside	Prairiewood			16	16	16	10					138	0	0
<b>X510 South Eastern Sydney/Illawarra</b>		<b>234</b>	<b>234</b>	<b>210</b>	<b>227</b>	<b>199</b>	<b>181</b>	<b>208.2</b>	<b>215.4</b>	<b>194.2</b>	<b>202.7</b>	<b>4,441</b>	<b>22</b>	<b>5</b>
<b>Acute Beds – Adult</b>														
Wollongong	Wollongong	20	20	20	20	21	21	20.1	20.2	19.6	19.5	439	8	2
Shellharbour Hospital	Shellharbour	49	49	49	49	41	43	49.4	49.1	44.6	42.8	1,505	5	0
St. Vincents Public Hospital <sup>10</sup>	Darlinghurst	27	27	27	27	27	30	27.0	27.0	25.4	26.4	575	3	0
Prince of Wales Hospital	Randwick	60	60	53	53	52	48	50.5	63.3	50.1	62.0	809	4	1
St George Hospital	Kogarah	28	28	28	28	28	28.7	28.3	27.3	27.6	545			
Sutherland Hospital	Sutherland	28	28	28	28	25	25	27.5	23.3	23.3	20.1	470	2	2
<b>Acute Beds – Child/Adolescent</b>														
Sydney Children's Hospital	Randwick	8	8	5	8	5	5	5.0	4.2	3.9	4.2	82	0	0
<b>Non-Acute Beds</b>														
Prince of Wales Hospital <sup>11</sup>	Randwick	14	14	0	14	0	9	0.0	In acute	0.0	In acute	16	0	0
<b>X520 Sydney West</b>		<b>368</b>	<b>395</b>	<b>369</b>	<b>393</b>	<b>348</b>	<b>358</b>	<b>364.5</b>	<b>374.2</b>	<b>332.7</b>	<b>328.7</b>	<b>3,150</b>	<b>27</b>	<b>5</b>
<b>Acute Beds – Adult</b>														
Blacktown Hospital	Blacktown	30	30	30	30	30	30	28.9	30.2	28.9	30.0	446	8	4
St Josephs Hospital, Auburn	Auburn	15	15	15	15	13	15	15.9	14.9	15.7	10.4	85	0	0
Westmead (adult)	Westmead	26	26	26	26	23	25	20.4	26.0	18.7	22.4	324	2	0
Cumberland Hospital <sup>12</sup>	Westmead	82	102	82	102	81	87	82.1	85.1	80.3	78.5	1,215	9	0
Penrith DHS – Nepean Hospital	Penrith	30	37	30	33	30	33	30.0	33.0	28.7	30.6	714	2	0
<b>Acute Beds – Child/Adolescent</b>														
Westmead (Redbank – AAU)	Westmead	9	9	9	9	8	7	10.6	9.0	6.9	4.0	98	1	1
<b>Non-Acute Beds – Adult</b>														
Cumberland Hospital	Westmead	159	159	159	159	152	154	156.6	159.0	146.9	145.4	82	5	0
<b>Non-Acute Beds – Child/Adolescent</b>														
Westmead (Redbank – AFU & CFU)	Westmead	17	17	18	19	11	7	20.0	17.0	6.5	7.5	186	0	0
<b>X530 Northern Sydney/Central Coast</b>		<b>345</b>	<b>380</b>	<b>345</b>	<b>380</b>	<b>333</b>	<b>354</b>	<b>312.2</b>	<b>365.3</b>	<b>291.7</b>	<b>334.8</b>	<b>3,696</b>	<b>11</b>	<b>8</b>
<b>Acute Beds – Adult</b>														
Greenwich Home of Peace Hospital	Greenwich	20	20	20	20	20	20	20.0	20.0	19.3	18.5	216	2	0
Hornsby & Ku-Ring-Gai Hospital	Hornsby	25	25	25	25	25	25	25.0	25.0	24.3	23.9	413	1	0
Manly District Hospital	Manly	30	30	30	30	30	30	28.3	30.0	27.2	28.8	552	2	2
Royal North Shore Hospital	St Leonards	20	20	20	20	20	13	20.0	18.3	19.6	19.4	267	0	0
Macquarie Hospital	North Ryde	14	14	14	14	14	11	14.0	13.9	13.7	13.0	264	3	2
Gosford District Hospital	Gosford	25	25	25	25	24	23	25.1	19.4	24.4	18.3	583	0	0
Wyong District Hospital <sup>13</sup>	Wyong	15	50	15	50	15	46	0.8	44.3	0.9	40.8	892	0	1
<b>Non-Acute Beds – Adult</b>														
Macquarie Hospital	North Ryde	181	181	181	181	170	173	171.0	185.8	157.3	167.2	41	3	3
<b>Non-Acute Beds – Child/Adolescent</b>														
Coral Tree	North Ryde	15	15	15	15	15	13	8.0	8.6	5.0	4.9	468	0	0

# Information reported under Section 301 of the Mental Health Act 1990

Area Health Service/Hospital	Location	Funded <sup>1</sup> beds at 30 June		Available <sup>2</sup> beds at 30 June		Occupied <sup>2</sup> beds at 30 June		Average Available <sup>3</sup> beds in year		Average Occupied <sup>4</sup> beds in year		Overnight	On	Deaths
		2004	2005	2004	2005	2004	2005	2003/04	2004/05	2003/04	2004/05	12 mths to 30/6/05	separations leave as at 30/6/05	in 12 mths to 30/6/05
<b>X540 Hunter/New England</b>		<b>303</b>	<b>305</b>	<b>299</b>	<b>301</b>	<b>279</b>	<b>275</b>	<b>294.9</b>	<b>301.5</b>	<b>268.1</b>	<b>270.0</b>	<b>4,100</b>	<b>29</b>	<b>16</b>
<b>Acute Beds</b>														
Maitland Hospital	Maitland	24	24	24	24	17	24	24.0	24.0	21.2	22.2	916	9	0
James Fletcher Hospital <sup>14</sup>	Newcastle	86	86	82	82	79	74	82.1	82.0	76.5	76.4	1,760	9	6
Armida and New England Hospital	Armida	8	8	8	8	9	8	7.4	9.4	7.4	7.4	285	0	0
Tamworth Base Hospital	Tamworth	25	25	25	25	22	25	20.6	24.2	19.8	19.6	522	0	1
Manning River Base Hospital	Taree	20	20	20	20	19	16	20.0	20.0	14.8	17.0	391	5	0
<b>Acute Beds – Child/Adolescent</b>														
John Hunter Hospital (Nexus)	Newcastle	10	12	10	12	9	11	10.6	11.9	9.6	11.2	95	1	0
<b>Non-Acute Beds – Adult</b>														
Morisett Hospital	Morisett	130	130	130	130	124	117	130.2	130.0	118.9	116.3	131	5	9
<b>X550 North Coast</b>		<b>90</b>	<b>100</b>	<b>90</b>	<b>100</b>	<b>89</b>	<b>99</b>	<b>85.6</b>	<b>90.2</b>	<b>75.0</b>	<b>85.0</b>	<b>2,624</b>	<b>10</b>	<b>0</b>
<b>Acute Beds – Adult</b>														
Lismore Base Hospital	Lismore	25	25	25	25	25	25	23.0	24.9	23.5	23.8	723	6	0
Tweed Heads District Hospital	Tweed heads	25	25	25	25	25	25	25.1	25.0	20.9	22.2	660	1	0
Coffs Harbour and District Hospital	Coffs Harbour	30	30	30	30	29	30	30.0	30.0	23.0	27.0	726	2	0
Kempsey Hospital	Kempsey	10	10	10	10	10	10	7.5	6.6	7.7	8.3	245	0	0
Port Macquarie Base Hospital <sup>15</sup>	Port Macquarie	–	10	–	10	9	n.a.	3.7	n.a.	3.7	270	1	0	0
<b>X560 Greater Southern</b>		<b>116</b>	<b>118</b>	<b>106</b>	<b>118</b>	<b>86</b>	<b>99</b>	<b>108.3</b>	<b>111.3</b>	<b>97.7</b>	<b>99.1</b>	<b>1,610</b>	<b>11</b>	<b>4</b>
<b>Acute Beds – Adult</b>														
Albury Base Hospital	Albury	24	24	24	24	18	17	21.0	21.0	18.6	18.0	452	1	0
Wagga Wagga Base Hospital <sup>16</sup>	Wagga Wagga	16	18	6	18	4	18	13.3	16.3	12.4	14.0	412	0	0
Goulburn Base Hospital	Goulburn	20	20	20	20	18	16	19.9	20.0	18.2	17.9	484	6	0
Queanbeyan Hospital	Queanbeyan	2	2	2	2	2	0	n.a.	n.a.	n.a.	n.a.	144	0	0
<b>Non-Acute Beds – Adult</b>														
Kenmore Hospital	Goulburn	54	54	54	54	44	48	54.1	54.0	48.4	49.2	118	4	4
<b>X570 Greater Western</b>		<b>171</b>	<b>171</b>	<b>172</b>	<b>172</b>	<b>146</b>	<b>131</b>	<b>167.0</b>	<b>174.2</b>	<b>130.8</b>	<b>137.0</b>	<b>1,696</b>	<b>8</b>	<b>12</b>
<b>Acute Beds – Adult</b>														
Dubbo Base Hospital <sup>17</sup>	Dubbo	2	2	3	3	3	3	2.2	2.7	1.8	2.4	150	0	0
Mudgee District Hospital	Mudgee	2	2	2	2	0	0	2.0	2.0	0.3	0.2	16	0	0
Bloomfield Hospital	Orange	28	28	28	28	24	24	28.0	28.0	21.9	23.3	1,214	6	6
Broken Hill Base Hospital <sup>18</sup>	Broken Hill	2	2	2	2	2	5	2.0	2.0	2.0	1.5	125	0	0
<b>Non-Acute Beds – Adult</b>														
Bloomfield Hospital	Orange	137	137	137	137	117	99	132.8	139.5	104.8	109.5	191	2	6
<b>X160 Children's Hospital Westmead</b>		<b>4</b>	<b>8</b>	<b>4</b>	<b>8</b>	<b>4</b>	<b>8</b>	<b>0.3</b>	<b>4.8</b>	<b>0.1</b>	<b>3.6</b>	<b>94</b>	<b>0</b>	<b>0</b>
Children's Hospital Westmead	Westmead	4	8	4	8	4	8	0.3	4.8	0.1	3.6	94	0	0
<b>X170 Justice Health Service</b>		<b>98</b>	<b>98</b>	<b>98</b>	<b>98</b>	<b>98</b>	<b>98</b>	<b>89.0</b>	<b>98.0</b>	<b>88.0</b>	<b>96.9</b>	<b>108</b>	<b>0</b>	<b>0</b>
<b>Acute Beds – Adult</b>														
Long Bay (Ward D and B East)	Malabar	38	38	38	38	38	38	29.0	38.0	29.0	37.3	91	0	0
<b>Non-Acute Beds – Adult</b>														
Long Bay (Wards A and C)	Malabar	60	60	60	60	60	60	60.0	60.0	59.0	59.6	17	0	0
<b>NSW – TOTAL</b>		<b>2,107</b>	<b>2,157</b>	<b>2,065</b>	<b>2,142</b>	<b>1,881</b>	<b>1,902</b>	<b>1,985.3</b>	<b>2,075.0</b>	<b>1,773.1</b>	<b>1,846.7</b>	<b>27,010</b>	<b>171</b>	<b>52</b>

1 "Funded beds" are those funded by NSW Health, except for beds at Rozelle hospital funded by DVA for individual veterans (14 in 2003/04, 10 in 2004/05).

2 "Available beds" and "Occupied Beds" at 30 June are a census count on the last day of the financial year, except for Child/Adolescent units that operate in conjunction with schools, when it is the last operating day preceding 30 June.

3 "Average Available beds" are the average of 366 nightly census counts (in 2003/04) or 365 nightly census counts (in 2004/05); as reported in DOHRS.

4 "Average occupied beds" are calculated from the total Occupied Overnight bed days for the year, as reported in DOHRS, divided by 366 (2003/04) or 365 (2004/05).

5 At the end of 2004, 10 beds were temporarily closed for refurbishing at RPAH, and patients were accommodated in 8 temporarily opened beds at Rozelle.

6 14 HDU and 4 PECC beds in Liverpool opened in Jan 2005

7 Only 7 beds were available on 30/6/05 in the unit due to shortage of medical staff

8 Two Older People's extended care wards at Rozelle totalling 44 beds (ward A closed 29/11/04; ward 18 closed 17/2/05) were closed and transferred to Holy Spirit Nursing Home at Croydon in 2004/05

8 Ward H now has 10 DVA-funded beds for veterans – reduced from 14 reported in last year's census

8 The 3 bed Special Care Suite (Ward C29) is only funded when required for patients with special needs. It has not been required since 1999/00

9 Bankstown/Lidcombe Ward 2D and Braeside hospital are not funded from Program 3.1, but are in scope for National Mental Health reporting. They are included here to align with national reporting.

10 Three excess patients reported in residence on 30/6/05

11 This unit opened in May 2004 but the beds were not reported in last census (30/6/04) as there were not operational due to staff shortage. 2004/05 activity data cannot yet be distinguished from POW acute units.

12 New acute unit (Riverview) with 20 funded beds opened in May 2005

13 All 50 beds in Wyong now fully operational

14 4 funded bed at James Fletcher will become operational again when relocated to the Mater Hospital.

15 Hospital status changed from private to public on 22 Jan 05

16 Gissing House at Wagga Wagga had beds closed for refurbishment on 30 June 2004

17 Partial funding for 16 additional beds provided in 2004/05 for opening of unit in August 2005. One excess MH patient accommodated in the medical ward under the care of MH staff from this unit

18 Partial funding for additional 4 beds provided in 2004/05. Three excess MH patient accommodated in the medical ward under the care of MH staff from this unit

Psychiatric hospitals and Children and Adolescent Hospitals/Units – listed in order of presentation in the table

Psychiatric hospitals: Rozelle, Macquarie, Cumberland, James Fletcher Newcastle, Morisett, Kenmore and Bloomfield

Children and Adolescent Hospitals/Units: GnaKaLun, Thomas walker, Sydney Children's Hospital, Westmead (Redbank acute/non-acute), Coral Tree

John Hunter Hospital (Nexus) and Children's Hospital Westmead

Source: Centre for Mental Health

## Private Hospitals

In 2005, 15 private hospitals authorised under the Mental Health Act provided inpatient and same-day psychiatric services in NSW. These hospitals reported 596 authorised available psychiatric beds on 30 June 2005, compared with 560 reported on 30 June 2004 from 13 hospitals.

Changes from 2004 to 2005:

- three additional private hospitals – Cape Hawke, Mosman and Sydney Southwest – with authorised psychiatric beds were included in the 2005 census
- Evesham hospital is now renamed 'Northside Cremorne Clinic'. The number of authorised beds in the hospital is reduced from 42 in 2004 to 36 in 2005

- Lingard reported all its authorised beds (41) in 2005 compared to 25 in 2004
- Port Macquarie Base hospital does not have any authorised bed as of January 2005.

In 2005 there was an overall increase of 36 beds across all private hospitals from 2004. Bed occupancy on 30 June 2005 in private hospitals was 64 per cent with 382 patients occupying 596 beds. This is a decrease from 30 June 2004 when bed occupancy was 76 per cent (426 patients occupying 560 beds). Overnight admissions to private hospitals also decreased by 17 per cent from 9,857 admissions in 2003/04 to 8,139 in 2004/05. However, same day admissions increased by 13 per cent from 18,339 in 2003/04 to 20,691 in 2004/05.

### Private Hospitals in NSW authorised under the Mental Health Act 1990

Hospital/Unit	Authorised beds		In residence		Admitted in 12 mths to 30/6/05		On leave as at 30/6/05	Deaths in 12 mths to 30/6/05
	as at 30/6/04 <sup>1</sup>	as at 30/6/05 <sup>2</sup>	as at 30/6/04	as at 30/6/05	Over Night	Same Day		
Albury/Wodonga Private	12	12	10	11	135	325	0	1
Cape Hawke Private <sup>3</sup>	–	9	–	0	93	95	0	0
Evesham <sup>4</sup>	42	–	25	–	423	1,680	0	0
Lingard	25	41	20	30	418	1,082	0	0
Mayo Private Clinic	6	6	5	6	101	1	0	0
Mosman Private <sup>3</sup>	–	16	–	10	27	0	0	0
Northside Clinic	98	93	83	87	1,463	4,363	0	1
Northside Cremorne Clinic <sup>4</sup>	–	36	–	20	368	1,469	0	0
Northside West Clinic	80	80	29	25	703	1,534	0	1
Port Macquarie Base	10	–	10	–	261	8	1	0
South Pacific	35	33	21	18	322	625	0	0
St John of God Burwood	86	86	70	52	1,249	1,708	0	0
St John of God Richmond	64	64	58	53	1,057	1,614	0	0
Sydney Private Clinic <sup>5</sup>	34	34	33	16	530	2,049	0	1
Wandene	30	30	29	24	407	143	0	0
Wesley Private	38	38	33	24	467	3,894	0	1
Sydney Southwest Private <sup>3</sup>	–	18	–	6	115	101	0	0
<b>Total 2004/05</b>	<b>–</b>	<b>596</b>	<b>–</b>	<b>382</b>	<b>8,139</b>	<b>20,691</b>	<b>1</b>	<b>5</b>
Total 2003/04	560	–	426	–	9,857	18,339	1	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 The number of beds available in Private hospitals reported in 2004 were not necessarily the same as the number of "Authorised beds"

2 The number of beds in this column are the actual number of authorised beds in private hospitals for 2005 – any discrepancy in reported number of beds from the hospitals are noted below

3 New additions – included for the first time in 2004/05

4 Evesham now renamed Northside Cremorne Clinic – now has 36 authorised beds compared with 42 last year 2003/04

6 Sydney Private Clinic reported 18 of its 34 authorised beds as unavailable on 30 June 2005 due to renovation

Source: Centre for Mental Health

## Infectious disease notification in NSW

Disease notifications among NSW residents 1991 to 2004, by year of onset of illness\*

Conditions	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
AIDS	480	371	210	180	125	133	98	105	137	82
Adverse event after immunisation	28	56	70	95	16	42	111 <sup>1</sup>	177	219	183
Arbovirus infection (total)*	539	1227	1804	783	1220	978	1191	661	1024	1147
Barmah Forest virus infection*	271	172	185	134	249	195	402	394	451	403
Ross River virus infection*	236	1031	1598	583	952	750	716	181	494	700
Arboviral Other*	32	24	23	66	19	33	73	86	79	44
Blood lead level >= 15ug/dl*	not notifiable until Dec 1996		710	874	691	988	513	517	338	298
Botulism	0	0	0	0	1	0	0	0	0	1
Brucellosis*	2	1	3	3	2	1	1	2	2	7
Chancroid*	not notifiable until Dec 1998				1	0	0	0	0	0
Chlamydia*	not notifiable until Aug 1998				2469	3504	4500	5824	7784	10020
Cholera*	1	3	1	1	2	0	1	1	0	1
Cryptosporidiosis*	not notifiable until Dec 1996		157	1130	121	133	195	306	202	357
Creutzfeldt-Jakob Disease	not notifiable until April 2004									6
Food-borne illness (NOS)	270	211	255	201	151	147	56	41	519	550
Gastroenteritis (institutional)	1359	554	939	738	673	697	775	1752	3583	12784 <sup>2</sup>
Giardiasis*	not notifiable until Aug 1998				1091	978	967	863	1027	1232
Gonorrhoea*	428	522	636	1054	1291	1060	1364	1527	1330	1444
H.influenzae type b (total)*	29	13	17	11	13	8	7	10	6	5
H.influenzae type b epiglottitis*	6	2	5	1	2	2	1	1	0	3
H.influenzae type b meningitis*	11	4	3	3	3	1	1	1	0	0
H.influenzae type b septicaemia*	8	3	1	4	6	4	2	3	1	2
H.influenzae type b infection (NOS)*	4	4	8	3	2	1	3	5	5	0
Hepatitis A*	614	958	1426	927	421	201	197	149	124	137
Hepatitis B (total)*	4007	3508	3170	2958	3515	3977	4563	3549	2845	2835
Hepatitis B: acute viral*	61	43	53	58	77	99	94	87	70	32
Hepatitis B: other*	3946	3465	3117	2900	3438	3878	4469	3462	2775	2803
Hepatitis C (total)*	6884	7003	6928	7213	8607	8298	8691	6702	5253	4974
Hepatitis C: acute viral*	32	18	19	112	112	222	295	153	121	12
Hepatitis C: other*	6852	6985	6909	7101	8495	8076	8396	6549	5132	4962
Hepatitis D*	19	9	11	3	14	12	11	9	12	14
Hepatitis E*	0	3	6	4	7	9	6	6	6	8
HIV infection*	533	447	421	402	373	352	338	389	415	404
Haemolytic uraemic syndrome	not notifiable until Dec 1996		3	6	11	9	2	7	5	9
Influenza (total)*	not notifiable until Dec 2000						244	1012	861	1012
Influenza-Type A*	not notifiable until Dec 2000						216	770	767	823
Influenza-Type B*	not notifiable until Dec 2000						27	241	55	162
Influenza-Type (NOS)*	not notifiable until Dec 2000						1	1	39	27
Legionnaires' disease (total)*	75	74	33	46	41	41	68	44	60	79
Legionnaires' disease – L. longbeachae*	16	30	9	19	12	12	29	21	37	27
Legionnaires' disease – L. pneumophila*	35	34	18	22	22	26	38	22	23	51
Legionnaires' disease – other*	24	10	6	5	7	3	1	1	0	1

Conditions	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Leprosy	3	2	0	0	1	2	4	0	2	3
Leptospirosis*	6	33	33	50	56	54	66	39	39	40
Listeriosis*	14	22	23	28	22	18	12	11	28	30
Malaria*	96	203	173	158	174	232	157	105	120	101
Measles (total)	596	191	273	119	32	36	31	8	18	12
Measles Lab Confirm*	138	35	98	19	13	22	18	6	14	11
Measles (Other)	458	156	175	100	19	14	13	2	4	1
Meningococcal disease (invasive) (total)	113	161	219	186	221	253	234	216	202	148
Meningococcal disease – type B*	23	36	54	55	95	93	90	105	100	81
Meningococcal disease – type C*	8	35	55	55	60	64	38	54	45	24
Meningococcal disease – type W135*	1	0	2	4	4	4	2	2	2	5
Meningococcal disease – type Y*	0	1	0	7	1	7	2	2	5	3
Meningococcal disease – other	81	89	108	65	61	85	102	53	50	35
Mumps*	14	27	29	39	33	92	28	29	35	65
Paratyphoid*	12	15	5	9	5	14	11	13	22	10
Pertussis	1369	1156	4246	2309	1415	3687	4438	2012	2770	3540
Pneumococcal disease (invasive)*	not notifiable until Dec 2000						444	861	800	905
Psittacosis*	not notifiable until Dec 2000						38	155	87	80
Q fever*	201	287	258	236	164	131	143	309	287	222
Rubella (total)*	2376	636	153	78	46	191	58	35	24	18
Rubella*	2375	631	153	78	45	191	58	35	23	17
Rubella (Congenital)*	1	5	0	0	1	0	0	0	1	1
Salmonellosis*	1366	1224	1698	1812	1438	1396	1643	2100	1838	2132
Shigellosis*	not notifiable until Dec 2000						134	85	59	96
Syphilis (total)	834	662	512	612	585	581	546	647	843	1047
Syphilis (infectious)* +	132	72	57	45	87	81	67	128	245	301
Syphilis congenital	6	3	3	0	3	3	3	3	7	0
Syphilis other*	696	587	452	567	495	497	476	516	591	746
Tetanus	0	1	3	3	1	2	0	0	1	0
Tuberculosis*	443	410	422	382	484	448	416	447	386	432
Typhoid*	27	30	28	18	32	28	32	26	16	39
Verotoxigenic Escherichia coli infections*	not notifiable until Dec 1996		0	2	0	1	1	5	2	3

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

1 In 2000 there was a change in case definition that captured a wider range of possible adverse events.

2 In 2003 an improved surveillance system for outbreaks of gastroenteritis in institutions was implemented, involving changes in how cases are captured and reported. In 2004 there were 452 other gastroenteritis outbreaks in the community thought mainly due to norovirus (affecting 12,784 people, more than six times the number of outbreaks reported in 2003, when 71 were reported). These outbreaks were reflected in many residential facilities, particularly aged care facilities.

\* laboratory-confirmed cases only

NOS = Not otherwise specified

+ includes Syphilis primary, Syphilis secondary, Syphilis < 1 year duration, and Syphilis – newly acquired

No case of the following diseases have been notified since 1991:

Diphtheria\*, Granuloma inguinale\*, Lymphogranuloma venereum\*, Plague\*, Poliomyelitis\*, Rabies, Typhus\*, Viral haemorrhagic fever, Yellow fever.

