

Annual Report 2008-09

NSW HEALTH



NSW DEPARTMENT OF HEALTH

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DECEMBER 2009

Letter

TO THE MINISTER

The Hon Carmel Tebbutt MP
Deputy Premier
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 2009 for presentation to Parliament.

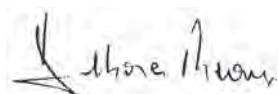
Submission of the Department's report by 31 October was not possible due to the late emergence of a number of issues, including some requiring resolution between the Department and the Auditor-General in relation to Health Service audits, specifically, the revaluation of assets and depreciation.

The 2008-09 audits of HealthQuest and Justice Health financial statements are yet to be finalised by the Auditor-General. I propose to separately submit these reports directly to the Clerk of Parliament upon completion of these audits and the issuing of audit opinions by the Auditor-General.

Notwithstanding this, the Auditor General has completed his audit of the consolidated accounts of NSW Health and the accounting issues related to these accounts have now been satisfactorily addressed for the 2008-09 audit.

Copies are being sent to the Auditor-General, Members of Parliament, Treasury and other key Government departments.

Yours sincerely



Prof Debora Picone AM
Director-General



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Director-General's

YEAR IN REVIEW 2008-09

The NSW public health system is, like many others, under pressure from ever-increasing demand. It is a significant challenge for all health systems to provide high quality health care to a growing and ageing population with increasingly complex and chronic conditions.

In the face of these pressures, the innovative work being undertaken across the system is even more impressive. Our health system relies on dedicated professionals and I am continually impressed by the collective efforts of all staff as we navigate towards our goal of improved patient care.

Caring Together: The Health Action Plan for NSW

Effective leadership is critical, as is the implementation of innovative and more efficient models of care. *Caring Together: The Health Action Plan for NSW*, was released on 30 March 2009 as the NSW Government's response to the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (Final Report). *Caring Together* provides a real opportunity to pursue these goals and tackle issues. I am confident that together we can continue to provide world-class health services to the people of NSW.

Caring Together reinforces the importance of the patient at the centre of our health care system and uses a phased approach to implementing change, which sees:



Stage One: the Action Plan

The Action Plan is the first of the three-staged approach and includes immediate actions to address those issues seen by staff, patients and the community, as critical to the provision of a safe and compassionate health service.

Stage Two: a Sustainability Plan

In the second stage, the NSW Government will report on progress and detail change for building a stronger, more sustainable health care system.

Stage Three: an Inter-generational Health Care System

In the third stage, progress will again be reported, together with detail of a plan for our health care system to meet the needs of future generations.

The key themes of *Caring Together* are:

- Improving Safety and Creating Better Experiences for Patients
- New Ways of Caring
- Education for Future Generations
- Strengthening Local Decision Making
- Monitoring our Progress.

The majority of recommendations relate to clinical care arrangements, such as patient handover between nurses and doctors. These are therefore being driven by clinicians in local expert implementation teams, with support and direction from chief executives and health service advisory councils.

Health service advisory council chairs, together with chief executives, are taking a lead role in ensuring achievement of all allocated local strategies.

A Community and Clinicians Expert Advisory Council, chaired by Dr Michael Keating, has been established to provide advice to the Minister for Health and me on proposed and existing

initiatives to implement the *Caring Together* actions. The council will also support and advise health service advisory councils and expert implementation teams.

In addition, an independent panel, chaired by John Walsh, has been established, to monitor implementation progress and report every six months over three years, to the Minister for Health and the Cabinet sub-committee on Health.

H1N1 Influenza 09

In 2009, H1N1 influenza 09, (formerly called human swine influenza), spread in NSW. It produces a mild illness in most, severe in some and is overall moderate.

When the news emerged of a new strain of influenza, all jurisdictions were on high alert, with many dedicated professionals working above and beyond to minimise the impact it may have had on Australia.

I express my sincere thanks to everyone across NSW Health for the support they provided in preparing for and responding to, H1N1 influenza 09.

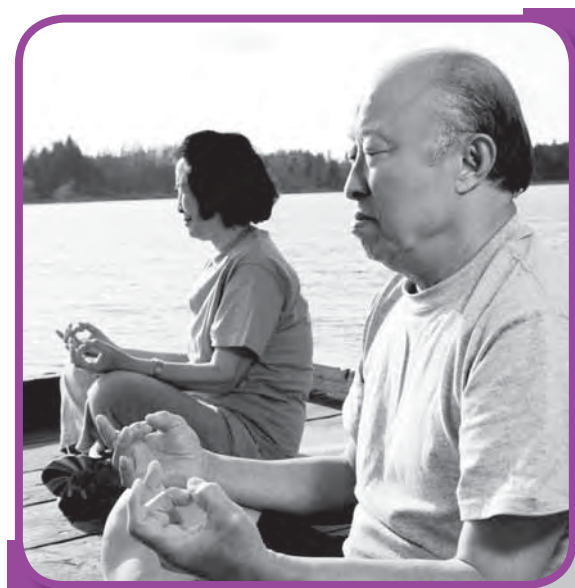
At the time, a dedicated team was established to provide information, develop protocols, follow-up suspect cases and support health services, other agencies and the community.

I am proud to have had a dedicated and responsible team, who carried out their duties with such care and consideration.

There was considerable media coverage and public scrutiny of NSW Health's actions and I thank everyone involved for ensuring that regular reports were provided to allow a reliable flow of information to the community.

I highly commend all of those involved in responding so promptly and for doing what was required in such a professional manner.

In addition, I thank the dedicated professionals across the system who aptly coped with the increase in demand during this time. On top of a normal flu season, the challenges posed by H1N1 influenza 09 were enormous. The NSW community is indeed fortunate to receive health services from our hard-working staff at the front-line.



Keep Them Safe: A Shared Approach to Child Wellbeing

The Report of the Special Commission of Inquiry into Child Protection Services in NSW was handed down on 24 November 2008. On 3 March 2009, the Premier and the Minister for Community Services released *Keep Them Safe: A Shared Approach to Child Wellbeing 2009-2014*, which sets out the NSW Government's five-year plan to improve the safety and well-being of children and young people in response to the report.

The response includes an action plan and a schedule responding to each of the commission's 111 recommendations. NSW Health has committed to their implementation..

The NSW health system offers a wide range of services to children and families, aimed at the prevention of child abuse and neglect, early intervention when risk factors are identified and specialist support to counter the effects of abuse when it has occurred.

I praise the efforts of our health professionals who are working to improve the health and safety of children in NSW. Child protection is core business for NSW Health. *Keep Them Safe* is an opportunity for us to strengthen our efforts, to which I am strongly committed.

Chief Health Officer's Report

The life expectancy of NSW residents continues to grow, according to the Chief Health Officer's 2008 Report. People are living longer and healthier lives and the report demonstrates that our health services and disease prevention strategies are keeping death rates from cardiovascular disease and cancer down and providing better protection to our children through vaccination.

The report revealed, however, emerging problems, including childhood overweight and obesity. NSW Health is committed to reducing this through initiatives that provide practical information and services to help teach children, parents and carers about healthy weight, healthy eating and physical activity. The NSW Get Healthy Information and Coaching Service, a new tool to help tackle the rising numbers of overweight and obese people, has started and provides a free telephone and web-based service to help people lose weight by adopting healthy eating habits and regular exercise.

Justice Health Forensic Hospital

The new Long Bay forensic hospital was opened in February. This is a stand-alone high-security health facility for adults and adolescents, providing specialist mental health care for people found not guilty by reason of mental illness, those unfit to plead, mentally disordered offenders, or those at risk of offending. It provides care for forensic patients and the mentally ill, in line with national and international best practice. I am proud that the opening of this much needed facility came to fruition.

Episode Funding

We continue to work with Treasury and the Department of Premier and Cabinet to improve health efficiency and with health services to effectively manage resources in the context of increased demand.

Often the interest in health funding is in how much money is available to spend. The method of distribution, however, is just as important. In order to exercise stronger control over the budget performance of individual hospitals, NSW Health's episode funding policy has been enhanced and will start in 2009/10. This will better position NSW Health to implement the activity-based funding component of the National Partnership Agreement. It formalises the COAG commitment to move to a more nationally consistent approach to activity-based funding for services provided in public hospitals.

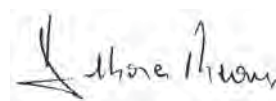
A special note of thanks...

In addition to the staff mentioned above, there are some others who deserve a particular mention and note of congratulations.

In 2008-09, Ken Barker announced his retirement from the position of NSW Health's Chief Financial Officer. Ken enjoyed a long and distinguished career with the NSW Public Service, one which has spanned a truly commendable 41 years. He made an outstanding contribution, particularly during his 24 years in the Department of Health. The 2009/10 budget was his 25th consecutive Health budget, which is a remarkable achievement in itself, recognising that for 2009/10 it is over \$15 billion and that over 100,000 staff are employed, making it one of Australia's largest organisations.

A number of staff from across NSW Health showed their support by volunteering or providing donations, as part of the bush fire appeal and relief efforts. I pay tribute to everyone who volunteered in the relief efforts and especially to the volunteer fire fighters and paramedics who were deployed from the Ambulance Service of NSW, for the tremendous job that they did. I commend all those involved for their services.

In July 2008, 20 ambulances and paramedic crews, plus up to 50 health professionals, were on site at key World Youth Day venues to provide health services for crowds of up to 500,000 people. NSW Health services were mobilised to provide a safe event for visitors from around Australia and overseas. I praise the collective efforts of our staff in assisting the smooth running of World Youth Day.



Prof Debora Picone, AM
Director-General

Governance

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About us

NSW DEPARTMENT OF HEALTH

We work to provide the people of New South Wales with the best possible health care.

The NSW Department of Health supports the Minister for Health and two assistant ministers to perform their executive and statutory functions. This includes promoting, protecting, developing, maintaining and improving the health and well-being of the people of NSW, while considering the needs of the State and the finances and resources available.

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

The department has Statewide responsibility for providing:

Advice to Government

Provides advice and other support to the Minister for Health and the Ministers Assisting the Minister for Health (Cancer and Mental Health) in the performance of their role and functions.

Strategic planning and Statewide policy development

Undertakes system-wide policy and planning, in areas such as inter-government relations, funding, corporate and clinical governance, clinical redesign, health service resources and workforce development.

Improvements to public health

Enhances community health through health promotion, preventative health, management of emerging health risks and protective regulation.

Performance management

Monitors health services' performance against key performance indicators and improvement strategies, such as performance agreements, Statewide reporting, and managing property, infrastructure and other assets.

Strategic financial and asset management

Manages financial resources and assets, co-ordinates business and contracting opportunities and provides financial accounting policy for NSW Health.

Community participation

Liaises and fosters partnerships with communities, health professionals and other bodies.

Employee relations

Negotiates and determines wages and employment conditions and develops human resource policies for the NSW health system.

Workforce development

Works in collaboration with other agencies and stakeholders to improve health workforce supply and distribution.

Regulatory functions

Manages professional registration, licensing, regulatory and enforcement functions, to ensure compliance with the Acts administered by the health portfolio.

Legislative program

Provides advice and support for the legislative program and subordinate legislative program for the health portfolio.

Corporate governance

Provides advice, support and co-ordination for sound corporate governance across the health system.

Corporate support

Provides resources and support to enable department staff to fulfil their roles effectively.

Department of Health Priorities

The Department of Health is a lead agency for achieving five of the Government's priorities in the NSW State Plan. They are:

- S1 Improved access to quality health care
- S2 Improved survival rates and quality of life, for people with potentially fatal or chronic illness, through improvements in health care
- S3 Improved health through reduced obesity, smoking, illicit drug use and risk drinking
- F3 Improved outcomes in mental health
- F5 Reduced avoidable hospital admissions.

It is also a contributing agency for the following State Plan priorities:

- R1 Reduced rates of crime, particularly violent crime
- R2 Reduced re-offending
- R3 Reduced levels of anti-social behaviour
- R4 Increased participation and integration in community activities
- S8 Increased customer satisfaction with Government services
- F1 Improved health and education for Aboriginal people
- F2 Increased employment and community participation for people with disabilities
- F4 Embedding the principle of prevention and early intervention into Government service delivery
- F6 Increased proportion of children with skills for life and learning at school entry
- F7 Reduced rates of child abuse and neglect
- P7 Better access to training in rural and regional NSW to support local economies
- E8 More people using parks, sporting and recreational facilities and participating in arts and cultural activity.

The NSW State Health Plan – A New Direction for NSW Health: Towards 2010 and long-range vision, Future Directions for Health in NSW – Towards 2025, identify seven strategic directions to achieve these priorities.

Seven strategic directions

- 1 Make prevention everybody's business
- 2 Create better experiences for people using the health system
- 3 Strengthen primary health and continuing care in the community
- 4 Build regional partnerships for health
- 5 Make smart choices about the costs and benefits of health and health support services
- 6 Build a sustainable health workforce
- 7 Be ready for new risks and opportunities

The NSW Department of Health Annual Report 2008-09 reports on our activities and achievements, according to our vision, values, goals and priorities under the seven strategic directions.



HEALTHY PEOPLE - NOW AND IN THE FUTURE

WHY WE ARE HERE	STRATEGIC DIRECTION 1	STRATEGIC DIRECTION 2	STRATEGIC DIRECTION 3	STRATEGIC DIRECTION 4	STRATEGIC DIRECTION 5	STRATEGIC DIRECTION 6	STRATEGIC DIRECTION 7
WHAT WE DO	<p>Make prevention everybody's business</p> <ul style="list-style-type: none"> Health improvement Re-investment Immunisation Child health and well-being Mental health Obesity Chronic disease Tobacco Drugs and alcohol Sexual health Oral health Healthy ageing Urban planning 	<p>Create better experiences for people using health services</p> <ul style="list-style-type: none"> Clinical services Patient safety within a quality framework Children and young people Clinician and community engagement Patient satisfaction Public responsibility Decision making Information management and technology Carers Aged care/chronic care/community acute care Mental health Rural and remote health Drugs and alcohol People with a disability Culturally and linguistically diverse communities, including refugees Transport 	<p>Strengthen primary health and continuing care in the community</p> <ul style="list-style-type: none"> Integrated primary health care Rural and remote areas General practice access Early intervention Early screening, triage and assessment Chronic care Mental health Aboriginal health Carers Disability support programs 	<p>Build regional and other partnerships for health</p> <ul style="list-style-type: none"> Community engagement Regional health planning General practitioners Information sharing Aboriginal health Mental health Non-government organisations Private health sector Older people 	<p>Make smart choices about the costs and benefits of health services</p> <ul style="list-style-type: none"> Health investment and re-investment Prevention and early intervention funding Equity – resource distribution formula Asset management Information management and technology Health technology Electronic medical and health information systems Corporate services 	<p>Build a sustainable health workforce</p> <ul style="list-style-type: none"> Recruitment and retention Improving workforce flexibility and strengthening career pathways Mental health workforce Staff satisfaction Education and training Aboriginal workforce Rural and remote workforce Workforce planning 	<p>Be ready for new risks and opportunities</p> <ul style="list-style-type: none"> Health reform Health choices Smart choices Integration across Government Teaching and research Risk management Disaster preparedness Environmental factors
MEASURING SUCCESS	<ul style="list-style-type: none"> Improved health through reduced obesity, smoking, illicit drug use and risk drinking Improved survival rates and quality of life for people with potentially fatal or chronic illness Improved dental health Reduced vaccine-preventable conditions Reduced fall injuries among older people Increased participation in community, recreation, sporting, artistic and cultural activity Reduced levels of anti-social behaviour 	<ul style="list-style-type: none"> Improved access to quality health care Emergency departments Elective surgery Increased customer satisfaction with health services Ensuring high quality care 	<ul style="list-style-type: none"> Reduced avoidable hospital admissions through early intervention, prevention and better access to community-based services Improved health for Aboriginal communities Improved outcomes in mental health Increased focus on early intervention Reduced rates of crime, particularly violent crime 	<ul style="list-style-type: none"> Improved outcomes in mental health Implement key plans and frameworks Improved health outcomes for Aboriginal communities 	<ul style="list-style-type: none"> Make the most effective use of resources for health 	<ul style="list-style-type: none"> Build a sustainable workforce 	<ul style="list-style-type: none"> Ensure the NSW health system is ready for new risks and opportunities



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 with common purpose and to work effectively with our partners.

Our Vision

The NSW Department of Health provides system-wide leadership to ensure high quality health services which are responsive to consumers, the community and the challenges of the future. Our vision 'Healthy People – Now and in the Future' and our goals reflect these aspirations.

Our Values

The department is guided by the public sector principles of responsibility to the Government, responsiveness to the public interest and promoting and maintaining public confidence and trust in the work of the department. Our values statement applies to the department, its staff and contractors and forms the basis for decisions and actions on which performance ultimately depends.

The NSW Department of Health's Statement of Values is:

Integrity

Honesty, consistency and accountability in decisions, words and actions.

Respect

Recognising the inherent worth of people.

Fairness and Equity

Providing good health care based on need and striving for an equitable health system.

Excellence

Highest level of achievement in all aspects of our work.

Leadership

Looking to the future of health and building on past excellence.

Our Goals

Our focus is on meeting the health needs of the people of NSW within the resources available to us. Our goals are:

Keep people healthy

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

Provide the health care that people need

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

Deliver high quality services

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

Manage health services well

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

Our Principles

The following principles underpin the department's 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 that we provide effective and safe health services
- Engage stakeholders and make accountability real for us all.

Corporate governance

THE NSW HEALTH SYSTEM

Corporate governance in health is the manner by which authority and accountability is distributed through the health system.

The NSW health system

The NSW Department of Health's corporate governance focus follows system-wide reforms over the past few years and the recognised need to ensure consistent management practices and accountability across the health system.

This annual report is a key corporate governance report for NSW Health. It outlines the department's achievements in leading and facilitating health outcomes across the State's public health system.

The NSW public health system comprises the:

- | NSW Minister for Health
- | Minister Assisting the NSW Minister for Health (Cancer)
- | Minister Assisting the NSW Minister for Health (Mental Health)
- | Health Administration Corporation
- | NSW Department of Health
- | Area health services
- | Ambulance Service of NSW
- | Cancer Institute NSW
- | Children's Hospital at Westmead
- | Clinical Excellence Commission
- | Other public health organisations.



NSW Minister for Health

The NSW Minister for Health is responsible for the administration of health legislation 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. John Della Bosca was appointed the Minister for Health on 8 September 2008. The Hon. Reba Meagher was the Minister for Health between 1 July and 5 September 2008.

Minister Assisting the Minister for Health (Cancer)

The Hon. Jodi McKay was appointed the Minister Assisting the Minister for Health (Cancer) on 11 November 2008.

The Hon. Tony Stewart was the Minister Assisting the Minister for Health (Cancer) between 8 September and 11 November 2008.

The Hon. Verity Firth was the Minister Assisting the Minister for Health (Cancer) between 1 July and 5 September 2008.

The Minister Assisting the Minister for Health (Cancer) is responsible for the Cancer Institute NSW, which oversees the State's cancer control effort.

Minister Assisting the Minister for Health (Mental Health)

The Hon. Barbara Perry was appointed Minister Assisting the Minister for Health (Mental Health) on 8 September 2008.

The Hon. Paul Lynch was the Minister Assisting the Minister for Health (Mental Health) between 1 July and 5 September 2008. The Minister Assisting the Minister for Health (Mental Health) is responsible for implementing the Government's five-year plan for mental health.



Health Administration Corporation

Under the *Health Administration Act 1982*, the Director-General is given corporate status as the Health Administration Corporation, for the purpose of exercising certain statutory functions, including acquiring and disposing of land and entering into contracts to support the functions of the Director-General and the Minister for Health.

NSW Department of Health

The department supports the Minister for Health and the Ministers Assisting the Minister for Health, in performing their executive and statutory functions, which include promoting, protecting, developing, maintaining and improving the health and well-being of the people of NSW, while considering the needs of the State and the finances and resources available.

Area Health Services

Area health services are established as distinct corporate entities under the *Health Services Act 1997*. They 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.

There are eight area health services:

- | Greater Southern
- | Greater Western
- | Hunter New England
- | North Coast
- | Northern Sydney Central Coast
- | South Eastern Sydney 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.

Statutory Health Corporations

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

- | Justice Health
- | Children’s Hospital at Westmead (Royal Alexandra Hospital for Children)
- | Clinical Excellence Commission
- | HealthQuest.

The status of the Stewart House Preventorium was changed from a statutory health corporation to an affiliated health organisation, effective 1 January 2009.

At 30 June 2009, there were 23 affiliated health organisations in NSW managed by religious and/or charitable groups. They are an important part of the public health system, providing a wide range of hospital and other health services.

Infrastructure and Health Support Structures

The Health Infrastructure Board manages the delivery of the NSW Government’s hospital building program. It oversees the operation of Health Infrastructure within the Health Administration Corporation.

In April 2008, the Director-General established Health Support Services (HSS), under a management committee which oversees its operation within the Health Administration Corporation and provides corporate and information technology services to public health organisations across NSW.

Corporate Governance Responsibilities

The Director-General

The Director-General has a range of functions and powers under the *Health Services Act 1997*, the *Health Administration Act 1982* and other legislation.

They include responsibility for the provision of ambulance services, provision of health support services to public health organisations and exercising, on behalf of the Government, the employer functions relating to staff employed in the NSW Health service.

The Director-General is committed to better practice as outlined in the Corporate Governance and Accountability Compendium for NSW Health and has processes in place to ensure that the primary governing responsibilities of NSW Health are fulfilled in:

- | Setting the strategic direction for NSW Health
- | Ensuring compliance with statutory requirements
- | Monitoring the performance of health services
- | Monitoring the quality of health services
- | Industrial relations/workforce development
- | Monitoring clinical, consumer and community participation
- | Ensuring ethical practice
- | Ensuring implementation of the NSW State Plan and the State Health Plan.

Department of Health Senior Management Board

The Department of Health Senior Management Board meets fortnightly to determine corporate priorities, consider major issues and set strategic directions. It provides high-level oversight on implementation of the NSW State Plan and State Health Plan and receives regular reports on State Plan priorities. It comprises the department's senior management team, including the Director-General and deputy directors-general.

Senior Executive Advisory Board

The Senior Executive Advisory Board meets monthly to exchange information and ensure that the strategic direction is understood and promulgated across the health system. It comprises the Director-General, deputy directors-general, the Chief Financial Officer and chief executives of area health services, the Ambulance Service of NSW, Clinical Excellence Commission, Cancer Institute NSW and other public health organisations.

Finance, Risk and Performance Management Committee

Effective finance and business management practices are a key element of corporate governance responsibilities. The Finance, Risk and Performance Management Committee, chaired by the Director-General, advises the department, Minister for Health and the Budget Committee of Cabinet on the financial, risk and performance management of NSW Health.

NSW Health assists public health organisations to maintain appropriate finance and business accountability by ensuring that:

- | Regular review of plans and reporting/monitoring of financial information are based on the Accounts and Audit Determination for Public Health Organisations and Accounting Manuals
- | Budgets and standard finance information systems and processes are in place, are understood and comply with centralised procedures and templates
- | Financial management is at a reasonable level, budget variance is monitored, reported and reviewed as potential risk and Accounts and Audit Determination is appropriate and up-to-date.

Area health service chief executives are accountable for efficient and effective budgetary and financial management and must have proper arrangements in place to ensure that the organisation's financial standing is soundly based. Key accountabilities include the achievement of targets, monitoring and reporting of results in an accurate, efficient and timely manner and compliance with standards and practice.

Risk Management and Audit Committee

The Risk Management and Audit Committee comprises the Director-General, three deputy directors-general, a member of the information management and technology strategic reference group, the Director, Legal and Legislative Services and two independent members. Jon Isaacs is the independent chairperson and Jim Mitchell is the other independent.

The committee assists the Director-General to perform her duties under relevant legislation, particularly in relation to the department's internal control, risk management and internal and external audit functions, including:

- | Assess and enhance the department's corporate governance, including its systems of internal control, ethical conduct and probity, risk management, management information and internal audit
- | Assess the department's role in monitoring risk management and the internal control environment
- | Monitor the department's response to and implementation of any findings or recommendations of external bodies, such as the Independent Commission Against Corruption and Audit Office of NSW
- | Monitor trends in significant corporate incidents
- | Ensure that appropriate procedures and controls are in place to provide reliability in the department's compliance with its responsibilities, regulatory requirements, policies and procedures
- | Oversee and enhance the quality and effectiveness of the department's internal audit function, providing a structured reporting line for the Internal Audit Branch and facilitating the maintenance of its independence.

Corporate governance principles and practices

The corporate governance and accountability compendium contains the corporate governance principles and framework to be adopted by health services. The NSW Health governance framework requires each health service to complete a standard annual statement of corporate governance, certifying its level of compliance against eight primary governing responsibilities.

The department's Corporate Governance and Risk Management Branch is responsible for promoting corporate governance practice across the health system.

The branch brings together risk management, regulatory affairs, corporate governance, external relations and employment screening and review.

Consistent, system-wide policy and practice is being facilitated, with significant results this year, including:

- | Publishing of new employment screening and review policies and procedures
- | Continuance of a training program for the management of allegations and employment screening
- | Revisions to the process of preparing and issuing policy directives, guidelines and information bulletins for NSW Health, including standardising presentation formats
- | Introduction of a service check register. It is a NSW Health-wide database that alerts staff involved in recruitment to the existence of disciplinary actions concerning staff and visiting practitioners in NSW Health.
- | Introduction of a new policy directive requiring quarterly reporting by health services, to ensure that all medical practitioners engaged by NSW public health organisations are practising in compliance with their registration and any conditions imposed on that registration by the NSW Medical Board.

Internal Audit

During 2008-09 the Internal Audit Branch conducted a number of branch audits across the four divisions of the department. These covered compliance, operational and management risks and the efficiency and effectiveness of internal controls. Of note was the conduct of the fraud risk assessment within the department, audits of NGO grants and a series of audits covering IT governance.



Risk management

The integration of corporate governance and risk management responsibilities has resulted in efficiencies, as well as enabling a better approach to risk assessment and implementation of recommendations and findings. Achievements this year include:

- | development and issue of a risk management enterprise-wide policy and framework
- | more co-ordinated approach to investigating and dealing with complaints
- | improved system for monitoring and acting on reportable incident briefs
- | strengthened relationships with the Ombudsman's Office, Health Care Complaints Commission, Coroner's Office, Commission for Children and Young People, Independent Commission Against Corruption and Audit Office
- | participation in a nationwide research project into whistleblower protection and management and facilitation within NSW Health.

Ethical behaviour

Maintaining ethical behaviour is the cornerstone of effective corporate governance. Providing ethical leadership is an important ongoing task for NSW Health. This requires leading by example and providing a culture built on commitment to the core values of integrity, openness and honesty.

NSW Health has a comprehensive code of conduct and support material that outlines standards of required conduct. The code applies to staff working in any permanent, temporary, casual, termed appointment or honorary capacity within any NSW Health facility. It assists staff by providing a framework for day-to-day decisions and actions while working in health services.

Monitoring health system performance

The department has produced a set of high-level performance indicators. They measure NSW Health performance against priorities and programs linked to the seven strategic directions identified in the *State Health Plan, A New Direction for NSW State Health Plan Towards 2010*.

Outcomes against these indicators are reported in the performance section of this annual report.

The indicators inform performance at the State level, as well as drilling down to hospital level for local management. They provide a basis for a cascaded set of key performance indicators at the area health service, facility and service levels. They are a basis for an integrated performance measurement system, linked to chief executive performance contracts and

associated performance agreements. They also form the basis for reporting the performance of the health system to the public.

The NSW State Health Plan to 2010 was published to drive corporate priorities and set performance measures and targets.

Area health service plans and performance agreements were developed with standard formats and reporting requirements, for consistent performance measurement and accountability.

Priorities for corporate governance and risk management

Selected priority strategies and projects in corporate governance, risk management and internal audit for 2009-2010 include:

- | introduction of standard NSW Health-wide risk management software
- | compilation, review and reporting of NSW Health-wide risks
- | introduction of a risk management register and reporting within the department
- | Implementation of a new employment screening and risk assessment information system, to better support the business to provide a more efficient service, with a stronger focus on compliance and audit of probity checks
- | improve professional practice, through education across the public health system in responding to and monitoring of the implementation of recommendations arising from complaints and system reviews
- | enhancing internal audit management processes and reporting systems to better reflect the adoption of the latest standards for risk management, internal auditing and fraud control.



Other specific corporate governance matters are reported as follows:

- | Commitment to service (p. 184)
- | Consumer participation (p. 185)
- | Legislation (p. 248)
- | Financial management (pp. 79-181)
- | Workforce management (pp. 68-71)
- | Committees, roles and responsibilities (pp. 242-244)
- | Senior executive performance statements (pp. 202-207)

Clinical governance,

CONSUMER AND COMMUNITY PARTICIPATION



Clinical governance, consumer and community participation are important elements of governance for NSW Health and are the cornerstone of quality health care.

Clinical governance is a systematic approach to ensuring the highest level of quality patient care within a health system. Area health services now have a comprehensive clinical governance framework in place to support patient safety and quality.

Under the NSW Patient Safety and Clinical Quality Program, the Clinical Excellence Commission and area health service clinical governance units were established to deliver system improvement, with patient safety as a priority. Clinical governance units have built on their incident reporting and investigation systems, with the implementation of the Incident Information Management System (IIMS) in 2005.

The key elements of the clinical governance framework are listed below.

- | Training and development for clinical governance, safety and quality improvement, root cause analysis (RCA), communication, human factors and knowledge management for staff of the health system.
- | With incident reporting, strategies are identified and implemented by the RCA process, to prevent recurrence of clinical incidents in health facilities.
- | Supporting clinical operations to ensure that local and Statewide policies relevant to patient safety are implemented across NSW health services.
- | Implementation of the IIMS across all facilities in NSW health services.
- | NSW Health's Safety Alert Broadcast System (SABS) aims to provide a systematic approach to the distribution and management of patient safety information to NSW health services. Each alert specifies action to be taken by health services, the timeframe in which such action must occur and specific responsibility for the actions.
- | A single point, for the management and resolution of serious complaints from members of the public and staff, available seven days per week.
- | A process to ensure that all deaths are reviewed and unexpected deaths are appropriately referred to the Coroner and special committees appointed by the Minister.
- | Continuous quality improvement processes to support clinicians and managers in the implementation of quality policies and procedures.
- | Education to improve communication between clinicians, patients, families and carers, in conjunction with the Clinical Excellence Commission.
- | Policy development for patient safety, ethical practice and management, complaints handling, referral of deaths to the Coroner. Procedures for management of complaints or concerns about clinical staff, including appointment, credentialing and performance review of senior clinical staff.
- | Development of appropriate performance review processes with clinical staff and provision of advice and support.
- | The clinical governance units also report regularly to chief executives and area governance structures on:
 - the effectiveness of performance management, appointment and credentialing policies and procedures for clinicians
 - management of complaints or concerns about individual clinicians, in accordance with departmental policies and standards
 - management of serious incidents and complaints, including investigation, analysis and subsequent recommendations
 - implementation of recommendations arising from RCA and other processes used in handling serious incidents and/or complaints
 - provision of regular summary reports of clinical incidents, quality indicators and recommendations on area-wide actions necessary to improve patient quality.
- | System improvement through the Quality Systems Assessment (QSA) program, is another key component of the NSW Patient Safety and Clinical Quality Program. The purpose of the QSA is to assess the implementation of quality and safety programs and enable area health services to adopt specific strategies to target areas for improvement.



Case Study: improving patient experience of emergency care

In 2008, 24,638 people who had attended an emergency department and did not require admission, responded to the NSW Health Patient Survey. Of these, 82.8 per cent rated the overall care they received as excellent, very good or good. Although this response is encouraging, emergency department patients do not rate their overall care as highly as do patients and clients in other NSW health services.

The most important areas for improvement identified by emergency department patients were:

- Organisation of care
- Waiting time rating
- Providing patients with enough opportunity to say what they think about emergency care
- Helping patients control pain
- Providing enough information on the patient's condition and treatment.

In 2009, NSW Health embarked on two programs to improve the experience of people attending emergency departments. The first covers experience-based co-design projects in four emergency departments involving patients, carers and staff in a collaborative process to design improvements to emergency care processes and the environment in which care is delivered.

The second provides coaching for emergency department leadership - helping to improve the quality and consistency of communication with patients. Teaming experienced coaches from the health care sector with front-line managers and supervisors, it supports them to model and guide staff in using evidence-based approaches to communicate with patients and carers.

This helps staff to ensure that every interaction with emergency patients and their carers is informative and reassuring and builds trust in the high-quality emergency care that is provided in NSW.

Measuring and improving patient and carer experience

As well as involving patients in decision-making about their care and including them in key health advisory structures, NSW Health collects and responds to patient feedback about its health services. Nearly 80,000 people responded to the annual survey of patients and clients. It measures patient experience in eight dimensions:

- Emotional support
- Respect for patient preferences
- Physical comfort
- Information, education and communication
- Co-ordination and integration of care
- Involvement of family and friends
- Continuity and transition
- Access to care.

A Statewide program to collect the stories of recent patients and their carers complements the survey data. Talking to patients and carers provides service leaders with rich insight and guides service improvements.

What we do

STRUCTURE AND RESPONSIBILITIES



At June 2008, the NSW Department of Health was administered through seven main functional areas.

Director-General

Professor Debora Picone, AM

Professor Picone began in the position of Director-General for the NSW Department of Health in July 2007.

In addition to being a nurse leader and academic, Professor Picone has worked for many years at the front-line of hospital care as a nurse and senior clinician, in many and varied roles. She has extensive experience in senior management and academic roles in the health sector. She was Chief Executive of South Eastern Sydney Illawarra Area Health Service and previously Deputy Director-General, Policy for NSW Health. She has also been Chief Executive of the former South Western Sydney and New England area health services and of the Corrections Health Service.

She has occupied academic roles at the University of Wollongong, Prince of Wales Clinical School at the University of NSW and the Department of Surgery, Faculty of Medicine, University of Sydney.

Professor Picone was appointed as a Member in the General Division of the Order of Australia (AM) in June 2006, for services to public administration in NSW.

Office of the Director-General

The Office of the Director-General provides high-level executive and co-ordinated administrative support to the Director-General across the full range of issues and functions relevant to the operation of NSW Health.

The office works with the deputy directors-general and members of the NSW Health executive to ensure that she receives advice that is accurate, timely and reflects an integrated, cross-agency view on critical policy and operational issues. The office also supports the Director-General in her provision of high quality, timely and well co-ordinated advice and information to the Minister for Health.

The office has a role in relation to key Government and departmental policy and projects that require a strategic, co-ordinated, whole-of-health approach. This includes leading and reporting on NSW Health's implementation of the State Plan and State Health Plan. As of 1 June 2009, the office assumed the co-ordination role for the implementation of *Caring Together - The Health Action Plan for NSW*.

In addition, the office manages a number of strategic policy initiatives that cross departmental divisions and have whole-of-system implications. These often have a particular focus on opportunities for improved efficiency and strategic reform.

Executive and Ministerial Services

The Executive and Ministerial Services Branch provides a range of services to assist and support the Minister for Health, the Director-General and the department in performance of duties. Its operations are conducted through the Parliament and Cabinet Unit, the Executive and Corporate Support Unit and the Media and Communications Unit.

The Parliament and Cabinet Unit assists the Minister and the Director-General in responding to the Parliament, Cabinet and the central agencies of Government. It manages the preparation of material for the Minister and the department for Estimate Committee hearings and other parliamentary committees and inquiries. It co-ordinates responses on behalf of the Minister on matters considered by the Cabinet, questions asked in the NSW Parliament and requests from Members of Parliament. It also liaises between parliamentary committees, the department and area health services and assists the Director-General and executive with special projects as required.

The Executive and Corporate Support Unit provides advice and information in response to matters raised by, or of interest to, the public, Members of Parliament, central agencies and various ministerial councils.

The Media and Communications Unit provides leadership in communications initiatives across the public health system. It issues health messages to health professionals and the general community through targeted campaigns, publications and the media.

Strategic Development

Deputy Director-General

Dr Richard Matthews

Dr Matthews is Deputy Director-General, Strategic Development. He joined the department in November 2003.

Dr Matthews started his career in general practice and developed a interest in the field of drugs and alcohol. In his current role, he has strategic planning responsibility for Statewide Services Development Branch, Primary Health and Community Partnerships Branch, Mental Health and Drug & Alcohol Office, Inter-government and Funding Strategies Branch and rural health and chronic disease management initiatives.

Functions within the Department

The Strategic Development Division is responsible to the Director-General for overall health policy development, funding strategies and the system-wide planning of health services in NSW. It also supports the Health Care Advisory Council and a number of health priority taskforces.

The key roles of the division are to develop policies, guidelines and plans for improving and maintaining health and to guide allocation of resources to health services. Equitable access, effectiveness, appropriateness and efficiency of health services are key themes that influence the development of policies and strategic plans.

The development of policy follows strong adherence to social justice principles, promotion of co-ordination of health services and the advancement of inter-sectoral linkages with related portfolios, the non-government sector and the Australian Government.

Mental Health and Drug & Alcohol Office

The Mental Health and Drug & Alcohol Office (MHDAO) is responsible for developing, managing and co-ordinating NSW Department of Health policy, strategy and program funding relating to mental health and the prevention and management of alcohol and drug-related harm. It also supports the maintenance of the mental health legislative framework.

The work of MHDAO is delivered mainly through the mental health program and the drug & alcohol program, in partnership with area health services, Justice Health, Children's Hospital at Westmead, non-government organisations, research institutions and other partner departments.

The office has lead agency responsibility for co-ordinating whole-of-government policy development and implementation in mental health and drug and alcohol, particularly through actions arising from the State Plan S3 and F3 priorities, drug and alcohol summits, the *Inter-agency Action Plan on Better Mental Health* and the *New Directions in Mental Health* policy.

MHDAO is also responsible for convening or playing a lead role in inter-jurisdiction and cross-government forums, such as the Inter-governmental Committee on Drugs and Alcohol, the State Reference Group on Diversion, the NSW Council of Australian Governments' Mental Health Group and the Senior Officers' Group on Drugs and Alcohol and Mental Health.

Statewide Services Development Branch

The branch develops NSW Health policy, planning tools, frameworks, clinical plans and strategy for a range of acute and specialty health services with Statewide implications. It also collaborates with the Assets and Contract Services to develop strategic planning for capital infrastructures. It collaborates with rural area health services and the NSW Rural Health Priority Taskforce, to ensure implementation of the NSW Rural Health Plan.

Primary Health and Community Partnerships Branch

Is responsible for developing strategic policies, innovative service models and programs to ensure improved equity, access and health outcomes for targeted population groups, who often require special advocacy and attention, because of particular health needs. A related objective is the development of policies that give direction to primary and community-based services and improve the participation of consumers and communities in health care planning.

The branch also has a key role in implementing effective clinician and community engagement in the delivery of health services, through the Health Care Advisory Council, area health advisory councils and the work of the health priority taskforces.

In addition, the branch is responsible for the NSW Health response to *Keep Them Safe: A Shared Approach to Child Wellbeing*, the NSW Government's approach to the Special Commission of Inquiry into Child Protection Services in NSW, headed by Justice Wood.

Inter-government and Funding Strategies

This branch leads and manages strategic relationships with the Australian Government, other State and Territory governments, private sector and other strategic stakeholders.

It is responsible for ensuring that a comprehensive framework for the funding and organisation of the NSW health system is in place, to translate government priorities into effective strategies and to ensure that the system is able to respond to changes in its environment. It advises on distribution of resources to health services and develops tools to inform allocation of resources from health services to facilities, including the implementation of episode funding.

It also provides leadership in the development and implementation of State and national health priority policies and programs.



Population Health

Deputy Director-General, Population Health and Chief Health Officer

Dr Kerry Chant

Dr Chant is a public health physician and is Deputy Director-General, Population Health and Chief Health Officer. Previously she was Director, Health Protection and Deputy Chief Health Officer. Dr Chant has extensive experience, having held a range of senior positions in NSW public health units since 1991. She has a particular interest in communicable diseases and indigenous health.

Functions within the Department

The Population Health Division works in partnership with area health services, NSW communities and other organisations, to promote health and well-being and prevent disease and injury. The division monitors the health of the population, using a range of surveillance techniques and data sets and it implements evidence-based policies aimed at improving life expectancy and health outcomes.

The primary focus of the division is to:

- | promote and enable people to adopt healthier lifestyles
- | ensure effective action on social and environmental factors that determine health outcomes
- | prevent injury
- | prevent disease
- | investigate and control threats to health
- | prepare for and respond to public disasters and emergencies
- | address health inequalities
- | build the evidence base on effective interventions.