## Australian Government/NSW Contributions

Health Services	[1]		[2]		[3]		[4]		[5]		[6]		[7]		[8]		Grand Total	
	HIV/AIDS		Women's Health		Alternative Birthing		Female Genital Mutilation		Cervical Cancer		Breast Cancer		National Drug Strategy		National Immunisation Program			
	2004/05 \$000's	2003/04 \$000's	2004/05 \$000's	2003/04 \$000's	2004/05 \$000's	2003/04 \$000's	2004/05 \$000's	2003/04 \$000's	2004/05 \$000's	2003/04 \$000's	2004/05 \$000's	2003/04 \$000's	2004/05 \$000's	2003/04 \$000's	2004/05 \$000's	2003/04 \$000's	2004/05 \$000's	2003/04 \$000's
Sydney South West	3,730	3,632	888	864	0	0	0	0	40	85	3,224	3,200	768	862	0	0	8,650	8,643
South Eastern Sydney & Illawarra	4,299	4,186	608	592	136	164	0	0	63	63	3,149	3,548	950	1,274	0	0	9,205	9,827
Sydney West	1,806	1,758	654	636	0	0	200	234	1,661	1,884	8,795	6,613	352	352	0	0	13,467	11,477
Northern Sydney & Central Coast	1,241	1,208	346	337	25	4	0	0	24	19	3,789	4,276	541	544	0	0	5,966	6,388
Hunter & New England	688	670	200	195	0	0	0	0	56	39	4,220	4,346	66	66	0	0	5,230	5,316
North Coast	791	770	480	467	136	127	0	0	80	102	2,633	2,986	146	192	0	0	4,266	4,644
Greater Southern	181	176	319	310	251	235	0	0	115	141	1,551	1,662	0	0	0	0	2,416	2,524
Greater Western	259	252	402	391	0	0	0	0	146	91	1,790	1,686	256	276	0	0	2,853	2,696
Justice Health	337	328	0	0	0	0	0	0	0	0	0	701	700	0	0	1,038	1,028	
<b>Total – AHS's/Justice Health</b>	<b>13,331</b>	<b>12,980</b>	<b>3,897</b>	<b>3,792</b>	<b>548</b>	<b>530</b>	<b>200</b>	<b>234</b>	<b>2,185</b>	<b>2,424</b>	<b>29,151</b>	<b>28,317</b>	<b>3,780</b>	<b>4,266</b>	<b>0</b>	<b>0</b>	<b>53,091</b>	<b>52,543</b>
<b>Total – NGO</b>	<b>12,973</b>	<b>12,632</b>	<b>1,358</b>	<b>1,332</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,120</b>	<b>6,168</b>	<b>0</b>	<b>0</b>	<b>20,451</b>	<b>20,132</b>
<b>Total – Other</b>	<b>0</b>	<b>0</b>	<b>1,386</b>	<b>1,349</b>	<b>189</b>	<b>188</b>	<b>16</b>	<b>0</b>	<b>1,660</b>	<b>1,310</b>	<b>814</b>	<b>768</b>	<b>6,203</b>	<b>5,260</b>	<b>75,273</b>	<b>69,008</b>	<b>85,541</b>	<b>77,883</b>
<b>Grand Total</b>	<b>26,304</b>	<b>25,612</b>	<b>6,641</b>	<b>6,473</b>	<b>737</b>	<b>718</b>	<b>216</b>	<b>234</b>	<b>3,845</b>	<b>3,734</b>	<b>29,965</b>	<b>29,085</b>	<b>16,103</b>	<b>15,694</b>	<b>75,273</b>	<b>69,008</b>	<b>159,084</b>	<b>150,558</b>

Note: Figures above do not include the use of rollovers from 2003/04

[1] The amounts reported under PHOFA represent only the extent of previous cost sharing arrangements with the Commonwealth. Actual AIDS allocations for 2004/05 approximated \$92M

[2] The Women's Health allocation includes an estimate of Health Service contributions which includes an escalation of 3.4 per cent for 2004/05, consistent with the level of escalation provided

[3] Program fully funded by Commonwealth

[4] Program fully funded by Commonwealth. Statewide service administered through Sydney West AHS

[5] Statewide service administered through Sydney West AHS

[6] Funding is provided for Breast Screen NSW Screening and Assessment Services (SASs). Each SAS provides services for more than one AHS

[5]&[6] Sydney West AHS allocations include funding for the Statewide Coordination Units by Treasury for the NSW Breast and Cervical Screening Programs

[7] State Funds includes a 2.7 per cent cost escalation

[8] Commonwealth funding is for purchase of vaccines on the National Health and Medical Research Council Immunisation Schedule (NHMRC).

# Three year comparison of key items of expenditure within NSW Health

## Three year comparison of key items of expenditure

Employee Related Expenses	2005		2004		2003		Increase/decrease (%) compared to previous year	
	\$000	% Total Expense	\$000	% Total Expense	\$000	% Total Expense	2005	2004
Salaries and Wages	4,990,511	48.03	4,655,516	48.06	4,137,770	46.67	7.20	12.51
Long Service Leave	205,981	1.98	166,685	1.72	183,514	2.07	23.58	-9.17
Annual Leave	508,435	4.89	445,718	4.60	443,723	5.00	14.07	0.45
Workers Compensation Insurance	157,004	1.51	157,314	1.62	149,172	1.68	-0.20	5.46
Superannuation	518,915	4.99	468,097	4.83	424,436	4.79	10.86	10.29
<b>Other Operating Expenses</b>								
Food Supplies	74,592	0.72	76,430	0.79	73,409	0.83	-2.40	4.12
Drug Supplies	361,088	3.48	332,963	3.44	303,114	3.42	8.45	9.85
Medical & Surgical Supplies	480,459	4.62	433,294	4.47	395,610	4.46	10.89	9.53
Special Service Departments	199,716	1.92	173,080	1.79	161,575	1.82	15.39	7.12
Fuel, Light and Power	63,735	0.61	61,134	0.63	58,883	0.66	4.25	3.82
Domestic Charges	94,402	0.91	92,182	0.95	88,330	1.00	2.41	4.36
Other Sundry/General Operating Expenses *	1,057,173	10.18	978,117	10.10	870,481	9.82	8.08	12.37
Visiting Medical Officers	401,917	3.87	380,584	3.93	360,794	4.07	5.61	5.49
Maintenance	259,977	2.50	261,952	2.70	255,804	2.89	-0.75	2.40
Depreciation	388,612	3.74	370,994	3.83	350,092	3.95	4.75	5.97
<b>Grants and Subsidies</b>								
Payments to Third Schedule and other Contracted Hospitals	429,865	4.14	460,768	4.76	443,419	5.40	-6.71	3.91
Other Grant Payments	191,231	1.84	161,659	1.67	156,185	1.76	18.29	3.50
Finance Costs	6,241	0.06	10,040	0.10	10,245	0.12	-37.84	-2.00
<b>Total expenses</b>	<b>10,389,854</b>		<b>9,686,527</b>		<b>8,866,556</b>		<b>7.26</b>	<b>9.25</b>

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

Source: Audited Financial Statements 2004/05 and 2003/04

## Capital works completed during 2004/05

Project	Total cost \$M	Completion Date	Project	Total cost \$M	Completion Date
<b>Ambulance Service</b>			Prince of Wales Non Acute Beds	1.8	Nov 04
Ambulance Information Technology/ Radio Equipment	1.6	Jun 05	SESAHS State Implementation Team Patient Administration System Unique Patient Identifier	6.8	Jun 05
Forbes Ambulance Station	0.7	Dec 04	Shellharbour Hospital Emergency Department	4.4	Dec 04
Replacement Defibrillators and Pulse Oxometry Units	0.8	Jun 05	South Eastern Sydney Radiotherapy Information	0.9	Jul 04
Sussex Inlet Ambulance Station	0.8	Jul 04	St George Hospital Cold Plated Meal System	0.9	Jun 05
<b>Children's Hospital Westmead</b>			St George Hospital Medical Research Centre	2.4	Jun 05
Picture Archiving Communication System (PACS) Upgrade	3.5	Nov 04	St Vincent's Psychiatric Emergency Care Centre (PECC)	0.5	May 05
<b>Greater Southern AHS</b>			Sutherland Hospital Redevelopment	85.3	Nov 04
Bega Oncology/Community Health Service (Bega/Moruya)	1.3	Oct 04	Sydney Children's Hospital Cell Therapy Eastern Laboratory	1.0	Dec 04
Hay Health Service	9.4	Dec 04	Sydney Hospital – Picture Archiving Communication System (PACS) Upgrade	0.5	Jun 05
Henty Hospital	5.9	Sep 04	Wollongong Hospital Replacement Linear Accelerator	2.2	Feb 05
Southern State Implementation Team Patient Administration System Unique Patient Identifier	1.9	Jun 05	<b>Sydney South West AHS</b>		
Young and Mercy Health Services	17.2	Apr 05	Acute Mental Health Inpatient Beds – Liverpool	0.8	Nov 04
<b>Greater Western AHS</b>			Camden Brain Injury Unit Relocation	0.7	Jan 05
Dubbo Hospital Central Sterile Supply Department Upgrade	0.5	Nov 04	Campbelltown/Liverpool Hospitals – Picture Archiving Cataloging System (PACS) Upgrade	2.0	Dec 04
Orange Base Hospital Cardiac Catheter Laboratory	2.0	Jun 05	Dental Equipment – Sydney South West AHS	1.7	Jun 05
<b>Hunter/New England AHS</b>			Liverpool Cardiac Catheter Laboratory Replacement	2.9	Dec 04
John Hunter Hospital Picture Archiving Communication System (PACS) Upgrade	0.5	Jun 05	Liverpool Child Care Centre	0.5	Oct 04
John Hunter Hospital Energy Performance Contract	2.1	Jun 05	<b>Sydney West AHS</b>		
<b>Justice Health Service</b>			Acute Mental Health Inpatient Beds – Cumberland	0.6	Dec 04
Corrections Health State Implementation Team Patient Administration System Unique Patient Identifier	1.2	Jun 05	Blacktown Hospital Upgrade Phase 1	1.8	Jun 05
<b>North Coast AHS</b>			Dental Equipment – Sydney West AHS	0.9	Jun 05
Kyogle Health Service	9.4	Jun 05	Nepean Cancer Care Centre Accommodation	1.5	Dec 04
Nimbin Health Service	4.9	Feb 05	Nepean Clinical Service Enhancements (GMTT)	1.8	Aug 04
Northern Rivers Energy Performance Contract	1.6	Jun 05	Nepean Hospital Rotary Cottage	0.9	Mar 05
<b>Northern Sydney AHS</b>			Sydney West AHS Energy Performance Contract	6.7	May 05
Central Coast Access Plan – Wyong Hospital	85.4	Jun 05	Sydney West AHS Replacement Gamma Camera	1.0	Jun 05
Central Coast Health Access Plan – Wyong Pacific Highway Upgrade	1.1	Jun 05	Sydney West AHS Various Medical Equipment	0.8	Jun 05
Manly Hospital Energy Performance Contract	0.7	Dec 04	Western Sydney Strategy – St Joseph's Hospital Auburn	1.4	Feb 05
Northern Beaches Site Acquisition	2.4	Jun 05	Westmead Ambulatory Procedural Centre	6.2	Oct 04
RNSH Redevelopment Stage 1 (POEM Building)	54.6	Jul 04	Westmead Hospital Equipment Replacement	1.6	Jun 05
<b>South Eastern Sydney/Illawarra AHS</b>			Westmead Hospital Gamma Cameras	0.7	Apr 05
Coledale Hospital	5.4	Jul 04	Westmead Hospital Linear Accelerator Replacement	3.0	Jun 05
Illawarra Cancer Care Centre Linac Replacement	1.0	Feb 05	Westmead Information Technology Department Wide Area Network (WAN) Upgrade	1.2	Dec 05
Illawarra Strategy Stage 2 – Shoalhaven Hospital	35.0	Sep 04	<b>Head Office/Various</b>		
Kiloh Acute Mental Health Centre, Randwick Upgrade	0.5	Jun 05	Australian Incident Management System	1.0	Jun 05
Milton-Ulladulla Hospital Redevelopment	7.0	Jun 05	Australian Incident Management System Stage 2	4.0	Jun 05
Port Kembla (Orana House) Detoxification Unit	0.8	Nov 04	Children's Cancer Institute Australia (DOH Grant)	3.0	Jun 05
			Karitane Education/Research Facility (DOH Grant)	1.0	Jun 05
			Walgett Aboriginal Medical Centre (DOH Grant)	1.0	Jun 05
			<b>TOTAL COST</b>	<b>414.4</b>	

Note: Includes projects only with an estimated total cost over \$0.5M

## Capital works in progress during 2004/05

Project	Total cost \$M	Project	Total cost \$M
<b>Ambulance Service</b>			
Ambulance Infrastructure	49.5	Central Sydney AHS Resource Transition Program – RPAH Stage 2 (East Campus Stage 2/RPA 2a/Laboratories)	36.6
General Motors Ambulance Fleet Replacement <sup>#</sup>	6.1	Gloucester House (Royal Prince Alfred Hospital)	5.0
Rural Ambulance Fleet Replacement <sup>#</sup>	3.0	Liverpool Hospital Emergency Department	9.1
<b>Children's Hospital Westmead</b>		Liverpool/Fairfield Mental Health Facilities	32.5
CHW Research Facility	18.9	Macarthur Sector Strategy	112.2
<b>Greater Southern AHS</b>		Mental Health 3A – Western Network (Campbelltown 20 Bed Non Acute)	6.2
Bateman's Bay Emergency Department	2.6	Radiotherapy Services Stage 2 – Replacement and New (Campbelltown/Liverpool)	5.5
Finley Hospital Refurbishment of Doctor's Rooms and Community Health Facility	0.7	Radiotherapy Services Stage 2 – RPAH New Linac <sup>#</sup>	3.0
<b>Greater Western AHS</b>		Redfern Primary Health Service Centre	1.8
Bourke Health Service	15.7	<b>Sydney West AHS</b>	
Dubbo Acute Psychiatric Inpatient Unit	5.1	Blue Mountains Hospital Redevelopment Strategy (including Acute Inpatient Unit)	12.9
Dubbo Base Hospital Methadone Clinic	0.6	Mineral Resources Building Lidcombe – Property Purchase/ DAL Refurbishment	4.6
Menindee Primary Health Service	2.4	Mount Druitt Child Care Centre (GMTT)	0.8
<b>Hunter/New England AHS</b>		Parramatta Linen Service – Linen Replacement <sup>#</sup>	2.7
Electronic Medical Record Stage 1 (Maitland) <sup>#</sup>	2.0	Parramatta Linen Service – Materials Handling System <sup>#</sup>	2.1
John Hunter Hospital New Medical Resonance Imager <sup>#</sup>	1.5	Various Minor Works – Sydney West AHS	3.6
Newcastle Strategy – ACCESS Building	97.4	Wentworth AHS Energy Performance Contract <sup>#</sup>	2.3
Newcastle Strategy – Belmont Hospital	31.0	Western Sydney Strategy – Engineering Infrastructure	13.9
<b>North Coast AHS</b>		Western Sydney Strategy – Infill Building	33.6
South West Rocks Community Health Centre	1.0	Westmead Data Centre Server Replacement <sup>#</sup>	1.0
<b>Northern Sydney/Central Coast AHS</b>		Westmead Hospital Linear Accelerator <sup>#</sup>	3.0
Central Coast Health Access Plan – Gosford Hospital	115.9	Westmead Hospital Purchase of X-Ray Equipment <sup>#</sup>	3.2
Central Coast Health Access Plan – Wyong Mental Health	10.1	Westmead Hospital Transit Unit	0.9
Hornsby Hospital Obstetrics Paediatrics and Emergency Department	20.9	Westmead Information Technology Department Clinical Repository <sup>#</sup>	1.1
Royal North Shore Hospital Building Façade Stage 2	2.5	Westmead Information Technology Department CER Rollout <sup>#</sup>	1.3
<b>South Eastern Sydney/Illawarra AHS</b>		<b>Various/Head Office</b>	
Prince of Wales Parkes Block	7.0	E-Catalogue/E-Marketplace <sup>#</sup>	4.1
Sutherland Hospital Car Park	1.6	Information Management and Technology Strategy Stage 4 <sup>#</sup>	4.9
Wollongong Hospital Kitchen Development	0.8	Information Management and Technology Strategy Stage 5 <sup>#</sup>	9.9
Sydney Hospital Picture Archiving Communication System (PACS) <sup>#</sup>	0.5	Information Management and Technology Patient and Clinical Systems <sup>#</sup>	39.9
<b>Sydney South West AHS</b>		Information Management and Technology Patient and Clinical Systems Phase 2 <sup>#</sup>	60.0
Cabramatta Anti-Drug Strategy	2.0	Metropolitan Clinical Networks Infrastructure Strategy	12.3
Central Sydney AHS Resource Transition Program – Central Sydney Supply Service	22.3	Patient Administration System <sup>#</sup>	90.0
Central Sydney AHS Resource Transition Program – Community Health Projects	37.1	Information Management and Technology Point of Care Clinical Information System Pilot <sup>#</sup>	17.4
Central Sydney AHS Resource Transition Program – Marrickville Community Health Centre	7.4	Information Management and Technology State Electronic Health Record <sup>#</sup>	19.4
Central Sydney AHS Resource Transition Program – Rozelle Mental Health Facility Relocation	31.0	Statewide Planning and Asset Maintenance Program <sup>#</sup>	53.1
Central Sydney AHS Resource Transition Program – RPAH Stage 1 (East/West Campus/JRRU/KGV/Carpark)	293.6	<b>TOTAL ESTIMATED COST</b>	<b>1,399.9</b>

Note: \$'M estimated total cost as approved in 2004/05  
Includes projects only with an estimated total cost over \$0.5M

# Non construction works project

## New capital works introduced during 2004/05

Project	Total cost \$M	Project	Total cost \$M
<b>Ambulance Service NSW</b>		Sydney Children's Hospital Confocal Microscope	0.5
Ambulance Information Technology/Radio Equipment	1.6	Sydney Hospital Picture Archiving Communication System (PACS)	2.2
General Motors Ambulance Fleet Replacement	6.1	<b>Sydney South West AHS</b>	
Replacement Defibrillators and Pulse Oxometry Units	0.8	Camden Brain Injury Unit Relocation	0.7
Rural Ambulance Fleet Replacement	3.0	Dental Health Various Equipment Items Sydney South West AHS	1.7
<b>Greater Southern AHS</b>		Gloucester House (Royal Prince Alfred Hospital)	5.0
Finley Hospital Refurbishment of Doctor's Rooms and Community Health Facility	0.7	Liverpool Hospital Gamma Camera	1.0
Greater Southern AHS Energy Performance Contract	0.9	Liverpool Hospital PET-CT Scanner Equipment Upgrade	1.3
Kenmore Hospital Mental Health Stage 1	3.0	Redfern Primary Health Service Centre	1.8
Port Kembla (Orana House) Detoxification Unit	0.8	<b>Sydney West AHS</b>	
<b>Greater Western AHS</b>		Blacktown Hospital Upgrade Phase 1	1.8
Dubbo Base Hospital Methadone Clinic	0.6	Dental Health Various Equipment Items Sydney West AHS	0.9
Orange Base Hospital Cardiac Catheterisation Laboratory	2.0	Mineral Resources Building Lidcombe	4.6
<b>Hunter/New England AHS</b>		Parramatta Justice Precinct – Jeffrey House	15.8
Electronic Medical Record Stage 1 (Maitland)	2.0	Parramatta Linen Service – Linen Replacement	2.7
John Hunter Hospital Car Parking	1.4	Parramatta Linen Service – Materials Handling System	2.1
John Hunter Hospital Energy Performance Contract	2.1	Parramatta Linen Service – Ward Trolley Service	0.7
John Hunter Hospital Forensic Medicine	9.0	Sydney West AHS Cardiac Catheter Laboratory Monitors	3.9
John Hunter Hospital New Medical Resonance Imager	1.5	Sydney West AHS RMR >\$250K (Purchase of Various Medical Equipment)	3.0
John Hunter Hospital Picture Archiving Communication System (PACS) Upgrade	0.5	Various Minor Works – Sydney West AHS	3.6
John Hunter Hospital Ultrasound Machines	0.7	Wentworth AHS Energy Performance Contract	2.3
Newcastle Brain Injury Unit	0.5	Westmead Data Centre Server Replacement	1.0
Singleton Hospital Campus – Doctor's Rooms and Imaging Service	2.4	Westmead Hospital Ambulatory Procedural Centre – New Endoscopes	0.8
<b>North Coast AHS</b>		Westmead Hospital Bone Marrow Ward Refurbishment	4.2
Port Macquarie Base Hospital Purchase	40.4	Westmead Hospital Energy Performance Contract	3.9
South West Rocks Community Health Centre	1.0	Westmead Hospital Equipment Replacement	1.6
<b>Northern Sydney/Central Coast AHS</b>		Westmead Hospital Gamma Camera	0.7
Macquarie Hospital Communication Recovery Centre	1.1	Westmead Hospital Local Area Network Server Upgrade	0.5
Northern Beaches Site Acquisition	2.4	Westmead Hospital Purchase of X-Ray Equipment	3.2
Royal North Shore Hospital Building Facade Stage 2	2.5	Westmead Hospital Thin Client Upgrade	0.5
<b>South Eastern Sydney/Illawarra AHS</b>		Westmead Information Technology Department Clinical Repository	1.1
Prince of Wales Hospital Echo Cardiography	0.8	Westmead Information Technology Department Wide Area Network (WAN) Upgrade	1.2
Prince of Wales Hospital Gamma Camera	0.5	Westmead Information Technology Department CER Rollout	1.3
Prince of Wales Hospital Medical Resonance Imager (MRI)	0.9	<b>Head Office/Various</b>	
Psychiatric Emergency Care Centre at St George Hospital	0.5	Children's Cancer Institute Australia (DOH Grant)	3.0
St George Hospital Chillers	2.4	Karitane Education/Research Facility (DOH Grant)	1.0
St George Hospital Cold Plated Meal System	1.6	Mineral Resources Building Lidcombe – Property Purchase	4.6
St George Hospital Medical Research Centre	0.7	Pathways Home Program (Statewide)	39.8
St George Hospital Prostate Cancer Stage 1	0.9	RM R>\$5,000 Pathways Home Program	5.6
Sutherland Hospital Car Park	1.6	<b>TOTAL ESTIMATED COST</b>	
			<b>226.3</b>

Note: \$'M estimated total cost as approved in 2004/05  
Includes projects only with an estimated total cost over \$0.5M

# NSW Health land disposals

There were a total of 25 properties disposed of during 2004/05 with their total gross sales proceeds of \$23.761 million.

All properties disposed of in 2004/05 were sold in accordance with government policy. There were no properties which had a value of more than \$5,000,000 disposed of by means other than public auction or tender.

There were no family connections or business associations between the people that acquired the properties and the people responsible for approving the disposal of the properties.

All properties disposed of were no longer suitable or required for health purposes. The proceeds were mainly used for replacement health facilities.

An application for access to documents concerning details of properties disposed of during the reporting year may be made in accordance with the *Freedom of Information Act 1989*.

During 2004/05 the Department completed and circulated throughout the health system the Policy for the Statewide Management of Moveable Heritage and the Guide to Health and Medicine Collections in NSW and ACT.

The Department also commenced a revision of the NSW Health Heritage Asset Manual. This will incorporate the Health Moveable Heritage Policy, amendments to the *Heritage Act 1999*, new Heritage Asset Management Guidelines issued by the Heritage Council in January 2005 and the inclusion of the Commonwealth's late 2003 heritage amendments to the *Environment Protection and Biodiversity Act 1999*.

# NSW Health risk management and insurance activities

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

### a) Frequency (numbers of incidents)

The number of Workers Compensation Claims for 2004/05 as at 30 June 2005 (with 2003/04 in brackets) was 7,230 (7,287). (Note the lesser number in 2004/05 does not necessarily show improved performance – rather the previous years claims have had a further twelve months maturity). A dissection of these claims reveals some 43 per cent (51 per cent) related to Nurses, 20 per cent (16 per cent) to Hotel Services, 12 per cent (9 per cent) to Medical/Medical Support, 11 per cent (10 per cent) to General Administration, 9 per cent (9 per cent) to Ambulance, 3 per cent (3 per cent) to Maintenance and 2 per cent (2 per cent) to Linen Services.

Body Stress (manual handling) contributed around 41 per cent (41 per cent) of the numbers, Slips and Falls 16 per cent (15 per cent), Stress 7 per cent (7 per cent), Hit by Objects 18 per cent (12 per cent) with the remaining 18 per cent (25 per cent) spread amongst a number of other causes.

### b) Total Claims Cost

The Total Workers Compensation Claims Cost for 2004/05 as at 30 June 2005 was \$45.8 million (\$42.5 million). A dissection of this claims cost reveals 43 per cent (52 per cent) related to Nurses, 12 per cent (10 per cent) to General Administration, 13 per cent (10 per cent) to Medical/Medical Support, 20 per cent (15 per cent) to Hotel Services, 3 per cent (2 per cent) to General Maintenance, 2 per cent (3 per cent) to Linen Services and 7 per cent (7 per cent) to Ambulance.

Body Stress (manual handling) contributed around 46 per cent (48 per cent) of the claims cost, Slips and Falls 14 per cent (16 per cent), Stress 17 per cent (16 per cent), Hit by Objects 11 per cent (10 per cent), Vehicle Accidents 5 per cent (4 per cent) with the remaining 7 per cent (6 per cent) 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 and data covering a 16 year period from 1 July 1989 as at 30 June 2005 for the period 1 July 1989 to 31 December 2001 and from 1 January 2002 is presented below:

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

Statistics as at 30 June 2005 reveal that legal liability costs are dissected as follows:

- **1 July 1989 to 31 December 2001 (as at 30 June 2005)** – Treatment Non Surgical 40 per cent (41 per cent), Treatment Surgical 31 per cent (30 per cent), Misplaced Lost 6 per cent (6 per cent) Hepatitis C 4 per cent (4 per cent), Slipping and Falling 7 per cent (7 per cent), Accidental Damage 3 per cent (3 per cent) and Other 9 per cent (9 per cent).
- **1 January 2002 to 30 June 2005** – Anaesthetic issues 2 per cent (3 per cent), Antenatal Neonatal Issues 16 per cent (6 per cent), Consent Issues 2 per cent (2 per cent), Diagnosis Issues 38 per cent (13 per cent), Infection Control 4 per cent (2 per cent), Non Procedural Surgical 7 per cent (9 per cent), Procedural Surgical 8 per cent (14 per cent), Slips/Trips 3 per cent (7 per cent), Treatment Failure 15 per cent (10 per cent), Unspecified 3 per cent (16 per cent), and Other 2 per cent (18 per cent).

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

In December 2001 the NSW Government advised that from 1 January 2002, it would provide coverage through the NSW Treasury Managed Fund for all VMOs/HMOs treating public patients in public hospitals provided that they each signed a Service Agreement with their Public Health Organisation and also signed a Contract of Liability Coverage. In accepting this coverage, 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 2005 some 1,654 (1,159) incidents had been notified thus allowing early management as applicable. Of these incidents 71 (43) had converted to claims.

# NSW Health risk management and insurance activities

## Retrospective Cover for VMOs/HMOs for incidents prior to 1 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 from treating public patients in Public Hospitals from incidents up to and including 31 December 2001.

This initiative was introduced to lessen financial demands for the Medical Defence Organisations in the setting of premiums. As at 30 June 2005 the Department had granted indemnity in respect of 270 (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 2005 on Property Claims since 1 July 1989 identify 7,281 (6,710) claims at a cost of \$56.3 million (\$51.0 million). Claims costs are Storm and Water damage 34 per cent (35 per cent), Fire/Arson 29 per cent (27 per cent), Theft/Burglary 13 per cent (14 per cent), Accidental Damage 7 per cent (8 per cent), Fusion/Electrical Faults 11 per cent (10 per cent) and Other 6 per cent (6 per cent).