The activities of the division's centres are highlighted below.

Centre for Aboriginal Health

Is an executive unit within the NSW Department of Health with responsibility for:

- | Statewide strategic direction, policy, programs, priorities
- | resource allocation for the NSW Aboriginal health program
- | performance monitoring – financial and health outcomes – for the department, areas and NGOs
- | advice to the Minister and Government
- | representation of NSW in national and inter-governmental forums
- | collaboration with and advice for other branches of the department about policy and program development and implementation.

Centre for Epidemiology and Research

Monitors the health of the population of NSW, supports the conduct of high quality health research by providing infrastructure funding and promotes the use of research to inform policy and practice through the following branches:

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

Centre for Health Protection

Develops and co-ordinates communicable disease policy and programs, manages surveillance, prevention and control strategies to reduce communicable disease and environmental risks to the population's health and leads the response to public health emergencies.

It provides input into food regulatory policy and co-ordinates response to food-borne illness, in liaison with the NSW Food Authority. It also manages policy regarding cancer screening, organ and tissue donation, blood and blood products and forensic medicine. It undertakes these tasks through the following branches:

- | AIDS and Infectious Diseases
- | Communicable Diseases
- | Clinical Policy
- | Environmental Health
- | Biopreparedness Unit.

Until March 2009, the centre had responsibility for regulation of the supply and distribution of medicines and poisons and of private hospitals and day procedures centres, through the Pharmaceutical Services Branch and the Private Health Care Branch.

Centre for Health Advancement

Develops and co-ordinates health promotion and disease prevention policy for the State, implements major Statewide projects in priority areas and oversees research and evaluation initiatives to underpin health promotion policy.

The priorities of the centre are tobacco control, overweight and obesity prevention and the prevention of falls by the elderly. It delivers on the priority areas across the following branches:

- | Strategic Policy & Partnerships
- | Statewide Major Projects
- | Strategic Research & Development.

Centre for Oral Health Strategy

Develops and co-ordinates oral health policy for the State. Implements and monitors oral population health prevention initiatives and service delivery in NSW for those eligible for receipt of public oral health services, or sources those required from the private sector through the following sections:

- | Performance Management and Funding
- | Oral Health Promotion and Water Fluoridation
- | Early Childhood Oral Health
- | Aboriginal Oral Health
- | Oral Health Workforce Policy.

Health System Quality, Performance and Innovation

Deputy Director-General

Dr Tim Smyth (from November 2008)

Dr Smyth has degrees in medicine, law and business administration. He has over 20 years experience across the NSW health system, having worked as a doctor, director of medical services, hospital manager and area chief executive. He was appointed CEO of the Hunter Area Health Service in 1991 and in 1997 became Deputy Director-General, Policy Division with the Department of Health.

In 2000, Dr Smyth became a partner with DLA Phillips Fox law firm, working in commercial and corporate law, with a client base concentrated in the health and government sectors.

In November 2008 he was appointed Deputy Director-General, Health System Quality, Performance and Innovation.

Acting Deputy Director-General

Dr Tony O'Connell (April - November 2008)

Dr O'Connell worked as a clinician for 28 years - as an intensive care specialist and anaesthetist. He moved to NSW Health from his position as head of the Paediatric Intensive Care Unit at the Children's Hospital at Westmead.

Dr O'Connell played a major role in system-wide improvement in access performance for both emergency and elective patients in NSW, in the face of rising demand for services.

Functions within the Department

The focus of the Health System Quality, Performance and Innovation Division is on the provision of safe, high quality, patient-centred and effective health services to the people of NSW. While its primary focus has been on acute hospital care, the division is planning and implementing better models of care across the spectrum of health care settings. The division aims to improve the patient journey by driving performance improvements throughout the health system. It develops

strong relationships and communications with area health services, front-line clinicians and managers, to achieve agreed performance measures for improved services for patients. Advice on the performance of NSW Health is provided to the Director-General, the Minister and a range of external agencies.

The division expanded in March 2009, to include the Pharmaceutical Services Branch, Private Health Care Branch and the Nursing and Midwifery Office. Reflecting this change, the division changed its name from Health System Performance to Health System Quality, Performance and Innovation. Reflecting a range of synergies, from July 2009 Quality and Safety, Private Health Care and Pharmaceutical Services now work together as the Clinical Safety, Quality and Governance Branch of the division.

Health Service Performance Improvement

Works collaboratively with area health services, NSW Ambulance and other acute health services, to improve patient access to hospital and community services, acute hospital performance and the strategic allocation of resources to meet demand growth. Provides strategic advice and identifies obstacles affecting implementation of service improvement strategies.

Clinical Services Redesign Program

Leads the development and implementation of major health service delivery reform initiatives. Such reforms have brought substantial improvements in patient access to emergency departments and acute and planned surgery. Ensures a co-ordinated approach to the redesign of clinical services and engages local and front-line staff and consumers in the design process.

Strategic Information Management (SIM)

Leads the development of Statewide strategies and future directions for NSW Health Information and Communication Technology (ICT). The ICT portfolio consists of four core strategies - Clinical, Corporate, Information and Infrastructure and targets the design and delivery of a common set of applications across the State. The ICT strategy will make a significant contribution to the safety and effectiveness of the patient journey, through the roll-out of the electronic medical record, digital radiology systems and further development of clinical information and patient management systems.

Quality and Safety

Works collaboratively with area health services, other health services, the Clinical Excellence Commission and the Australian Commission on Safety and Quality in Health Care to develop policies on quality and safety. They include correct procedure, correct patient, correct site, reducing health care associated infections and improving medication safety. Develops and reports on system-wide quality indicators. Monitors, analyses and acts on serious clinical incidents and oversees Statewide clinical governance. A single, Statewide electronic Incident Information Management System (IIMS) underpins the incident management program.



Demand and Performance Evaluation

Oversees NSW Health State data and reporting infrastructure, to improve health performance and outcomes. Manages major health activity data collections, such as admitted patients, emergency department and planned surgery waiting lists. Manages major health activity reporting for NSW Health.

Responsible for analysis of demand and performance data, benchmarking and governance of new data and information systems, to better meet health needs. Provides support and advice for research, data management and information policy.

Nursing and Midwifery

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

Pharmaceutical Services Branch

Is responsible for the administration and enforcement of the *Poisons and Therapeutic Goods Act* throughout NSW, together with the development of policies and guidelines to complement this legislation.

Private Health Care Branch

Has Statewide responsibility on behalf of NSW Health for regulating private health care facilities and for enforcing licensing standards. The primary functions of the branch include licensing and the monitoring of compliance with the relevant Acts and Regulations.

Health System Support

Deputy Director-General

Karen Crawshaw

Ms Crawshaw held various legal positions in the public sector, prior to being appointed Director Legal, NSW Health in 1991. This role was subsequently expanded to Director Employee Relations, Legal and Legislation and General Counsel and included responsibility for NSW Health's legal services, the legislative program for the Health portfolio and industrial relations and human resource policy for the NSW public health system.

In October 2007, Ms Crawshaw was appointed Deputy Director-General, Health System Support.

Functions within the Department

Health System Support Division leads and manages strategic advice on finance and business management, asset management, strategic procurement and business development, legal and legislative services, workforce development and leadership, workplace relations and

management, corporate governance and risk management. The division is also responsible for ensuring that the health system operates within available funds.

Finance and Business Management

Provides financial management, monitoring, reporting and budgetary services for the NSW health system, including financial policy, financial analysis, insurance/risk management, GST advice and monitoring key performance indicators for support services. Provides internal support services to the department, including purchasing, fleet management and purchase order transactions.

Strategic Procurement & Business Development

Provides leadership in procurement policy development and asset management and directs specific procurement projects to support the efficient delivery of health services. The division manages the asset acquisition program and implements the Government's total asset management policies across the health system. It is also responsible for operational services such as the computer network, email services, corporate knowledge services and building management.

Workforce Development and Leadership

Leads strategic policy development to ensure a sustainable workforce supply and distribution through planning, development, implementation and evaluation of workforce strategies.

Workplace Relations and Management Branch

Manages the department's human resources strategy and provides support and guidance to staff on all personnel and payroll issues. Leads system-wide industrial relations issues, including the conduct of arbitrations, negotiating and determining wages and employment conditions. Provides administration for the Health executive service and leads human resource and OH&S policy development.

Corporate Governance and Risk Management

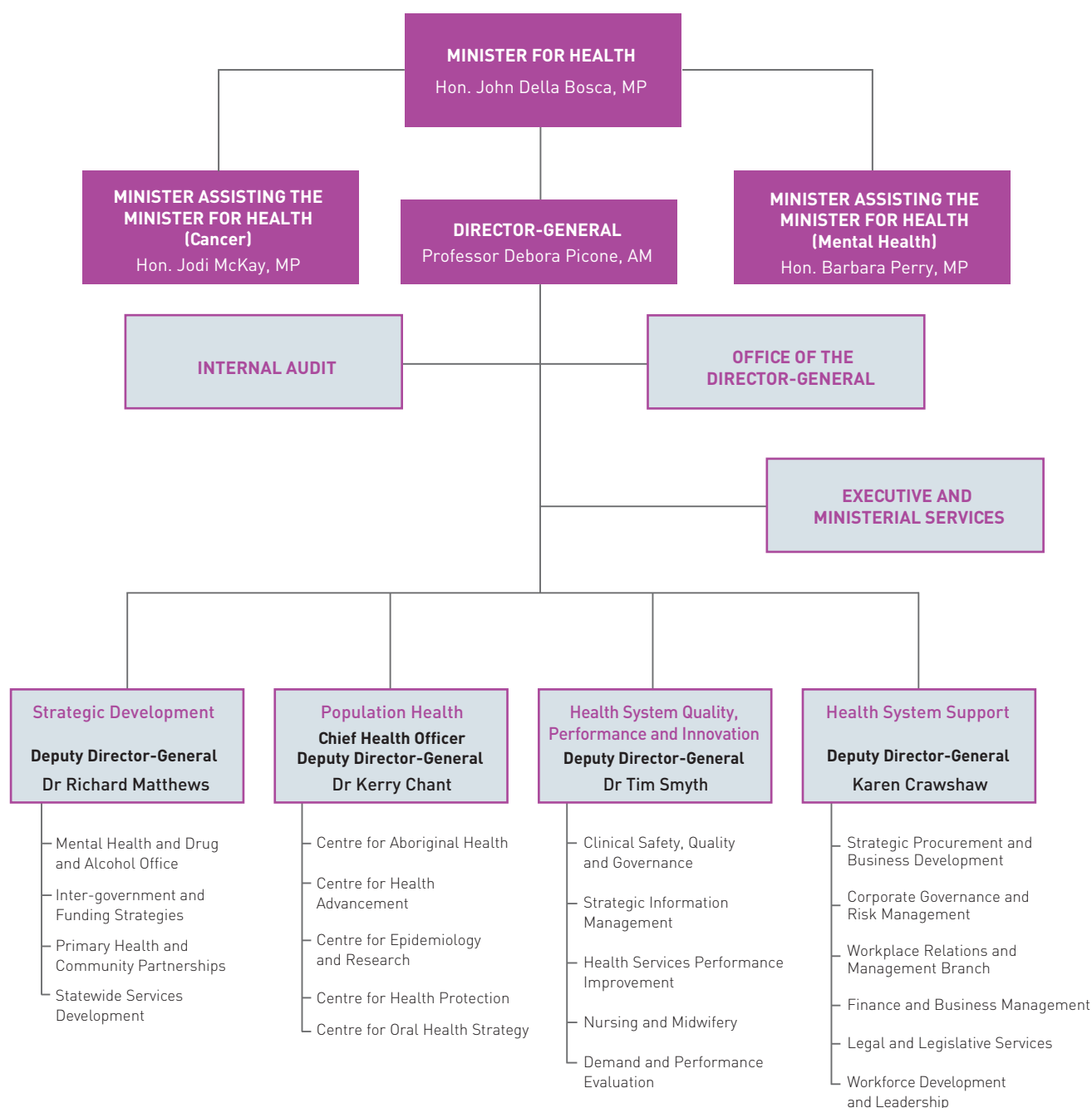
Provides a comprehensive framework for corporate governance and risk management and guides and monitors these functions in the NSW public health system. The division manages relationships with key external agencies, undertakes employment screening and investigates allegations of abuse by health service employees.

Legal and Legislative Services

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.

Provides registrar and administrative services to the nine health professionals registration boards.

ORGANISATION CHART AT 30 JUNE 2009



Dr Kerry Chant acted in the position of Chief Health Officer and Deputy Director-General, Population Health from May to August 2008, and again from October 2008 until her permanent appointment to the role in February 2009.

Professor Jim Bishop was appointed to the role of the Chief Health Officer and Deputy Director-General, Population Health in August 2008 and resigned in September 2008.

Dr Tony O'Connell acted as Deputy Director-General, Health System Performance from April 2008 to September 2008. Mr Tony Dunn then acted in the role during October 2008.

Dr Tim Smyth was appointed as Deputy Director-General, Health System Performance in November 2008. The Health System Performance division underwent a restructure and became the Health System Quality, Performance and Innovation Division in March 2009.

Performance

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How we compare

The NSW health system has been subject to pressures of increasing demand, population growth and population ageing in recent years. Despite these pressures, the health of the people of NSW not only compares favorably with the rest of the world, but continues to improve with each passing year. This echoes the sustained momentum of system redesign which is leading to improvements in the quality and efficiency of the public health system.

Comparison with other States and Territories and countries with similar health systems is an effective way to benchmark the NSW public health system. National and international results in key health indicators provide the signs we need to ensure that we are providing a range of services comparable with the best in the world.

This section provides an overview of results for key health indicators, recognised internationally as reliable and objective methods for measuring health and health services.

The major international health publications from the World Health Organisation (WHO) and the Organisation for Economic Co-operation and Development (OECD) ensure that data from different countries is standardised to enable the most accurate comparison of results. Specific differences in collection of data and definitions are noted, but even so, opinions may vary on use and interpretation from country to country.



Australia's national reporting organisations, the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS), provide data for comparison at the State/national level. Together, these sources allow us to place the delivery of health services in NSW in context with other States in Australia and with the rest of the world.

Meeting the demands of a growing population, while maintaining high standards in health care, continue to provide a challenge for the NSW health system. Five areas of comparison are included here for interest:

- Life expectancy at birth - international and State/Territory comparisons
- Infant mortality - international and State/Territory comparisons
- Death rates - State/Territory comparisons
- Health expenditure - State/Territory comparisons
- Selected hospital activity and performance data - State/Territory comparisons.

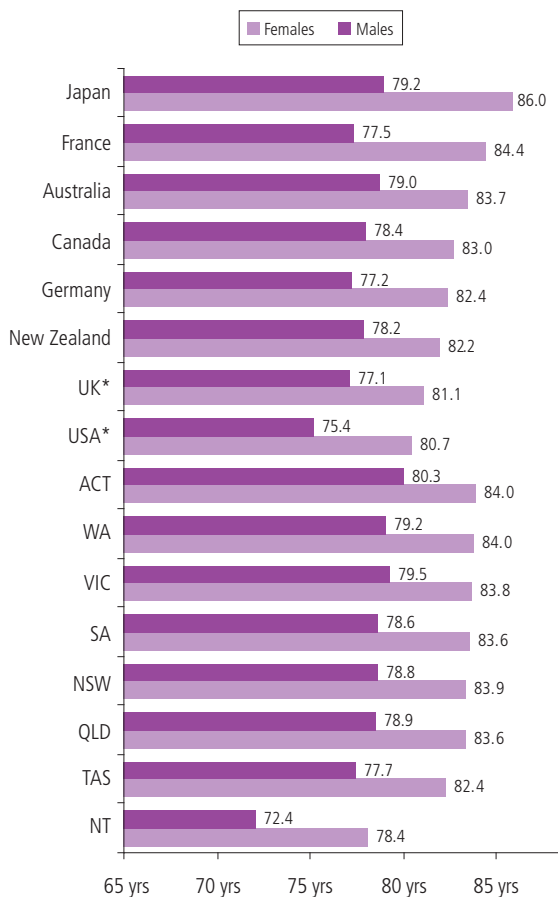
The NSW population exceeds seven million, equivalent to that of Hong Kong. Our residents are distributed across an area the size of Mozambique, which has a population equivalent to that of Australia. Such disparities, between population size, density and dispersion, highlight the difficulties faced in delivering services equitably and effectively.

Life expectancy at birth

Life expectancy at birth measures the average number of years a newborn can expect to live, if the existing mortality patterns remain during the individual's lifetime. Life expectancy has long been used as an indicator to reflect the level of mortality experienced by a population. It is often used as an objective summary measure of a population's health. There are many influences upon the life expectancy of a population, including socio-economic factors, such as level of income or education, environmental issues, such as pollution and water supply, as well as health-related behaviours, such as smoking and alcohol consumption.

Chart 1 shows the NSW and Australian rates of life expectancy, compared with other States and Territories, and selected OECD countries.

Chart 1: Life expectancy at birth (years) for selected OECD countries and Australian States and Territories (2007)



Source: OECD health data 2009, Paris June 2009 and ABS Causes of Death 3303.0, Australia 2009

The life expectancy at birth continues to increase. For those born in 2007, NSW was fractionally higher than the national average, at 79.1 years for males and 83.8 for females. This sits comfortably above the WHO average in the Western Pacific region, of 72 years for males and 77 for females.

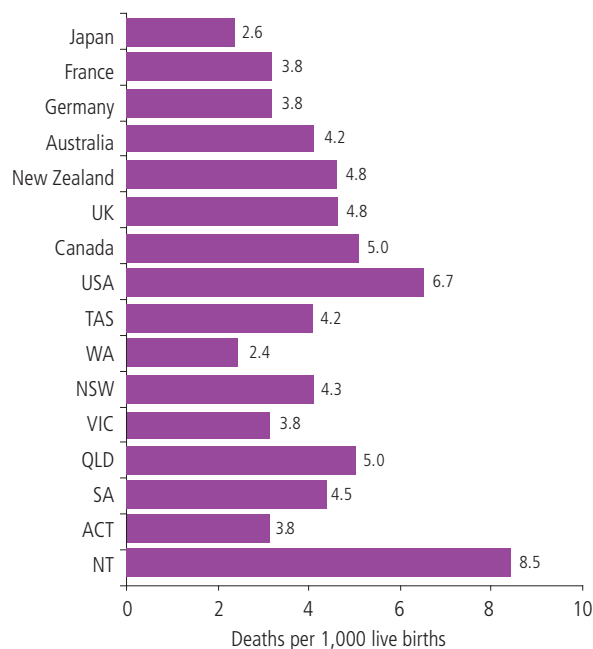
Life expectancy, together with mortality rates and other health indicators, such as communicable diseases, social factors and genetic makeup, all contribute to the overall life duration. The 'healthy' life expectancy for selected countries has been estimated by the WHO, with Australia's estimated at 72 years for males and 75 for females.

Infant mortality

Infant mortality is another indicator used to compare the health and well-being of populations across and within countries. The infant mortality rate refers to the number of deaths of infants (children less than one year old) per 1,000 live births in any given year. Like life expectancy at birth, it is internationally recognised as an indicator of population health and is often used in understanding an area's state of health development. In the past, infant mortality claimed a large percentage of children born, but rates have declined significantly in modern times, due mainly to improvements in basic health care and advances in medical technology. In industrialised countries today, infant mortality is a good indicator of the quality of antenatal care, the effectiveness of obstetric services and the quality of infant care in hospital and in the community, as well as being an indicator of maternal health.

The chart below shows the latest OECD data on infant mortality, together with State and Territory rates from the ABS.

Chart 2: Infant mortality rates for selected OECD countries and Australian States and Territories, 2007

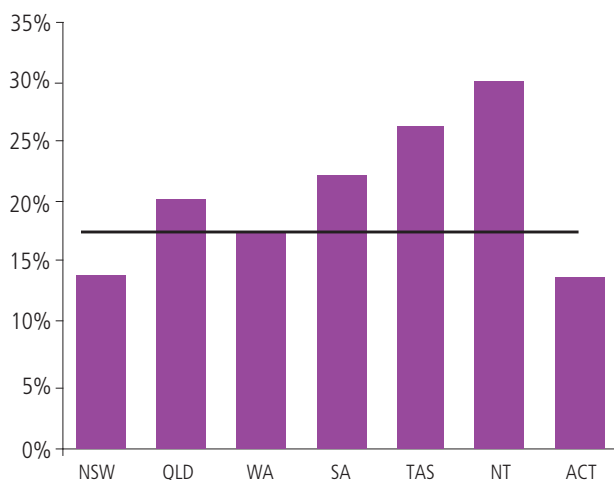


Source: OECD health data 2009, Paris 2009 and ABS Causes of Death 3303.0, Australia 2009

For the third consecutive year, the infant mortality rate in Australia has decreased. In 2007, it stood at 4.2 infant deaths per 1,000 live births (Chart 2). NSW is only 0.1 per cent higher than the national average.

Smoking during pregnancy is a known risk factor associated with poor perinatal outcomes. The latest publication of Australian mothers and babies released in December 2008, reports that NSW had the lowest rate of mothers reporting smoking during pregnancy, at 13.5 per cent, almost 4 per cent lower than the national average.

Chart 3: Percentage of mothers reporting smoking tobacco during pregnancy - Australian States and Territories, 2006



Source: Australia's Mothers and Babies Report 2006, Australia 2008
(NB: No data available for Victoria)

Death rates

In Australia, the standardised death rate in 2007 was 7.2 deaths per 1,000 for males and 4.9 for females. This represents a significant improvement from 1997, when the rate was 9.5 and 6.1 respectively. The standardised death rate for all persons has remained at a low 6.0 deaths per 1,000, for the third successive year. NSW rates are equivalent to the national average for both males and females, at 7.2 and 4.9 per 1,000 standard populations respectively. (see Table 1)

Table 1: Standardised death rates per 1,000 people, 1997 and 2007

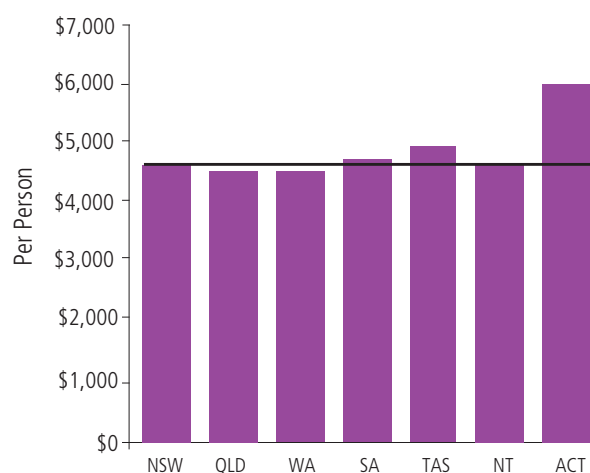
STATE/ TERRITORY	1997		2007	
	MALES	FEMALES	MALES	FEMALES
NSW	9.6	6.1	7.2	4.9
VIC	9.5	6.1	6.9	4.8
QLD	9.3	5.9	7.3	5.0
SA	9.4	5.9	7.6	4.8
WA	9.2	5.8	7.1	4.8
TAS	10.4	6.8	7.9	6.0
NT	13.4	9.6	10.9	6.9
ACT	8.5	6.4	6.7	4.7
AUSTRALIA	9.5	6.1	7.2	4.9

Source: ABS Causes of Death 3303.0, Australia 2009

Health expenditure

Health expenditure per capita is an effective way of examining the proportion of total health funding provided by government allocated to individuals in the population, because it removes any instability caused by movement in Gross Domestic Product (GDP). Australia's health-to-GDP ratio has been steadily increasing over the last decade, with GDP growing by 6.7 per cent p.a. and health with growth of 8.4 per cent p.a. over the same period, resulting in an increase in the health-to-GDP ratio during the period. An individual living in NSW is allocated the equivalent of the national average dollar spent on health per capita (see Chart 4).

Chart 4: Recurrent health expenditure per capita by funding source, States and Territories 2007-08



Source: AIHW Health Expenditure Australia 2007-08, ABS Australian demographic statistics 3101.0

Notes: Includes funding provided by the Australian, State/Territory and local governments and from major non-government sources only. Excludes expenditure on high-level residential aged care. ACT data is included with NSW.

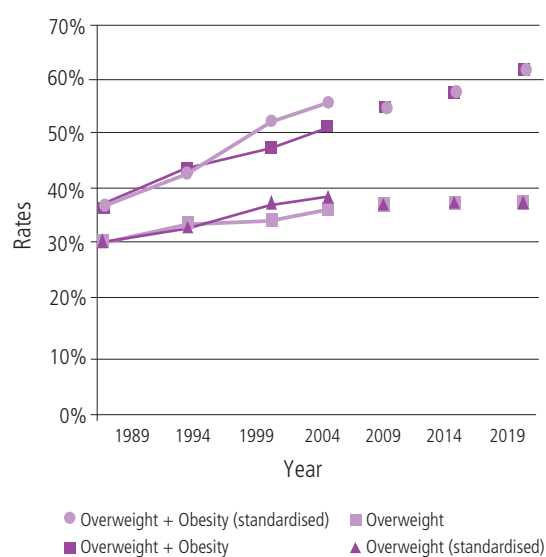
Funding for public health initiatives in Australia is provided by both State and federal governments. It aims at providing essential services, plus intervention for major health issues, including disease prevention, obesity, diabetes, mental health, drugs and alcoholism. Non-government contributions towards health expenditure complement that provided by government, enabling additional resources to be accessed.

The highest-funded public health priority in 2007-08 was for immunisation, which accounted for 32.6 per cent of funds. A major component of this (53.1 per cent nationally) went to the national HPV (human papillomavirus) campaign, in addition to the standard childhood illness and influenza vaccinations for the elderly and for Aboriginal and Torres Strait Islander people. Childhood immunisation rates are over 90 per cent.



Health promotion receives the second highest share of public health funding, with obesity being one of the areas of concern for both males and females in Australia. The OECD working paper on obesity identified that Australia, Canada, England and the US are projected to increase their proportion of overweight and obese population by 10 per cent in the next ten years (see Chart 5). Positive actions to avoid this trend are attempting to educate people about consumption of processed, or “junk” food.

Chart 5: Projections of overweight and obesity rates, Australia



Source: OECD Health Working Papers No.45, 2009

Hospital activity

This section provides a selection of AIHW data related to public hospital activity by State and Territory. When making comparisons in activity between States and Territories, keep in mind that public hospitals vary considerably in size, services available, the degree of specialisation and the degree to which they are complemented by the private sector. Generally, public hospitals provide an array of health services from urgent and life-threatening care in emergency departments, to elective surgery aimed at improving quality of life. A large city hospital, however, provides different functions and operates differently, from a small rural hospital that may serve a much smaller, but more geographically spread population. The geographical and demographic make-up of a State or Territory will be reflected in its hospital types and activity.

NSW has the largest number of hospitals of any State or Territory and also has the greatest number of hospital beds, reflecting its higher population. NSW has a higher provision of public hospital beds per head of population than the national average, which in part reflects the relatively low provision of services by the private sector in this State. The number of admissions per head of population is below the national rate. The level of non-admitted patient services is well above that of other States. NSW accounts for over 45 per cent of non-admitted patient services. This, in part, is attributed to policies that aim to provide the right care to people in the right place. For example, many clinical services previously requiring admission to hospital are now being provided in alternative settings. This is not only better for the patient, but a more appropriate use of health resources.

Table 2: Selected activity and performance measures by State & Territory, 2007-08*

ACTIVITY MEASURE	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUSTRALIA
Public acute hospital beds per 1,000 population	2.7	2.4	2.4	2.4	3.0	2.4	2.5	2.8	2.5
Total public hospital beds per 1,000 population	2.9	2.4	2.5	2.5	3.1	2.6	2.5	2.8	2.7
Total public hospital admissions per 1,000 population	202.8	247.8	195.7	215.1	216.4	184.0	256.1	486.4	217.6
Emergency department occasions of service (000s)	2,418	1,523	1,471	778	544	143	98	125	7,101
Percentage emergency department occasions of service seen “on time”	76	71	63	61	61	60	58	52	69
Surgical admissions from elective waiting list (000s)	200	130	108	57	41	14	10	6	566
Surgical admissions from waiting list per 1,000 population	28.7	24.8	25.4	26.7	25.8	28.6	28.0	28.1	26.6
Percentage surgical admissions waiting more than 365 days	1.8	3.6	2.3	3.0	3.9	10.1	10.3	8.6	3.0
Non-admitted occasions of service (000s)**	18,815	5,980	9,192	3,985	1,660	859	447	317	41,255

*Caution is needed in comparing activity data, due to the differences between States and Territories in the coverage of data captured, particularly in the case of emergency department numbers.

**Non-admitted occasions of service include dialysis, pathology, radiology & organ imaging, endoscopy & related procedures, other medical/surgical/obstetric, mental health, alcohol & drug, dental, pharmacy, allied health, community health, district nursing and other outreach.

Source: AIHW, Australian hospital statistics 2007-08

NSW provided more elective surgery than any other State or Territory and at 28.7 admissions per 1,000, had the highest elective surgical admission rate. This reflects the targeted activity undertaken to reduce the number of people waiting an extended time for surgery. As a result, the waiting times for patients on the surgical list continue to decline.

This is reflected in NSW having the lowest proportion of patients waiting more than 365 days for elective surgery, at only 1.8 per cent, compared to 3.0 per cent nationally.

NSW has experienced an increase in emergency department (ED) occasions of service in recent years, a trend consistent throughout Australia. There were over 2.4 million presentations to EDs in 2008-09. Despite this increase, NSW performance in key indicators, such as triage waiting time, continues at a high level, with the highest percentage of ED patients being seen within clinically appropriate time, of all States and Territories, at 76 per cent, compared to 69 per cent nationally.

Summary

NSW has the country's largest population and hence the largest health system. The State continues to perform on par and often above average, compared with the overall Australian performance. It can thereby also claim international recognition for its health system. Excellent results have been achieved through the success of a range of different initiatives in recent years. Resources continue to be directed towards enhancing the health of the community, in strategies around illness prevention, mental health and Indigenous health, to name just a few. The State's achievements, compared with international results, are particularly significant, in light of the growing demand for health services and continual population pressures experienced.



NSW State Health Plan



The State Health Plan guides the development of the NSW public health system towards 2010 and beyond. It sets out the strategic directions for NSW Health, which reflect the priorities in the NSW Government's State Plan and in the Council of Australian Governments' national health reform agenda. The plan draws on extensive research and consultation with consumers, health professionals and other stakeholders, undertaken to develop the longer-term strategic directions for NSW Health in the *Future Directions for Health in NSW - Towards 2025*.

It also draws on input from the Health Care Advisory Council - the peak community and clinical advisory body advising the Government on health care issues - and the health priority taskforces, which advise on policy and service improvements in high-priority areas.

Why do we need a State Health Plan?

There have been major health gains for people in NSW over the last 20 years. They include a decline in rates of preventable death and a major reduction in deaths from cancer. Immunisation rates for children and adults are rising. Most people have ready access to the high quality health care they need.

Like health systems in other States and developed nations, however, the NSW health system faces significant challenges in the years ahead. They include:

- | Increasing numbers of people with chronic health conditions
- | An ageing population driving up demand for health services
- | Rising community expectations of health services
- | A worldwide shortage of skilled health workers
- | Increasing incidence of people with mental health problems
- | Increased expenses as a result of advances in medical technologies.

These challenges are placing increasing pressure on the public health system and driving up health costs at a faster rate than general economic growth. The State Health Plan addresses the challenges, using the seven strategic directions identified during consultation for the *Future Directions for Health in NSW - Towards 2025*.

Seven Strategic Directions

The strategic directions featured in the State Health Plan identify our health priorities to 2010 and are reflected in planning processes at both State and area health service levels. They are:

1. Make prevention everybody's business

This requires new strategies for health promotion and illness prevention, which are supported by structural changes, such as legislation, regulation and environmental changes. The principle of prevention is being embedded into NSW Health's service delivery.

2. Create better experiences for people using health services

Providing patients with ready access to satisfactory journeys through health services means ensuring that the services continue to be high quality, appropriate, safe, available when and where needed and co-ordinated to meet each individual's needs.

3. Strengthen primary health and continuing care in the community

This will help people to access most of the health care they need through an integrated network of primary and community health services, which will lead to improved health outcomes. Early intervention principles are being embedded into NSW Health's service delivery.

4. Build regional and other partnerships for health

By engaging more effectively with other government and non-government agencies, clinicians and the broader community, we will provide a more integrated approach to planning, funding and delivering health and other human services to local communities and regions.

5. Make smart choices about the costs and benefits of health services

As health costs continue to rise, we need to make the most effective use of the finite resources available. Costs must be managed efficiently, based on evidence of what works and the health impact. Resources will be shifted to support early intervention and prevention programs.

6. Build a sustainable health workforce

Delivery of quality health services depends on having adequate numbers of skilled staff working where they are needed. Addressing the shortfall in the supply of health professionals and ensuring an even distribution of staff around the State is a key priority.



7. Be ready for new risks and opportunities

The NSW health system is a large, complex organisation that must continually adapt in a dynamic environment to meet the community's changing health needs. The system must be quick to respond to new issues and capable of sustaining itself in the face of external pressures.

The following pages reflect work undertaken over the 2008-09 financial year to address these strategic directions.

Strategic Direction 1

MAKE PREVENTION EVERYBODY'S BUSINESS



Improving health and preventing illness requires greater effort and investment while we continue to treat chronic illness effectively. New health promotion and illness prevention strategies are needed. Life expectancy in NSW is among the highest in the world, yet many people still die prematurely. Unhealthy lifestyles are linked to many of these deaths.

Improved health through reduced obesity

Childhood overweight and obesity is a serious health problem which is increasing at an alarming rate. NSW Health wants to hold the rate of childhood obesity to the 2004 level of 25 per cent by 2010 and reduce it to 22 per cent by 2016.

Live Life Well @ School (LLW@S)

Started in May 2008, LLW@S provides a professional learning opportunity for staff in NSW Government primary schools to further develop quality nutrition and physical education programs. A joint initiative with NSW Department of Education and Training, LLW@S is being implemented over 2008-2011 and already over 130 schools are participating. Many other schools are registering for the next phase.

"Good for Kids, Good for Life" water campaign

This campaign was developed by the Hunter New England Area Health Service as part of the *Good For Kids, Good for Life* program. The campaign, which includes television, radio and press advertising, promotes the importance of water consumption for children as a healthy alternative to sweetened drinks, including cordial, fruit juices, flavoured mineral waters, sports drinks and soft drinks.

Go for 2&5[®] fruit and vegetable campaign

In partnership with the Cancer Institute NSW, the Go for 2&5[®] fruit and vegetable campaign targets adults 20-50 years who buy food, prepare meals and influence consumption.

This follows a promising evaluation of the 2007 phase, which demonstrated improvement in the proportion of adults and children eating the recommended amounts of fruit and vegetables.

Munch and Move

Munch and Move, a joint initiative with NSW Department of Community Services and the University of Sydney, is a fun, games-based program for NSW preschools which supports the healthy development of young children by promoting physical activity, healthy eating and reduced small-screen time (TV, DVD, and computers).

The program includes face-to-face training and practical resources, information and ideas, as well as contact with local-level health professionals. The program has created great interest within NSW and other States and Territories.

Get Healthy

The NSW Get Healthy Information and Coaching Service is a service developed and funded by NSW Health.

It is a free telephone and web-based service for all NSW residents, aimed at providing information and ongoing support for NSW adults in relation to healthy eating, physical activity and achieving and maintaining a healthy weight.

Improved health through reduced smoking

Public Health (Tobacco Control) Act

The Government's ongoing commitment to reduce the effects of smoking has led to amendment of the *Public Health (Tobacco Control) Act*. The amendments include a ban on smoking in a car when a child is present, a ban on the display of tobacco products at point of sale and a single point of sale for tobacco products. They came into effect on 1 July 2009.

The Government continues to prosecute tobacco retailers who are in breach of the Act, such as selling to minors, tobacco advertising and smoking in enclosed spaces (indoors).

Improved health through reduced illicit drug use and risk drinking

Community Drug Action Teams (CDAT) Grants Programs

The 2008-09 CDAT grants program provided \$300,000 for 141 drug and alcohol prevention projects across NSW. In addition to the NSW Health grants, CDATs received \$479,000 in other government grants, resources and in-kind donations that supplemented their activities.

In June 2009, NSW Health launched a promotional campaign encouraging members of the community to join and participate in community drug action teams. They are community coalitions that deal with local drug and alcohol issues. The campaign featured a range of promotional resources, including posters, postcards, information brochures and t-shirts. It coincided with Drug Action Week, held from 21 – 27 June 2009, a significant period of activity for community drug action teams.

Drug Action Week

“Drug Action Week” is an important annual awareness-raising opportunity for drug and alcohol issues. During Drug Action Week 2009, from 21 – 27 June 2009, CDATs organised 30 events across NSW. Of particular importance were activities that commanded local attention, such as sporting events, community information and education forums.

Save-a-Mate Alcohol and Other Drug (SAM AOD) Program

NSW Health continues to support the Australian Red Cross ‘Save-A-Mate’ Alcohol and Other Drug (SAM AOD) Program. It provides education and first aid training for the families and carers of drug and alcohol users, to help them prevent, recognise and respond appropriately to overdose emergencies. Volunteers who have completed the SAM AOD peer education training provide support to young people at festivals, as well as distributing information & education resources on drug and alcohol and mental health issues. The program has a strong focus on working with young people from marginalised communities, particularly Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) groups, as well as with other young people identified by the Department of Community Services (DoCS), schools, community drug action teams and other agencies, as being at risk of harm.

NSW Health Drug & Alcohol Health Promotion Plan

NSW Health is developing the Drug and Alcohol Health Promotion Plan, to identify and better guide health promotion

initiatives aimed at reducing illicit drug use and alcohol misuse. It is being put together by the Mental Health and Drug and Alcohol Office, in conjunction with the NSW Health Drug and Alcohol Council’s health promotion sub-committee. It will be finalised by December 2009.

Responsible Drinking Campaign – “What are you doing to yourself?”

The NSW Health responsible drinking campaign “What are you doing to yourself?” was officially launched by the Health Minister, John Della Bosca, with Geoff Huegill and Chris Watters, CEO of DrinkWise Australia, on 19 January 2009, at the State Library of NSW. The \$1m campaign consisted of a series of five hard-hitting posters and advertisements, encouraging young people to reflect on and take personal responsibility for their alcohol consumption and for their behaviour when they drink to excess.

It ran from January to April 2009 and appeared in youth street magazines, gay and lesbian community newspapers, licensed bar and nightclub toilets, on bus advertising, on posters at CityRail train stations and was transported around key outdoor events on scooters during the summer period. It was supported by an interactive education and information youth website <http://www.whatareyoudoingtoyourself.com>

The advertising campaign and website were supported on the ground by the distribution of information cards and key rings to young people attending the 2009 Youth Festival held during the Sydney Royal Easter Show. A campaign entry sticker was provided to over 90,000 people attending Surry Hills Festival 2009.

‘Guides to Dealing with Alcohol for Teenagers and Parents’ information booklets

In December 2008, the Minister for Health launched three striking information booklets aimed at providing teenagers and parents with information and education on dealing with alcohol. They were distributed Statewide through community drug action teams, area health service drug and alcohol outlets, non-government organisations and through music and fashion retail outlets. They supported the responsible drinking campaign “What are you doing to yourself?” They were developed in consultation with NSW Police, the National Drug and Alcohol Research Centre and City of Sydney Council. Around 300,000 copies were distributed in 2008-09.

“Play Now Act Now” Youth Arts Festival

The “Play Now Act Now” (PNAN) Youth Arts Festival is an annual creative arts competition targeting people aged 16 to 25. It provides an opportunity for them to explore and create messages relating to the impact of alcohol and other drugs on themselves and on those around them. All shortlisted entries are compiled



into a free DVD which is disseminated, along with a structured learner's guide, to youth services, drug and alcohol services, community health centres and juvenile justice services across the State. The 2008 PNAN festival's theme 'Party Smart', attracted 105 entries in film and video, creative writing and graphic design.

"Rethink Your Drink" Campaign

The Statewide "Rethink Your Drink" campaign was a print and internet-based advertising drive aimed at encouraging men and women 30 years and over, who consider themselves to be risky or problem drinkers, to participate in a controlled-drinking program. It provided correspondence and internet-based support for people who choose to control the amount and frequency of their alcohol consumption. It was developed and maintained by the Australian Centre for Addiction Research, as a joint project of Sydney West Area Health Service and the University of Sydney. Advertising ran from July to August 2008 and was supported by information flyers distributed by community drug action teams.