## Claims excesses

Claims excesses apply to Liability and Property Claims and equate to 50 per cent of the cost of the claim capped at \$10,000 and \$6,000 respectively. These financial excesses are to encourage local risk management practices.

## NSW Treasury Managed Fund

Risks are covered by the NSW Treasury Managed Fund which is a self insurance arrangement of the NSW Government and of which the Department is a member. The Department is provided with funding via a benchmark process and pays deposit premiums for workers compensation, motor vehicle, liability, property and miscellaneous lines of business. The workers compensation and motor vehicle deposit premiums are adjusted through a hindsight calculation process after 5 years and 18 months respectively.

Hindsight declared during 2004/05 were for:

- **Motor Vehicle** – 2003/04 Nil declared – nil paid in 2004/05.
- **Workers Compensation** – 1998/99 Final 5 years and 2000/01 Interim 3 years were declared in 2004/05 with the Department receiving surpluses of \$25.1 million and \$26.2 million respectively a total surplus of \$51.3 million.

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

The cost of insurance in 2004/05 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>
<b>Total TMF</b>	<b>329.4</b>	<b>342.9</b>	<b>13.5</b>
VMO	66.3	6.3	0.0
<b>Total</b>	<b>395.7</b>	<b>409.2</b>	<b>13.5</b>

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 per cent) 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 new and ongoing initiatives to reduce risks as outlined below:

- A Security Improvement Assessment Tool and detailed supporting guidelines to assist Health Services assess their compliance with security risk management policy requirements outlined in the NSW Health Security Manual and drive continuous improvement, was developed and provided to all Area Health Services.
- Release of the NSW Health Workplace Health and Safety Policy and Better Practice Guide.
- Ongoing commitment to and participation in the whole of Government OHS and Injury Management Improvement Strategy.
- Ongoing participation in the NSW WorkCover Occupational Stress Management Steering Group to develop prevention and intervention strategies for occupational stress in the health and community services sector.
- Ongoing development and support of the NSW Health OHS audit tool, the OHS Profile.
- Current review and update of the NSW Health policy and guidelines for the management of presentations, workshops and networking.
- Continued promotion of the "Clinicians Toolkit for Improving Patient Care" which is directed at Visiting Medical Officers and other clinicians.
- A Clinical Risk Management Program (CRM) that sought to identify practice improvement opportunities in small rural NSW Hospitals serviced by VMO GPs where currently such systems do not exist was piloted. On evaluation the pilot proved successful and is to be rolled out statewide.
- The deployment in May 2005 of an extensive information collection and management process that records all incidents on an electronic system (Incident Information Management System – IIMS). The process encompasses clinical and corporate incidents and is guided by the Incident Management policy that ensures a consistent, systematic and coordinated approach to the management of these incidents.
- The 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 they desire and have been approved as "sponsored projects".

During 2004/05 the following sponsored projects were either ongoing or completed.

### Ongoing

- **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 off previously completed TMF Sponsored Projects with Area Health Services in the Fund).
- **Cancer Institute NSW** – project to assist in the assessment and improvement of risk management systems.
- **Wentworth Area Health Service** – Enterprise-wide Risk Management Framework
- **Sydney West Area Health Service** – is trialling new technology, the ViCCU (Virtual Critical Care Unit) to assist in the diagnosis and treatment of patients who present to emergency doctors who are remote from major hospitals.

The project involves:

- Reviewing de-identified emergency medicine claims and case mapping to test against ViCCU technology by ViCCU experts
- Risk assessment of ViCCU technology
- Draft case study of ViCCU risk assessment process for publication.

### Completed project

- Northern Sydney Area Health Service – review of Post Injury Management of Stress Claims.

# NSW Health commitment to energy management

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 achievement of utilities reform, with many examples of energy innovation and a significant history of partnership with the Department of Energy, Utilities and Sustainability and Sydney Water. Innovation is demonstrated through 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 or recently received approval for energy performance projects to the value of \$26,569,764. These have provided guaranteed recurrent savings of \$4,488,037 per annum and reduced greenhouse gas emissions by 41,445 tonnes per annum.

During 2004/05 the following new projects were approved and are currently being implemented:

### ■ Hunter and New England Area Health Service

The Hunter and New England Area Health Service is undertaking an energy performance project at the John Hunter Hospital to the sum of \$2,070,000 under the DEUS Energy Smart Government Program to upgrade lighting, heating, ventilation and air conditioning, install building management systems, and boiler, steam and water rationalisation projects to achieve energy and water savings.

The project will generate guaranteed annual savings of \$312,452 that will be used to repay the loan over 9 years. On completion it will reduce greenhouse emissions by 2,945 tonnes per annum. It will also reduce the consumption of 1,774,098 kWh of electricity, 22,244 GJ of natural gas and 35,719 KL of water per annum.

### ■ Sydney West Area Health Service

The Sydney West Area Health Service has obtained approval under an energy performance contract to undertake projects at a number of hospitals within the former Wentworth Area Health Service. The projects are to upgrade lighting, heating ventilation and air-conditioning systems, building management systems, water management systems, and install water reuse and electricity cogeneration systems.

An interest-bearing loan has been provided for the sum of \$2,255,000. When the project is completed it will generate average annual savings of \$319,265. The project will reduce the consumption of electricity by 5,344,372 kWh per annum, 25,453 KL of water per annum and will reduce greenhouse gas emissions by 4,545 tonnes per annum.

Treasury has approved a loan for the sum of \$3,858,310 to undertake an energy performance contract (EPC) at the Westmead Hospital. This is the second EPC to be undertaken on this campus. This project will upgrade lighting, heating ventilation and air-conditioning systems, building management systems, water management systems and power factor correction.

When the project is completed it will generate average annual savings of \$471,775 per annum and reduce greenhouse gas emissions by 5,382 tonnes per annum. The project will also reduce the consumption of electricity by 5,487,996 kWh, water by 55,874 KL and natural gas by 762 GJ per annum.

### ■ Greater Southern Area Health Service

A Treasury has approved a loan for the sum of \$906,830 to undertake projects under an energy performance contract at the Goulburn, Crookwell, Cooma and Bega hospitals. The projects include the installation of power factor correction equipment and improvements to lighting, heating ventilation and air-conditioning systems.

When the projects are completed they will generate average annual savings of \$133,764 per annum and reduce greenhouse gas emissions by 565 tonnes per annum. Electricity consumption will be reduced by 374,696 kWh and natural gas by 6,288 GJ per annum across the sites.

### Performance against goals

Data for 2004/05 is currently being collected using the whole-of-government internet based EDGAR reporting system.

Key statistical data for 2003/2004 is as follows:

- Total energy consumption for NSW Health in 2003/04 was 4,523,487 Gigajoules (GJ) compared to a consumption in 2002/03 of 4,780,467 GJ.
- Hospitals used 3,435,879 GJ.
- Community health centres, ambulance stations and nursing homes etc used 124,343 GJ.
- Linen services, stand alone food services etc used 322,086 GJ.
- Transport services consumed 607,938 GJ of petrol, diesel and aviation fuel.
- Office buildings for NSW Health, which include lighting, office equipment etc consumed 33,241 GJ.

### Future directions

Area Health Services within the Sydney Water supply area have committed to the Every Drop Counts Program and have obtained grant funding to undertake water saving projects.

There is an ongoing need to continue to reduce energy consumption because the cost of energy is escalating above the inflation rate. Reduced demand will ensure sustained cost savings and improved energy efficiency.

Significant activity will now focus on the recently released requirements to have energy and water savings action plans for large consumption sites and compliance with the Department of Energy Utilities and Sustainability Guidelines. These action plans will enable NSW Health to identify opportunities for the application of Energy Performance Contracts and other energy management improvement solutions.

## Accounts receivable ageing for the Department of Health as at 30 June 2005

Category	2004/05		2003/04	
	\$000	%	\$000	%
< 30 Days	19,011	69	15,675	80
30/60 Days	584	2	1,243	6
60/90 Days	84	1	320	2
> 90 Days	7,940	28	2,285	12
<b>TOTAL</b>	<b>27,619</b>		<b>19,523</b>	

In 2004/05 the significant receivable balance in over 90 days is represented by \$892,000 for Aus Health International as interest payable to the Department but not yet realised in terms of agreement. The amount further includes \$5,064,000 as the GST opening balance for 2004/05.

In 2003/04 the significant receivable balance in over 90 days was represented by \$851,000 for Aus Health International as interest payable to the Department but not yet realised in terms of the agreement and \$482,000 receivable from the Commonwealth in respect of Australian Red Cross Blood Service.

## Accounts payable ageing for the Department of Health as at 30 June 2005

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	27,347	0	0	0	0
December	22,609	2	0	0	0
March	59,664	0	0	0	0
June	175,087	0	0	0	0

The significant increase in Accounts Payable as at 30 June 2005 related to the need for the Department to recognise claims from Area Health Services for reimbursement of various expenses incurred, eg award increases not yet paid to staff. As indicated in Note 25 of the Department's 2004/05 Audited Financial Statements the Department's liability to Health Services at 30 June 2005 was \$76.467 million. Current taxation and other payroll deductions accounted for a further \$61.576 million.

Quarter	Total accounts paid on time		Total amount paid
	%	\$000	\$000
September 2004	99.5	2,494,547	2,507,082
December 2004	99.5	2,142,542	2,153,309
March 2005	99.3	2,380,887	2,397,671
June 2005	98.6	2,388,094	2,422,002

# Research and development infrastructure grants made by the Department of Health

The Department of Health has two Grants Programs which provide 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 Research and Development Infrastructure Grants Program are to:

- provide infrastructure funding on a fair and equitable basis for outstanding state-wide research organisations
- align this funding with NSW health system priorities
- ensure that research organisations which receive funds comply with accountability requirements

- promote the dissemination and application of research results.

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

The specific objectives of the Research and Development Capacity Building 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 address 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. They are deemed suitable for funding but do not meet strictly the conditions of the programs or otherwise they help to meet the health and medical research priorities of NSW Health.

## Research and development infrastructure grants

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 Health Economics Research and Evaluation	100,000	Infrastructure grant to support research in the area of health economics and health services
Centre for Health Informatics	500,000	Infrastructure grant to support research, development and commercialisation of information and communication technologies and processes specifically targeted at health care priority areas
Centre for Health Service 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 and Microbiology Laboratory Services	500,000	Infrastructure grant to support prevention, surveillance, epidemiology and diagnosis of infectious/communicable disease and parthenogenesis and treatment of infectious diseases
Centre for Vascular Research	646,004	Infrastructure grant to support research into the causation of treatment of blockages of blood vessels
Centre 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
Consortium for Social 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 health 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

## Research and development infrastructure grants made by the Department of Health

Grant Recipient	Amount \$	Purpose
Hunter Medical Research Institute	1,287,844	Infrastructure grant to support research in areas of public health
Institute of Magnetic Resonance Research	154,575	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 and cancer
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 of Public Health	500,000	Infrastructure grant to support public health and health services research
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 Diseases
Save Sight Institute	198,150	Infrastructure grant to support research on age-related eye diseases
The George Institute for International Health	187,275	Infrastructure grant to support research into major public health issues
The Heart Research Institute	532,537	Infrastructure grant to support research into heart disease, particularly atherosclerosis
Victor Chang Cardiac Research Institute	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 Medical Research	765,116	Infrastructure grant to support research into causes, treatment and prevention of respiratory diseases, eg asthma, SIDS, sleep disorders
	<b>20,937,655</b>	

### Additional grants

Grant Recipient	Amount \$	Purpose
ASMR Medical Research Week	25,000	Support the conduct of Medical Research Week
BioMed North	250,000	Support the commercialisation of intellectual property developed with certain NSW Health organisations
Co-operative Research Centre for Asthma	200,000	Support asthma research
Ministry for Science and Medical Research	25,000	Support Aboriginal Health and Medical Research Week
National Health and Medical Research Council Clinical Trials Centre	50,000	Support the ASPIRE trial of low-dose aspirin to prevent thrombosis
Sydney West Area Health Service	250,000	Support and development of the Westmead Research Hub
The Sax Institute (formerly known as the Institute of Health Research)	1,000,000	Support the development of research partnerships in the areas of population health, health services and health policy research
	<b>1,800,000</b>	
<b>Grand Total</b>	<b>22,737,655</b>	

# Non-government organisations funded by the Department of Health

Program: 39.1 Ambulatory, Primary and (General) Community Based Services  
39.1.1 Primary and Community Based Services

Grant recipient	Amount	Purpose
<b>AIDS</b>		
AIDS Council of NSW Inc	\$6,789,201	ACON is the peak statewide community based organisation providing HIV/AIDS prevention, education, and support services to people at risk of and living with HIV/AIDS. Services and programs include: HIV prevention, education and community development programs for gay and other homosexually active men; treatments information, health promotion and support programs for people with HIV/AIDS; education and outreach programs for commercial sex workers through the Sex Workers Outreach Project (SWOP); individual and group counselling; enhanced primary care and GP liaison; and HIV/AIDS information provision
Australian Council on Healthcare Standards (ACHS)	\$100,000	Coordination of collection, analysis and reporting of healthcare associated infections (HAI) data in all NSW public facilities
Australasian Society for HIV Medicine Inc	\$469,780	Provision of training and accreditation for general practitioners prescribing oral HIV treatments under s100 of the National Health Act, and training, education and support for general practitioners involved in the management of HIV infection
Australian Research Centre in Sex, Health and Society La Trobe University	\$68,650	Activating the internet:using new technologies to conduct health promotion with gay men project
Diabetes Australia – NSW	\$1,426,400	Provision of free needles and syringes to registrants of the National Diabetic Services Scheme resident in NSW
Hepatitis C Council of NSW	\$832,000	Provision of 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 transmission
National Centre in HIV Epidemiology and Clinical Research	\$496,201	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 area. Project funding for the evaluation of the Medically Supervised Injecting Centre trial
National Centre in HIV Social Research	\$198,000	Contribution towards the costs of the Sydney Gay Community Periodic Survey, the Positive Health Cohort Study, a number of time limited projects and a NSW HIV/AIDS and hepatitis C Research Coordination project
NSW Users & AIDS Association Inc	\$1,076,000	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
PLWHA (NSW) Inc	\$524,150	Statewide community based education, information and referral support services for people living with HIV/AIDS
Uniting Care NSW.ACT	\$2,206,336	Medically Supervised Injecting Centre trial. The source of funds for this initiative is the Confiscated Proceeds Account.
<b>TOTAL</b>	<b>\$15,956,918</b>	
<b>Care for Carers</b>		
Carers NSW Inc	\$314,900	Grant for peak body role including health professionals training, biennial conference and carer training
AIDS Council of NSW Inc	\$47,950	Gay, Lesbian, Bisexual and Transgender(GLBT) carer program providing a volunteer based emotional and social support program for carers of GLBT people
Association of Genetic Support of Australasia Inc	\$50,000	Filling the Void providing practical and emotional support to carers of people with rare genetic disorders where no support is available
Australian Huntington's Disease Association (NSW) Inc	\$27,500	Caring for HD carers program supporting family and carers of people with Huntington's disease

## Non-government organisations funded by the Department of Health

Grant recipient	Amount	Purpose
Autism Spectrum Australia	\$100,000	Behaviour intervention service parent carer training programs and support service. Early support and education for parents and carers of newly diagnosed children with autism spectrum disorder
Bankstown Women's Health Centre	\$18,500	Workshops and social gatherings for female carers
Blue Mountains Community Options	\$40,450	Education and support sessions for older male carers
Calvary Retirement Community Cessnock Ltd	\$37,100	Social activities and education for carers of older people who are frail or have dementia
Can Revive Inc	\$50,000	Information and support groups for Chinese carers of people with cancer and community language education program
Canterbury Multicultural Aged & Disability Support Services Inc	\$17,200	Monthly carer support groups in six community languages
Central West Women's Health Centre Inc	\$50,000	Carer outreach project providing support via groups to female carers of people with intellectual and physical disability, acquired brain injury and mental illness
Coffs Harbour Women's Health Centre Inc	\$33,967	Treble Clefs project supporting female carers through workshops and self care activities
Disability and Aged Information Service Inc	\$50,000	Working Carers Support Gateway providing internet based information and support service for low income employed carers
Down Syndrome Association of NSW Inc	\$48,800	All the Way program supporting carers of people with Down Syndrome via information and peer support
Eden Community Access	\$4,350	Generic monthly support group for all carers in small rural communities
Headway Adult Development Program Inc	\$32,167	Headway adult development program care support project providing training and support groups to carers of people with acquired brain injury
Holdsworth Street Community Centre Woollahra Inc	\$50,000	Woollahra carers network supporting carers, of young children (0–5) with a disability, of adults over 30 with a disability and carers of people with dementia
Illawarra Retirement Trust	\$30,000	Gentle exercise sessions for older carers
Learning Links	\$49,300	Caring for carers group providing group support for parents of children with a disability
Lismore Neighbourhood Centre Inc	\$20,000	Lismore carer information and support program for carers of older frail people and dementia sufferers
Macedonian Australian Welfare Association	\$50,000	Support groups and information sessions for Macedonian carers
Macleay Kalipso Inc	\$49,833	Carer support network via telephone and E-mail
Motor Neurone Disease Association of NSW Inc	\$20,000	Link and Learn project providing information workshops and telelink groups for carers of people with motor neurone disease in three regional areas
Multicultural Disability Advocacy Association of NSW Inc	\$50,000	Cumberland/Prospect NESB carers education project supporting carers in five culturally and linguistically diverse background communities (Arabic, Chinese, Turkish, Maltese and Korean)
Multiple Sclerosis Society of NSW	\$15,000	MS Family Matters information, education and support program providing tailored information and education workshops and resources to carers and family of people with MS
Muscular Dystrophy Association of NSW	\$38,898	Care for carers program providing information and support to carers of people with muscular dystrophy and other neuromuscular disorders
Newtown Neighbourhood Centre Inc	\$50,000	Multicultural carer support service
Northern Beaches Interchange Inc	\$26,667	Support, information group for carers of people with a disability, acquired brain injury or mental illness and a young carer network
North Beaches Neighbourhood Service	\$27,400	Workshops for carers of people with a disability, dementia or mental illness
NSW Cancer Council	\$25,300	Support skills for cancer carers providing a statewide education program using facilitator-led online delivery and telegroup support
Orange Community Resource Organisation Inc	\$40,166	Dementia carer network supporting carers of people with dementia and Aboriginal dementia carers and monthly newsletter
Parramatta Mission – Uniting Church Trust Association	\$46,000	Structured psycho-educational groups for carers of people with mental illness, open support groups and telephone counselling
Relationship Australia (NSW)	\$37,550	Partners in Caring supporting parent carers of children with disabilities; Caring Men project supporting men in caring roles

Grant recipient	Amount	Purpose
Respite Tours Ltd	\$50,000	Social activities and networking for carers of people with an intellectual disability or acquired brain injury
Respite Volunteers for Palliative Care in Maitland Inc	\$41,200	Caring for carers project to assist carers of people with terminal illness to access carer education
Riverlink Interchange Inc	\$50,000	Carer wellness and development project providing support to carers through workshop and weekend retreats
Roselands Sports & Aquatic Club	\$20,000	Parents and carers support group that provides education and support to carers looking after a person with a disability or mental illness
Rozelle Neighbourhood Centre Inc	\$37,800	A community project supporting four culturally and linguistically diverse carer groups in the inner west of Sydney
Shared Vision Aboriginal Corporation	\$50,000	Caring in our communities providing support groups and activity days for rural Aboriginal carers
The Spastic Centre of NSW	\$50,000	Carers link program supporting parent and carers of people with cerebral palsy and other significant physical disability via mutual support and education initiatives
Tweed Valley Respite Service Inc	\$38,257	Life connections carers project providing information sessions and education programs for carers of people with a disability, acquired brain injury, dementia or the frail aged
<b>TOTAL</b>	<b>\$1,886,255</b>	

#### Community Services

Australian Association for the Welfare of Child Health Inc	\$131,100	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	\$138,300	Grant for policy development in the areas of consumer participation, rural health, Health NGO's, community care, intergovernmental issues and promotion of non acute services and employment of health policy officer
NSW Association for Adolescent Health Inc	\$93,200	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	\$451,700	Coordination and implementation of NGO Quality Improvement Program for health NGOs funded under the NGO Grant Program
United Hospital Auxiliaries of NSW Inc	\$145,100	Coordination and central administration of the United Hospital Auxiliaries spread throughout NSW
<b>TOTAL</b>	<b>\$959,400</b>	

#### Drug and Alcohol

Department of Psychology Macquarie University	\$60,600	Specialist clinical studies courses on drug and alcohol dependence
Life Education NSW	\$1,634,000	A registered training organisation providing health oriented educational program for primary school children
Network of Alcohol & Other Drugs Agencies Inc	\$625,316	Peak body for non-government organisations providing alcohol and other drug services. Includes project funding for NGO infrastructure, workforce training and development and also NADA infrastructure and conference
QMS (Quality Management Services) Inc	\$197,000	Three year project funding from 2004/05 for the review and accreditation of drug and alcohol NGOs providing residential rehabilitation services in NSW
<b>TOTAL</b>	<b>\$2,516,916</b>	

#### Health Promotion

National Heart Foundation of Australia (NSW Division)	\$143,300	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
<b>TOTAL</b>	<b>\$143,300</b>	

## Non-government organisations funded by the Department of Health

Grant recipient	Amount	Purpose
<b>Innovative Services for Homeless Youth</b>		
CHAIN – Community Health for Adolescents in Need, Inc	\$279,900	Preventative, early intervention and primary health care to young homeless people and young people at risk of homelessness
<b>TOTAL</b>	<b>\$279,900</b>	
<b>Rural Doctors Services</b>		
NSW Rural Doctors Network	\$1,046,000	The Rural Doctors' Network core funding is applied to a variety of programs aimed at ensuring sufficient numbers of suitably trained and experienced general practitioners are available to meet the health care needs of rural NSW communities. Funding is also provided for the NSW Rural Medical Undergraduates Initiatives Program focussed on providing financial and other support to medical students undertaking rural NSW placements; and the Rural Resident Medical Officer Cadetship Program supporting selected medical students in their final two years of study who commit to completing two of their first three postgraduate years in a NSW rural allocation centre
<b>Total</b>	<b>\$1,046,000</b>	
<b>Victims of Crime Support</b>		
Crossroads Community Care Centre	\$8,600	Victims of crime support – mother abuse support and advocacy project
Dubbo Women's Housing Programme Inc	\$90,300	Provision of counselling and support services for women and children who have experienced domestic violence
Enough is Enough	\$100,000	Provision of support services to victims of crime, including victims of road trauma, with a focus on violence, cooperative justice and community education
Lismore Neighbourhood Centre Inc	\$41,500	Provision of counselling to adult victims of child sexual assault
Liverpool Migrant Resource Centre Inc	\$64,000	Provision of counselling and support services to Arabic women who are victims of domestic violence. Also provides educational workshops on domestic violence
Mission Australia	\$86,500	Provision of court preparation and support to adult victims of crime
Nambucca/Bellingen Family Support Service	\$50,100	Provision of court support and other support services, including counselling, to victims of crime, particularly victims of domestic violence
Wagga Wagga Women's Health Centre	\$52,800	Provision of individual and group counselling to adult victims of child sexual assault
<b>TOTAL</b>	<b>\$493,800</b>	
<b>Women's Health</b>		
Women's Health NSW	\$146,700	Peak body for the coordination of policy, planning, service delivery, staff development, training, education and consultation between non-government women's health services, the Department and other government and non-government services
<b>TOTAL</b>	<b>\$146,700</b>	

Program: 39.1 Ambulatory, Primary and (General) Community Based Services  
39.1.2 Aboriginal Health Services

Grant recipient	Amount	Purpose
<b>Aboriginal Health – General</b>		
Aboriginal Health and Medical Research Council of NSW	\$753,000	Peak body advising State and Federal Governments on Aboriginal health matters and supporting Aboriginal community controlled health initiatives
Aboriginal Medical Service Co-op Ltd	\$416,050	Preventative health care and drug and alcohol services, Family Health Strategy services and vascular health program for Aboriginal community in the Sydney inner city area. A one off grant for the provision of medical services at the annual Aboriginal Rugby League Knockout Carnival and funding for the Aboriginal Health Worker Education Program
Armidale & District Services Inc	\$354,850	Dental services and education for Aboriginal communities in the New England and north west NSW areas
Australian College of Health Service Executives	\$60,000	Coordinator for Australian Aboriginal Trainee Health Service Management Program 2 year project 2003/04 – 2004/05
Awabakal Newcastle Aboriginal Co-op Ltd	\$389,900	Preventative health care, drug and alcohol, dental services, Otitis Media program and Aboriginal Health Strategy services for Aboriginal community in the Newcastle area
Biripi Aboriginal Corporation Medical Centre	\$517,659	Preventative health care, drug and alcohol, dental best practice, Family Health Strategy services and vascular health program for Aboriginal community in the Taree area
Bourke Aboriginal Health Service Ltd	\$123,900	Preventative and primary health care, health screening and education programs, drug and alcohol services for Aboriginal communities in Bourke and surrounding areas
Bulgarr Ngaru Medical Aboriginal Corporation	\$192,900	Dental Health Best Practice project for Aboriginal community in the Grafton area and Otitis Media coordinator
Centacare Wilcannia-Forbes	\$120,900	Aboriginal Family Health Strategy grant for the prevention of violence and supporting positive family relationships in Narromine and Bourke
Cummeragunja Housing & Development Aboriginal Corporation	\$68,000	Preventative health services for Aboriginal community in the Cummeragunja, Moama and surrounding areas
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$490,600	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Sydney Western Metropolitan area and a deceased person van service
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	\$5,000	One off grant for the child Otitis Media project
Durri Aboriginal Corporation Medical Service	\$376,800	Preventative health, drug and alcohol services, Dental Health Best Practice project and vascular health program (Durri/Galambila) for the Aboriginal communities in the area
Forster Local Aboriginal Lands Council	\$66,800	Aboriginal Family Health Strategy services for the prevention and management of violence within Aboriginal families
Goorie Galbans Aboriginal Corporation	\$102,000	Aboriginal Family Health Strategy services to reduce family violence, sexual assault and child abuse
Grace Cottage Inc	\$74,500	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	\$36,500	Safe house and support services for families fleeing from domestic violence in Eden and surrounding areas
Illaroo Cooperative Aboriginal Corporation	\$21,650	Personal Care Worker for the Rose Mumbler Retirement Village
Illawarra Aboriginal Medical Service	\$436,200	Dental, preventative health care, drug and alcohol services, youth health and welfare services and a childhood nurse for Aboriginal community in the Illawarra area
Katungul Aboriginal Corporation Community & Medical Services	\$90,200	Dental Health Best Practice project and Otitis Media coordinator
MDEA & Nureen Aboriginal Women's Cooperative	\$42,900	Counselling and support service for Koori women and children in stress from domestic violence

## Non-government organisations funded by the Department of Health

Grant recipient	Amount	Purpose
Ngadrii Ngalli Way Inc (My Mother's Way) Bourke Family Support Service	\$102,450	Aboriginal family health services providing emotional and practical support to families with dependent children who are experiencing difficulty in their lives
Ngaimpe Aboriginal Corporation	\$95,900	Residential drug and alcohol treatment centre for men in the Central Coast area and NSW
Oolong Aboriginal Corporation Inc	\$55,900	A residential drug and alcohol treatment and referral service for Aboriginal people
Orana Haven Aboriginal Corporation (Drug & Alcohol Rehabilitation Centre)	\$122,725	Drug and alcohol rehabilitation service for Aboriginal and non Aboriginal people
Regional Social Development Group Inc	\$73,100	Develop an 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	\$723,200	Preventative health care, drug and alcohol, dental services, Otitis Media program and coordinator and Aboriginal Family Health Strategy to develop and implement family health education programs for Aboriginal community in the South Western area
South Coast Medical Service Aboriginal Corporation	\$123,900	Preventative health care and drug and alcohol services for Aboriginal community in the Nowra area
Tharawal Aboriginal Corporation	\$356,000	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Campbelltown area
Walgett Aboriginal Medical Service Co-op Ltd	\$234,200	Preventative health care and drug and alcohol services and Family Health Strategy services for Aboriginal community in Walgett and surrounding areas
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	\$68,100	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	\$60,500	Residential drug and alcohol counselling, retraining and education programs for Aboriginal people in the Cowra area
Wellington Aboriginal Corporation Health Service	\$166,800	Drug and alcohol services, youth and Family Health Strategy services for the Aboriginal community in Wellington
Yerin Aboriginal Health Services Inc	\$386,950	Health and medical services both at the Centre and on an outreach basis, administration support, Otitis Media program and Family Health Strategy services for Aboriginal people in the Wyong area
Yoorana Gunya Aboriginal Family ViolenceHealing Centre Aboriginal Corporation	\$130,000	Aboriginal Family Health Strategy project
<b>TOTAL</b>	<b>\$7,440,034</b>	

### Aboriginal Health – AIDS

Aboriginal Health and Medical Research Council of NSW	\$220,364	Advice on HIV/AIDS, hepatitis C and sexual health strategies for Aboriginal communities in NSW. Implementation 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. Includes project funding for harm minimisation officer and a joint Aboriginal sexual health research project with NCHSR
Aboriginal Medical Service Co-operative Ltd	\$170,900	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities. Statewide distribution of condoms via Aboriginal Community Controlled Health Organisations
AIDS Council of NSW Inc	\$75,200	ACON is the peak statewide community based organisation providing HIV/AIDS prevention, education, and support services to people at risk of and living with HIV/AIDS. Services and programs include: HIV prevention, education and community development programs for gay and other homosexually active men; treatments information, health promotion and support programs for people with HIV/AIDS; education and outreach programs for commercial sex workers through the Sex Workers Outreach Project (SWOP); individual and group counselling; enhanced primary care and GP liaison; and HIV/AIDS information provision

Grant recipient	Amount	Purpose
Awabakal Newcastle Aboriginal Co-op Ltd	\$52,300	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Biripi Aboriginal Corporation Medical Centre	\$78,650	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Bourke Aboriginal Health Service Ltd	\$38,475	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Bulgarr Ngaru Medical Aboriginal Corporation	\$52,300	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Coomealla Health Aboriginal Corporation	\$38,475	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$52,300	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Durri Aboriginal Corporation Medical Service	\$52,300	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Katungul Aboriginal Corporation Community & Medical Services	\$25,650	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Pius X Aboriginal Corporation	\$52,300	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
South Coast Medical Service Aboriginal Corporation	\$52,300	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Walgett Aboriginal Medical Service Co-op Ltd	\$52,000	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Wellington Aboriginal Corporation Health Service	\$38,475	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
<b>TOTAL</b>	<b>\$1,051,989</b>	

#### Alternative Birthing

Durri Aboriginal Corporation Medical Service	\$119,600	Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area. Includes project funding for a community development project
Walgett Aboriginal Medical Service Co-op Ltd	\$77,300	Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area. Includes project funding for a community development project
<b>TOTAL</b>	<b>\$196,900</b>	

#### Care for Carers

Wiradjuri Country Community Development Group Ltd	\$25,000	A support network for adult carers in the Young district
<b>TOTAL</b>	<b>\$25,000</b>	

#### Drug and Alcohol

Aboriginal Health and Medical Research Council of NSW	\$130,000	Three year project funding from 2004/05 to continue the policy/project officer position and aboriginal drug and alcohol network
Aboriginal Medical Service Co-op Ltd	\$157,675	Multi-purpose Drug and Alcohol Centre
Oolong Aboriginal Corporation Inc	\$246,375	A residential drug and alcohol treatment and referral service for Aboriginal people
<b>TOTAL</b>	<b>\$534,050</b>	

#### Innovative Services for Homeless Youth

The Settlement Neighbourhood Centre (Muralappi Program)	\$84,800	A program providing culturally appropriate camps and living skills activities for young Aboriginal people in and around Redfern
<b>TOTAL</b>	<b>\$84,800</b>	

## Non-government organisations funded by the Department of Health

Grant recipient	Amount	Purpose
<b>Oral Health</b>		
Bulgarr Ngaru Medical Aboriginal Corporation	\$188,700	Aboriginal oral health services
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$51,000	Aboriginal oral health services and computer with ISOH and vouchers for relief of pain and emergency dental care
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	\$188,700	Project funding for Aboriginal oral health services
Durri Aboriginal Corporation Medical Service	\$188,700	Aboriginal oral health services
Katungul Aboriginal Corporation Community & Medical Services	\$26,775	Aboriginal oral health services
Pius X Aboriginal Corporation	\$132,600	Aboriginal oral health services
South Coast Medical Service Aboriginal Corporation	\$249,770	Aboriginal oral health services
<b>TOTAL</b>	<b>\$1,026,245</b>	

Program: 39.1 Ambulatory, Primary and (General) Community Based Services  
39.3.1 Mental Health Services

Grant recipient	Amount	Purpose
<b>Mental Health</b>		
Aboriginal Medical Service Co-op Ltd	\$153,000	Mental Health worker project and mental health youth project for Aboriginal community in the Sydney inner city area
Awabakal Newcastle Aboriginal Co-op Ltd	\$75,000	Mental Health worker project for Aboriginal community in the Newcastle area
Black Dog Institute Inc	\$1,073,800	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	\$76,500	Mental Health worker project for Aboriginal community
Carers NSW Inc	\$372,974	Centre for Mental Health one off grant for Carers Mental Health Project
Coomealla Health Aboriginal Corporation	\$75,000	Mental Health worker project for Aboriginal community
Cummeragunja Housing & Development Aboriginal Corporation	\$75,000	Mental Health worker project for Aboriginal community
Mental Health Co-ordinating Council NSW	\$605,620	Peak organisation funded to support NGO sector efforts to provide efficient and effective delivery of mental health services plus project funding for the NGO Development Officers Strategy project
Mental Illness Education – Aust (NSW) Inc	\$150,000	Mental health awareness program and insight program in secondary schools
NSW Consumer Advisory Group – Mental Health Inc (NSW CAG)	\$270,000	Contribution to consumer and carer input into mental health policy making process and one off for MH Copes project
NSW Institute of Psychiatry	\$47,551	Centre for Mental Health grant for school link training phase two
South Coast Medical Service Aboriginal Corporation	\$76,500	Mental Health worker for local Aboriginal community
St Vincent de Paul Society Aged & Special Care Services Ltd – Frederick House	\$300,000	Project grant for mental health services at aged care facility
St Vincent de Paul Society – Vincentian Village	\$171,500	Funding for mental health workers at Vincentian Village, a service for homeless people in the inner city area
The Peer Support Foundation Ltd	\$195,300	Social skills development program, providing education and training for youth, parents, teachers, undertaken in schools across the NSW
University of Wollongong	\$95,017	Centre for Mental Health one off grant for mental nurse education
<b>TOTAL</b>	<b>\$3,812,762</b>	

## Other funding grants made by the Department of Health

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, 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	72,273	Aboriginal Men's Health Implementation Plan
Action on Smoking and Health (Australia) Ltd	30,000	Education resource materials
AFL (NSW-ACT) Commission	100,000	Smoking. Don't be a Sucker Schools Program
Aged Care Channel	61,970	Purchase of Aged Care Channel for State Government Residential Aged Care Facilities (SGRACF) for staff training
AIDS Council of NSW (Inc)	60,000	Funding for rapid assessment of the issue of psychostimulant abuse in targeted communities
Alliance of NSW Divisions	157,500	Partnership between Mental Health Services and General Practitioners. Funding to develop, print and disseminate educational packages to general practitioners
Amputee Association of NSW Inc	15,000	Provide administration, telecommunication and travel support to amputees in NSW
Association for the Welfare of Child Health Inc	2,273	Support for the 2005 Association for the Welfare of Child Health 10th National Conference
Attorney General's Department	315,084	Funding for Magistrates Early Referral into Treatment (MERIT) Program
Attorney General's Department	20,000	Funding for Rural Alcohol Diversion Pilot Program
Attorney General's Department	20,000	Funding for Youth Drug Court Treatment and Rehabilitation Services
Attorney General's Department of NSW	650,386	Contribution to NSW Strategy to Reduce Violence Against Women 2004/05
Austral Economics	24,000	Report on the social cost of smoking
Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM)	12,000	Provide assistance to Radiation Oncology Medical Physicists (ROMP) trainees
Australian Breastfeeding Association	40,971	Funding for a project officer to develop a public relations strategy
Australian College of Health Services	89,000	Capital Grant Subsidy for Health Planning & Management Library located at Macquarie Hospital
Australian College of Health Services Executives (ACHSE)	119,600	Contribution to the Management Development Program
Australian Council for Health, Physical Education and Recreation (ACHPER)	4,545	Conference Sponsorship
Australian Doctors Trained Overseas Association	10,000	Funding for 2004/05 Performance Agreements
Australian Doctors Trained Overseas Association	557	Payment for mailout on behalf of Department of Health
Australian Red Cross	170,000	Funding for the HOPE (Heroin Overdose Prevention and Education) Project
Australian Red Cross Blood Service (NSW Division)	1,089,300	Funding for the Organ Donation and Bone Marrow Donor Registry
Australian Rotary Health Research Fund	12,500	Indigenous health scholarship
Australian Water Association	2,500	Conference Sponsorship
Bankstown Community Health Service	150	Contribution for Koori Women's Fun Olympics
Barrier Division of General Practice	40,000	Strengthening General Practice Involvement in Chronic Care
Barwon Division of General Practice Ltd	40,000	Strengthening General Practice Involvement in Chronic Care
Camden Hospital Auxiliary	3,200	Purchase Vital Signs Monitor for Camden Hospital
Carers NSW	372,974	Carers Mental Health Project for support services of carers
Central Coast Division of General Practice Ltd	40,000	Strengthening General Practice Involvement in Chronic Care
Centre for Developmental Disability Studies	142,856	Primary Health Care Capacity Building Project
Charles Stuart University	92,834	Mental Health scholarships for Aboriginal and Torres Strait Islander (ATSI) students
Children's Cancer Institute Australia	3,000,000	Capital Grant for the Children's Cancer Institute Australia for Medical Research
Day of Difference Foundation Ltd	250,000	Donation to Day of Difference Foundation to provide Clinical Services by the Burns Unit of Children's Hospital Westmead
Deniliquin Council	13,218	Fluoridation Plant Subsidy 2004/05 – Deniliquin Fluoride Dosing Plant Upgrade

## Other funding grants made by the Department of Health

Grant Recipient	Amount \$	Purpose
Department of Ageing, Disability and Homecare	120,000	Early Childhood Intervention Coordination Program
Department of Community Service	164,800	Funding for Youth Drug Court assessment and referral services
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	250,000	Funding to promote innovative workforce development and improve drug and alcohol expertise
Department of Education & Training	62,500	Funding for a coordinator to implement NSW Healthy School Canteens Strategy – Fresh Tastes
Department of Education & Training	143,000	Funding for Youth Drug Court assessment and referral services
Department of Education & Training	130,000	Contribution to 2004/05 Schools as a Community Centre Program
Department of Health and Aged Care	10,453	Strategic Injury Prevention Partnership Clearinghouse Project
Department of Health and Ageing	5,997,304	Funding contribution to the Australian Council for Safety and Quality in Health Care
Department of Health and Ageing	848,953	National Cord Blood Collection Network 2004/05 NSW contribution
Department of Health and Ageing	183,557	NSW State contribution to Australians Donate 2004/05 relating to organ donations
Department of Health and Ageing	45,455	Contribution towards Services Development Reporting Framework
Department of Human Services	16,910	Strategic Intergovernmental Forum for Physical Activity and Health
Department of Human Services	16,910	Strategic Intergovernmental Nutrition Alliance
Department of Juvenile Justice	1,030,000	Funding for Young Offenders – Residential Rehabilitation Units Program
Department of Juvenile Justice	741,600	Funding for Young Offenders – Rural and Regional Counselling Program
Department of Juvenile Justice	208,750	Funding for Youth Drug Court Program
Distance Education Program Return to Work Program for Radiation Therapists	15,455	Return to Work Distance Education Program for radiation therapists returning to the workforce after a number of years absence. Developed in conjunction with Monash University
Dubbo Plains Division of General Practice	39,994	Strengthening General Practice Involvement in Chronic Care
Eureka Strategic Research	15,920	Qualitative research into identifying effective campaign approaches to address childhood overweight and obesity
Far West Area Health Service	55,440	Enhance the skills of primary health practitioners in palliative care
Greater Murray Area Health Service	55,440	Enhance the skills of primary health practitioners in palliative care
Guthrie House	40,755	Payment to provide beds to clients of the Adult Drug Court Program
Hastings MacLeay Division of General Practice Ltd	16,781	Strengthening General Practice Involvement in Chronic Care
Health & Community Services Ministerial Council	1,598,000	NSW Contribution IM & ICT funding 2004/05
Health & Community Services Ministerial Council	768,159	NSW contribution to AHMAC (National Public Health Partnership)
Health & Community Services Ministerial Council	507,300	NSW contribution towards Priority Driven Research Budget 2004/05
Health & Community Services Ministerial Council	87,632	NSW Contribution Nursing Taskforce funding 2004/05
Health & Community Services Ministerial Council	59,500	Implement NSW Aboriginal Safety Strategy
Homecare Service of NSW	26,702	Funding for the Aboriginal Dementia Awareness Project
Hunter Area Health Service	98,500	Ozfoodnet Project – enhancing disease surveillance across Australia
Hunter Area Health Service	35,000	National Medication Chart Program
Hunter Area Health Service	33,500	Lifeball evaluation
Hunter Area Pathology	11,000	Gosford coronial reports
Indigenous Festivals of Australia	30,000	Sponsorship of CROC festival – Indigenous Youth Eisteddfod
Injury Risk Management Research Centre	660,000	Risk Research Centre Funding
Jarra House	38,125	Payment to provide beds to clients of the Adult Drug Court Program
Karitime	1,000,000	Capital Grant for development of the proposed Education and Research Facility
Kids of Macarthur Health Foundation Ltd	50,000	Contribution to enhance the quality of health care offered to children living in the Macarthur region
Kidsafe	100,000	Payment for management services
Kidsafe	46,487	Annual contribution to playground advisory service

Grant Recipient	Amount \$	Purpose
Macquarie Health Service	55,440	Enhance the skills of primary health practitioners in palliative care
Mental Health Coordinating Council	30,000	Contribution towards the cost of Non-Government Organisations Conference
Mental Health Coordination Council	19,000	Contribution towards the Council's annual rental costs associated with relocation to Rose Cottage
Metroscreen Ltd	53,625	Payments for organising Play Now Act Now 2004 film festival targeting the prevention of drug abuse in young people and the festival's 2005 promotion and marketing campaign
Mid North Coast Area Health Service	9,053	Management of Falls Network
Mid North Coast Division of General Practice	23,141	Strengthening General Practice Involvement in Chronic Care
Mid North Coast Health	55,440	Enhance the skills of primary health practitioners in palliative care
Mid Western Health Service	55,440	Enhance the skills of primary health practitioners in palliative care
Mid Western Regional Council	67,360	Fluoridation Plant Subsidy 2004/05 – Rylstone Fluoride Dosing Plant Upgrade
National Blood Authority	289,260	NSW contribution to National Blood Management System (NBMS)
National Centre for Social and Economic Modelling (NATSEM)	20,000	The distributional impact of Health Outlays: Develop modelling infrastructure for Policy Makers
National Stroke Foundation	100,000	Campaign sponsorship
Neuroscience Institute of Schizophrenia and Allied Disorders	1,400,000	Infrastructure funding for ongoing operation of the Institute and research programs
New England Health Service	55,440	Enhance the skills of primary health practitioners in palliative care
Ngaimpe Aboriginal Corporation	30,000	Capital Grant 2004/05 – Reconstruct ablutions facility at The Glen Rehabilitation Centre
Northern Rivers Health Service	55,440	Enhance the skills of primary health practitioners in palliative care
Northern Sydney & Central Coast Area Health Service	70,510	North Wyong Primary Health Care Project
Northern Sydney Area Health Service	68,182	Project funding for Strategic Development
Northern Sydney Area Health Service	22,727	Funding grant for Safe Communities
NSW Bureau of Crime Statistics and Research	29,708	Research into the extent of alcohol related crime and anti-social behaviour in NSW
NSW Cancer Council	520,000	Environmental Tobacco Smoke & Children Campaign
NSW Cancer Institute	16,590,408	Core funding 2004/05 for Cancer Institute services
NSW Cancer Institute	1,262,000	Operation of NSW PAP Test Registry
NSW Cancer Institute	780,000	Operation for the Cancer Registry
NSW Cancer Institute	71,429	Central Cancer Registry Funding State contribution
NSW Centre for Overweight and Obesity	365,000	Grant for conducting research to support obesity prevention and treatment initiatives
NSW Centre for Physical Activity and Health	75,000	Funding for research to support physical activity promotion in NSW
NSW Consumer Advisory Group	45,000	Mental Health Consumer Perception Experience of Service Project (COPES) – to develop a consumer satisfaction measure for mental health clients
NSW Department of Community Services	15,676	Funding for the study of Performance Accountability Report Card for Joint Investigation Response Team (JIRT)
NSW Department of Corrective Services	1,399,912	Support for drug and alcohol workers and coordination of drug and alcohol programs in correctional facilities
NSW Department of Housing	82,500	Homelessness Action Team Support and Outreach Service
NSW Department of Housing	40,000	Contribution towards building of sports facility at West Dubbo Housing Estate
NSW Department of Sport and Recreation	40,000	Sponsorship of Youth Friendship Games
NSW Institute of Psychiatry	1,748,000	Infrastructure funding for the Institute's cost of operations
NSW Institute of Psychiatry	57,551	Partnership Initiative Program to carry out mental health projects
NSW Police Department	340,000	Drug Programs Coordination Unit, established by NSW Police to develop training and other programs about drugs and alcohol
NSW Police Department	131,800	Funding for Cannabis Cautioning Scheme Program
NSW Police Department	124,400	Funding for Diversion Training – Police Program
NSW Police Department	80,000	Funding for Diversion Infrastructure Support – Police Program

## Other funding grants made by the Department of Health

Grant Recipient	Amount \$	Purpose
NSW School Canteen Association	141,355	Grant to support schools provide healthier food choices
NSW School Canteen Association	12,301	NSW School Canteen Coordinator Salary November 2004 – January 2005
NSW Therapeutic Advisory Group	238,455	Funding Agreement to support the NSW Therapeutic Advisory Group
Odyssey House	13,390	Payment to provide beds to clients of the Adult Drug Court Program
Oolong House	71,175	Funding to establish and provide service delivery for Magistrates Early Referral into Treatment (MERIT) designated beds
Overseas Recruitment Program (ORP) – grants	1,350	Overseas Recruitment Program (ORP) for Australian trained radiation therapists returning from overseas
Pharmacy Guild of Australia	1,261,375	Funding for Pharmacist Incentive Scheme
Prince of Wales Medical Research Institute	10,000	Sponsorship of the Australian Falls Conference
Radiation Oncology Medical Physicists Postgraduate Scholarships	86,654	Postgraduate Scholarships for Radiation Oncology Medical Physicists currently employed within a NSW Area Health Service who are undertaking or wish to undertake postgraduate studies
Riverina Water County Council	13,323	Fluoridation Plant Subsidy 2004/05 – Bulgary Treatment Plant
Riverina Water County Council	13,180	Fluoridation Plant Subsidy 2004/05 – Urana Plant
Royal Australian and New Zealand College of Psychiatry	50,000	To support and develop the psychiatrist workforce in rural areas
Royal Australian College of Surgeons	125,000	Grant to assist with training requirements
Rural Allied Health Clinical Placement Grants (RAHCPG)	45,242	Allocation of grants to allied health students to assist with travel and accommodation costs of undertaking rural clinical placements
Rural Allied Health Postgraduate Scholarships (RAHPGS)	22,000	NSW Rural Health Plan – scholarships for allied health professionals living and working in rural NSW
Rural Allied Health Scholarships (RAHS)	158,125	Financial assistance to eligible allied health students
Salvation Army	26,455	Payment to provide beds to clients of the Adult Drug Court Program
Salvation Army	698	Payment of Magistrates Early Referral into Treatment (MERIT) client accommodation expenses
Shoalhaven Division of General Practice Inc	40,000	Strengthening General Practice Involvement in Chronic Care
Snowy River Shire Council	149,403	Fluoridation Plant Subsidy 2004/05 – Adaminaby Fluoridation System
South Eastern Sydney Division of General Practice Ltd	79,856	Strengthening General Practice Involvement in Chronic Care
Southern Cross University	75,110	Scholarships in Mental Health for Aboriginal and Torres Strait Islanders (ATSI) students
Southern Health Service	55,440	Enhance the skills of primary health practitioners in palliative care
Special Children's Christmas Party	2,045	Special Children's Christmas Party 2005 Sponsorship
St Vincent's Hospital Lismore	83,868	Provide culturally appropriate palliative care to Aboriginal people in NSW
Support for the Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM)	9,091	Support and development of the Training, Education and Accreditation Program (TEAP)
Sydney South West Area Health Service	29,068	Rural Surgical Enhancement Program
Tresillian Family Care Centres	227,212	Funding for Families First Statewide Education Program
University of New England	43,991	Nurse Education Programs
University of New England	6,000	Funding for Mature Men Matter Project
University of New England	17,000	Scholarships in Mental Health for Aboriginal and Torres Strait Islanders (ATSI) students
University of Newcastle	1,600,000	Cost of establishing and operating the Centre for Rural and Remote Mental Health and a professorship at the university, 2003/04 and 2004/05
University of Newcastle	7,273	Grant funding of Towards a Safer Culture (TASC) Project
University of NSW	150,000	Infrastructure funding for the Mood Disorders Research Unit of the University
University of NSW	87,000	Falls indicators and research program
University of NSW	57,658	Grant to support Strengthening of Health Care in the Community Project
University of NSW	50,000	Funding for Medical Training and Education Council
University of NSW	45,000	Funding for the Miller Early Childhood Sustained Home Visiting Project
University of NSW	45,000	Funding to support Clinical Bridging Course for Overseas Trained Doctors

Grant Recipient	Amount \$	Purpose
University of NSW	44,551	Funding for National Drug and Alcohol Research Centre (NDARC) Scholarship
University of NSW	4,000	Development of models for integrating general practice with other primary health care services
University of Sydney	445,276	Refit Medical Foundation Building (interest only)
University of Sydney	250,000	Moran Foundation Geriatric Medicine and Aged Care at Westmead Hospital
University of Sydney	82,500	Coordination of Alcohol and Drug Education in Medical Schools
University of Sydney	80,000	NSW Breastfeeding Project
University of Sydney	61,869	Management and coordination of the Pharmacotherapies Accreditation Course (PAC) 2004/2005
University of Sydney	40,000	Research into tobacco control interventions
University of Sydney	2,500	Sponsorship for 2004 Proceptor Conference, Northern Rivers University, Department of Rural Health
University of Technology, Sydney	79,913	Nurse Education Programs
University of Western Sydney	200,000	Annual grant to Men's Health and Information Resource Centre and Men's Health Week 2005
University of Western Sydney	86,364	Aboriginal Men's Health Implementation Plan
University of Western Sydney	5,000	Funding to develop a model of out of home care for children from culturally and linguistically diverse background
University of Wollongong	95,017	Nurse Education Programs
Walgett Aboriginal Medical Service	132,400	Capital Grant 2004/05 – Additional funding for building expansion and renovations at Walgett
Wayback Committee	249,338	Payment to provide beds to clients of the Adult Drug Court Program
We Help Ourselves	23,189	Payment to provide beds to clients of the Adult Drug Court Program
We Help Ourselves	865	Payment of Magistrates Early Referral into Treatment (MERIT) client accommodation expenses
Womensport and Recreation NSW Inc	5,000	Breakfast with the Stars grant
Woolcott Research Pty Ltd	15,920	Qualitative research on parents/carers attitudes and beliefs regarding childhood overweight and obesity
	<b>55,840,568</b>	

It is affirmed that for the 2004/05 financial year credit card use within the NSW Department of Health 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 of Health 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.

For 2005/06 the Department will revise its credit card policy consistent with the Best Practice Guide distributed by Treasury in August 2005.

# Electronic service delivery

## Achievements during the year

As part of its commitment to electronic service delivery, the NSW Department of Health has implemented a range of initiatives in 2004/05:

- The functionality and usability of NSW Health's internet website was further refined. The site averaged approximately 2.4 million page accesses per month.
- Launched the Sexual Health website, which provides answers to many questions people have about sexual health. The site includes information on sexually transmitted infections and how to stay safe, and lists specialist sexual health services throughout NSW.
- Implemented the e-DC web system, which facilitates the secure transfer of data relating to births within public hospitals to the NSW Registry of Births, Deaths and Marriages. The e-DC also incorporates the online version of the Medical Certificate Cause of Death (normal and perinatal) allowing health professionals at hospitals to electronically enter information about a patient's cause of death.
- Implemented the Aboriginal Health Database which captures details about non-government organisations and Area Health Services that have Aboriginal health programs funded by NSW Health.