Club Drugs Campaign

The Club Drugs campaign targets people 18 to 25 who attend nightclubs, dance events and music festivals. It aims to prevent and reduce the use of club drugs and to inform young people of the health and social dangers associated with drug use.

The campaign is run over the 'dance party' season between October and March each year. In 2009, NSW Health partnered with 2009 Big Day Out Sydney, held at the Showgrounds, to promote the "You're a mate not a doctor" safety message from the Club Drugs campaign. It was displayed on large banners in the main arena, in the 'Boiler Room' (dance party space) and throughout the day on large screens in the main arena. Over 56,000 people attended Big Day Out in 2009. Young participants were also provided with NSW Health Drug Safety information wallet cards.

NSW Strategic Review of Drug and Alcohol Telephone Services

NSW Health reviewed telephone services in May 2009, to identify strategies for future delivery of drug and alcohol telephone and online information, education and treatment services. The review assessed the Alcohol and Drug Information Service, the Methadone Advice and Conciliation Service, the Drug and Alcohol Specialist Advisory Service and the Family Drug Support Service. It will be completed in July 2009.

Drug Info @ Your Library

Drug Info @ Your Library is a joint project of the State Library of NSW and NSW Health. It provides comprehensive drug and alcohol reference and lending collections to all central, some branch and some mobile NSW public libraries. It also develops and conducts a training program for librarians and maintains

a detailed drug information website. Drug Info @ Your Library targets parents and teenagers, schools and TAFE students and local communities who use libraries. In 2008-09, over 360 public libraries in NSW (250 regional) had access to Drug Info @ Your Library collections. The project website www.druginfo.sl.nsw.gov.au was enhanced, with additions to address specific target groups, including an HSC subject Personal Development, Health and Physical Education (PDHPE) web page, a Schoolies Week button and web page and new alcopops, binge drinking and drugs and driving web pages.

Drug Action Newsletter

Over 40,000 copies of the four issues of the Drug Action 16-page newsletter were distributed in 2008-09. It highlighted community drug action teams, working in local communities, tackling drug and alcohol problems with local solutions.

Other drug and alcohol information and education resources distributed by the Community Drug Information and Education team in 2008-09 included:

- | *The Family Matters drug information booklet* - a primary prevention resource, designed to assist parents of children aged 11 to 17 to answer their questions about drugs. They were distributed free to families, schools and members of the community.
- | *The Drug Smart information wallet cards* - information for young people between 11 and 17 about some of the drugs and situations they may encounter.
- | *The Drug Safety: a guide to a better night* wallet cards - short information on individual drugs, as well as tips for having a safe night, distributed through universities, TAFE colleges, retail outlets and music stores.
- | A set of eight information fact sheets on alcohol, marijuana, speed and ice, heroin, cocaine, hallucinogens, benzodiazepines and ecstasy. Over 10,000 were distributed in 2008-09.

Other highlights

Statewide Eyesight Preschooler Screening (StEPS)

StEPS is a scientifically-based universal vision screening program for four-year olds, to identify problems early, so that treatment options are optimised. At June 2009, approximately 40,000 four-year old children had been offered a StEPS vision screening assessment. Approximately 3,000 of them were identified as having a possible vision problem and were referred to an eye health professional for diagnostic vision assessment and, where applicable, treatment.

Community support for StEPS has been excellent and is demonstrated by the high acceptance rate by parents/carers. Approximately 90 per cent of parents with children eligible for the StEPS program accepted the service.

To assist area health services in training StEPS personnel, the department is working with Sydney South West Area Health Service and a production company to create a training DVD. It will complement the existing training package and demonstrate the correct way to conduct visual acuity screening on four-year old children, with the Sheridan Gardiner Linear Chart (SGLC).

Towards Normal Birth in NSW

In February 2009, a workshop titled *Towards Normal Birth in NSW*, to further progress work undertaken following the 2007 caesarean section seminar, brought together clinicians from across the State. *Towards Normal Birth in NSW* examines strategies to promote normal birth, reduce unnecessary caesarean sections and develop further actions for staff to implement at a local level. The content of a draft document developed by the Maternal and Perinatal Health Priority Taskforce is being finalised and will be submitted for departmental endorsement shortly.

NSW Suicide Prevention Strategy

NSW Health is leading development of a new whole-of-government suicide prevention strategy. In February 2009, consultation started with NSW Government agencies, community, research and clinical stakeholder representatives, to help identify key issues and priorities. Consultation is continuing to ensure that the new strategy meets the needs of the people of NSW and responds to new and emerging issues. It will be finalised by the end of 2009.

Mental Health Promotion, Prevention and Early Intervention Framework

NSW Health is committed to developing and implementing a strategic approach to mental health promotion, prevention and early intervention (MHPPEI), to support and build on existing initiatives. Work has started to develop a relevant framework, in consultation with the NSW MHPPEI sub-committee of the Mental Health Program Council.

NSW Community Mental Health Strategy

With the release of the NSW community mental health strategy in 2008, Statewide workshops assisted relevant organisations to implement the full range of community mental health services. Mental health promotion, prevention and early intervention programs, are fundamental across all age groups and all service settings, integrated within all parts of the strategy.

NSW School-Link Initiative

School-Link is a collaborative initiative between NSW Health and the Department of Education and Training to improve the mental health of children and young people. A memorandum of understanding (MoU) released in late 2008, provides a governance framework for continuing collaboration in improving the mental health of school students and sets out the new governance structure of the School-Link initiative.

The framework guides the departments on:

- | Their roles and responsibilities in meeting the mental health needs of young people in NSW government schools
- | Issues relevant to the management of young people with mental health problems and the provision of collaborative support to students with mental health problems
- | The provision of ongoing training in the assessment and management of identified mental health problems
- | The process for identification and development of new School-Link initiatives
- | Promoting information sharing about programs, services and other resources, to facilitate better outcomes for young people coping with mental health problems
- | Shared care and collaborative support of students with a mental health problem
- | Specifying joint funding arrangements.

School-Link training progressed to phase 5 in 2008-09 - the support and management of students with anxiety-related disorders - with delivery of joint training to school counsellors and mental health staff. Participants rated the training very highly, with 99 per cent saying it would help them deliver a better service to their clients, they were satisfied with the training and they would recommend that a colleague attend.



Smoking

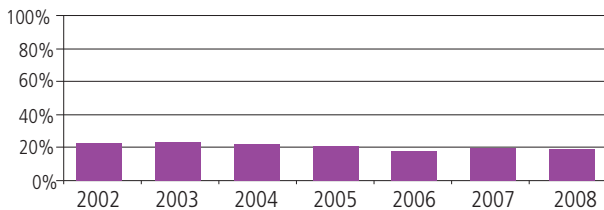
Desired outcome

Reduced proportion of the NSW population who smoke.

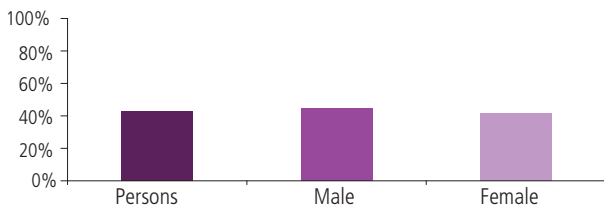
Context

Smoking is responsible for many diseases, including cancers, respiratory and cardio-vascular diseases, making it the leading cause of death and illness in NSW. The burden of illness resulting from smoking is greater for Aboriginal adults than the general population.

Smoking daily or occasional - people aged 16 years and over, NSW



Smoking daily or occasional, Aboriginal people NSW, 2002-2005



Source: NSW Population Health Survey, Centre for Epidemiology and Research

Interpretation

Since 1997, the prevalence of smoking among NSW adults has reduced from 24 to 18.4 per cent in 2008. A higher proportion of Aboriginal adults are current smokers, compared with adults in the general population. The percentage of smoke-free households has increased significantly from 69.7 in 1997 to 89.5 per cent in 2008.

Related policies or programs

In November 2008, the *Public Health (Tobacco) Act 2008* was passed by Parliament and brings into effect, from 1 July 2009, a number of new tobacco reforms. They aim to reduce the incidence of smoking and other consumption of tobacco products and non-tobacco smoking products, particularly by young people, because consumption adversely impacts health.

There are phase-in periods for some provisions in the legislation, such as banning the display of tobacco products. On 1 July 2009, however, a number of the provisions will take effect, such as banning smoking in cars when a person under the age of 16 years is a passenger; limiting retail outlets to one point of sale for tobacco products, and removing tobacco products from shopper loyalty programs.

In addition to the new legislative reforms, projects such as SmokeCheck provides training for Aboriginal health workers and other health workers who work with Aboriginal communities, in the delivery of evidence-based best practice brief intervention for smoking cessation. The SmokeCheck project phase 1 was finalised in December 2008, with 63 smoking cessation training workshops held across the State, involving 519 participants.

The evaluation report showed a statistically significant increase in the participants' level of skills, knowledge and confidence in providing smoking cessation support for their Aboriginal clients. Phase 2 will be implemented in 2009-2011 and will continue building the capacity of health services to provide smoking cessation support for clients.

Overweight and obesity

Desired outcome

Prevent further increases in levels of adult overweight and obesity.

Context

Being overweight or obese increases the risk of a wide range of health problems, including cardio-vascular disease, high blood pressure, type 2 diabetes, breast cancer, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning.

Interpretation

Consistent with national and international trends, the prevalence of overweight or obesity has risen from 42 in 1997 to 53 per cent in 2008. The proportion of adults who were either overweight or obese increased with age (to 64 years) and socioeconomic disadvantage. This increase has occurred in both males and females. In 2008, more males (60%) than females (46%) were overweight or obese. More rural residents (59%) than urban residents (50%) were overweight or obese.

Related policies and programs

NSW Health overweight and obesity prevention strategies include:

- | contribution to the Australian Better Health Initiative national social marketing campaign, 'Measure Up' to promote the importance of healthy eating and physical activity
- | funding to area health services and NGOs to provide local activities to support the 'Measure Up' campaign messages
- | implementation of the Get Healthy Information and Coaching Service, which provides information and ongoing behaviour change coaching for NSW adults
- | ongoing research and evaluation by the Physical Activity Nutrition and Obesity Research Group at the University of Sydney.

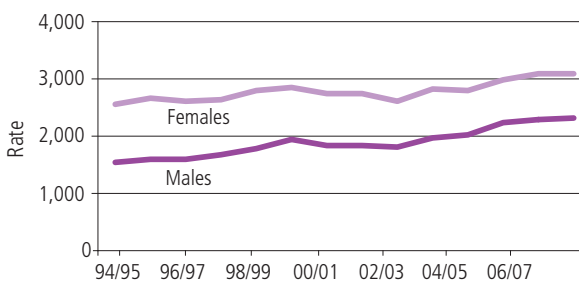
Overweight/obesity in persons aged 16 years and over (%)



Source: NSW Population Health Survey, Centre for Epidemiology and Research

Fall injury hospitalisations

Fall injuries – hospitalisations for people aged 65 years and over (age adjusted hospital separation rate per 100,000 population)



Source: NSW inpatient statistics collection and ABS population estimates (HOIST), Centre for Epidemiology and Research, NSW Department of Health

Desired outcome

Reduce injuries 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 hospitalisations for people aged 65 years and over in NSW. It is also one of the most expensive. Older people are more susceptible to falls, for reasons including reduced strength and balance, chronic illness and medication use. One quarter of people aged 65 years and older living in the community report falling at least once in a year.

Effective strategies to prevent fall-related injuries include:

- | Promoting the identification and management of falls risk factors amongst those older people at immediate risk of falls

Childhood overweight and obesity

Desired outcome

No further increases until 2010, then reduce levels by 2016.

Context

Childhood overweight and obesity is a serious health problem. There has been an alarming increase in the rate of children who are overweight or obese in Australia. One in five children in NSW between the ages of seven and 15 are either overweight or obese. Children and young people who are obese have a greater chance of being obese adults. Overweight and obese people are at greater risk of weight-related ill-health.

Interpretation

Prevalence is rising rapidly. In boys, it increased from 10.8 to 26.1 per cent between 1985 and 2004 across all school years, and from 12 to 23.7 per cent in girls in the same period.

Related policies and programs

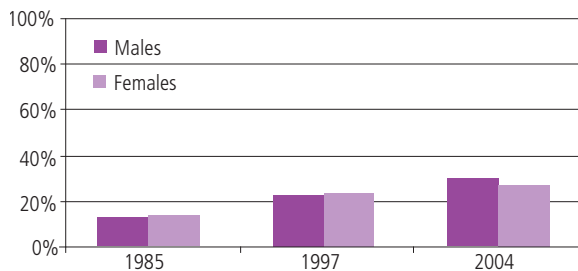
The NSW Government Plan for *Preventing Overweight and Obesity in Children, Young People and their Families 2009-2011*, has been developed to support the NSW Government priority of preventing and reducing levels of childhood overweight and obesity. The physical activity and healthy

eating program, 'Live Life Well@School', is being delivered in NSW government primary schools, targeting students aged five to 12 years. A healthy eating, physical activity and small-screen recreation program known as 'Munch and Move' is being delivered in preschools and will be rolled-out to long-day care centres in 2010.

The NSW Healthy School Canteen Strategy, known as Fresh Tastes @ School, provides support and education to school communities and the food industry, about the importance of providing nutritionally healthy foods through school canteens across the State.

The NSW Parenting Program, which targets children aged seven to 13 years who are overweight or obese and their parents, is being rolled-out to three area health services.

Children overweight or obese – aged 7–16 years (%)



Source: NSW Schools Physical Activity and Nutrition Survey 2004

- Preventing the development of falls risk factors amongst older people, such as through promotion of appropriate physical activity and nutrition throughout life
- Promoting environments that reduce the risk of falls and fall injury.

Interpretation

The rate of hospitalisation for fall injury in older men and women has been increasing for the past 10 years. These rates may be affected by both the actual rate of fall injury and other factors, such as hospital admission practices.

Related policies and programs

The management policy *to Reduce Fall Injury Among Older People: 2003-2007* has come to the end of its intended lifespan.

Area health services continue to implement actions based on the policy throughout the reporting period.

The department has started the roll-out of 'Stepping On', a program targeting community-dwelling, older people who have had a fall, or who have a fear of falling. The group-based program draws on the current evidence base to teach balance strength training and falls risk prevention behaviours.

A Statewide baseline survey of a random sample of 5,000 older people has also started, covering the domains of knowledge of key health recommendations, behavioural intentions, fall rates and fall-related injury, physical activity participation, nutritional status, risk and protective factors, mental health, social support and well-being.

The baseline survey will form an important part of the performance monitoring framework for future Statewide fall prevention strategies.

Adult immunisation

Desired outcome

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

Context

Vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council (NHMRC) and is provided free of charge for people aged 65 and over, Aboriginal people aged 50 and over and for people aged 15–49 years with chronic ill health.

Interpretation

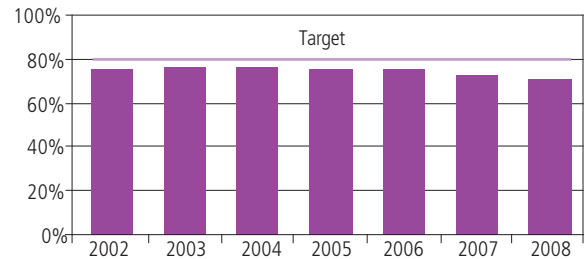
Among adults aged 65 years and over, there has been a significant increase in the proportion of individuals who were vaccinated against influenza, from 57.1 in 1997 to 71.6 per cent in 2008. Similarly, there has been a significant increase in pneumococcal vaccination in this age group in the last five years, from 38.6 in 2002 to 58.8 per cent in 2008.

Related policies and programs

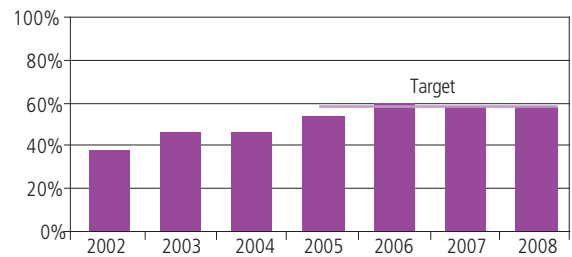
- | NSW Immunisation Strategy 2008–2011 highlights improving adult vaccination as a key result area.
- | National influenza and pneumococcal vaccination program.

- | Recurrent funding is provided to area health services to implement vaccination initiatives that improve coverage to achieve national target levels.

Influenza – People aged 65 years and over vaccinated in the last 12 months (%)



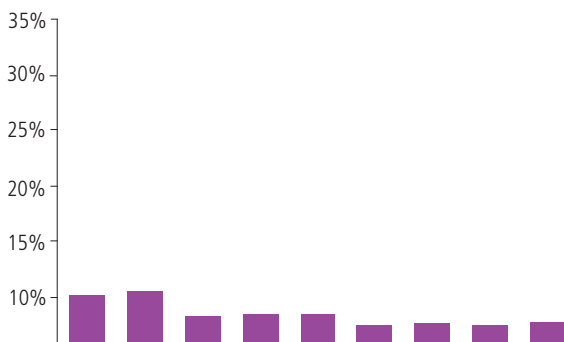
Pneumococcal disease – People aged 65 years and over vaccinated in the last 5 years (%)



Source: NSW Population Health Survey, Centre for Epidemiology and Research

Risk drinking

Alcohol – risk drinking behaviour, persons aged 16 years and over (%)



Source: NSW Population Health Survey, Centre for Epidemiology and Research

Desired outcome

Reduced total risk drinking.

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 and well-being of others, through alcohol-related violence and road trauma, increased crime and social problems.

Interpretation

Since 1997, there has been a reduction in the percentage of people over the age of 16 years reporting any risk drinking behaviour - from 42.3 to 33.8 per cent in 2008. This was greater in males than in females. The reduction in risk drinking



Children fully immunised at one year

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 disease in NSW, it is an ongoing challenge to ensure optimal coverage of childhood immunisation.

Interpretation

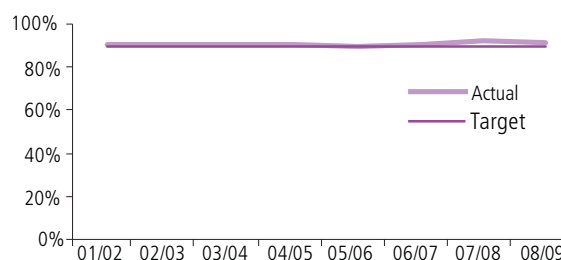
The Australian Childhood Immunisation Register was established in 1996. Data from the register provides information on the immunisation status of all children less than seven years of age. Data for NSW indicates that at the end of June 2009, 91.9 per cent of children, aged 12 months to less than 15 months, were fully immunised.

It is acknowledged that this data may be underestimated by approximately three per cent due to children being vaccinated late.

Related policies and programs

Recurrent funding is provided to area health services to implement the NSW Immunisation Strategy 2008–2011, which includes vaccination initiatives that target areas of low coverage and culturally appropriate initiatives to promote immunisation of Aboriginal children.

Children fully immunised at one year



Source: Australian Childhood Immunisation Register

Note: The data may underestimate actual vaccination rates by around three percentage points, due to children being vaccinated late or to delays by service providers forwarding information to the register. Therefore, although the Commonwealth target is 94 per cent, the NSW target has been set at >90 per cent to account for this discrepancy.

has been significant in all age groups, except 16-24, where it was marginal. Risk drinking behaviour is more common among rural than urban adults. Alcohol risk drinking behaviour includes consuming, on average, more than four (if male) or two (if female) standard drinks per day.

Related policies and programs

Under the State Plan, the Government renewed its commitment to tackling risk drinking – building on the progress made since the 2003 NSW Summit on Alcohol Abuse. The commitment to reduce risk drinking to below 25 per cent by 2012 demonstrates that promoting a responsible drinking culture is a key priority for NSW. NSW Health is the lead agency for co-ordinating this work across government and works in partnership with a range of other agencies, to implement programs encompassing prevention, education, treatment and law enforcement.

In addition to the provision of treatment, key prevention and community education strategies put in place by NSW Health include a new responsible drinking education campaign aimed at reducing public drunkenness. The "Play Now, Act Now" creative arts festival aimed at raising awareness of responsible use of alcohol and the Controlled Drinking by Correspondence program targets high-risk drinkers.

Strategic Direction 2

CREATE BETTER EXPERIENCES FOR PEOPLE USING HEALTH SERVICES

We can create better experiences for people using public health services by ensuring that services are of high quality, appropriate, safe, available when and where needed and co-ordinated to meet individual needs. We strive for a health system that provides ready access to services and keeps patients and their carers informed and involved in decisions.

Improved access to health services

Patient Flow Systems Program

The Patient Flow Systems Program is a whole-of-hospital approach to managing patient flow through acute care. It enables hospitals to identify and resolve delays within their current environment, to better utilise capacity. This approach moves to predicting demand at least a week ahead and planning for it to be managed through a whole-of-hospital response. Predictive planning tools have been developed and implemented across NSW.

Chronic Care for Aboriginal People

Only 28 per cent of Aboriginal people live past the age of 64 years, compared with 80 per cent of non-Aboriginal people. The Aboriginal population is young, with a median age of 21 years, compared to 36 for non-Aboriginal people. Aboriginal people are twice as likely to be hospitalised for heart disease and stroke. They are three to five times more likely to be hospitalised for chronic respiratory disease. They are four to five times more likely to be hospitalised for diabetes.

The high burden of chronic conditions significantly contributes to greater morbidity and premature mortality in Aboriginal populations.

The Chronic Care for Aboriginal People Program was developed from a number of established NSW Health initiatives, to address the gaps in health care and improve access to and use of, chronic care services for Aboriginal people in NSW.

The project, named 'Walgan Tilly' is the first Aboriginal redesign venture. Walgan is a Kamilaroi word meaning 'Aunty',

a title of respect to Aboriginal women and 'Tilly' is short for Matilda. It is being implemented across NSW.

The key areas are clinical protocols and referral pathways for Aboriginal people, through the acute hospital system and back to the community. Assessment and management tools to assist area health services in monitoring referral and service utilisation, increased access to self-management initiatives and mainstream rehabilitation services, improved co-ordination of care in the community setting for Aboriginal people with chronic disease and reporting and monitoring frameworks, to evaluate the impact and outcomes of redesigned care for Aboriginal people with chronic conditions, are part of the project.

Improved access to emergency departments

Medical assessment units

Twenty-one medical assessment units have opened across NSW, with eight more planned for 2009-10. They provide an alternative to emergency department treatment for people of all ages, who have chronic conditions. Patient flow is improved by rapid assessment, faster diagnosis and earlier treatment by senior clinicians.

Fast-track zones

Fast-track zones have been implemented across NSW to improve access to emergency department treatment. Patients who have minor illness and injury are streamed from triage to a designated area, for treatment by skilled nurse practitioners, advanced practice nurses, clinical initiative nurses, doctors and allied health professionals. Patients are generally able to walk and have non-complex conditions, with the potential to have their emergency care initiated through clinical treatment protocols.

In fast-track zones the emphasis is on a clinical team starting care, rather than 'waiting to see a doctor'.

Short-stay units

Short-stay units have been developed to provide a short period of specialist assessment and diagnosis and short-term, high-



level management and observation, for patients who no longer require active emergency care. They improve patient flow by creating capacity within emergency departments.

Emergency short-stay units are staffed by ED doctors, nurses and allied health staff. They are designed as an alternative model of care for patients requiring short-term observation and treatment for a maximum of 24 hours, i.e., emergency medical units (EMUs) and early pregnancy units (EPUs) – supported by midwives.

Inpatient short-stay units are staffed by doctors, nurses and allied health staff of specialist inpatient teams. They are designed as an alternative model of care for patients requiring rapid assessment, diagnosis and treatment in hospital, as an alternative to the ED, for between 23 and 72 hours, i.e., medical assessment units (MAUs), older persons evaluation review and assessment (OPERA), surgical acute rapid assessment (SARA), extended day-only (EDO) and psychiatric emergency care centre (PECC).

Cardiology patients

The most common reason for presentation to an emergency department by ambulance is chest pain. Since 2001, such presentations have increased by 69 per cent. To ensure that residents have timely and equitable access to effective and appropriate cardiac care, several strategies have been implemented.

Chest pain evaluation areas have been implemented across NSW, to better manage patients presenting to hospital with chest pain. Cardiology bed management strategies have been implemented to best use bed capacity for cardiology patients. Cardiac monitoring is routinely carried out in hospitals throughout NSW.

The aim is to improve patient outcomes and timely discharge. The policy sets out the recommended minimum standards for monitoring of adult patients who have a primary cardiac diagnosis, regardless of the clinical area in which they are managed.

Improved access to surgery

NSW aims to provide planned surgery to all patients within national benchmarks, depending on the urgency category determined by their doctor.

Predictable Surgery Program

There was an improvement in the percentage of patients treated within their clinical priority timeframe in category 1 (admission required within 30 days). The number of category 1 patients not treated within their timeframe has significantly reduced from 4,260 (July 2005) to 33 (June 2009). Numbers of category 2 patients (admission within 90 days) not treated have reduced to 839, compared to 2075 in June 2008.

In June 2009 the numbers of category 3 patients (admissions within 365 days) were 688, down from 5,187 at June 2008. The proportion of patients admitted in the recommended timeframe has been at, or slightly above, 95 per cent over the past two years.

Emergency Surgery Program

The success of the planned surgery program has highlighted issues associated with the management of emergency surgery.

The Surgical Services Taskforce established a sub-group to review the current management of emergency surgery in NSW and to provide options for improvement. The *Emergency Surgery Guidelines* identify principles for the better management of emergency surgery, providing and describing examples of models for care.

It is anticipated that the models, or some of their components, will be adopted and implemented to improve the delivery of emergency surgery hospitals. The implementation will require operational reconfiguration at area health service and hospital levels.

Increased satisfaction with health services

NSW Health is committed to improving customer satisfaction with public health services. Customers are defined as patients and their families and carers. To deliver better patient journeys, investment has been made in learning from real patient experiences. Over 700 in-depth interviews have been conducted with patients and carers. The 2008-2009 annual patient survey received nearly 80,000 responses, making it one of the largest patient experience data collection programs in the world.

Responses came from patients in nine different health service categories: inpatients, day-only patients, outpatients, non-admitted emergency patients, community health clients, adult rehabilitation services, mental health inpatients and those receiving cancer treatment. The rating by 89.2 per cent of patients who described their overall care as good, very good or excellent, was higher than the 88.2 per cent recorded in 2007.

Ensuring high quality care

Clinical handover - standardising key principles

Clinical handover is the effective transfer of professional responsibility and accountability for some, or all aspects, of care for a patient. Inconsistent and ad hoc processes for clinical handover mean that vital clinical information may not be communicated or understood, causing a significant risk to patient safety.



To strengthen processes for clinical handover, a standard set of key principles has been developed, through extensive health system consultation endorsed by the Acute Care Taskforce. They form the basic elements that must be found in all clinical handover processes, while allowing for local flexibility. The principles are supported by an implementation toolkit, templates, e-learning modules, website and a policy directive for their implementation.

The standard key principles were widely supported and received a strong commendation from the Australian Commission on Safety and Quality in Health Care.

NSW Health Patient Safety and Clinical Quality Program

The NSW Government has now successfully implemented the Patient Safety and Clinical Quality Program as a systemic approach to improving clinical quality and patient safety across the whole health system. The program provides:

- | A system for managing incidents and identifying risks at both local and State levels
- | A Statewide electronic Incident Information Management System (IIMS) that supports centralised reporting and recording of incident information and enables incidents to be analysed and managed in real time
- | Clinical governance units in each area health service, which have clear accountabilities for safety and quality
- | The Clinical Excellence Commission (CEC), which provides advice to the Minister and Director-General on ways to improve patient safety and clinical quality throughout the NSW health system
- | A quality system assessment program conducted by the CEC, designed to audit safety and quality programs in NSW.

Reducing Healthcare Associated Infections (HAI)

Prevention of healthcare associated infections (HAI) is a significant patient safety strategy under the NSW Patient Safety and Clinical Quality Program. The focus is on reducing the occurrence of blood stream and surgical site infections and reducing the transmission of multi-resistant organisms (MROs).

The Safety Alert Broadcast System (SABS) was adapted from that of the UK National Health Service. It provides a systematic alert to NSW health services, specifying action to be taken in response to issues affecting patient safety. This information comes from a variety of sources, including the Incident Information Management System (IIMS), reportable incident briefs (RIBs), root cause analysis (RCA) reports, the Health Care Complaints Commission (HCCC), coroners' reports, other safety alerts, product recalls and notices. The health services are then required to act on the recommendations in the alert.

In 2009, the University of NSW will evaluate this systematic approach to the distribution and management of patient safety information to health services. Anecdotal responses from health professionals indicate that it is proving effective. The evaluation will identify how SABS could be improved, appropriateness of content and style, how notifications are disseminated and acted on and if any factors are impeding SABS actions.

Improving Medication Safety

Medication-related incidents are reported frequently and are a key focus area under the NSW Patient Safety and Clinical Quality Program. Although the majority cause minimal harm to the patient, a number have the potential to, or actually do so. A Statewide medication safety strategy is being developed to support a reduction in harm associated with high-risk medications, ensure that patients receive pharmaceutical care based on evidence, improve the continuity of pharmaceutical care, increase the use of technology to improve medication safety and to more effectively monitor the safety and quality of medicines use. It will ensure supportive linkages with the private sector, community pharmacies and general practitioners. In 2008-09, NSW health care facilities were informed, through SABS, of key risks associated with a number of drugs.

Open Disclosure

Open Disclosure outlines the response staff should employ if an unexpected incident occurs during a patient's care. If an incident occurs, patients receive an apology and explanation and are treated with empathy, honesty and transparency in a timely manner.

Staff are reporting they are now increasingly confident and feel supported when conducting a sensitive conversation with patients and families about errors. This has been achieved through continuing education sessions, supported by an open disclosure e-learning module for staff.



The Clinical Excellence Commission will be working collaboratively with NSW Health to oversight a review of open disclosure practices, education and training resources, policies and processes, to further strengthen and support their application in NSW.

Essentials of Care Program

The Nursing and Midwifery Office is leading the *Essentials of Care* program that focuses on the patient's experience, as well as what patients, their families and health professionals value about effective and relevant patient care. It engages nursing and other clinical staff to focus on improving the experience of the patient and achieving cultural change at the ward level.

Most area health services have begun to implement the program in a range of wards. Staff first examine how they currently practice, then identify areas for improvement. Change is achieved using a facilitator who allows staff to be engaged and to participate. This enables them to understand the ways they practise, from both the patients' and the clinical teams' perspectives. An important facet is that the ward staff take on the responsibility to create solutions for improvements in work practices and patient care.

Other highlights

Electronic Medical Record

The electronic medical record (eMR) collects care information as patients move through the hospital from admission to discharge. It is easily accessible to authorised clinicians to support care decisions. Early benefits of the program indicate that easier access to patient information and its increased legibility is leading to better communication between clinicians and an improved patient journey.

Electronic medical record technology is now in use in hospitals in South Eastern Sydney Illawarra, Sydney South West, Sydney West, Hunter New England and North Coast area health services. Implementation of the system will extend to Greater Southern and Greater Western area health services and The Children's Hospital at Westmead in 2009/10.

Enterprise Archive project

The Enterprise Archive project, planned for 2010, will develop and implement an electronic archive for medical images. It is a key component of the medical imaging program, also known as picture archiving and communications system/radiology imaging system (PACS/RIS). The medical imaging program enables images such as x-rays and scans to be captured and stored electronically and viewed on screens.

The enterprise archive will enable sharing of medical images, eliminating reliance on patients carrying x-ray films between

medical practitioners who are co-ordinating their health care. Access by authorised clinicians to images via the archive will reduce patient transfers.

The Emerging Area of Comorbidity - *Co-Exist NSW*

Co-Exist NSW is a Statewide service for people from culturally and linguistically diverse (CALD) communities and their families, who have concurrent substance use and mental health problems. *Co-Exist NSW* aims to improve client outcomes where culture and language are significant factors in patient readiness and capacity to engage in treatment and for people who may be 'hard to reach', due to their marginalisation within their own and mainstream communities.

Since its establishment, *Co-Exist* has provided assessment and consultation to 469 clients from 39 language groups. It has the capacity to provide confidential counselling services in 110 languages across NSW. Training has been provided for 66 sessional bilingual counsellors and clinical staff.

The service has been promoted to over 165 agencies, at forums and major conferences. There are 57 *Co-Exist* clinicians and six staff members of the TMHC central clinical consultant team. They provide assessment and clinical consultation to people of CALD backgrounds, their families and significant others, who are experiencing problems arising from substance abuse and concurrent mental health difficulties.

Drug Use in Pregnancy Services

Drugs in pregnancy services provide specialist support to women with drug and alcohol problems, during pregnancy and in some cases, following birth of the child. While varying across area health services, most are linked to Drug & Alcohol and/or Maternity, with the two streams working together closely to provide drugs-in-pregnancy services.

A NSW Health review of drug use in pregnancy services sought to identify strategies to formulate and develop minimum standards, to ensure that service provision is consistent and co-ordinated across the State. The final report is due in August 2009.

Additional funding provided, following the Wood Commission, may assist in strengthening these services, along with the introduction of parenting programs for families with D&A problems. A dedicated position has been funded within NSW Health to support the delivery of effective child and family drug and alcohol policy and programs.

Stimulant Treatment Program

NSW Health continued to fund two clinics under the stimulant treatment program established in late 2006, with each receiving \$300,000 p.a. They provide primarily counselling treatment for stimulant, mainly methamphetamine (ice), users.

A preliminary evaluation of the program, conducted with clients who entered the service during the first six months of operation, has indicated success in reducing stimulant use and significant improvements in their levels of distress, mental health, psychotic symptoms and commission of crime. The Government has provided \$240,000 for a further, more comprehensive, evaluation which will run for two years.

Cannabis Clinics

In 2008-09, the Government committed \$1,100,000 for the continued operation of four cannabis clinics, established between 2004 and 2006 at Parramatta, Sutherland, the Central West and the Central Coast. Funding of \$406,000 was provided for a fifth clinic on the North Coast, which started in May 2008 and for the establishment of one in the Hunter region, due to start in July 2009. They provide clinical interventions and treatment to dependent cannabis users with complex needs, in particular, cannabis-dependent clients with mental health issues, including psychosis.

Emergency Mental Health Responses

To complement a 13-week accredited online mental health emergency education program developed in 2008, MHDAO has funded a three-day training program delivered across all area health services, through a partnership between the NSW Institute of Psychiatry and the Centre for Rural and Remote Mental Health. It aims to improve the knowledge and skills of all health workers involved in providing mental health emergency care.

Psychiatric Emergency Care Centres (PECC)

Nine PECCs operate in Liverpool, Nepean, St George, St Vincent's, Hornsby, Wyong, Blacktown, Campbelltown and Wollongong hospitals. During 2008-09 an interim service has been established at Prince of Wales Hospital, providing four PECC beds (totalling 46 across nine sites).

Under the Rural Critical Care program, the four rural area health services have developed innovative service models, to respond to the particular issues of delivering timely emergency mental health advice in rural communities. They include:

In GSAHS, the Mental Health Emergency Care Resource Centre in Orange provides 24-hour telephone access. Videoconferencing equipment has been implemented in 13 remote sites. It provides access to specialist staff, for support with assessments and management of people presenting with mental health problems.

Resource centres operate 24/7 in Wagga Wagga and Albury and 16/7 in Goulburn. Videoconferencing equipment is operational in all emergency departments in the Wagga Wagga and Albury catchment areas and in all but three in the Goulburn catchment.

Mental Health for Emergency Departments – A Reference Guide 2009

The *Mental Health for Emergency Departments – A Reference Guide* is a handbook for clinicians working as first responders to mental health presentations, particularly emergency and acute. It provides practical guidance in the initial clinical assessment and management of people with mental health problems who present to emergency departments.

In 2008-09, this document has had a major revision and update. It has been posted on the NSW Health Intranet, and is also available in hard copy.

Dementia Behaviour Management Advisory Service (DBMAS)

The dementia behaviour management advisory service (DBMAS) aims to improve the quality of life of people with dementia and their carers, where the behaviour of the person with dementia impacts on their care. It is delivered through a Statewide central service (based in SESIAHS) and regionally in area specialist mental health services for older people (SMHSOP) across NSW.

The DBMAS central service operates the 24-hour 1800 DBMAS telephone assistance line (DBMAS TAL) in business hours. It started in August 2008.

The central service also has resources for consumers, carers and clinicians, such as the NSW DBMAS information for stakeholders, the NSW DBMAS services brochures and numerous newsletters and articles in relevant consumer publications. The purpose is to inform stakeholders about aims, target groups, functions and operating arrangements, explaining DBMAS to clients and stakeholders, promoting networking and collaborative arrangements and reporting progress.

In 2008-2009, an additional \$2.6m recurrent funding was provided for the expansion of the child and adolescent mental health program in NSW. It targets locally-identified priorities for enhancement of the services.

An example is the development of an emergency-assertive adolescent response capacity (Emergency-AARC) to enable teams in Sydney West Area Health Service to focus intensively and flexibly on client needs, in the six-weeks period immediately following an acute crisis presentation.

Rural examples include increased specialist child and adolescent psychiatrist consultant sessions in Greater Southern and Hunter New England area health services.



Physical Health Care of Mental Health Consumers

The physical health care of mental health consumers initiative was established to ensure that people who use a mental health service also have access to good physical care.

It supported the formulation of a policy directive about the responsibilities of mental health services relating to physical health care. A set of guidelines gives practical advice to staff on how these responsibilities can be met. Resources for all key stakeholders – mental health staff, consumers, families, carers and general practitioners (GPs) – provide further support to help them understand and promote the intent and principles of the initiative.

The Physical Health Mental Health Handbook, a resource specifically for GPs, had a limited revision and reprint. Resources are also being developed for the Aboriginal population and the top 10 multicultural language groups, to ensure that the need to address physical health issues for consumers is promoted as widely as possible.

Mental Health and Drug and Alcohol Incident Review

To develop more timely reporting and feedback and to support clinicians and managers in relation to patient safety, discussions with the Clinical Excellence Commission aimed at developing a mental health and drug and alcohol incident review committee. Terms of reference were established in July 2008. Its function is to provide a collaborative and structured Statewide approach to critical incident investigation reports which have a mental health component, to ensure that key issues and lessons are identified and acted upon.

The committee, chaired by the NSW Health Chief Psychiatrist, provides review of root cause analysis reports and aggregated and unidentified notifications to the Incident Information Management System. It may also consider results of other monitoring functions, such as the Official Visitors Program.

Hepatitis C Treatment and Care

Significant progress was made in implementation of the recommendations of the Review of Hepatitis C Treatment and Care Services.

In line with recommendation 2, that current hepatitis C treatment and care services be enhanced as a matter of priority, NSW Health has increased the dedicated recurrent allocation to area health services (AHSs) for hepatitis C by 80 per cent. This funding enhancement will enable AHSs to create 28 additional full-time front-line positions and will improve timely access to assessment, treatment and care. Additional staff capacity will enable AHSs to develop new clinical services in areas of high need, particularly in rural and regional areas.

Local partnerships between health care workers, clinical leaders and affected communities were further strengthened in 2008-09, with the establishment of clinical governance committees in each AHS, creating a mechanism for consultation and collaborative decision-making about service development and funds expenditure.

Initiatives to ensure an appropriately skilled workforce included a scholarship program for nurses and development of introductory and advanced hepatology training programs for nurses, general practitioners and drug and alcohol clinicians.

Initiatives to expand the availability of antiviral treatment in community settings included:

- 1 Establishing eight pilot clinics across NSW to trial the provision of hepatitis C treatment in pharmacotherapy services
- 1 Securing Australian Government approval to trial the initiation of hepatitis C treatment by appropriately trained and accredited general practitioners and other community-based medical practitioners.

Assisted Reproductive Technology Act 2007

The *Assisted Reproductive Technology Act 2007* will regulate the provision of assisted reproductive technology, by setting standards relating to the provision of treatment. The Act will ensure that individuals have control over the use of their genetic material and will prohibit the commercialisation of human reproduction. In addition, children born as a result of donor gametes will have access to information relating to their genetic parents.

The Act will start on 1 January 2010.

Maternity services enhancement and model reform

There has been a significant increase in birth rates across NSW over the last four years. All area health services are seeing a rise, with some experiencing increases of almost 30 per cent.