## Future initiatives

### Tobacco Regulation Database

A web-based Tobacco Regulation Database will be developed to assist compliance by tobacco retailers with the statutory requirements of the *Public Health Act 1991* in respect of point of sale tobacco advertising, sales to minors and the *Smoke-free Environment Amendment Act 2004*.

The Corporate Personnel Services Unit is responsible for developing, implementing and evaluating a broad range of human resource initiatives. Human resource issues include conditions of employment, training, equity, salaries, occupational health and safety, workers compensation and rehabilitation, job evaluation, grievance resolution, organisational change and performance management and establishment management.

During 2004/05 the Corporate Personnel Services Unit achieved the following human resources initiatives:

- Negotiated the human resources issues to transfer the food inspection service to the NSW Food Agency.
- Managed a Department-wide Voluntary Redundancy program.
- Negotiated the devolution of staff of the Better Health Centre, parts of the Centre for Mental Health and Oral Health Branch.
- Secured the Premier's Department concurrence to enable Aboriginal trainees engaged through a Group Training Company to be retained in permanent base grade positions.
- Co-ordinated the human resources aspects of the restructure of the Department's Information Management and Technology function which resulted in the establishment of the Strategic Information Management Office and Health Technology.
- Established the Leadership Development Program for senior Departmental staff.
- Developed a comprehensive range of on-line resources including templates, facts sheets and guidelines for divisions and branches undergoing organisational restructuring to facilitate the planning and implementation of restructuring programs.
- Implemented new human resource management policies for Occupational Health and Safety, Risk Management and Recruitment, including developing an online information package for advertised positions with a link to the Government's website [www.jobs.nsw](http://www.jobs.nsw).
- Introduced career transition management training and one to one coaching services for displaced staff to facilitate their redeployment.
- Facilitated changes to the Department's salaries management including implementing the federal government's superannuation choice policy and transfer of existing Area Health Service Senior Executive Services to Health Executive Services as a result of area health service amalgamations.
- Increased the completion rate of CAPS work plans across the Department from 20 per cent completion rate in 2003/04 to over 50 per cent in 2004/05.
- Piloted and introduced the Custom Plus training, a ten-week program that focuses on Emotional Intelligence (EI) capabilities.
- Conducted over 100 formal training programs providing diverse, high quality learning and development opportunities attracting both internal and external staff members.
- Implemented Bullying in the Workplace sessions at both the North Sydney and Gladesville sites.
- Developed and implemented a new position description database on MS Word, containing position descriptions for current positions in the Department's establishment with a link to establishment details on the CHRIS system.
- Developed and trialled a leave online facility in the KIOSK section of the CHRIS system. Developed a facility within KIOSK to electronically distribute vacancies within the Department. This facility provides details of the position and closing date and a prompt to lodge an application on [www.jobs.nsw](http://www.jobs.nsw).
- Created a working group to provide information to and advice on the process for developing an Affirming Sexual and Gender Diversity Policy for the Department. This policy aims to promote equity in the workplace by minimising heterosexism and homophobia. Strategies will include raising awareness, preventing discrimination and providing a sustaining and supportive environment.
- Established effective networks to develop and implement an Aboriginal Employment Strategy for the Department. Projects to build successful relationships have included the completion of a *Journey of Healing* mural and its installation in the foyer of the Department's North Sydney building. This endeavour was recognised with a special award at the 2005 Aboriginal Health Awards.

### The Margaret Samuel Memorial Scholarship for Women and the Peter Clark Memorial Scholarship for Men

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

These 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

**Lisa Donnelly**, NSW Aboriginal Vascular Health Program  
To undertake: Public Sector Management Program

**Helen Gardiner**, Centre for Aboriginal Health  
To undertake: a Graduate Certificate in Public Health, University of Wollongong.

#### Peter Clark Memorial Scholarship

**Andrew Reefman**, Aboriginal Environmental Health Unit  
To continue: Bachelor of Applied Sciences (Environmental Health) at University of Western Sydney.

#### Staff Awards for Excellence

The Staff Awards for Excellence recognise outstanding individual and team service and performance reflected in the Department's corporate values of fairness, respect, integrity, learning and creativity and effectiveness. The Awards are presented on a quarterly basis. In December 2004 awards were presented for the Staff Member of the Year and the Team of the Year.

#### July – September 2004

##### Individual

Margaret Banks, Australian Medical Workforce Advisory Committee (AMWAC)

##### Team

**Clinical Information Access Program (CIAP)**  
Petra Romain and Lisa Nelson

#### October – December 2004

##### Annual Individual Award

Terry Boyd, Shared Service Centre

##### Team of the Year

Two teams were jointly awarded the title:

##### Media

Loray Dudley, Lys Flintoft, Danielle Beh and Elisha Yorke

##### Equity Advisory Committee staff representatives

Patricia Ridoutt, Letetia Harris, Margaret Jarosz, Victor Tawil, Su Reid, Barbara Anderson, Mark Mathers, Sharon Perera, Nidia Marneros, Maria Rosales, Vladimir Williams, Bronwyn Scott Michael Giffin, Hannah Baird, Lee Smith, Danny Allende, Maureen Frances, Tessa Boyd Caine, Ian Archer-Wright, Lydia Campillo, Marianne Tegel and Maureen Thomas

#### January – March 2005

##### Individual

Margaret Heys, Corporate Personnel Services

##### Team

##### Report of the Chief Health Officer, 2004

Deborah Baker, Frank Beard, Mark Cerney, Dr Timothy Churches, Margo Eyeson-Annan, Michael Giffin, Sue Hailstone, Lara Harvey, Andrew Hayen, Diane Hindmarsh, Julie Holbrook, Katie Irvine, Louisa Jorm, Jill Kaldor, Behnoosh Khalaj, Kim Lim, Claire Monger, Helen Moore, David Muscatello, Hanna Noworytko, Clare Ringland, Margie Scott-Murphy, Lee Taylor and Alan Willmore

#### April – June 2005

##### Joint Individual

Dr Jeremy McAnulty, Communicable Diseases

David Gates, Asset and Contract Services

##### Team

##### CAMBIO

Michael Toohey, Susan Isemonger, Lea Samuels, Richard Priestley, Rosemary Milkins, Steve McNab, Margaret Heys, Doug Pereira, Gail May, Malcolm Goddard and Saru Gollakota

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

SES Level	As at 30 June 2005	As at 30 June 2004
8	1	1
7	4	4
6	–	–
5	4	3
4	4+1*	2
3	13	12
2	10+2*	15
1	7	6
<b>Total positions</b>	<b>43+3*</b>	<b>43</b>

Note:

\* Limited term project positions associated with the Clinical Services Redesign Program.

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

	As at 30 June 2005	As at 30 June 2004
	19	21

# Department of Health senior executive performance statements

<b>Name</b>	<b>Robyn Kruk</b>
<b>Position title</b>	Director-General
<b>SES Level</b>	8
<b>Remuneration</b>	\$372,350
<b>Period in position</b>	3 years

During 2004/05 Ms Kruk demonstrated strong and effective leadership during a period of significant change in the governance arrangements and the organisational structure for NSW Health.

The Minister for Health expressed satisfaction with Ms Kruk's performance, stating that she has fulfilled her responsibilities as Director-General of the NSW Department of Health.

## Significant achievements in 2004/05

Ms Kruk led NSW Health in implementing major new demand management strategies for public hospitals in NSW, including:

- providing more acute hospital beds and transition care places to increase public hospital capacity in NSW
- a three year Clinical Redesign Program to help hospitals to improve the way they manage the patient journey through our hospitals
- changes to the Emergency Department Network Activation (EDNA) system to ensure NSW ambulances take patients to the most appropriate hospital for their condition in the quickest time possible
- developing a Predictable Surgery Program to reduce the impact of emergency surgery on patients waiting for elective procedures and to ensure that NSW Health meets its target of reducing the number of patients waiting longer than 12 months for surgery

Ms Kruk successfully oversaw an historic reform program involving the amalgamation of 17 Area Health Services to 8 resulting in financial savings for redirection to clinical services, the streamlining of administrative and management structures, a clearer delineation of roles and responsibilities between the Department of Health and Area Health Services, and improved accountability and performance monitoring of the public health system.

Ms Kruk has effectively managed NSW Health by introducing and implementing the following initiatives:

- improvements to the delivery of mental health services through the development of the NSW Interagency Action Plan for Better Mental Health and the NSW Mental Health Plan 2005–2010. These plans provide for the better co-ordination of mental health services across Area Health Services, partner organisations and other government organisations
- provided additional acute and non-acute mental health care beds and the expansion of the Psychiatric Emergency Care unit program
- established the Clinical Excellence Commission and strengthened clinical governance and risk management
- developed and released the first report on incident management in public hospitals in NSW
- introduced the statewide electronic incident reporting system, the Incident Information Management System (IIMS)
- developed counter-disaster plans for a NSW health response in the event of terrorism or a natural disaster
- mobilised and provided staff and resources for the NSW Health response to the Boxing Day tsunami in South East Asia
- continued initiatives to increase the numbers of nurses employed in public hospital in NSW
- established the NSW Institute of Medical Education and Training (IMET) to strengthen the focus on postgraduate medical education in NSW and improve on medical workforce shortages
- screened over 9,000 Aboriginal children across NSW for middle ear infection and the training of 30 Aboriginal Health workers during 2004/05 to screen for Otitis Media in young Aboriginal children
- commenced a NSW Health Plan to lay the foundations to guide the development of the NSW public health system over the next 20 years

Through the establishment of the Health Care Advisory Council and the Health Participation Taskforces, on behalf of the NSW Government, Ms Kruk has continued to build on the Government's commitment to work with and involve clinicians and the community in developing services and policies for patient care.

In addition Ms Kruk effectively managed the Department's resources and the allocation of funding to Health Services within the NSW Health budget allocation.

# Department of Health senior executive performance statements

<b>Name</b>	<b>Robert McGregor, AM</b>
<b>Position title</b>	Deputy Director-General, Health System Support
<b>SES Level</b>	7
<b>Remuneration</b>	\$322,300
<b>Period in position</b>	8 years

The Director-General was satisfied with Mr McGregor's performance throughout 2004/05 in his position of Deputy Director-General, Health System Support.

Mr McGregor achieved the performance criteria contained in his performance agreement.

### Significant achievements in 2004/05

- Oversaw the successful restructure of the NSW public health system, with the new Area Health Service structure in place from 1 January 2005 and legislation enacted to:
  - abolish health service boards as the governance model for area health services and provide for management and control by a Chief Executive
  - establish Area Health Advisory Councils
  - provide for a centrally employed health executive service.
- Established the Peak Health Industry Consultative Committee.
- Developed the *NSW Health Workforce Action Plan* (announced by the Minister for Health in April 2005) to address workforce supply and distribution, recruitment and retention, new models of care, flexible service delivery and improved collaboration between and across health, education, training and regulatory sectors.
- Managed the functional realignment of the Department of Health's structure.
- Developed the Shared Corporate Services Program, to deliver shared services more effectively and efficiently to fund improvements in front line health services.
- Developed and implemented the Asset Management Reform Program to improve asset procurement and management across the Health asset portfolio.
- Led negotiations to return Port Macquarie Base Hospital to the public health system.
- Led major negotiations with health unions on wages and conditions leading to four year agreements.

<b>Name</b>	<b>Professor Katherine McGrath</b>
<b>Position title</b>	Deputy Director-General Health System Performance
<b>SES Level</b>	7
<b>Remuneration</b>	\$322,300
<b>Period in position</b>	1.3 years

The Director-General was satisfied with Professor McGrath's performance throughout 2004/05 in her position of Deputy Director-General, Health System Performance.

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

### Significant achievements in 2004/05

- Refined the Emergency Department Network Activation (EDNA) system.
- Improved performance in access block and surgical waiting lists.
- Established the Clinical Service Redesign Program.
- Restructured Information Management and Technology with the establishment of Health Technology and the Strategic Information Management Branch.
- Undertook a review of the NSW Health Data Collections.
- Revised the Clinical Information System program.
- Rolled out the statewide implementation of the Incident Management System
- Implemented the Patient Safety and Quality Program.
- Reviewed the Greater Metropolitan Clinical Taskforce.
- Implemented the Clinical Risk Management Program (CRM) model for small rural hospitals in NSW serviced by Visiting Medical Officer General Practitioners.

<b>Name</b>	<b>Dr Richard Matthews</b>
<b>Position title</b>	A/Deputy Director-General Strategic Development
<b>SES Level</b>	7
<b>Remuneration</b>	\$303,620
<b>Period in position</b>	2 Years

The Director-General was satisfied with Dr Matthews' performance throughout 2004/05 in the position of A/Deputy Director-General Strategic Development.

Dr Matthews achieved the performance criteria contained in his performance agreements.

#### Significant achievements in 2003/04

- Developed and released the Guide to Development of Area Healthcare Services Plan.
- Enhanced and supported intensive care services in NSW through the development and release of the Neonatal Intensive Care Services Plan to 2006 and enhancements for Adult, Paediatric and Neonatal Intensive Care Unit Services.
- Continued oversight, development and support of the Statewide Rural Health Planning and Minor Works Program.
- Supported the establishment of key clinical and community advisory structures including the Health Care Advisory Council, Health Priority Taskforces and Area Healthy Advisory Councils.
- Participated in the Council of Australian Government's health reform process.
- Developed integrated primary health and community care policy and services across NSW.
- Managed the acute interface with the Australian Government through the Australian Health Care Agreement.
- Provided leadership and strategic planning in aged care across NSW, and led negotiations with the Commonwealth.
- Led negotiations for a 6-year agreement with the Department of Veterans' Affairs.
- Interagency mental health planning.

<b>Name</b>	<b>Dr Greg Stewart</b> 1 July 2004 – 11 February 2005
	<b>Dr Denise Robinson</b> (acted) 14 February – 30 June 2005
<b>Position title</b>	Deputy Director-General, Public Health & Chief Health Officer
<b>SES Level</b>	7
<b>Remuneration</b>	\$289,561
<b>Period in position</b>	Dr Greg Stewart 3.2 years Dr Denise Robinson 4.2 months

The Director-General was satisfied with Dr Stewart and Dr Robinson's performance throughout 2004/05 in the position of Deputy Director-General, Public Health and Chief Health Officer.

Dr Stewart and Dr Robinson achieved the performance criteria contained in their performance agreements.

#### Significant achievements in 2004/05

- 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.
- Represented NSW Health at key state and national public health fora including the National Public Health Partnership.
- Continued the implementation of the NSW Government Action Plan to prevent obesity in children and the NSW Healthy Canteen Strategy.
- Progressed the Department's Futures Initiative with active contribution and participation from the Population Health Division.
- Provided leadership to the broader public health network including the finalisation of the Statement of Strategic Intent for Population Health.
- Continued the implementation of the NSW Taskforce on SARS recommendations, including the development of the interim plan for Pandemic Influenza.
- Continued implementation of the NSW New Ways of Doing Business and the National Strategic Framework for Aboriginal and Torres Strait Islander Health.
- Managed the Population Health Divisions operational and program budgets.

## Department of Health senior executive performance statements

<b>Name</b>	<b>Ken Barker</b>
<b>Position title</b>	Chief Financial Officer
<b>SES Level</b>	5
<b>Remuneration</b>	\$228,650
<b>Period in position</b>	11 years

The Deputy Director-General, Health System Support was satisfied with Mr Barker's performance throughout 2004/05.

Mr Barker achieved the performance criteria contained in his performance agreement.

During 2004/05 Mr Barker provided leadership in the areas of financial management, control and advice of the NSW Health Budget which in 2004/05 had a \$10.0 billion Expenses Budget and \$1.3 billion Revenue Budget.

### Significant achievements in 2004/05

- Provided effective financial management and control of the NSW Health Budget.
- Provided financial leadership and contribution to the 2005/06 Health Budget deliberations which resulted in additional funding as announced in the 2005/06 State Budget on 24 May 2005.
- Co-ordinated financial input and participated in negotiations which resulted in the acquisition of Port Macquarie Base Hospital from the private sector from 31 January 2005.
- Contributed to financial aspects of the amalgamation of 17 to 8 Area Health Services and conversion of benefits to frontline service provision.
- Co-ordinated the 2004/05 Area Health Services financial statements, the first in NSW Government to be prepared by adopting International Accounting Standards.

<b>Name</b>	<b>David Gates</b>
<b>Position title</b>	Director, Asset and Contract Services
<b>SES Level</b>	5
<b>Remuneration</b>	\$225,616
<b>Period in position</b>	10 years

The Deputy Director-General, Health System Support was satisfied with Mr Gates' performance throughout 2004/05.

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

### Significant achievements during 2004/05

- Commenced definition and implementation of the Asset Management Reform Program aimed at improving asset procurement and management across the Health asset portfolio.
- Led the Public Private Partnership (PPP) Projects at Newcastle Mater Hospital and the Long Bay Forensic and Prison Hospitals. These were significantly advanced during the year with detailed proposal assessments completed and contract negotiations commenced.
- Managed the ongoing implementation of the Shared Corporate Services Program aimed at delivering shared services more effectively and efficiently through a consistent corporate business model across NSW Health.
- Commenced the first implementation of the E-Marketplace at Hunter New England Area Health Service, including a whole of Health E-Catalogue, standardised procurement processes and a standard chart of accounts.
- Completed a procurement review of six major capital projects to determine the most efficient procurement strategies.
- Led the continued development of the web based NSW Health Facilities Guidelines and piloted the new Health Facilities Briefing System on the Bathurst, Orange and Bloomfield project.
- Developed statewide strategies for the future provision of Linen and Foods Services.
- Contributed to the continued development of the Centre for Health Assets Australasia at the University of NSW including the development of a national research and development program.

<b>Name</b>	<b>Karen Crawshaw</b>
<b>Position title</b>	Director Employee Relations Legal and Legislation/ General Counsel
<b>SES Level</b>	5 (from 15 February 2005)
<b>Remuneration</b>	\$213,401
<b>Period in position</b>	14 years

The Deputy Director-General, Health System Support was satisfied with Ms Crawshaw's performance throughout 2004/05.

Ms Crawshaw achieved the performance criteria contained in her performance agreement which focus on legal and legislative services for the health portfolio, public health system wide industrial relations and human resource policy. The position also has responsibility for prosecutions under health legislation and NSW Health privacy policy and management.

#### Significant achievements in 2004/05

- Coordinated and managed legal support for major restructure of the public health system.
- Coordinated and managed system-wide industrial relations for major restructure of the public health system.
- Conducted major award negotiations for the public health system including Nurses' wages and conditions MOU for 2005–2008 and significant award variations for Career Medical Officers.
- Finalised a general workload calculation tool for the nursing workforce under reasonable workload award provisions and progressed the first phase of its implementation throughout the public health system.
- Completed and released a revised grievance management policy for the public health system.
- Progressed the development of a common Code of Conduct for all organisations within the NSW Health administration.
- Managed the legislative services and support for the passage of seven Acts, the making of 23 regulations and orders and the release of a discussion paper on Review of the *Mental Health Act 1990*. New legislation included amendments to the *Health Services Act 1997* and regulations under the *Smokefree Environment Act 2004*.
- Implemented the new *Health Records and Information Privacy Act 2003*.
- Developed and implemented legislation and related policy for a new Health Executive Service as part of the restructure of the health system.
- Oversighted the conduct of 44 prosecutions under health legislation.

<b>Name</b>	<b>Dr Ralph Hanson</b>
<b>Position title</b>	Acting Chief Information Officer
<b>SES Level</b>	5 (acting)
<b>Remuneration</b>	\$197,453
<b>Period in position</b>	14 months

The Director-General was satisfied with Dr Hanson's performance throughout 2004/05 in the position of Acting Chief Information Officer.

Dr Hanson achieved the performance criteria contained in his performance agreement.

#### Significant achievements in 2004/05

- Provided strategic leadership in the development of a new strategic direction for IM&T within NSW Health.
- Gained acceptance of a new strategic direction for IM&T with a focus on meeting clinical needs through the Integrated Clinical Information Program.
- Implemented new governance arrangements for IM&T in NSW Health.
- Made significant progress with the implementation of key strategic initiatives required to support patient care, including Patient Administration Systems, Scheduling, Community Health, Discharge Referral, Radiation Oncology, and Incident Management systems across the state.
- Progressed the implementation of the NSW Electronic Health Record Strategy and contributed significantly to the National Agenda.
- Implemented all the new projects in Telehealth to provide an extensive network of services across all Areas.
- Provided ongoing support for strategic local IT initiatives of value to the wider system, including the Obsterix System and the Bedboard.
- Integrated successfully the Community Health System with the Better Services Delivery Program facilitating referrals across Human Services agencies.
- Achieved significant savings in infrastructure costs through the implementation of statewide contracts to support remote access services and voice and mobile services.

# Department of Health equal employment opportunity

The Department of Health Equal endorses and wholeheartedly supports equal employment opportunity. As an employer it recruits and employs staff on the basis of merit and values a skilled and diverse workforce and a workplace culture where people are treated fairly and equally.

Major Equal Employment Opportunity (EEO) outcomes for the year include:

- 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.
- Worked with Aboriginal and Torres Strait Islander staff to create a web page for the Department's Aboriginal Support Network within the Equity Manual on the Intranet. This provides details of the formation of the network, its aims and membership.
- Continued a successful Spokeswomen Program on multiple campuses with information seminars, celebrations of cultural diversity and forums featuring female leaders.
- Created an informal network to support staff with a disability, an interest in disability and those who are carers. Members of the network utilise email to share ideas and information and provide support on issues relevant to the group.
- Celebrated Pride Week 2005 by providing information to staff and hosting a seminar with personal stories by speakers from PFLAG (Parents and Friends of Lesbians and Gays).
- Produced a calendar for staff listing resources, information, seminars and events to celebrate and promote diversity in the workplace.
- Created a Department-wide team to work with Aboriginal staff to organise Journey of Healing/National Sorry Day activities, including singing and performance of traditional dances, and stories by Aboriginal staff in Wiradjuri language. These activities served to highlight the importance of language for cultural identity.
- Acknowledged Reconciliation and the Journey of Healing with the installation of an artwork made by the hands of more than 300 people, including senior executives, community elders, health workers and Department staff. The design was created by Kylie Cassidy, a member of the 2004/2005 National Youth Indigenous Leadership Council.
- Celebrated National Reconciliation Week with lunch-time screenings of short films about Aboriginal people – their lives, culture, customs, and challenges.

## A. Trends in the Representation of EEO Groups

EEO Group	Benchmark or Target	Percentage of Total Staff					
		2000	2001	2002	2003	2004	2005
Women	50.0%	59.0%	59.0%	59.0%	59.0%	60%	63%
Aboriginal people and Torres Strait Islanders	2.0%	2.1%	2.1%	1.5%	2.0%	2%	2.8%
People whose first language was not English	20.0%	18.0%	18.0%	19.0%	20.0%	20%	19%
People with a disability	12.0%	5.0%	4.0%	3.0%	4.0%	4%	4%
People with a disability requiring work-related adjustment	7.0%	1.3%	1.0%	1.0%	1.0%	1%	0.9%

## B. Trends in the Distribution of EEO Groups

EEO Group	Benchmark or Target	Distribution Index					
		2000	2001	2002	2003	2004	2005
Women	100	87	91	90	90	95	95
Aboriginal people and Torres Strait Islanders	100	104	95	94	n/a	n/a	n/a
People whose first language was not English	100	92	93	89	92	91	90
People with a disability	100	103	105	102	100	101	98
People with a disability requiring work-related adjustment	100	n/a	n/a	n/a	n/a	n/a	n/a

Notes:

- 1 Staff numbers are 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.
- 5 The 2005 data was sourced from provisional data and may not be comparable to EEO benchmarks produced at a later date.

# Department of Health occupational health and safety

**In accordance with the *Occupational Health & Safety Act (NSW) 2000* and the *Occupational Health & Safety Regulation (NSW) 2001*, the Department of Health is committed to ensuring the health, welfare and safety of staff and visitors to the workplace.**

The following Occupational Health & Safety (OH&S) initiatives were implemented:

- The Department's OH&S Committee commenced the Safety Check program in May 2005 throughout its North Sydney, Gladesville and Surry Hills sites. Seven branches participated in the program this financial year, with remaining branches scheduled for 2005/06. The OHS committee continued to meet on a bimonthly basis to discuss health and safety matters and opportunities in consultation with staff, managers and union representatives.
- The Department's certified first aid officers attended occupational first aid courses approved by WorkCover. Information concerning first aid procedures is promoted at staff induction and via the intranet. First aid kits are available at all sites. Stocks are maintained by first aid officers and St John Ambulance Australia.
- Department staff support important community initiatives by attending voluntary Red Cross blood donations on a quarterly basis.
- Emergency evacuation training for firewardens occurs every six months with one trial evacuation per year as a minimum requirement. Presentations on evacuation/emergency procedures were held at staff inductions.
- The Department has developed its Business Continuity Plan to ensure the continuation of critical services in response to a significant adverse event. Crisis Management and Recovery teams received training on roles and responsibilities should the Business Continuity Plan be activated.

The following are some of OH&S initiatives that will be introduced in the coming year and will continue to promote the higher profile of OH&S:

- continue the Safety Check program and workplace assessments
- OH&S awareness initiatives implemented by the Department and the OH&S Committee
- implement a new injury notification form
- commitment to the Public Sector OHS & Injury Management Strategy 2005–2008

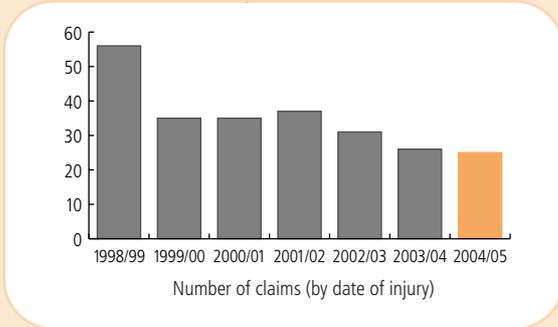
The number of workers compensations claims accepted by the Department is an indicator of OH&S performance. The Department managed 25 claims during 2004/05. This number was lower than previous years and continued a trend of the number of claims decreasing since the 1998/99 financial year.

The Department continues to reduce the cost of claims with an actual cost of \$141,715, a saving of \$37,691 from a forecasted amount of \$179,406. The type of claims reported remained generally unchanged from previous years. Journey claims, slips/trips, and body-stress accounted for the greatest number of workers compensation claims. Journey claims accounted for 10 of the 25 claims made in 2004/05 (as opposed to 12 of the 26 in 2003/04).