NSW Health has committed \$42.8m to ensure that maternity services are appropriately resourced. This will allow recruitment of an additional 150 midwives and 12 staff specialists over four years.

Additionally, the department has, this year, made a significant commitment to maternity service models of care reform and is working with all area health services to ensure that the enhanced funding is used appropriately.

NSW Health is also developing robust systems and processes, such as careful risk assessment, tiered networks and collaborative working arrangements, which will allow women to easily move from one level to another as required.

Healthcare associated bloodstream infections

Desired outcome

Sustained reduction in the incidence of central line bloodstream infections, resulting in increased patient safety and improved clinical outcomes for intensive care unit patients.

Context

Although a central venous catheter provides necessary vascular access in an intensive care unit patient, its use puts the patient at risk of local and systemic infection complications and is an important cause of patient morbidity and mortality. There is also an associated increase in hospital length of stay and health care costs.

International quality improvement initiatives advocate compliance with sterile precautions, to reduce central line associated bloodstream (CLAB) infections.

The Central Line Associated Bloodstream in ICU project (CLAB-ICU) was conducted by the Clinical Excellence Commission (CEC), in collaboration with the Intensive Care Co-ordination and Monitoring Unit (ICCMU), with assistance from NSW Health. It advocated the following:

- | Strict adherence to hand hygiene practices
- | Use of maximum personal protective equipment, including sterile gowns and gloves, caps, masks and protective eyewear
- | Chlorhexidine/alcohol skin antisepsis
- | Optimal catheter site selection, with sub-clavian vein as the preferred site for non-tunnelled catheters, where not contra-indicated
- | Daily review, with prompt removal of unnecessary lines.

Interpretation

The reliability of baseline data for the incidence of CLAB infections in NSW, before the project started on 1 July 2007, is uncertain. The CEC collected data from 1 July 2007 to 31 December 2008.

The Department of Health has collected CLAB infection data separately from the CEC since January 2008. The Statewide

rate for January to June 2008 was 3.4 CLAB infections per 1,000 line days. For July 2008 to June 2009, it reduced to 1.3 per 1,000. For July to December 2008, it was 1.4 per 1,000.

The variance in rates reported by the CLAB-ICU project and NSW Health may be explained by the scope of the different data collection systems. CLAB-ICU is focussed on central lines inserted in intensive care and is collected by ICU staff. The department's data is collected by infection control professionals on central line use in the ICU, regardless of where the line was originally inserted.

Guidance for care of the central line, during and after insertion, has been developed by the CEC and ICCMU specifically for ICU patients. The CEC is currently working with key clinicians across NSW, to adapt the requirements for ICU patients to those in other hospital settings.

Related policies and programs

NSW Health aims to prevent every patient from acquiring a healthcare associated infection, or multi-resistant organism colonisation, during all stages of care and treatment. It has provided additional recurrent resources to area health services for improved infection control activity that will support the key prevention strategies. These include hand hygiene, correct antibiotic usage, adherence to contact precautions, effective environmental cleaning programs in health care facilities and adherence to central venous catheter insertion guidelines.

Relevant policies and reports include:

- | Infection Control Policy (PD2007_036)
- | Infection Control Policy: Prevention and Management of Multi-resistant Organisms (PD2007_084)
- | Further information about the CLAB project can be found at the Clinical Excellence Commission's website www.cec.health.nsw.gov.au/moreinfo/CLAB.html
- | Further information about the NSW Health Care Associated Infections program can be found at www.health.nsw.gov.au/quality/hai

ICU related centrally inserted CLAB infections, NSW, July 2008 – June 2009

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
No. of infections	6	12	7	8	5	4	4	3	8	6	7	10	80
No. of line days	4770	4819	5377	5757	4419	4826	5092	5468	5660	4865	5705	6373	63131
Rate/1000 line days	1.3	2.5	1.3	1.4	1.1	0.8	0.8	0.5	1.4	1.2	1.2	1.6	1.3



Emergency admission performance

Desired outcome

Timely admission from the emergency department (ED) for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

Context

Patient satisfaction is improved with reduced waiting time for admission from the ED to a hospital ward, intensive care unit bed or operating theatre. Emergency department services are also freed-up for other patients.

Interpretation

The measure of patients who waited less than eight hours in an ED to get an inpatient hospital bed in 2008-09 was 73 per cent. Emergency admission performance (EAP) has been a challenge. Performance has, however, stabilised at and above 75 per cent.

EAP for patients being treated for mental health was 71 per cent, fluctuating around 70 per cent for most of the year.

EAP challenges are being addressed by careful planning and allocation of funding and support for a range of initiatives across NSW health facilities. They include the implementation of medical assessment units at selected facilities, the increase of community support service capacity, including ComPack, Hospital in the Home and the rehabilitation for chronic disease policy.

Related policies and programs

NSW Health is working with AHSs to implement a patient flow system (PFS) approach to managing demand on hospitals and health services. Through the essential elements of patient flow systems, hospitals can effectively plan strategies to manage demand well in advance.

A characteristic of the PFS approach is that everyone has a part to play to ensure effective clinical outcomes for patients and efficient functioning of the hospital. NSW Health has developed decision support tools to provide predicted data on patient demand, thus enabling hospitals to act early in planning service delivery.

PFS builds on earlier work around demand management plans, designed to activate an organisation-wide response to demand management. With the use of predictive planning, hospitals can now plan seven to 10 days ahead with confidence and utilise more effective lower-cost options to match capacity and demand.

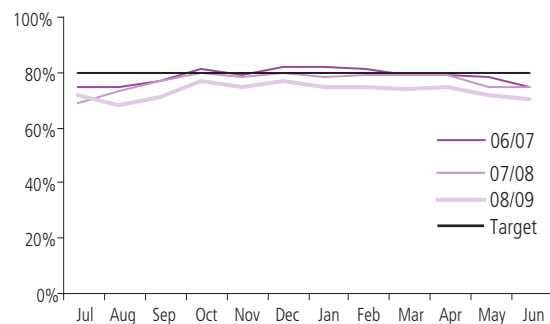
Psychiatric emergency care centres provide a place where mental health patients presenting at EDs can be provided with better and more co-ordinated care by specialist psychiatric staff. Funding has been provided for nine centres throughout metropolitan Sydney. A further 26 new beds were announced in the *New Direction for Mental Health* five-year funding package.

Medical assessment units (MAUs) have been implemented within 21 selected facilities. They provide rapid access for patients with complex, chronic, non-critical conditions to physicians and multi-disciplinary care teams. Patients receive timely assessment and activation of treatment, with a plan for discharge to supported community care, usually within 48 hours. MAUs also provide care for patients being referred by general practitioners (GPs) for non-critical care assessment and those returning for assessment and review following discharge.

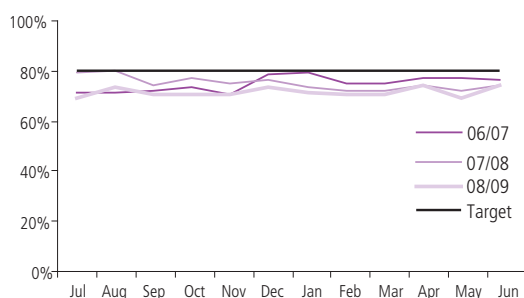
Establishment of after-hours GP clinics at some of the busiest hospitals are among further strategies NSW Health is undertaking to ensure that the burden on EDs is reduced.

Each area health service has been funded to create a clinical services redesign unit that utilises business process re-engineering methodology to improve health systems and create better patient-focused care.

Emergency admission performance, patients transferred to an inpatient bed within eight hours (%): Overall



Emergency admission performance, patients transferred to an inpatient bed within eight hours (%): Mental health



Source: Emergency Department Information System

Emergency department presentations

Desired outcome

To treat all patients presenting at a public hospital emergency department according to their medical needs, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context

Over the last four years, the NSW health system has experienced a considerable increase in demand for emergency

department (ED) services, following a period of relative stability of demand observed in the early 2000s. The following graph illustrates this changing trend in ED attendances over an eight-year period from July 2001 to June 2009.

Interpretation

There have been nearly 413,000 more ED attendances recorded in the 2008-09 financial year than in the 2004-05 year. This represents a 20.6 per cent increase over that five-year period.

Emergency department triage – cases treated within benchmark times

Desired outcome

Treatment of emergency department (ED) patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

Context

Timely treatment is critical to emergency care. Triage aims to ensure that patients are treated in a timeframe appropriate to their clinical urgency, so that those presenting to the ED are seen on the basis of their need for medical and nursing care and classified into one of five triage categories. Good management of ED resources and workloads, as well as utilisation review, delivers timely provision of emergency care.

Interpretation

Emergency department (ED) activity in the busiest metropolitan and regional NSW public hospitals has stabilised across 2008-09, however admissions via the ED continue to rise.

In 2008-09 ambulance transports to hospitals were up 1.6 per cent. ED attendances were stable at around two million in 2008-09 and 2007-08. Admissions through ED were up 2.2 per cent to 417,158 over the same period.

Emergency departments always give priority to the most life-threatening cases. NSW hospitals continue to treat 100 per cent of the most seriously ill (triage 1) within the national benchmark of treatment in a designated two-minute timeframe.

For those patients classified as triage category 2, or 'imminently life-threatening', the performance in 2008-09, of treating them within 10 minutes, was one percentage point above the Australasian College for Emergency Medicine's (ACEM) target level.

For those patients classified as triage category 3, or 'potentially life-threatening', the performance in the year ending June 2009, of treating them within 30 minutes has been a challenge, with 69 per cent seen within target time, below the 75 per cent benchmark set by the ACEM.

In 2008-09, 73 per cent of triage 4, or 'potentially serious', patients had treatment started within 60 minutes, above the 70 per cent benchmark set by the ACEM.

Related policies and programs

A number of initiatives were implemented in emergency departments and hospital wards across the State to improve the timeliness of access to treatment. Fast-track zones implemented in over 25 EDs aimed to ensure that patients with less complex conditions, who have traditionally waited for long periods, are cared for quickly but safely. These fast-track zones use skilled staff, such as nurse practitioners and advanced practice nurses.

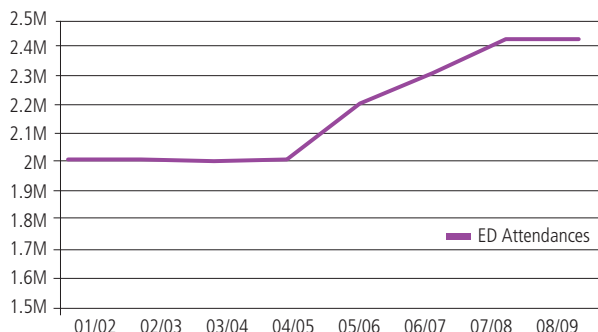
Emergency medicine units (EMU) provide a place adjacent to 14 EDs, where patients who need a longer period of care or observation can stay, without occupying an ED bed. This allows for much more efficient processing of new patients as they arrive.

Short-stay units have been created in a number of hospitals, for patients who need shorter periods of admission to a specialty unit. Again, this allows much more efficient processing of new patients as they arrive in the ED.

Medical assessment units (MAU) have been implemented within 21 facilities. They provide rapid access for patients with complex, chronic, non-critical conditions, to physicians and multi-disciplinary care teams. The teams provide timely



Emergency department attendance



Source: Health Information Exchange, Emergency Department Data Collection

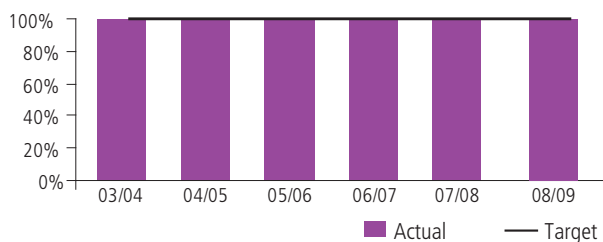
assessment and activation of treatment, with a plan for discharge to supported community care, usually within 48 hours. MAUs also provide care for patients being referred by general practitioners for non-critical care assessment and for those returning for assessment and review, following discharge.

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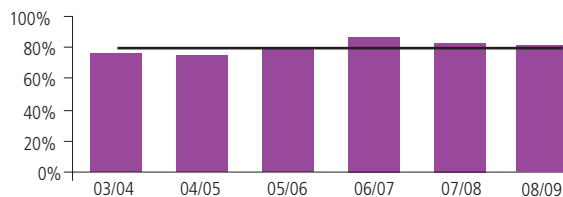
PFS builds on earlier work designed to activate an organisation-wide response to demand management. With the use of predictive planning, however, hospitals can now plan 7-10 days ahead with confidence and can utilise more effective lower-cost options to match capacity and demand.

Triage 1: treated within 2 minutes (%)

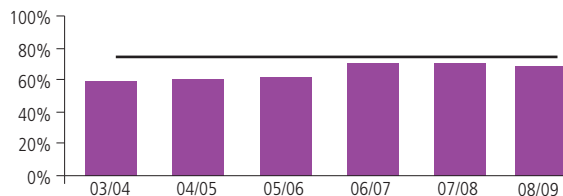


source: Emergency Department Information System

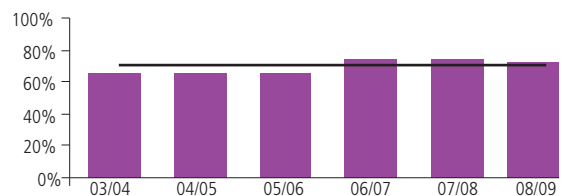
Triage 2: treated within 10 minutes (%)



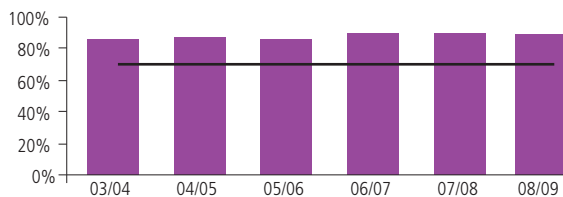
Triage 3: treated within 30 minutes (%)



Triage 4: treated within 60 minutes (%)



Triage 5: treated within 120 minutes (%)



Off-stretcher time

Desired outcome

Timely transfers of patients from ambulance to hospital emergency departments, resulting in improved patient satisfaction, as well as improved NSW Ambulance operational efficiency.

Context

Timeliness of treatment is a critical dimension of emergency care. Better co-ordination between ambulance services and emergency departments allows patients to receive treatment more quickly. Also, delays in hospitals impact on NSW Ambulance operational efficiency.

Interpretation

The time taken for transfer of patients arriving by ambulances to emergency departments has been a challenge. In 2008-09, the measure of patients offloaded within 30 minutes was 72 per cent. Ambulance transports increased by 1.6 per cent over 2007-08.

Related policies and programs

The refined emergency department network access system in the Sydney metropolitan, Central Coast and lower Hunter regions aims to get the right patient to the right hospital for the right treatment each time. The automated clinical services matrix software ensures that hospital destination options for ambulance officers are those with clinical services appropriate to treat the patient. It also takes into account the estimated time of arrival at the nearest hospital, the number of ambulances currently at those hospitals and the optimum number of ambulances those hospitals can manage within capacity.

Hospitals are attempting to reduce off-stretcher time by ensuring better patient flow through the whole hospital. This requires implementation of robust demand management plans and improving patient flow systems, via the clinical services redesign program. Patient flow units have been established in many hospitals to better co-ordinate the logistics of moving patients between the emergency department and the ward

Incorrect procedures

Desired outcome

Elimination of incorrect procedures, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context

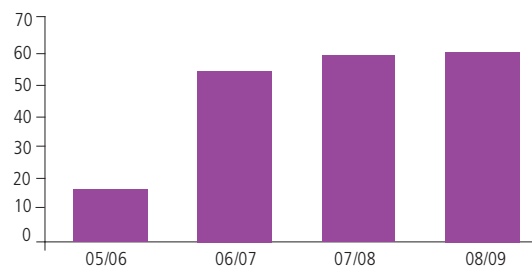
Although low in frequency, incorrect procedures provide insight into system failures. Health studies have indicated that, with the implementation of correct patient/site/procedure policies, these incidents can be eliminated.

Interpretation

The number of incorrect patient, procedure and site incidents notified in 2008-09 has not changed significantly, compared to last year. Specialist clinical groups in surgery, radiology, nuclear medicine, radiation oncology and oral health have developed systems to address these incidents. These include a revised policy, with greater emphasis on non-surgical areas and safety toolkits specific to the different clinical areas. Enhanced awareness of these incidents may have increased reporting.

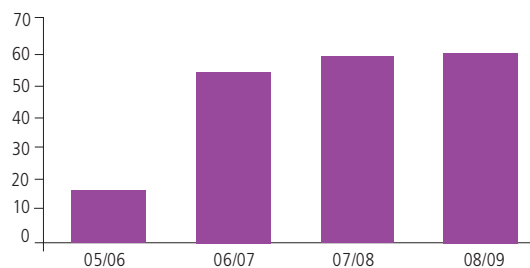
The World Health Organisation (WHO) continues to monitor global implementation of the correct patient, procedure, site universal protocol and reports that the number of incidents has risen, due to increased awareness following implementation of the protocol.

Incorrect procedures – radiology, radiation oncology, nuclear medicine (57)* **



Source: TRIM/Quality & Safety Branch RIB database. *Data for second half 08/09 provisional, subject to change following receipt, review and analysis of investigation reports. **Data for Jul-Dec 2008 period included in this figure not yet released publicly.

Incorrect procedures - operating theatre suite (21)* **



*Data for second half 08/09 provisional, subject to change following receipt, review and analysis of investigation reports. **Data for July-December 2008 included in this figure not yet released publicly.



or operating theatre and between hospitals as required, therefore freeing-up beds for newly-arrived patients.

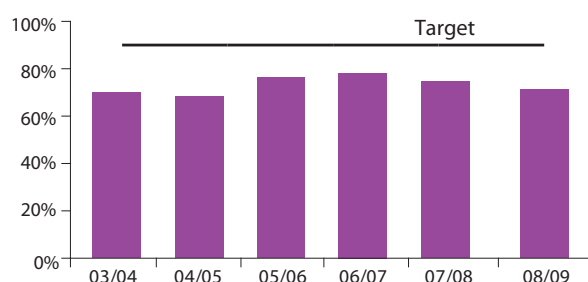
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utilise more effective lower cost options to match capacity and demand. The provision of more robust community support for patients following discharge has seen a reduction in length of stay, leading to improved access to inpatient beds and the timely offload of ambulances within the emergency department.

Off-stretcher time – transfer of care to the emergency department < 30 minutes from ambulance arrival



Source: NSW Ambulance Service, CAD System

Public hospital separations

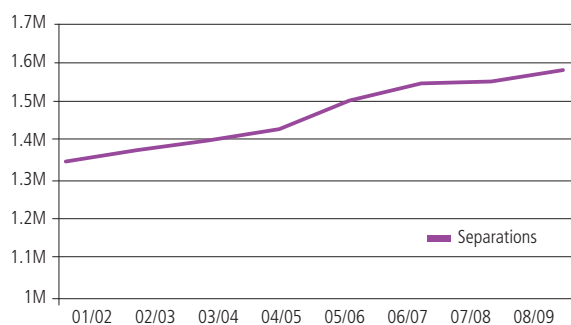
Desired outcome

To treat all admitted patients according to their medical needs, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context

The demand for hospital services has been increasing steadily over the last eight years, as illustrated by the following diagram.

Total hospital separations



Source: Health Information Exchange - Admitted Patient Data Collection

Interpretation

The number of hospital separations has grown every year from 2001-02 to 2008-09. More than 1.55 million separations were recorded in the 2008-09 year, compared to just over 1.33 million in 2001-02. This equates to a 16 per cent increase over that eight-year period.

This increase in overall hospital activity provides an important context for understanding the health system's performance in relation to elective (or planned) surgery. Unlike elective surgery, other components of hospital activity are usually unplanned and involve response to urgent needs of patients when they present with clinical problems. In times when hospitals are dealing with increased need for acute clinical care, for example during an H1N1 flu epidemic, resources must be directed to the provision of this more urgent care, which then tends to reduce the ability to provide planned, elective surgery at the same time.