Strategies to improve workers compensation performance include:

- improved management of workers compensation claims and return to work programs
- closer monitoring of costs of claims
- participating in the on-line claim lodgement system provided by the insurer
- regular consultation between the Department and its insurer to review claims
- regular contact with staff and managers in the claims process.

Number of claims each year since 1998/99 to 2004/05

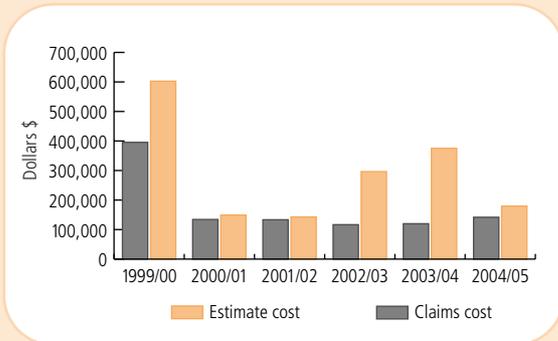


Number of claims (by date of injury)

	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05
Claims	56	37	35	37	31	26	25

Claims cost each year from 1999/00 to 2004/05

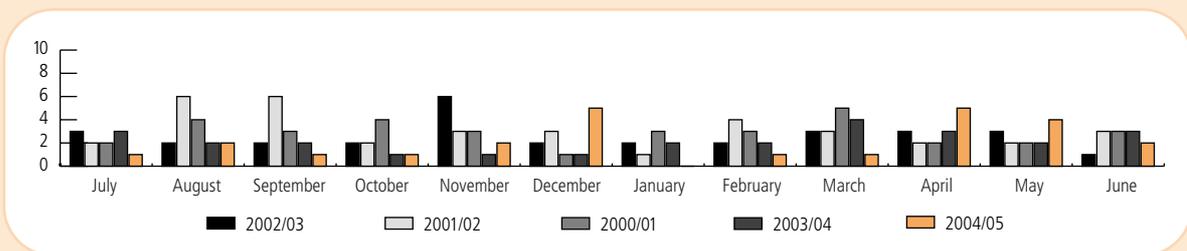
- 'Claims costs' are the actual amount of money that has been paid in total on all claims by year-end.
- 'Estimate costs' is the amount of money which is estimated by GIO that is to be paid against all current claims in future.



Claims cost

	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05
Cost to date	\$348,480	\$395,410	\$134,244	\$133,316	\$116,605	\$119,864	\$141,715
<b>Estimate (total)</b>	<b>\$405,793</b>	<b>\$602,597</b>	<b>\$149,104</b>	<b>\$142,905</b>	<b>\$296,325</b>	<b>\$375,036</b>	<b>\$179,406</b>

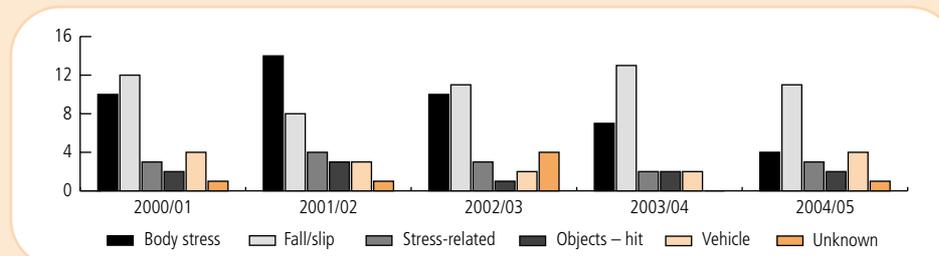
Workers Compensation Claims each month for past 4 years



## Type of new claims each month – 2004/05

Injury/illness	Jul 04	Aug 04	Sep 04	Oct 04	Nov 04	Dec 04	Jan 05	Feb 05	Mar 05	Apr 05	May 05	Jun 05	Total
Body Stress		1								2	1		4
Exposure													0
Fall/slip/trip		1	1	1		4		1		1	1	1	11
Stress-related					1						1	1	3
Objects – hit	1				1								2
Vehicle					1				1	2			4
Other											1		1
<b>Total</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>25</b>

## Categories of Workers Compensation Claims over past 4 financial years



## Categories of Workers Compensation Claims over previous 5 years

	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05
Body stress	12	10	14	10	7	4
Fall/slip	14	12	8	11	13	11
Stress-related	1	3	4	3	2	3
Objects – hit	4	2	3	1	2	2
Vehicle	3	4	3	2	2	4
Unknown	3	1	1	4	0	1
<b>Total</b>	<b>37</b>	<b>32</b>	<b>33</b>	<b>31</b>	<b>26</b>	<b>25</b>

## Overseas visits by Department of Health staff

The schedule of overseas visits is for NSW Department of Health staff.

The reported instances of travel are those sourced from general operating funds or from sponsorship arrangements, both of which require Departmental approval.

**Christine Allsopp** – Population Health: *Injury Severity Assessment and the Abbreviated Injury Scale Conference and the Inaugural Japanese Injury Scaling: Uses and Techniques Course*, and site visit to Tokyo Trauma Centre, Japan. Sponsorship.

**Christine Allsopp** – Population Health: *Train the Trainer Course in Abbreviated Injury Scale – Revision 2005*, United States of America. Sponsorship.

**Ramsey Awad** – Health System Performance: *Institute of Healthcare Improvement – 1st Annual International Summit on Redesigning Hospital Care and study tour of KPMG Health Facilities*, United States of America. General Funds.

**Bart Cavalletto** – Strategic Development: *Women's and Children's Hospitals Australasia Annual Conference*, New Zealand. General Funds.

**Steevie Chan** – Strategic Development: *Royal Australasian College of Medical Administrators and New Zealand Institute of Health Management Joint Annual Conference*, New Zealand. General Funds.

**Marilyn Cruickshank** – NSW Clinical Excellence Commission: *Women's and Children's Hospitals Australasia Annual Conference*, New Zealand. General Funds.

**Cate Ferry** – NSW Clinical Excellence Commission: *10th European Forum on Quality Improvement in Health Care Forum*, United Kingdom. General Funds.

**Danielle Fisher** – Strategic Development: *Worldwide Richmond Fellowship and Asia Pacific Forum*; Hong Kong. General Funds.

**David Gates** – Health System Support: *Health Capital and Asset Managers Consortium Meeting*, New Zealand. General Funds.

**Louisa Jorm** – Population Health: *Canadian Health Services Research Foundation's Third Annual National Knowledge Brokering Workshop and site visits to Manitoba Centre for Health Policy, the Canadian Health Services Research Foundation and Health and Centre for Surveillance Coordination*, Canada. General Funds.

**Deniza Mazevska** – Health System Performance: *20th Patient Classification Systems – Europe (PCS-E) Conference*, Hungary. Sponsorship.

**Eugene McGarrell** – Strategic Development: *International Initiative for Mental Health Leadership Exchange*, New Zealand. General Funds.

**David Muscatello** – Population Health: *2004 National Syndromic Surveillance Conference and site visits with US Biosurveillance personnel and at Harvard University, United States of America*. Sponsorship and General Funds.

**Ross O'Donoghue** – Population Health: *Oxford Vision 2020 Summit and site visit to UK Health Protection Agency*, United Kingdom. Sponsorship.

**Richard Pye** – Health System Support: *Health Capital and Asset Managers Consortium Meeting*, New Zealand. General Funds.

**Shanti Sivaneswaran** – Population Health: *44th Annual Meeting of Australian and New Zealand Division of the International Association of Dental Research*, Fiji. General Funds.

**Beverley Raphael** – Strategic Development: *International Society for Traumatic Stress Studies 20th Annual Meeting*, United States of America. Sponsorship.

**Beverley Raphael** – Strategic Development: *National Mental Health Working Group*, Auckland, New Zealand. General Funds.

**Beverley Raphael** – Strategic Development: *2005 American Psychiatric Association Annual Meeting, All Hazards Conference & Meeting at Louisiana State University*, United States of America. Sponsorship.

**Tamsin Waterhouse** – Health System Performance: *Royal Australasian College of Medical Administrators and New Zealand Institute of Health Management Exams and Joint Annual Conference*, New Zealand. General Funds.

**David White** – Health System Performance: *Institute of Healthcare Improvement – 1st Annual International Summit on Redesigning Hospital Care*, United States of America, General Funds.

**Alan Willmore** – Population Health: *GeoHealth 2004 Conference*, New Zealand. General Funds.

# Selected Department of Health significant committees

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## Senior Executive Advisory Board

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

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

## Health Care Advisory Council (HCAC)

Rt Hon Ian Sinclair AC (Co-Chair)  
and Professor Judith Whitworth AC (Co-Chair)

**Function** – The peak community and clinical advisory body provides advice to the Director-General and Minister on clinical services, innovative service delivery models, health care standards and performance management and reporting within the health care system. The HCAC was established in March 2005 under s20(4) of the *Health Administration Act 1982*. The Council replaces the NSW Clinical Council.

## Health Priority Taskforces (HPTs)

**Function** – Provides advice to the Health Care Advisory Council (HCAC), Director-General and Minister on policy directions and service improvements in each of the high priority areas of the NSW health system. The 12 Health Priority Taskforces are: Aboriginal Health, Chronic Aged and Community Health, Children and Young People, Critical Care, Greater Metropolitan Clinical Taskforce, Information Management and Technology, Maternal and Perinatal Health, Mental Health, Population Health, Rural Health, Sustainable Access and Workforce Development.

## Area Health Advisory Councils (AHACs)

**Function** – Clinicians and members of the community work together in each Area Health Service to provide advice to the Area Health Service Chief Executive on planning and delivering health services. Following amendments to the *Health Services Act 1997* in 2005 each AHAC is required to develop a Charter and report annually to the Minister for Health and Parliament.

## Audit Committee

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

**Function** – Ensures appropriate processes are in place in relation to the Department's internal control, and internal and external audit functions.

## Care of Older People Committee

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

**Function** – Provides advice on improvements to the care of older people within the NSW health care system with particular reference to the need for a more integrated approach to service delivery for older people across and between State and Commonwealth jurisdictions.

## Clinical Ethics Advisory Panel

Dr Gregory Stewart (Chair) *Director,  
Population Health, Planning and Performance,  
Sydney South West Area Health Service*

**Function** – Provides advice to the Director-General on policies and issues with major ethical implications in clinical practice within NSW Health.

## Committee on Healthcare Associated Infection Prevention and Control

Dr David Mitchell (Chair) *Clinical Microbiologist,  
Centre for Infectious Diseases and Microbiology,  
Westmead*

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

## Department of Health Ethics Committee

Dr Garry Pearce (Chair) *Consultant,  
Rehabilitation Medicine, Concord Hospital*

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

## Electronic Health Record Steering Committee

Professor Stephen Boyages (Chair) *Chief Executive,  
Sydney West Area Health Service*

**Function** – Provides guidance on the overall information and technical direction for the overarching components of the NSW Electronic Health Record (EHR\*Net) Initiative. Supports and directs the steering committees for the Chronic Disease Management System (CDMS) and Child Health Information Network (CHIN).

## Selected Department of Health significant committees

### Finance, Risk and Performance Management Committee

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

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

### Funding of Statewide & Selected Speciality Steering Committee

Professor Brian McCaughan (Chair) *Clinical Director, Cardiovascular Services, Sydney South West Area Health Service*

**Function** – Assesses services submitted by Areas for statewide and selected speciality status and recommends funding arrangements for statewide and selected speciality services. Services are to be reviewed by the Committee every 2–3 years as to their status.

### Information Management and Technology Management Committee

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

**Function** – Guides the development and implementation of the NSW Health Information Management and Technology Strategy.

### NSW Drug and Alcohol Council

David McGrath (Chair) *Acting Director, Centre for Drug and Alcohol*

**Function** – Reports to the Director of the NSW Health Drug and Alcohol Program and considers the full range of finance, activity and management issues of the program.

### NSW Infectious Diseases Emergency Advisory Group

Chair: *Director, Health Protection*

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

### NSW Maternal and Perinatal Committee

Professor William Walter (Chair)

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

### NSW Meningococcal Disease Advisory Committee

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

**Function** – Advises the Chief Health Officer on the prevention and control of Meningococcal disease in NSW.

### NSW Sub-Acute and Non-Acute Patient Implementation Steering Committee

Cristalyn Da Cunha (Co-Chair) *Manager, Casemix Unit, Inter-Governmental and Funding Strategies Branch, NSW Department of Health and Professor Kathy Eagar (Co-Chair) University of Wollongong*

**Function** – Advises the Department on the implementation of the Australian National Sub-Acute and Non-Acute Patient classification in NSW.

### NSW Tuberculosis Committee

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

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

### Ministerial Advisory Committee on HIV and Sexually Transmitted Infections

Dr Roger Garsia (Chair) *Director, Clinical HIV Services, Royal Prince Alfred Hospital*

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

### Ministerial Advisory Committee on Hepatitis

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

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

### Multiple Antibiotic Resistant Organism Expert Group

Professor Lyn Gilbert (Chair) *Director, Centre for Infectious Diseases and Microbiology, Westmead*

**Function** – Advises the Chief Health Officer on the monitoring, prevention and management of multi-resistant organisms in NSW public healthcare facilities.

### Peak Health Industrial Consultative Committee

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

**Function** – Promotes communication and understanding between the Department of Health and major health industrial organisations on major statewide issues.

### Pharmacotherapy Credentialling Sub-committee

Dr Glenys Done (Chair)

**Function** – Makes recommendations to the Director-General about the approval of medical practitioners as prescribers of drugs of addiction under the state's drug dependence treatment programs.

### Reportable Incident Review Committee

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

**Function** – Monitors serious adverse events reported to NSW Health via the Reportable Incident Brief System (RIB) and ensures incidents are reported, analysed and appropriate action is taken.

### Resource Distribution Formula (RDF) Technical Committee

Ms Catherine Katz (Chair) *Director, Inter-Governmental and Funding Strategies Branch, NSW Department of Health*

**Function** – Advises on development of RDF, adding to validity and credibility of RDF revisions. The RDF guides the (fairer) distribution of funds to Area Health Services.

### Rural Doctors Liaison Committee

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

**Function** – Resolves issues raised by and promotes communication with the NSW Rural Doctors Association.

### Shared Corporate Services Steering Committee

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

**Function** – Provides strategic advice and input for NSW Health's Shared Corporate Program.

### Strategic Advisory Committee

Rt Hon Ian Sinclair AC (Chair)

**Function** – Reports to the NSW Health Care Advisory Council (HCAC) and is responsible for overseeing the NSW Health Futures Planning Project.

### Surgical Services Taskforce

Dr Patrick Cregan (Chair)

**Function** – To develop a model of management of surgical services across NSW in order to optimise the patient journey from initial referral to home, appropriate and innovative models of care, effective management of waiting lists, and ensures safety and quality of care in partnership with the Clinical Excellence Commission.

**Book/booklets**

- Air Pollution Health Alerts – Information For Health Professionals
- Air Pollution Health Alerts – What They Mean To You
- Bright Star and the three little stars – health information for Aboriginal children
- Communicating Positively – A Guide to Appropriate Aboriginal Terminology
- Easy lunch and snack ideas for children
- Stay on your feet: your home safety checklist

**Brochures or flyers**

- Better mental health care for you
- Community sharps
- Educational resources for the Aboriginal Vascular Health Program
- Framework for integrated support and management of older people in the NSW health care system brochure
- Genetics Services and Counselling – Why knowing about your genes is important to your future
- HIV testing in pregnancy – information for health care workers
- HIV testing in pregnancy – information for pregnant women
- Mental health information for general practitioners regarding the recent tsunami disaster
- Mosquitoes are a health hazard
- New electronic discharge referral system
- NSW Aboriginal Vascular Health Program brochures (Blood pressure, Cardiovascular disease, Cholesterol, Depression, Heart disease, Heart attack, Kidney disease, Nutrition, Obesity, Physical activity, Smoking, Stress, Stroke)
- NSW Telehealth connecting you to health
- Products to help you quit smoking – update
- Rainwater tanks
- SmokeCheck Aboriginal smoking cessation (series of 5)
- Tick Alert
- Why does my baby need a hearing check?

**Manuals and information kits**

- Coaching skills for managers
- Fresh Tastes Tool Kit
- How to be coached
- Infection Control Program Quality Monitoring Indicators
- Notifiable Diseases Manual folder

- Families and carers affected by the drug and alcohol use of someone close orientation manual
- Planning Better Health information packs
- What licensed venues need to know – an information kit for hotels, registered clubs, bars, nightclubs and the casino

**Fact sheets**

- Asbestos and health risks
- Coping personally after the tsunamis
- Mental health information for general practitioners
- Personal health advice for health care workers returning from tsunami affected areas
- SmokeFree Workplace FAQ
- Unflued Gas Heaters – Environmental Health Factsheet

**Newsletters**

- Fresh Tastes Newsletter 3
- Health E-link newsletter – Issue 4, August 2004
- Health Ethics Newsletter 5
- Health Ethics Newsletter 6
- NSW Public Health Bulletin January/February 2005
- Safety Advocate Issue 6 – Inflating bag/mask devices
- Safety Advocate Issue 7 – Safe management of breast milk
- Safety Advocate Issue 8 – Retained instrument – abdominal visceral retractor

**Policy/control guidelines**

- Acute Paediatric Clinical Practice Guidelines
- Anaphylaxis: guidelines for schools
- Corporate Governance and Accountability in Health – Better Practice Guide
- Framework for integrated support and management of older people in the NSW health care system (book and folder)
- Funeral Industry Guidelines based on the Public Health (Disposal of Bodies) Regulation 2002
- Guidelines for end-of-life care and decision-making
- Guidelines for the Funeral Industry (Disposal of Bodies)
- Guidelines for the Funeral Industry Based on the Public Health (disposal of bodies) Regulation 2002
- Interim Corporate Governance Guidelines for Chief Executives of Area Health Services
- Principles for Better Practice in Aboriginal Health Promotion
- NSW Costs of Care Standards 2004/05

- NSW Funding Guidelines 2004/05
- NSW Funding Guidelines for Rehabilitation and Extended Care 2004/05
- NSW Rural Emergency Clinical Guidelines
- NSW Severe Burn Injury Service Model of Care
- NSW Severe Burn Injury Service Guidelines
- NSW Health Privacy Manual (version 1)
- NSW Health Privacy Manual (version 2)
- Protocol for the Provision of Nicotine Replacement Therapy to Staff of NSW Health
- Severe Burn Injury Service – Burn Transfer Guidelines
- Severe Burn Injury Service Model of Care
- Sexually Transmissible Diseases and their Prevention
- Triage in NSW rural and remote emergency departments with no on-site doctors
- Your guide to MH-OAT (revised edition)

### Policies

- Child Protection Service Plan 2004–2007
- Framework for integrated support and management of older people in the NSW health care system
- Framework for Suicide Risk Assessment and Management
- HIV/AIDS Care and Treatment Services Needs Assessment
- Interim Corporate Governance Guidelines for Chief Executives of Area Health Services
- NSW Aboriginal Chronic Conditions Area Health Service Standards
- NSW Chronic Care Program: Strengthening GP Involvement in Chronic Care: Review and Recommendations
- NSW Chronic Care Program 2000–2003 – Phase 1
- NSW Chronic Care Program: Phase Two 2003–2006
- NSW Chronic Care Program: Phase Two 2003–2006 – Executive Summary
- NSW Clinical Excellence Commission Directions Statement
- The NSW Government's Plan for Mental Health Services
- Strengthening General Practitioner Involvement in Chronic Care
- Suicide Risk Assessment and Management for NSW Health Staff
- Transfer of Diagnosis and Assessment Services from DADHC to NSW Health
- Transport for Health NSW Policy Framework

### Posters/postcards

- NSW Aboriginal Vascular Health Program (AVHP) postcards
- Baxter Awards 2004 poster
- Ensuring Correct Patient, Correct Site, Correct Procedure poster
- Multicultural Health Week poster
- NSW Severe Burn Injury Service poster
- NSW Health Calendar 2005
- Winter tips 2004 poster
- Needle Cleanup Hotline business card, postcard, poster and magnet

### Reports

- Analysis of MERIT Residential Rehabilitation Survey Report
- Best Options for Promoting Healthy Weight and Preventing Weight Gain
- Building blocks for sustainable change: evaluation of the NSW Aboriginal Vascular Health Program 2000–2003
- Chronic Care Program 2000–2003: Strengthening capacity for chronic care in the NSW health system
- A Clear Voice for Clinicians and the Community – Report of the Clinical and Community Advisory Group
- Comparison of Personal Exposure to Air Pollutants by Commuting Mode in Sydney: BTEX and No.2
- Counting the costs of tobacco and the benefits of reducing smoking prevalence in New South Wales
- Data Dictionary and Collection Guidelines for the Minimum Data Set for Drug & Alcohol Treatment Services, 2004/2005
- Dementia Estimates and Projections, NSW and its Regions
- Directory of Gynaecological Oncology Treatment and Support Services
- Drug and alcohol treatment services in NSW 2001–2002 Annual Report on the NSW Minimum Data Set
- Evaluation of the NSW Health Pilot Shared Scientific Assessment Scheme – Final Report
- Evaluation of the NSW HIV/AIDS Health Promotion Plan 2001–2003
- Evaluation of the NSW Aboriginal Vascular Health Program 2000–2003
- Evaluation of the NSW Health Pilot Shared Scientific Assessment Scheme
- The Health of the People of New South Wales: Report of the Chief Health Officer

- How to treat illicit drug users
- Investigation into the possible health impacts of the M5 East Motorway Stack on the Turrella community – Phase 2
- Kidney donation by live donors
- Mothers and Babies Report 2003
- Neonatal Intensive Care Services Plan to 2006
- NSW Department of Health Annual Report 2003/2004
- NSW Government Response to the Inquiry into Complaints Handling
- NSW Injury Profile: A Review of Injury Deaths during 1998–2002
- NSW Trauma Minimum Data Set Annual Report 2003
- NSW Trauma Minimum Data Set Annual Report 2002
- NSW Metropolitan Trauma System Monitoring Report 1995–2000
- A New Way of Delivering IM&T Services
- Overview of recent reviews of intervention to promote and support breastfeeding
- Patient Safety and Clinical Quality Program: First Annual Report on Incident
- Planning Better Health: Background Information
- Management in the NSW Public Health System 2003–2004
- NSW Costs of Care Standards 2004/05
- Report of the Clinical and Community Advisory Group
- Report on breastfeeding in NSW 2004
- Report on a study tour of the Clinical Governance Support Team of the English National Health System
- Review of the Mental Health Act 1990
- Rhodes Peninsula Small Area Cancer Incidence and Mortality Study
- Routine screening for domestic violence program snapshot report
- Simply Active Everyday: A plan to promote physical activity in NSW 1998–2002 Evaluation Report
- Strengthening General Practitioner Involvement in Chronic Care
- Transport for Health NSW Policy Framework
- Use of SSRI antidepressants during early pregnancy
- Wellbeing – Aboriginal Mental Health Workers' Forum Report

# Operating consultants engaged by Department of Health 2004/05

## Consultancies equal to or more than \$30,000

Consultant	\$ Cost	Title / Nature
<b>Finance and Accounting/Tax</b>		
Australian Bureau of Statistics	50,909	Analysis of NSW Public Hospitals Goods & Services Price Index
Deloitte Touche Tohmatsu	66,173	Review of Paediatric Funding in NSW
Laeta	54,545	Refinement of acute care cost weights for the 2005/06 NSW Costs of Care Standards
<b>Sub-total</b>	<b>171,627</b>	
<b>Legal</b>		
Intellisc Asia Pacific	54,545	Due Diligence Fitness and Probity Testing – Private Hospital Transfers
<b>Sub-total</b>	<b>54,545</b>	
<b>Organisational Review</b>		
Carlos De Carvalho	58,200	NSW Health Clinical Services Redesign Program
Deloitte Touche Tohmatsu	45,825	Review of Area Health Service Organisation Structures
Ian Sinclair & Associates	75,898	Advice on reform of the NSW Health System
Julie McDonald & Associates	30,929	Review of Aboriginal Family Health Strategy
La Trobe University	123,182	Evaluation of the Perfecting Healthcare Delivery and Access Block Improvement Programs
NSW Therapeutic Advisory Group	30,000	Analysis of costs and benefits of proposed non-admitted PBS reforms in NSW Public Hospitals
Paxton Partners	134,245	Development of a Business Case – Management Reform of Clinical Services
University of Sydney	74,930	Review of Medical and Health Research in NSW
<b>Sub-total</b>	<b>573,209</b>	
<b>Information Technology</b>		
Bearing Point	30,125	Review of NSW Health data collections
Operational Research in Health	48,200	Data Modelling Study (Patient Allocation Matrix) – NSW Ambulance Service
ProActive	45,500	Development of Improvement Strategy for Shared Services Centre
<b>Sub-total</b>	<b>123,825</b>	
<b>Management Services</b>		
Carla Cranny & Associates	46,000	Review of Aged Care Assessment Program
Clearview Consulting Group	32,340	Preparation of an Asset Strategic Plan for Mental Health Sites
JA Projects	44,442	Census of Older People in Public Hospitals
Jacq Hackett Consulting	41,580	Development of Phase II Mobile Surgical Service in Rural NSW
Jacq Hackett Consulting	30,615	Assessment and evaluation of the NSW In-Reach Project
McCarthy Management	54,735	Advice on the Government's Action Plan for Health in relation to Consumer & Community Participation
<b>Sub-total</b>	<b>249,712</b>	
<b>Training</b>		
AccessUTS	48,614	Evaluation of the NSW Aboriginal Maternal and Infant Health Strategy
FutureTrain	83,720	Development of education and training strategy – Framework for Suicide Risk Assessment and Management
Wodonga Regional Health Service	45,739	Contribution towards NSW Rural General Practitioner Procedural Training Program
<b>Sub-total</b>	<b>178,073</b>	
<b>Total consultancies equal to or more than \$30,000</b>	<b>1,350,991</b>	

## Consultancies less than \$30,000

During the year 89 other consultants were engaged in the following areas:

Finance and Accounting /Tax	138,835	
Legal	6,760	
Environmental	101,416	
Organisational Review	255,392	
Information Technology	30,885	
Management Services	636,814	
Training	87,665	
<b>Total consultancies less than \$30,000</b>	<b>1,257,767</b>	
<b>TOTAL CONSULTANCIES</b>	<b>2,608,758</b>	

# Department of Health response to NSW Government waste reduction and purchasing policy

## The Department of Health leases nine floors of office space at 73 Miller Street North Sydney and occupies premises at Gladesville Hospital and Surry Hills.

In 2004/05, the Department adopted a more proactive approach to waste management and energy management through its 'Sustainability Project'. This is an integrated strategy to reduce waste, increase recycling, reduce energy consumption, reduce greenhouse emissions and save water. This ongoing project ensures that the Department complies with the NSW Government's Waste Reduction and Purchasing Policy (WRAPP) and the Government's Energy Management Policy (GEMP).

### Waste reduction and recycling

Staff continue to use paper collection boxes and waste stations to pre-sort their waste and divert recyclables from landfill. The ratio of landfill waste to recycled waste has improved steadily since 2001. During 2004/05, the waste audit showed that the Department produced an average of 1,610kg of waste per week, comprising 63.1 per cent paper recycling, 18.9 per cent other recyclables and 18 per cent landfill waste.

Early this financial year, the Department began recycling used toner cartridges, increasing from 156kg in the first half of the financial year to 254kg kilos in the second half. The Department recycles its used fluorescent tubes and recycles mobile phones through the Australian Mobile Telecommunications Association (AMTA).

Staff awareness of waste reduction and recycling is reinforced through email and audiovisual communications. A section on sustainability is under development for the Department's intranet.

### Purchasing policy

The Department continues to promote the purchase and use of environmentally friendly products and services. Most purchases use existing State Government contracts and are regularly reviewed to identify the availability of more environmentally friendly options. Wherever possible, the Department purchases items that have a high recycled content and are energy efficient.

### Energy consumption

The Department works cooperatively with the landlord of 73 Miller Street to improve the energy efficiency of its tenancy. The Australian Building Greenhouse Rating (ABGR) is a measure of a building's energy efficiency. The 73 Miller Street building is rated 4 stars and the Surry Hills building is rated 3.5 stars.

Several initiatives were implemented during the year to further improve our rating:

1. Energy efficient flat screen technology to reduce our power consumption and reduce the heat load from PC monitors.
2. Duplex printing standard as part of the new Standard Operating Environment to save paper and reduce power consumption.
3. Waterless urinals throughout 73 Miller Street to reduce water consumption by an estimated 42,000,000 litres per annum.
4. Review of packaged air conditioning units to reduce power consumption.
5. Energy-efficient fluorescent tubes.

The Department accepted an invitation from the mayors of the Sydney, North Sydney and Parramatta CBDs to join their 3CBDs Greenhouse Initiative. The Department is committed to achieving a 4.5 star ABGR rating by 31 December 2005 and a 5 star rating by 30 June 2006.

The Department has reduced the number of fleet vehicles, continued purchasing smaller vehicles and developed a Fleet Environment Improvement Plan (FEIP) to improve its Clean Fleet Score and reduce greenhouse emissions. With a current rating of slightly above ten, the plan expects to achieve a Clean Fleet Score of 14 and reduce greenhouse gas emissions by at least 15 per cent by the end of 2008.

# Department of Health response to NSW Government action plan for 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.**

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.

## Key Program Objectives

### Women's Health Strategy

Implementation of the NSW Government Action Plan for Women within NSW Health is mediated through the *NSW Women's Health Strategy*, funded through the Public Health Outcomes Funding Agreement. The strategy provides the framework for advancing the health and wellbeing of disadvantaged women in NSW.

In 2004 an independent consultant reviewed the *NSW Women's Health Strategy*. The review assessed the performance of Area Health Services in implementing women's health policy. It identified good practice models, current structural difficulties in implementing the existing plan and made a number of recommendations for building the successes already achieved by the program.

The findings of the review have helped to inform the development of the *NSW Health Women's Health Strategy 2006–2011*, commenced by the NSW Department of Health together with Area Health Services and other key stakeholders.

### Reducing Violence Against Women

The NSW Strategy to Reduce Violence Against Women involves a partnership between the Attorney Generals Department, NSW Police, Department of Community Services, Department of Education and Training, Department of Health, Department of Housing and the Office for Women. In 2004/05 the NSW Department of Health contributed \$650,386 towards the initiative.

The NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence (2003) introduced an early intervention and screening strategy involving routine screening for domestic violence. The aims of the policy are to:

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

In 2004/05 routine screening was implemented in NSW Health services where significant numbers of women have been found to be at risk, such as antenatal, early childhood health centres, mental health, alcohol and other drugs services.

Over 500 women a month, or 6.5 per cent of women screened, are identified as having experienced recent domestic violence. These women are offered assistance and are referred to services that best suit their needs.

### Improve the health and quality of life of women in NSW

In 2004/05, funding for the implementation of one-off projects to promote women's health, previously undertaken centrally by the Department, was delegated to individual Area Health Services. This approach sought to establish partnerships between Area Health Services and local women's groups to focus on local needs and local solutions. These initiatives will be reported on in Area Health Service annual reports.

The NSW Department of Health participated closely in the implementation of the following important projects:

#### Coachstop Caravan Park Project

##### – Hunter/New England Area Health Service

The Caravan Park Outreach Project is an initiative of community nurses from the Maitland Dungog Health Service. It commenced as a pilot project in March 2000 and June 2002. It focused on the primary health needs of a group of disadvantaged women and children living in caravan park accommodation in the Hunter valley.

## Department of Health response to NSW Government action plan for woman

Since its initial funding in 2002, the Coachstop Caravan Project has shown significant community development outcomes. As a result, additional funds of \$70,000 per annum have been allocated for 2004/05 and 2005/06 to sustain the project.

### **Alignment of the Aboriginal Maternal Infant Health Strategy (AMIHS) the Alternative Birthing Services Program (ABSP)**

The goal of both the AMIHS and the ABSP is to improve the health of Aboriginal mothers and their infants and decrease Aboriginal perinatal mortality and morbidity across NSW.

During 2004/05 NSW Health worked towards the alignment of both programs into the NSW Statewide Aboriginal Maternal and Infant Health Strategy. This strategy will enable the ABSP to be formally linked to the AMIHS structures and processes to strengthen NSW Health's strategic approach to improving Aboriginal maternal and infant health.

From 2005/06 additional funds will be allocated to ABSP to bring them into line with funding provided under the AMIHS and to support efforts to develop common training, support, and performance indicators.

### **Female Genital Mutilation (FGM) – African Refugee Women**

In 2004 NSW Health allocated funding of \$24,000 to the NSW Education Program on Female Genital Mutilation to improve health information and services to employed women from minority refugee communities (Eritrea, Ethiopia, Southern Sudan, Nigeria, Ghana, Liberia and Sierra Leone). The aim of the project is to implement capacity building and sustainable strategies to address the needs of these women, their families and their communities.

Research conducted as part of this project gave NSW Health a clearer understanding of the health needs of these women, the scope and type of their employment, the issues that arise in their place of employment and the impact of employment on their family life. The report produced by the project provides valuable information about the size of each of these new communities and their settlement patterns in Sydney and NSW.

### **Enhancement funding to the Refugee Health Service**

Additional recurrent funding of \$100,000 was allocated to the NSW Refugee Health Service to improve health literacy and direct community-based services for newly arrived refugee women and their families. This funding recognises the needs of refugees and the many challenges they face when they arrive in Australia.

# Ethnic affairs priority statement

## Achievements

Goal	Health Service	Project title and description	Achievements 2004/05
<b>Keep People Healthy</b>	Multicultural Health Communication Service	Multilingual publications added to the Service's website	105 new publications were added to the website. During the year there were 912,000 hits on the website and 36,439 resources downloaded by staff of the NSW Health System.
	H&NEAHS	Health education programs for refugees	The provision of basic health education during on-arrival TAFE English classes was negotiated in 2004/05.
	NS&CCAHS	Consumer participation program for carers	Representatives from culturally and linguistically diverse (CALD) communities were successfully recruited and are actively involved in the Carer Support Reference Committee.
	SWAHS	Bilingual Community Educator Program (BCE)	A range of BCE programs were successfully developed and provided to communities in the area of women's health, parenting, stress management, diabetes and nutrition.
	Centre for Mental Health and Transcultural Mental Health Centre (TMHC)	Rural and Remote Capacity Building and Community Development Project	The provision of TMHC clinical service delivery was expanded to cover CALD communities in the Illawarra and Southern NSW.
	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)	African trainee bi-cultural counsellors	Five trainee counsellors from Southern Sudan, Sierra Leone, Somalia and Congo were successfully recruited.
	Centre for Mental Health and the Transcultural Mental Health Centre	Children & Family Mental Health Project	Intensive cross-cultural training was developed and provided to a range of mainstream professionals who will now offer a cultural consultancy service to the staff of Westmead Hospital.
	Multicultural HIV/AIDS & Hepatitis C Service	Clinical support to people living with HIV/AIDS	3,219 occasions of service were provided over the year to people with HIV/AIDS.
	Ambulance Service	Multicultural Communication Strategy	Four fact sheets on the role of the Ambulance Service were translated into Chinese, Vietnamese, Arabic, Italian and Greek.
	<b>Health Care People Need</b>	H&NEAHS	Refugee health clinics
NS&CCAHS		Support for older Italian people	A new project was established to reduce prolonged isolation and reactivate the resilience skills of older Italian people who have experienced a significant loss.
SE&IAHS		Women with Weights	A culturally appropriate weight-training program was developed and provided for Macedonian-speaking women over the age of 60. The program increased their physical strength, endurance and flexibility
SSWAHS		Physical Activity Project	Maps of pleasant walks with walk notes were developed for the Portuguese and Turkish communities to increase their levels of physical fitness.
SWAHS		Penrith's Emerging Refugee Communities Project	Four sets of consultations were held with small and emerging communities in the Penrith area to document their health needs and develop solutions.
Diversity Health Institute Clearinghouse		Diversity Health Institute Clearinghouse	The clearinghouse was launched. It provides an online gateway to multicultural health resources and information for health service staff.
STARTTS		Establishment of the Coffs Harbour service	STARTTS established a new service in Coffs Harbour to meet the needs of new refugee communities, particularly from Africa.
Multicultural HIV/AIDS & Hepatitis C Service		Late HIV Presentation Project	The Service worked in partnership with African communities to promote HIV prevention through the Australian African Youth Soccer Cup.

Goal	Health Service	Project title and description	Initiatives Planned for 2005/06
<b>High Quality Health Services</b>	NS&CCAHS	Workforce development	Staff from a range of health facilities across the Central Coast participated in training on the use of a health care interpreter.
	SSWAHS	Ma'feesh cigara men gheir khosara – Arabic Tobacco Control Project	A telephone survey of 1,100 Arabic speakers living within the Area was conducted. The information obtained informed the Ma'feesh cigara men gheir khosara (there is no cigarette without loss) campaign.
	SWAHS	CALD patient data collection working group	A workgroup was convened to work on the Area's Patient Information Management System (PIMS) to improve the data collection of country of birth, language spoken at home and interpreter needed fields. This will allow the Area to better monitor the extent to which people from CALD backgrounds are using health services.
	Global Health Institute	Global Health Institute symposium	"Working Across Borders: Women's and Children's Health Symposium" was held for multicultural health practitioners working with CALD communities. Evaluations indicated the symposium had raised the awareness of the 'bigger picture' of diversity health by increasing participants' knowledge about the impact on CALD communities living in Australia.
<b>Health Services Managed Well</b>	NS&CCAHS	Strategic planning	A comprehensive corporate Diversity and Access Policy 2005–2007 was developed.

## Planned Initiatives

Goal	Health Service	Project title and description	Initiatives Planned for 2005/06
<b>Keep People Healthy</b>	H&NEAHS	Cross cultural communication in a multicultural workplace	An in-service training package to enhance the skills of staff communicating with patients from CALD backgrounds will be developed.
	NS&CCAHS	Carers support groups	A support group for Filipino women who are carers will be established.
	SE&IAHS	Medication education in aged care	The Diversity Health Unit of the Area will undertake a project with aged care staff to identify issues relating to the medication compliance of CALD communities.
	SSWAHS	"Pillow Talk": Overcoming Sleep Problems Workshop	An information session on sleep disorders for the Polish community will be conducted.
	SWAHS	Resourceful Adolescent Program	A culturally appropriate 12-session psycho-education program building the resilience of Filipino youth will be delivered.
	Multicultural HIV/AIDS & Hepatitis C Service	CALD Women & HIV Project	The Service will develop an HIV antenatal testing resource for priority languages groups and deliver cultural competency workshops to women's health and antenatal services staff.
<b>Health Care People Need</b>	H&NEAHS	Cultural awareness training in rural sectors	A program of training and support will be provided to the rural panel interpreters of the Area Health Service.
	NS&CCAHS	Serbian Youth Project	A bi-lingual community worker will be recruited to implement health initiatives for Serbian background youth in the Area Health Service.
	SE&IAHS	Carer support groups in three new languages	The Aged Care Assessment Team will support the development of carer support groups for people from Croatian, Portuguese, and Spanish speaking backgrounds.
	SSWAHS	Families First Early Parenting Program	The Families First Early Parenting Program will be made available in 2006. The program will promote social integration for mothers from refugee backgrounds and other minority groups who have children aged 0 to 3 years.
	SWAHS	Men's health education session for hearing impaired men	A two-hour information session will be provided for hearing impaired men. The issues to be covered include prostate cancer, the ill effects of smoking, the benefits of physical activity and good nutrition.
	STARTTS	Building service capacity to work with African communities	A series of workshops designed to increase staff awareness of the cultures and the health needs of people from African communities settling in NSW will be delivered.
	Multicultural Health Communication Service	Men's Health Project	Men's reproductive health resources in 12 languages will be developed in partnership with Andrology Australia. The topics to be covered include prostate cancer, testicular cancer, male infertility and androgen deficiency.
	Multicultural HIV/AIDS & Hepatitis C Service	National Hepatitis C Project	The Service will distribute nationally a Hepatitis C resource that was translated into 15 languages.

Goal	Health Service	Project title and description	Initiatives Planned for 2005/06
<b>High Quality Health Services</b>	SE&IAHS and Primary Health and Community Partnerships	Embedding Cultural Diversity into Health Care Accreditation Systems Project	Primary Health and Community Partnerships Branch will fund the Australian Council on Healthcare Standards and the Quality Improvement Council to incorporate cultural diversity standards in their systems and processes for accrediting health care services.
	H&NEAHS	Establishment of multicultural access committees	Multicultural access committees will be established in the Mehi, McIntyre, Peel, Tablelands and Lower North Coast clusters of the Area Health Service.
	NS&CCAHS	Staff development	Demographic information on ethnic communities will be included in the Breast Screen staff orientation package.
	SE&IAHS	Building capacity for diversity-workforce development	The Area will implement the findings and recommendations of the report on managing diversity in the workplace.
	SSWAHS	Strategic directions in CALD health	A workgroup will be formed to document the health status and initiatives that have been successful in addressing the health care needs of the Area's CALD communities.
	SWAHS	Auburn community health centre men's health program	Support groups exploring the mental health concerns of men from Arabic, Turkish and Chinese communities will be established.
	STARTTS	National Conference of Services to Torture and Trauma Survivors	STARTTS will host the Third National Conference of Services to Survivors of Torture and Trauma in December 2005.
	Multicultural Health Communication Service	Consultations with Areas and key community groups	Consultations will be scheduled with key services providers and identified CALD communities to document their health needs and explore solutions.
<b>Health Services Managed Well</b>	H&NEAHS	Evaluation of services	Information obtained from surveys of CALD background clients will be included in the Area Multicultural Strategic Plan.
	NS&CCAHS	Strategic planning	The Area's recently developed Cultural Diversity and Access Policy will be implemented.
	SWAHS	Audit managers' and supervisors' job descriptions	An audit of managers' and supervisors' job descriptions will be undertaken to make clear their role descriptions and responsibilities under the Ethnic Affairs Priority Statement process.
	Primary Health and Community Partnerships Branch Multicultural Health Communication Service	Website development	The Service will redevelop the presentation of the Service's website to improve its accessibility and content.

# Department of Health disability action plan

**The Department of Health's Disability Action Plan is closely aligned with the Diversity and Equity Plan for the Workplace, NSW Department of Health. Strategies for the Disability Action Plan are available in the Staff Handbook on the Department's Intranet.**

Achievements over the last year include the creation of an informal network to support staff with a disability, staff who have an interest in disability and those who are carers. Members of the network utilise email to share ideas and information and provide support on issues relevant to the group.

In March this year, co-convenors of the network organised the first of a series of lunchtime seminars for staff. Topics are selected on the basis of feedback from staff and include information on the impact of living and working with a disability.

Members of staff who have a disability represent the interests of staff with a disability on the Department's Equity Advisory Committee. Meetings of the Equity Advisory Committee are publicised and minutes and information on the Committee are available through the Equity component of the Staff Handbook on the Department's Intranet.

Members of staff with a disability have links to the Department's Occupational Health and Safety Committee and contribute to other committees and working parties throughout the Department.

A range of staff development and training programs such as induction, staff selection techniques and the leadership development program 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.

Information is available for managers about how to modify the workplace to meet the needs of staff with disabilities. They can access a central workplace adjustment fund to meet associated expenses.

The Department is 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 the community by providing appropriate equipment, aids and appliances. Every year, more than 15,000 people in NSW obtain aids and appliances to assist them with daily activities and mobility through the PADP.

## Department of Health privacy management plan

### *The Health Records and Information Privacy Act 2002 commenced on 1 September 2004.*

To prepare for the commencement of the *Health Records and Information Privacy Act 2002* a staff training program was released and a revised privacy policy to health service staff and leaflet for patients were distributed. The Department provided trainer training to 40 health service staff to enable privacy training at a local level. The Department's privacy officer made visits to 12 health services to provide further face-to-face training and support for health service staff. Presentations have been provided regularly to professional organisations, departmental and health service staff. After a six-month consultation period, the privacy policy was revised and re-issued, with plans to revise the training program accordingly.

The Department of Health has continued to chair the NSW Health Privacy Reference Group to provide guidance on privacy policy and other matters as required. Reference group membership was expanded to include a wide range of clinical staff and consumer representatives in addition to health information managers, legal and departmental staff.

The Department of Health has continued to provide advice to departmental and health service staff in relation to managing personal health information in accordance with privacy laws, particularly in the area of electronic health records and Health e-link.

The Department of Health has facilitated discussions with representatives from the Civil Chaplaincy Advisory Committee to ensure the continuation of effective pastoral care services for hospital patients.

### **Internal review**

During 2004/05, the Department received no applications for internal review under either the *Privacy and Personal Information Protection Act 1998* or the *Health Records and Information Privacy Act 2002*.

An application for internal review was received by the Department and conducted in August 2003. This resulted in the applicant seeking further review in the Administrative Decisions Tribunal in 2004. The Tribunal found that the disclosure of information (which was collected for the purposes of an investigation pursuant to public health legislation) to another government department, could not be construed as a 'use' within the ambit of section 16 of the *Privacy and Personal Information Protection Act*. The Tribunal found in favour of the Department. The applicant sought an appeal to the Full Appeal Panel whose decision is pending.

# Department of Health freedom of information report

**The Freedom of Information Act 1989 gives the public a legally enforceable right to information held by public agencies, subject to some exemptions.**

During the 2004/05 financial year, the NSW Department of Health received 61 new requests for information under the *Freedom of Information Act 1989*, compared to 66 for the 2003/04 financial year. Overall, the number of FOI applications decreased by 8 per cent.

Four applications were carried over from the 2003/04 reporting period. Of the 65 applications to be processed, 18 were granted full access, 14 were granted partial access and 23 were refused access. One application was carried forward to the next reporting period.

The most significant FOI applications received by the Department related to public health issues.

There was a 60 per cent decrease in the number of FOI applications of a personal nature and a 3 per cent decrease in the number of FOI applications of a non-personal nature received during the last 12 months. Twenty-six applications (40 per cent of new requests) were received from Members of Parliament, which is a 7 per cent decrease over the previous year. Twelve applications (18 per cent of new requests) were from the media.

Three applications for an internal review were received within the reporting period. In one case, the original determination was varied.

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

Nineteen applications required consultations with parties outside the NSW Department of Health. Some applications required consultation with more than one party, creating a total of 125 third parties consulted.

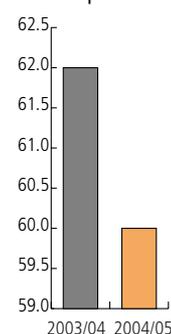
The cost of processing FOI requests during 2004/05 was estimated at \$13,515, which was partly offset by a total of \$7,688 received in fees and charges. The annual operating cost to the Department was approximately \$150,000, which is far in excess of the above amounts. This figure comprises the wages and general administration costs for FOI within the Executive Support 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
	2003/04	2004/05	2003/04	2004/05	2003/04	2004/05	
A1 New (inc transferred in)	5	2	61	59	66	61	-8%
A2 Brought forward	0	0	3	4	3	4	33%
<b>A3 Total to be processed</b>	<b>5</b>	<b>2</b>	<b>64</b>	<b>63</b>	<b>69</b>	<b>65</b>	<b>-6%</b>
A4 Completed note	5	2	61	54	66	55	-17%
A5 Transferred out	0	0	3	4	3	4	33%
A6 Withdrawn	0	0	0	6	0	6	N/A
<b>A7 Total processed</b>	<b>5</b>	<b>1</b>	<b>57</b>	<b>58</b>	<b>62</b>	<b>60</b>	<b>36%</b>
<b>A8 Unfinished (carried forward)</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>-75%</b>

A7 Total processed



## Section B – Results of requests

Results of FOI request	Personal		Other		Total		Total	
	2003/04	2004/05	2003/04	2004/05	2003/04	% Result	2004/05	% Result
B1 Granted in full	3	1	9	17	12	18%	18	33%
B2 Granted in part	2	1	22	13	24	36%	14	25%
B3 Refused	0	0	30	23	30	45%	23	42%
B4 Defferred	0	0	0	0	0	0%	0	0%
<b>B5 Completed note</b>	<b>5</b>	<b>1</b>	<b>61</b>	<b>53</b>	<b>66</b>	<b>100%</b>	<b>55</b>	<b>100%</b>

# Department of Health freedom of information report

## Section C – Ministerial certificates issued

<b>C1 Ministerials certificates issued</b>	<b>0</b>
--	----------

## Section D – Formal consultations

	Cases		Consultations	
	2003/04	2004/05	2003/04	2004/05
<b>D1 Number of requests requiring formal consultation(s)</b>	<b>23</b>	<b>3</b>	<b>105</b>	<b>125</b>

## Section E – Amendments of personal records

	Total
E1 Result of amendment – agreed	0
E2 Result of amendment – refused	0
<b>E3 Total</b>	<b>0</b>

## Section F – Notation of personal records

<b>F3 Number of requests for notation</b>	<b>0</b>
---	----------

## Section G – FOI requests granted in part or refused

Basis of disallowing or restricting access	Personal		Other		Total	
	2003/04	2004/05	2003/04	2004/05	2003/04	2004/05
G1 S19 (incomplete, wrongly addressed)	0	0	3	1	0	1
G2 S22 (deposit not paid)	0	0	13	4	11	4
G3 S25 (1) (a1) (diversion of resources)	0	0	0	0	3	0
G4 S25 (1) (a) (exempt)	2	0	25	16	14	16
G5 S25 (1) (b), (d) (otherwise available)	0	1	8	6	6	7
G6 S28 (1) (b) (docs not held)	0	0	29	17	10	17
G7 S24 (2) (deemed refused, over 21 days)	0	0	0	0	0	0
G8 S31 (4) (released to Medical Practitioners)	0	0	0	0	0	0
<b>G9 Total</b>	<b>2</b>	<b>1</b>	<b>78</b>	<b>44</b>	<b>44</b>	<b>45</b>

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

## Section H – Costs and fees of requests processed

Assessed costs	FOI	Fees received
<b>H1 All completed requests</b>	<b>\$13,515</b>	<b>\$7,688</b>

## Section I – Discounts allowed

Results of FOI request	Personal		Other		Total	
	2003/04	2004/05	2003/04	2004/05	2003/04	2004/05
I1 Public Interest	0	0	0	2	0	2
I2 Financial hardship – pensioner/child	1	0	1	0	1	0
I3 Financial hardship – non profit organisation	0	0	0	0	1	0
<b>I4 Totals</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>
<b>I5 Significant correction of personal records</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Note: except for item 15. Items 11, I2, I3, and I4 refer to requests processed as recorded in A7. For I5, however, it shows the actual number of requests for correction of records processed during the period.

## Section J – Days to process request

Results of FOI request	Personal		Other		Total		Total	
	2003/04	2004/05	2003/04	2004/05	2003/04	% Result	2004/05	% Result
J1 Granted in full	3	1	40	17	43	65%	18	33%
J2 Granted in part	2	1	21	13	23	35%	14	25%
J3 Refused	0	0	0	23	0	0%	23	42%
<b>J4 Totals</b>	<b>5</b>	<b>2</b>	<b>61</b>	<b>53</b>	<b>66</b>	<b>100%</b>	<b>55</b>	<b>100%</b>

## Section K – Processing time

Processing hours	Personal		Other		Total	
	2003/04	2004/05	2003/04	2004/05	2003/04	2004/05
K1 0–10 hours	3	0	47	48	50	48
K2 11–20 hours	1	1	12	7	13	8
K3 21–40 hours	1	1	2	2	3	3
K4 Over 40 hours	0	0	0	0	0	0
<b>K5 Totals</b>	<b>5</b>	<b>2</b>	<b>61</b>	<b>57</b>	<b>66</b>	<b>59</b>

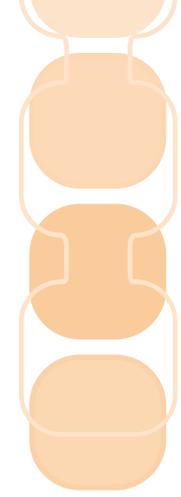
## Section L – Reviews and appeals

	2003/04	2004/05
L1 Number of internal reviews finalised	2	3
L2 Number of Ombudsman reviews	0	1
L3 Number of District Court/ADT appeals finalised	0	0

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

	Personal		Other	
	Upheld*	Varied*	Upheld*	Varied*
	2003/04	2004/05	2003/04	2004/05
L4 Access refused	0	0	0	2
L5 Deferred	0	0	0	0
L6 Exempt matter	1	0	0	0
L7 Unreasonable charges	0	0	1	0
L8 Charge unreasonably incurred	0	0	0	0
L9 Amendment refused	0	0	0	0
<b>L10 Totals</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>

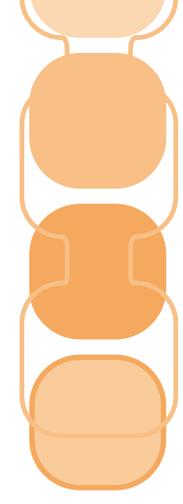
Note: relates to whether or not the original agency decision was upheld or varied by the internal review.



# Services and facilities

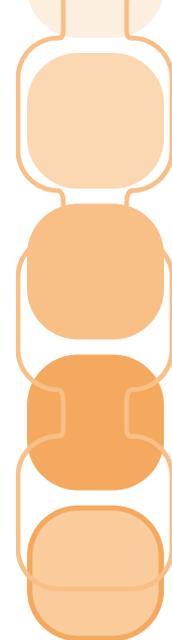
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## Services and facilities

# Department of Health and selected services



## Department of Health

### North Sydney Office

73 Miller Street  
North Sydney NSW 2060  
(Locked Mail Bag 961  
North Sydney NSW 2059)

Tel. 9391 9000

Fax. 9391 9101

Website. [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

Email. [nswhealth@doh.health.nsw.gov.au](mailto:nswhealth@doh.health.nsw.gov.au)

**Director-General** Robyn Kruk

**Business hours** 9.00am–5.00pm

Monday to Friday

### Foveaux Street Site

28 Foveaux Street  
Surry Hills NSW 2010

**Business hours** 8.30am–5.00pm

Monday to Friday

### Health Professionals Registration Boards

Level 6

477 Pitt Street  
Sydney NSW 2000

(PO Box K599  
Haymarket NSW 1238)

Tel. 9219 0212

Fax. 9281 2030

Website. [www.hprb.health.nsw.gov.au](http://www.hprb.health.nsw.gov.au)

Email. [hprb@doh.health.nsw.gov.au](mailto:hprb@doh.health.nsw.gov.au)

**Director** Jim Tzannes

**Business hours** 8.30am–5.00pm

Cashier service 8.30am–4.30pm

Monday to Friday

### Pharmaceutical Services Branch

Building 20  
Gladesville Hospital Campus

Victoria Road  
Gladesville NSW 2111

(PO Box 103  
Gladesville NSW 1675)

Tel. 9879 3214

Fax. 9859 5165

**Chief Pharmacist and Director** John Lumby

**Business hours** 8.30am–5.30pm

Monday to Friday

### Methadone Program

Tel. 9879 5246

Fax. 9859 5170

Enquires relating to authorities to prescribe other drugs of addiction

Tel. 9879 5239

Fax. 9859 5175

### Private Health Care Branch

Building 12  
Gladesville Hospital Campus

Victoria Road  
Gladesville NSW 2111

(Locked Mail Bag 961  
North Sydney NSW 2059)

Tel. 9816 0425

Toll free. 1800 809 590

Fax. 9816 0331

**A/Director** Jennifer Mitchell

**Business hours** 9.30am–5.00pm

Monday to Friday

### Environmental Health Branch

Building 11  
Gladesville Hospital Campus

Victoria Road  
Gladesville NSW 2111

(PO Box 798  
Gladesville NSW 1675)

Tel. 9816 0234

Fax. 9816 0240

**Director** Dr Michael Staff

**Business hours** 9.00am–5.00pm

Monday to Friday

# Map and profiles of metropolitan Area Health Services



## 1 Northern Sydney Central Coast AHS

Tel. 4320 2333

Fax. 4320 2477

Website. [www.nscchealth.nsw.gov.au](http://www.nscchealth.nsw.gov.au)

### Administrator

Dr Stephen Christley

### Local government areas

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

### Public hospitals

Royal North Shore Hospital and Community Health Services  
 Ryde Hospital and Community Health Services  
 Manly Hospital and Community Health Services  
 Mona Vale Hospital and Community Health Services  
 Hornsby Ku-ring-gai Hospital and Community Health Services  
 Macquarie Hospital  
 Gosford Hospital  
 Wyong Hospital  
 Woy Woy Hospital  
 Long Jetty Hospital

### Public nursing homes

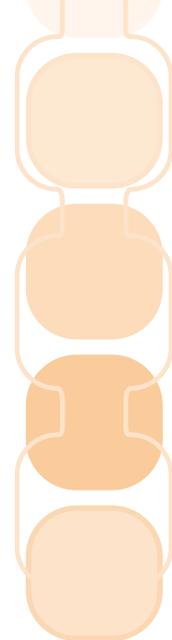
Graythwaite Nursing Home

### Affiliated organisations

Hope HealthCare (Greenwich Hospital, Graythwaite Nursing Home, Neringah Hospital)  
 Royal Rehabilitation Centre, Sydney

### Other Services

Northern Sydney Home Nursing Service  
 Sydney Dialysis Centre, Darling Point  
 BreastScreen (various sites)  
 Sexual Assault Service  
 Multicultural Health Service  
 Drug and Alcohol Services  
 Mental Health Services  
 Women's and Children's Health Services  
 Aboriginal Health  
 Acute/Post Acute Care



## 2 South Eastern Sydney and Illawarra AHS

Tel. 4253 4888  
Fax. 4253 4878  
Website. [www.sesiahs.health.nsw.gov.au](http://www.sesiahs.health.nsw.gov.au)

### Chief Executive

Professor Debora Picone

### Local government areas

Botany Bay, Kiama, Hurstville, Kogarah, Randwick, Rockdale, Shellharbour, Shoalhaven, Sutherland, Sydney (part), Waverley, Woollahra, Wollongong, Lord Howe Island

### Public hospitals

Bulli District Hospital  
Calvary Health Care Sydney  
Coledale District Hospital  
David Berry Hospital  
Kiama Hospital  
Milton Ulladulla Hospital  
Port Kembla Hospital  
Prince of Wales Hospital  
Royal Hospital for Women  
St George Hospital  
St Vincent's Hospital Sydney Ltd  
Sacred Heart Hospice  
Shellharbour Hospital  
Shoalhaven District Memorial Hospital  
Sutherland Hospital  
Sydney Children's Hospital  
Sydney Hospital/Sydney Eye Hospital (including the Langton Centre, Kirketon Road Centres and Sydney Sexual Health Centre)  
War Memorial Hospital, Waverley  
Wollongong Hospital

### Public nursing homes

Garrawarra Centre, Waverley  
SESIAHS also has administrative responsibility for the Gower Wilson Memorial Hospital on Lord Howe Island and Area-wide services and programs.

### Other services

Eastern Sydney Scarba Services and Early Intervention Program

## 3 Sydney South West AHS

Tel. 9828 5700  
Fax. 9828 5769  
Website. [www.sswahs.nsw.gov.au](http://www.sswahs.nsw.gov.au)

### Chief Executive

Dr Diana Horvath AO

### Local government areas

Ashfield, Bankstown, Burwood, Camden, Campbelltown, Canada Bay, Fairfield, Leichhardt, Liverpool, Marrickville, Strathfield, Sydney (part) Wingecarribee, Wollondilly

### Public hospitals

Balmain Hospital  
Bankstown/Lidcombe  
Bowral Hospital  
Braeside Hospital  
Camden Hospital  
Campbelltown Hospital  
Canterbury Hospital  
Carrington  
Concord Hospital  
Fairfield Hospital  
Karitane Mothercraft  
Liverpool Hospital  
Queen Victoria Thirlmere  
Royal Prince Alfred Hospital  
Rozelle Hospital  
Sydney Dental Hospital  
Thomas Walker Hospital  
Tresillian  
Sydney Dental Hospital

### Third schedule facilities

Tresillian Family Care Centres  
Carrington Centennial Care  
Braeside Hospital  
Karitane  
Queen Victoria Memorial Home

### Other services

Department of Forensic Medicine  
Sydney South West Laboratory Services

## 4 Sydney West AHS

Tel. 4734 2120  
Fax. 4734 3737  
Website. [www.wsahs.nsw.gov.au](http://www.wsahs.nsw.gov.au)

### Chief Executive

Professor Steven Boyages

### Local government areas

Auburn, Baulkham Hills, Blacktown, Blue Mountains, Hawkesbury, Holroyd, Lithgow, Parramatta, Penrith

### Public hospitals

Auburn Hospital  
Blacktown Hospital  
Blue Mountains District ANZAC Memorial Hospital  
Cumberland Hospital  
Lottie Stewart Hospital  
Mt Druitt Hospital  
Nepean Hospital  
Springwood Hospital  
St Joseph's Hospital, Auburn  
Tresillian Wentworth  
Westmead Hospital

Note: the Area Health Service contracts with Hawkesbury District Health Service Ltd to provide public health services in the Hawkesbury.

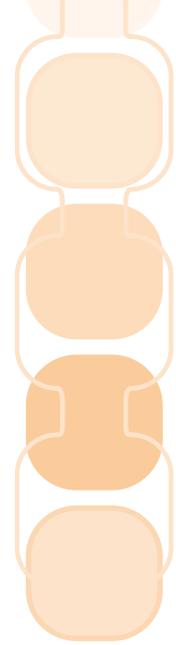
### Public nursing homes

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

# Map and profiles of rural Area Health Services

Services and facilities





## 1 Greater Southern AHS

Tel. 6128 9777  
Fax. 6299 6363  
Website. [www.gsahs.nsw.gov.au](http://www.gsahs.nsw.gov.au)

### Chief Executive

Associate Professor Stuart Schneider

### Local government areas

Albury, Bega Valley, Berrigan, Bland, Bombala, Boorowa, Carrathool, Conargo, Coolamon, Cooma Monaro, Cootamundra, Corowa, Deniliquin, Eurobodalla, Goulburn, Mulwaree, Greater Hume, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Palerang, Queanbeyan, Snowy River, Temora, Tumbarumba, Tumut, Upper Lachlan, Urana, Yass Valley, Young, Wagga Wagga.

## 2 Greater Western AHS

Tel. 6841 2222  
Fax. 6841 2230  
Website. [www.gwahs.nsw.gov.au](http://www.gwahs.nsw.gov.au)

### Chief Executive

Dr Claire Blizard

### Local government areas

Balranald, Bathurst Regional, Blayney, Bogan, Bourke, Brewarrina, Broken Hill, Cabonne, Central Darling, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan, Mid-Western, Narromine, Oberon, Orange, Parkes, Walgett, Warren, Warrumbungle, Weddin, Wellington, Wentworth, Unincorporated Far West

### Public hospitals

Albury Base Hospital  
Barham Koondrook Soldiers Memorial  
Batemans Bay District Hospital  
Batlow District Hospital  
Bega District Hospital  
Berrigan War Memorial Hospital  
Bombala Hospital  
Boorowa Hospital  
Bourke Street Health Service  
Braidwood Hospital  
Coolamon Ganmain Health Service  
Cooma Hospital  
Cootamundra Hospital  
Corowa Hospital  
Crookwell Hospital  
Culcairn Health Service  
Delegate Multi Purpose Service  
Deniliquin District Hospital  
Finley Hospital  
Goulburn Hospital  
Griffith Base Hospital  
Gundagai District Hospital  
Hay Hospital and Health Service  
Henty District Hospital

### Public hospitals

Balranald District Hospital  
Baradine Multi-Purpose Service  
Bathurst Base Hospital  
Blayney Multi-Purpose Service  
Bloomfield Hospital  
Bourke District Hospital  
Brewarrina Multi-Purpose Service  
Broken Hill Base Hospital  
Canowindra Soldiers' Memorial Hospital  
Condobolin District Hospital  
Cowra District Hospital  
Cudal War Memorial Hospital  
Cobar District Hospital  
Collarenebri Multi-Purpose Service  
Coolah Multi-Purpose Service  
Coonabarabran District Hospital  
Coonamble District Hospital  
Dubbo Base Hospital  
Dunedoo War Memorial Hospital  
Eugowra Memorial Hospital  
Forbes District Hospital  
Gilgandra Multi-Purpose Service  
Goodooga Community Health Service  
Grenfell Multi-Purpose Service

Hillston District Hospital  
Holbrook District Hospital  
Jerilderie Health Service  
Junee District Hospital  
Kenmore Hospital  
Leeton District Hospital  
Lockhart Hospital  
Moruya District Hospital  
Murrumburrah-Harden Hospital  
Narrandera District Hospital  
Pambula District Hospital  
Queanbeyan District Health Service  
Temora & District Hospital  
Tocumwal Hospital  
Tumbarumba Health Service  
Tumut District Hospital  
Urana Health Service  
Wagga Wagga Base Hospital  
West Wyalong Hospital  
Yass District Hospital  
Young District Hospital

### Third schedule hospitals

Mercy Health Service Albury  
Mercy Care Centre Young

Gulgambone Multi-Purpose Service  
Gulgong District Hospital  
Ivanhoe District Hospital  
Lake Cargelligo Multi-Purpose Service  
Lightning Ridge Multi-Purpose Service  
Menindee Health Service  
Molong District Hospital  
Mudgee District Hospital  
Narromine District Hospital  
Nyngan District Hospital  
Oberon Multi-Purpose Service  
Orange Base Hospital  
Parkes District Hospital  
Peak Hill Hospital  
Rylstone Multi-Purpose Service  
Tibooburra District Hospital  
Tottenham Hospital  
Tullamore Hospital  
Trangie Multi-Purpose Service  
Trundle Multi-Purpose Service  
Warren Multi-Purpose Health Service  
Wellington Hospital, Bindawalla  
Walgett District Hospital  
Wentworth District Hospital  
Wilcannia Multi-Purpose Service

### 3 Hunter and New England AHS

Tel. 4921 4922  
 Fax. 4921 4939  
 Website. [www.hnehealth.nsw.gov.au](http://www.hnehealth.nsw.gov.au)

**Chief Executive**  
 Terry Clout

#### Local government areas

Armidale, Dumaresq, Glenn Innes, Severn, Gunnedah, Guyra, Gwydir, Inverell, Liverpool Plains, Moree Plains, Narrabri, Tamworth Regional, Tenterfield, Uralla, Walcha, Cessnock, Dungog, Gloucester, Great Lakes, Greater Taree, Lake Macquarie, Maitland, Muswellbrook, Newcastle, Port Stephens, Singleton and Upper Hunter

#### Public hospitals

Armidale and District Hospital  
 Belmont District Hospital  
 Cessnock District Hospital  
 Glen Innes District Hospital  
 Gloucester Soldiers' Memorial Hospital  
 Gunnedah District Hospital  
 Inverell District Hospital  
 James Fletcher Hospital  
 John Hunter Hospital  
 John Hunter Children's Hospital  
 Kurri Kurri District Hospital  
 Maitland Hospital  
 Manilla District Hospital  
 Morisset Hospital  
 Moree Hospital  
 Muswellbrook District Hospital  
 Narrabri District Hospital  
 Newcastle Mater Misericordiae Hospital  
 Quirindi Hospital  
 Royal Newcastle Hospital  
 Scott Memorial Hospital  
 Tamworth Base Hospital  
 Manning Base Hospital  
 Singleton District Hospital

#### Community hospitals/ multi-purpose services

Barraba, Bingara, Boggabri, Bulahdelah, Denman, Dungog, Emmaville – Vegetable Creek, Guyra, Merriwa, Murrurundi, Nelson Bay, Tenterfield, Tingha, Walcha, Warialda, Wee Waa, Werris Creek and Wingham

### 4 North Coast AHS

Tel. 6620 2100  
 Fax. 6621 7088  
 Website. [www.ncahs.nsw.gov.au](http://www.ncahs.nsw.gov.au)

**Chief Executive**  
 Chris Crawford

#### Local government areas

Ballina Shire Council, Bellingen Shire Council, Byron Shire Council, Clarence Valley Council, Coffs Harbour City Council, Hastings Council, Kempsey Shire Council, Kyogle Council, Lismore City Council, Nambucca Shire Council, Richmond Valley Council, Tweed Shire Council

#### Public hospitals

Ballina District Hospital  
 Bellinger River District Hospital  
 Bonalbo Health Service  
 Byron District Hospital  
 The Campbell Hospital, Coraki  
 Casino and District Memorial Hospital  
 Coffs Harbour Health Campus  
 Dorrigo Multi Purpose Service  
 Grafton Base Hospital  
 Kempsey District Hospital  
 Kyogle Memorial Health Service  
 Lismore Base Hospital  
 Macksville Health Campus  
 Maclean District Hospital  
 Mullumbimby and District War Memorial Hospital  
 Murwillumbah District Hospital  
 Nimbin Health Service  
 Port Macquarie Base Hospital  
 The Tweed Hospital  
 Urbenville Health Service  
 Wauchope District Memorial Hospital

### Statewide Services

#### Ambulance Service of NSW

Tel. 9320 7777  
 Fax. 9320 7800  
 Website. [www.asnsw.health.nsw.gov.au](http://www.asnsw.health.nsw.gov.au)

**Chief Executive**  
 Greg Rochford

#### Clinical Excellence Commission

Tel. 9382 7600  
 Fax. 9382 7615  
 Website. [www.cec.health.nsw.gov.au](http://www.cec.health.nsw.gov.au)

**Chief Executive**  
 Professor Clifford Hughes AO

#### Justice Health

Tel. 9289 2977  
 Fax. 9311 3005  
 Website. [www.justicehealth.nsw.gov.au](http://www.justicehealth.nsw.gov.au)

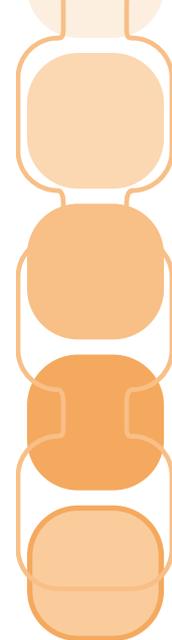
**Chief Executive Officer**  
 Dr Richard Matthews

#### The Children's Hospital at Westmead

Tel. 9845 0000  
 Fax. 9845 3489  
 Website. [www.chw.edu.au](http://www.chw.edu.au)

**Chief Executive**  
 Professor Kim Oates

# Area Health Service Public Health Units



## Greater Southern PHU

Level 3, 34 Lowe Street  
Queanbeyan NSW 2620

Tel. (02) 6124 9942  
Fax. (02) 6299 6363

641 Olive Street  
Albury NSW 2640

Tel. (02) 6021 4799  
Fax. (02) 6021 4899

## Greater Western PHU

Broken Hill NSW 2880  
Tel. (08) 8080 1419  
Fax. (08) 8080 1683

23 Hawthorn Street  
Dubbo NSW 2830  
Tel. (02) 6841 2216  
Fax. (02) 6884 7223

Webb's Chambers  
175 George Street  
Bathurst NSW 2795  
Tel. (02) 6339 5500  
Fax. (02) 6339 5555

## Hunter/New England PHU

Suite 7, 2nd Floor,  
Parry Shire Building  
470 Peel Street  
Tamworth NSW 2340  
Tel. (02) 6766 2288  
Fax. (02) 6766 3003

Hunter Population Health  
Booth Building  
Wallsend Campus  
Longworth Avenue  
Wallsend NSW 2287  
Tel. (02) 4924 6473  
Fax. (02) 4924 6048

## Justice Health Service PHU

Long Bay Complex  
Anzac Parade  
Malabar NSW 2036  
Tel. (02) 8372 3006  
Fax. (02) 9344 4151

## North Coast PHU

Port Macquarie Health Campus  
Morton Street  
Port Macquarie NSW 2444  
Tel. (02) 6588 2750  
Fax. (02) 6588 2837

31 Uralba Street  
Lismore NSW 2480  
Tel. (02) 6620 7500  
Fax. (02) 6622 2552

## Northern Sydney/ Central Coast PHU

c/Hornsby Ku-ring-gai Hospital  
Palmerston Road  
Hornsby NSW 2077  
Tel. (02) 9477 9400  
Fax. (02) 9482 1650

Newcastle University  
Ourimbah Campus  
Brush Road  
Ourimbah NSW 2258  
Tel. (02) 4349 4845  
Fax. (02) 4349 4850

## South Eastern Sydney/Illawarra PHU

Hut U, Easy Street  
Prince of Wales Hospital Campus  
Randwick NSW 2031  
Tel. (02) 9382 8333  
Fax. (02) 9382 8334

Suite 3D, 145–149 King Street  
Warrawong NSW 2502  
Tel. (02) 4255 2200  
Fax. (02) 4255 2222

## Sydney South West PHU

Level 6 West Queen Mary Building  
Royal Prince Alfred Hospital  
Grose Road  
Camperdown NSW 2050  
Tel. (02) 9515 9420  
Fax. (02) 9515 3182

Hugh Jardine Building  
Liverpool Hospital, Eastern Campus  
Elizabeth Street  
Liverpool NSW 2170  
Tel. (02) 9828 5944  
Fax. (02) 9828 5955

## Sydney West PHU

Gungarra (Building 68)  
Cumberland Hospital  
5 Fleet Street  
North Parramatta NSW 2151  
Tel. (02) 9840 3603  
Fax. (02) 9840 3608

Nepean Hospital  
Great Western Highway  
Kingswood NSW 2750  
Tel. (02) 4734 2022  
Fax. (02) 4734 3300

# Glossary of terms

## Admission

The process by which a person commences a period of residential care in a health facility.

## Admitted patients

Individuals accepted by a hospital for inpatient care.

## Average length of stay (ALOS)

The average number of days each admitted patient stays in hospital. This is calculated by dividing the total number of occupied bed days for the period by the number of actual separations in the period.

## Accrual accounting

Recognises revenues and expenses in the accounting period in which goods and services are provided or consumed, rather than in periods when cash is received or paid. In addition, it provides information on the assets and liabilities of an economic entity.

## Ambulatory care

Any form of care other than as a hospital inpatient.

## Best practice

Identifying and matching the best performance of others.

## Bed days

The total number of bed days of all admitted patients accommodated during the reporting period. It is taken from the count of the number of inpatients at midnight (approximately) each day. Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

## Bed occupancy rate

The percentage of available beds which have been occupied over the year. It is a measure of the intensity of the use of hospital resources by inpatients.

## Booked admission

Patients who require non-emergency admission to hospital (formerly called elective patients) where admission need not occur within 24 hours are booked in and placed on a waiting list.

## Clinical pathways

The systematic approach to achieving particular outcomes for an inpatient, which identifies the amount and sequence of resources for that type of case.

## Chargeable inpatients

Any admitted patient or registered non-inpatient for whom a charge can be raised by a hospital or Area Health Service for the provision of health care.

## Diagnosis related groups (DRGs)

A system designed to classify every acute inpatient episode, from admission to discharge, into one of approximately 500 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.

## Day of surgery admission (DOSA)

Involves patients who require an overnight stay in hospital following their procedure but who are admitted to hospital on the day of surgery.

## Inpatient

A person who is admitted to hospital.

## Multi-purpose service (MPS)

See Rural Hospital and Health Service.

## Non-admitted patient services (NAPS)

Services provided to clients/patients who are not admitted to hospital, eg emergency department services, outpatient department services and community health services.

## Performance agreement

An agreement between the Director-General and public health organisations, as outlined under the *Health Services Act 1997*. The agreement contains agreed objectives and goals and defines accountabilities and measures performance.

## Performance indicator

A set of indicators for the NSW public health system focus on a limited number of high-level issues that are designed to provide a broad overview of NSW Health. This core set of indicators forms part of other major indicator sets used by NSW Health, such as performance agreements with NSW Treasury and with Area Health Services. A number of performance indicators are still under development.

## Same-day surgery

Involves the patient being admitted and discharged on the day of surgery.

### Specialist

A doctor who has extra qualifications in one or more clinical areas of practice. Some examples of specialists are gynaecologists, ophthalmologists and neurosurgeons.

### Specialty

The term used to describe the particular field of medicine in which a specialist doctor practises, eg orthopaedics, urology, gynaecology.

### Telehealth

A telecommunications network connecting health facilities around NSW to improve access to health care services for patients, especially those living in rural and remote communities. It uses pictures, videos and information across long distances, so that health professionals and patients can decide treatment options without the need for travel.

### Triage

An essential function of emergency departments where many patients may present at the same time. Triage aims to ensure that patients are treated in order of their clinical priority and that their treatment is timely.

### Waiting time

The amount of time that a patient has waited for admission to hospital. It is measured from the day the hospital receives a 'recommendation for admission' form for the patient until the day the patient is admitted.

### 23 hour care unit

Units that have been specifically designed to accommodate patients, both booked and emergency, that meet specific admission criteria including:

- absolute expectation of discharge within 24 hours
- preadmission screening (booked patients)
- agreed clinical guidelines in place
- agreed protocols based on nurse initiated discharge.



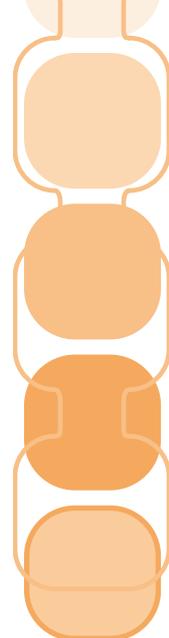
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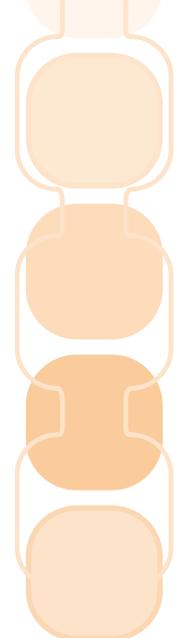
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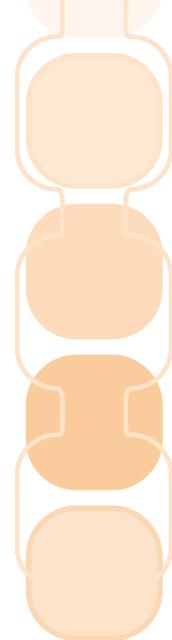
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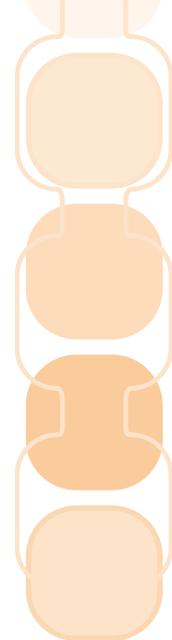
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# Annual Report production costs

The 2004/05 Department of Health Annual Report was edited, designed and produced by the Web and Publishing Unit, Media and Communications, NSW Department of Health.

## Production cost

Printing	\$16,885.00
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This Annual Report was printed on recycled paper.

The Annual Report is also available on the NSW Department of Health website [www.health.nsw.gov/aboutus/](http://www.health.nsw.gov/aboutus/)