Elective Surgery

Desired outcome

Timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

Context

Long-wait and overdue patients are those who have not received treatment within the recommended timeframes. The numbers and proportions of long-wait and overdue patients represent measures of hospital performance in the provision of elective care. Better management of hospital services helps patients avoid the experience of excessive waiting time for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

Interpretation

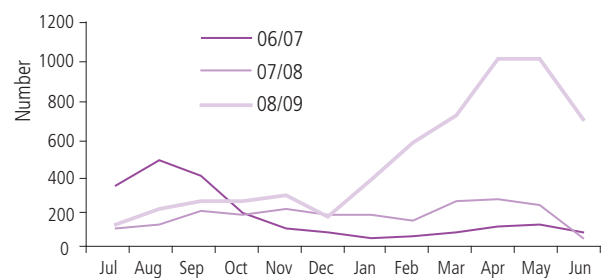
The number of category 1 overdue patients has significantly reduced - from 4,260 (July 2005) to 33 (June 2009), while the number of long-wait patients was 688, down from 5,187 over the same period. The proportion of patients admitted within the recommended timeframe has been at, or slightly above, 95 per cent over the past two years.

In 2008-09 performance targets were set for category 2 overdue patients. Although the target of zero at June 2009 was not met, the total number of category 2 overdue patients on the waiting list had reduced to 839, compared to 2075 in June 2008.

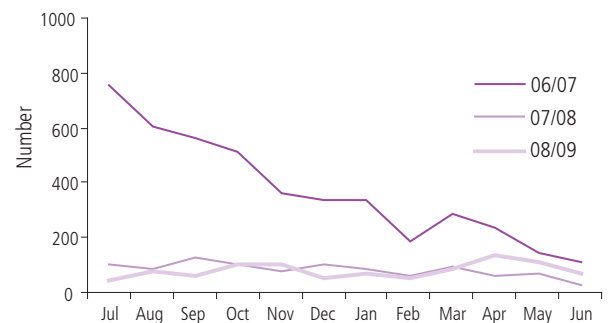
Related policies and programs

- | Sustainable Access Program
- | Clinical Services Redesign Program
- | Predictable Surgery Program
- | Waiting Time and Elective Patient Management Policy (March 2006)

All Urgency Categories >12 months (Long waits) (number)

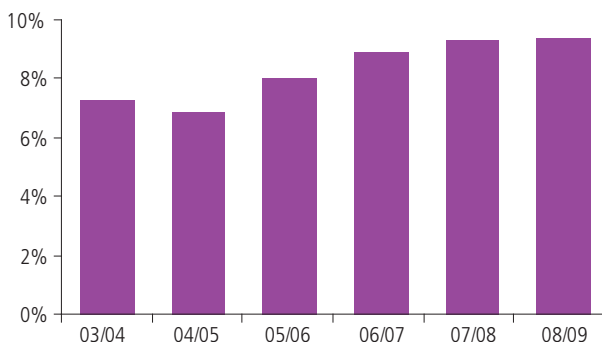


Urgency Category 1 > 30 days (Overdues) (number)



Sentinel events

Sentinel events (rate per 100,000 bed days)



Source: SAC1 clinical RIB database/HIE. *Data for second half 2008/09 provisional, subject to change following receipt, review, analysis of investigation reports.
 ** Data for Jul-Dec 2008 period included in this figure not yet released publicly.

Desired outcome

Reduction of sentinel events, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context

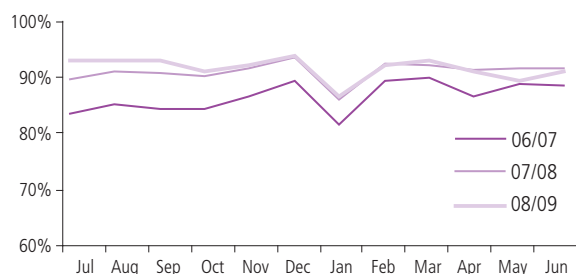
Sentinel events are incidents agreed as key indicators of system problems by all States and Territories and defined by the former Australian Council for Safety and Quality in Health Care as 'events in which death or serious harm to a patient has occurred' (Safety and Quality Council sentinel events fact sheet).



- Extended Day-only Admission Policy (August 2007)
- Surgical Activity During Christmas New Year Period Policy (November 2006).

The waiting time and elective patient management policy provides clear direction to area health services on appropriate categorisation of patients, clinical and timely review and the

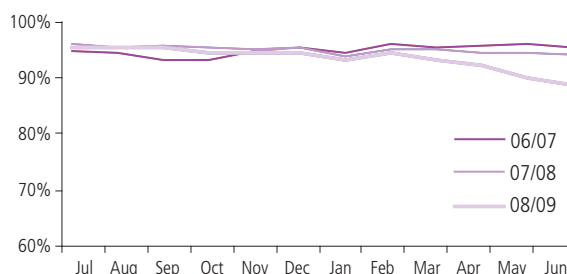
Elective surgery patients admitted on time: Category 1 (urgent) - within 30 days (%)



offer of alternative options to ensure treatment in clinically appropriate timeframes.

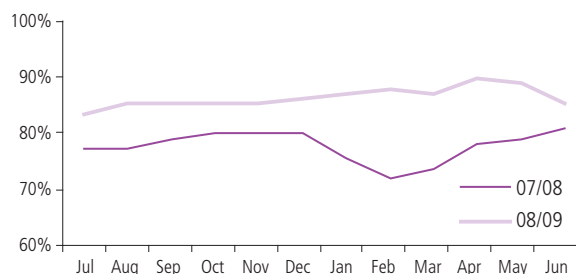
The extended day-only admission policy provides area health services with direction on the diagnosis-related groups that should be routinely considered in this category.

Elective surgery patients admitted on time: Category 3 (non-urgent) - within 12 months (%)



Source: Waiting List Collection On-Line System

Elective surgery patients admitted on time: Category 2 (urgent) - within 30 days (%)



Interpretation

During 2008-09, NSW Health recorded and acted on 641 sentinel events across the health system, a small increase on 2007-08. The rise is a result of the modification of the severity assessment code (SAC) definitions to include radiology and diagnostic incidents reported since 2005-06. An increase in numbers does not equate to poor safety performance. The number of incidents reported may continue to increase as confidence in the reporting system grows.

Related policies and programs

Under the NSW Patient Safety and Clinical Quality Program, priority areas and targets for action that will result in significant

improvements in patient safety, have been identified. Targeted areas include a sustained reduction in falls-related deaths, medication incidents and incidents due to incorrect procedures and patient mis-identification. The program and related policies supporting these initiatives include:

- Patient Safety and Clinical Quality Program (PD2005_634)
- Incident Management Policy Directive (PD2007_061)
- Complaints Management Policy Directive (PD2007_075)
- Open Disclosure Policy Directive (PD2007_040)
- Lookback Policy Directive (PD2007_075)
- Correct Patient, Correct Procedure and Correct Site Policy Directive (PD2007_079)
- Reportable Incident Brief definition under section 20L of the Health Administration Act (PD2005_634).

All unplanned/unexpected re-admissions

Desired outcome

Minimal unplanned/unexpected re-admissions, resulting in improved clinical outcomes, quality of life, convenience and patient satisfaction.

Context

Unplanned and unexpected re-admissions to a hospital may reflect less than optimal patient management. Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, or if post-discharge planning was inadequate. While improvements can be made to reduce re-admission rates, unplanned re-admissions cannot be fully eliminated. Improved quality and safety of treatment reduces unplanned events.

Interpretation

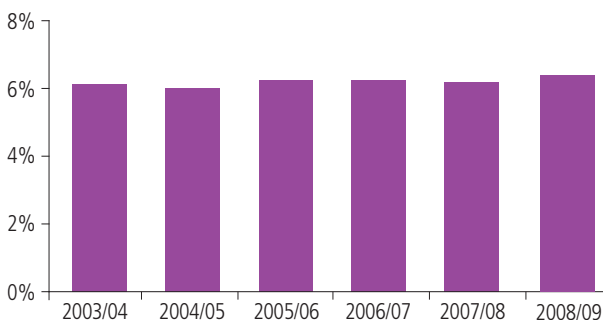
Statewide, the annual re-admission rate was consistent over the period 2003-04 to 2007-08, with variation between 6.0 per cent in 2004-05 and 6.4 in 2008-09.

Related policies and programs

Hospital re-admissions have complex and wide-ranging causes. The strategies employed by NSW Health include improving the patient journey by robust discharge planning, access to outpatient services and optimal community support.

Strategies are being developed to ensure more robust support in the community. This includes access to ComPacks and CAPAC services, with improved links to integrated aged care services, to better manage potential re-admissions.

All unplanned/unexpected re-admissions within 28 days of separation



Source: HIE

Cancellations of planned surgery

Desired outcome

To effectively reduce cancellations on the day of planned surgery of patients from the surgical waiting list and to provide greater certainty for patient care.

Context

The effective management of surgical lists minimises cancellations on day of surgery and ensures patient flow and predictable access. Cancellations should only occur occasionally, e.g., an acute change in a patient's medical condition.

Interpretation

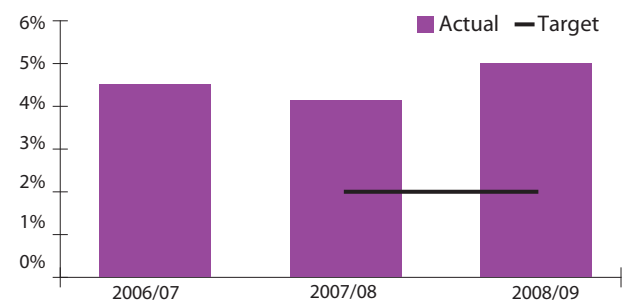
The proportion of cancellations of planned surgery was 5 per cent in 2008-09, significantly above the target of 2 per cent introduced in 2007-08. Cancellations include all patient and facility reasons. The outbreak of H1N1 influenza 09 (formerly called human swine influenza) in the later months of 2008-09, had an impact on surgery cancellations.

Related policies and programs

- | Sustainable Access Program
- | Clinical Services Redesign Program
- | Predictable Surgery Program
- | Waiting Time and Elective Patient Management Policy (March 2006)
- | Pre-procedure Preparation Toolkit (December 2007)

The pre-procedure preparation toolkit aims to ensure that the best possible care is provided to patients presenting for surgery. It offers a service framework to optimise pre-procedure processes for patient assessment and preparation, thus preventing cancellations due to inadequate preparation for surgery.

Cancellations of planned surgery on the date of surgery (%)





Patient experience

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". NSW Health conducts annual Statewide surveys to gain information from patients about their experience with health care services. Almost 80,000 patients responded to the survey in 2008. This is one of several strategies being used to gain a complete picture of patient and carer experience, which can inform service improvement programs.

Interpretation

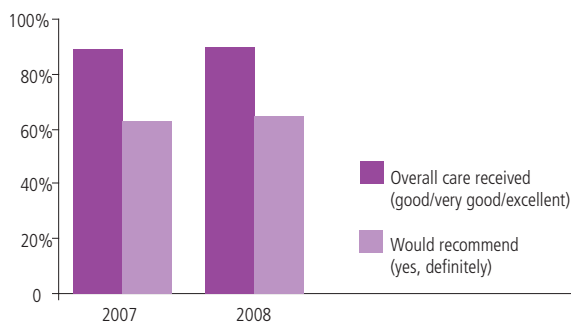
Eighty-nine per cent of patients participating in the 2008 survey rated overall care as good/very good/excellent, and 64 per cent would definitely recommend the health service to friends and family. This was a slight improvement over the previous year.

Among the eight categories of patients surveyed, NSW Health performed well for community health (96%), day-only inpatients (93%) and outpatients (91%). Compared to 2007, NSW Health performed better for non-admitted emergency patients and outpatients and less well for day-only and community health patients.

Related policies and programs

- | Sustainable Access Program
- | Clinical Services Redesign Program.

Patient experience following treatment (%):



Source: NSW Health Patient Survey 2008

Ambulance response time

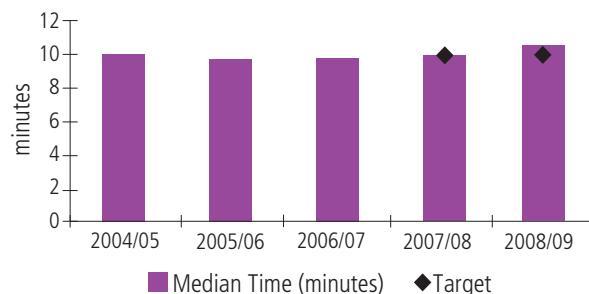
Desired outcome

Ambulance response times that are appropriate for cases requiring urgent pre-hospital treatment and transport, resulting in improved survival, quality of life and patient satisfaction.

Context

Timeliness of treatment is a critical dimension of emergency care for certain conditions. Ambulance Emergency Response Time is the period between when a '000' emergency call is received and the time the first ambulance resource arrives at the scene in a life-threatening case. In Australia, the 50th percentile response time is a key measure.

Ambulance response times – potentially life-threatening cases – 50th percentile response time (minutes)



Source: NSW Ambulance Service, CAD System

Interpretation

In 2008-09 the 50th percentile (median) response time for potentially life-threatening cases was 10.27 minutes for the State and 10.1 minutes for the Sydney metropolitan area. Average daily demand for ambulance services has grown by 6.7 per cent over the last two years and increased by 22.2 per cent since 2002-03.

Note that from May 2005, emergency response performance is reported for '000' cases determined as 'emergency' (immediate response under lights and sirens – incident is potentially life-threatening) under the medical prioritised dispatch system.

This brings NSW into line with all other Australian jurisdictions. Prior to May 2005, response performance was reported for all '000' calls. For this reason, response times since May 2005 are not comparable with times prior to then.

Related policies and programs

Emergency and non-emergency response times reflect increases in demand for ambulance services in 2008-09.

Strategic Direction 3

STRENGTHEN PRIMARY HEALTH AND CONTINUING CARE IN THE COMMUNITY

Ideally, people want to access health care through a network of primary health and community care services across the public and private health systems. Primary health services include general practice, community health centres, community nursing services, youth health services, pharmacies, allied health services and Aboriginal health and multicultural services – provided in both public and private settings and by specific non-government organisations.

Early intervention principles are embedded into health service delivery, leading to improved health outcomes and reduced avoidable hospital admissions.

Reduced avoidable hospital admissions

Community Health Review

A review of NSW community health services was undertaken in 2008-09. The aim was to help determine future directions for primary health care, to improve outcomes and support a more robust and sustainable health care system. Consequently, three reports were commissioned from the Centre for Health Service Development, available at: <http://www.health.nsw.gov.au/pubs/a-z/c.asp>

In 2009-10, NSW Health will finalise its response and determine future directions for primary health care, taking into account health system reforms through *Caring Together: the Health Action Plan for NSW* and nationally, arising from the National Health & Hospitals Reform Commission.

Foetal welfare, Obstetric emergency and Neonatal resuscitation Training (FONT)

Following analysis of obstetric outcomes, NSW Health started a Statewide strategy known as FONT in 2006, to enhance access to locally-provided clinical maternity education, improve the strength and capacity of the workforce and reduce the number of critical incidents. Since then, over 30 local foetal welfare

sessions have been provided, with approximately 1000 clinicians attending.

Pre- and post-tests for foetal welfare demonstrated an improvement in the use of consistent language, documentation and interpretation accuracy. In 2008, FONT was the recipient of the Treasury Managed Fund Risk Management Award.

Treating Eating Disorders

A Statewide co-ordinator advises area health services on developing local services for people with eating disorders and facilitates access to a range of supports, including training, supervision and maintenance of a State expert network. Four area co-ordinators aim to expand eating disorder services, by improving the linkages between mental health and general medicine and from community to inpatient care. .

In addition to several training programs, two pilot eating disorder day programs are being developed. Day programs offer a cost-effective intensive dose of treatment, compared to inpatient services. The early intervention day program on the Central Coast has full staffing and is due to start seeing patients early in 2009-10. The RPA day program is refurbishing a rental property off campus while the hospital redevelopment progresses.

The pilot program for community-based early treatment for anorexia nervosa within the Macarthur region of SSWAHS completed successfully, with the results reported at the annual ANZAED conference in September 2008. A follow-up project started in 2009 on Sydney's North Shore, with funding provided by NSCCAHS, in conjunction with the Children's Hospital at Westmead. This will enable uniform evidenced-based family therapy for all young people presenting with anorexia nervosa in that area. A similar project has started in Sutherland, supported by the NSW and SESIAHS eating disorder co-ordinators.

A pilot eating disorder carer support program is being tested in SSWAHS. A brochure on the management of eating disorders was developed for health workers, with an emphasis on supporting carers. Three community and GP forums were conducted and a six-session carer support pilot program in Campbelltown started on 24 June, 2009.



Improved health for Aboriginal communities

Aboriginal Maternal and Infant Health Service (AMIHS)

The AMIHS was established to improve the health of Aboriginal women and babies and to reduce perinatal morbidity and mortality. It contributes to meeting the *Closing the Gap* targets of closing the life expectancy gap within a generation and halving the gap in mortality rates for indigenous children under the age of five, within a decade.

A number of new AMIHS sites are now operational. Of the 25 existing services, 11 are newly-established. There are many more sites than services, due to the geographic distribution of the population. A service delivery model and workforce recruitment plan for AMIHS was developed in 2008-09. In addition, to support the linkages between AMIHS and the Department of Community Services' (DoCS) early intervention program *Brighter Futures*, an AMIHS/*Brighter Futures* working agreement was also created. At 30 June 2009, the DoCS KiDS database recorded 104 referrals made by AMIHS staff to *Brighter Futures* programs.

Best Practice in Aboriginal Participation in the Magistrates Early Referral into Treatment (MERIT) Program

In 2007-08, the Aboriginal Health and Medical Research Council (AH&MRC) created a position for a project officer to assist in the development of a best practice model to engage and retain Aboriginal defendants in the MERIT program. It was developed through community consultations and capacity building initiatives, with four pilot projects in different areas. Resources, including a culturally appropriate poster, promote MERIT services to possible Aboriginal clients.

A draft report on improving Aboriginal participation in the MERIT Program is being finalised. It will inform future policy and programs.

Aboriginal Drug and Alcohol Network and Leadership Group

NSW Health continues to support the Aboriginal Drug & Alcohol Network (ADAN) and its leadership group. ADAN's 2008 symposium attracted nearly 60 Aboriginal drug & alcohol workers from across NSW. The symposium covered policy, access to treatment, research and improving service delivery.

The ADAN leadership group's focus is to provide NSW Health with policy and program advice on Aboriginal drug & alcohol issues. The group meets quarterly and is supported by the NSW Health-funded drug & alcohol policy officer based at the Aboriginal Health & Medical Research Council (AHMRC).

Aboriginal Older People's Mental Health Project

Under the Australian College of Health Service Executives (ACHSE) graduate health management program, a trainee has started a project to develop strategies and service models to address the mental health needs of older Aboriginal people across NSW. The project will inform key priorities in the service plan for specialist mental health services for older people (SMHSOP) 2005-2015 and related program developments in older people's mental health.

Aboriginal Drug and Alcohol Traineeship Program

The Minister for Health approved funding during 2008-09 to develop and implement the *Non-Government Sector - Aboriginal Drug and Alcohol Traineeship Program*. Its major objectives are to increase the number of qualified Aboriginal drug and alcohol workers across the non-government sector and to increase the number of Aboriginal people accessing drug and alcohol services. The program is based on the successful Aboriginal Mental Health Worker Traineeship Program. It is proposed that three trainees will start in the program towards the end of 2010. NSW Health is investigating implementing the program within the government sector.

Improving outcomes in mental health

General Practitioner (GP) Mental Health Training

General practitioners (GPs) play a pivotal role in caring for people who have a mental illness or disorder. Funds are provided to the NSW Institute of Psychiatry to deliver a three-tiered general practitioner post-graduate mental health program, consisting of the graduate certificate (since 2005), graduate diploma (since 2006) and masters course (since 2007).

Nineteen students are currently enrolled in the post-graduate Mental Health (General Practice) Program. In addition, 11 are enrolled in a stand-alone unit titled *Cross-cultural Mental Health in General Practice*. Two GPs have now completed a Masters in Mental Health (General Practice). They are the first in Australia to achieve this qualification. A further 109 GPs have participated in four workshops at the General Practice Conference and Exhibition in May 2009.

CALD Working Group

The Older People from Culturally and Linguistically Diverse Communities and the SMHSOP Program Project Report (2005-2008) provide direction for planning and policy development for older people's mental health services. As recommended, the culturally and linguistically diverse (CALD) older people's mental health working group has been established, to provide a forum and network for improving NSW Health's response to the mental health needs of CALD older people.

The group will also facilitate collaboration between AHSs, building partnerships with relevant stakeholder groups, to provide good practice responses to the mental health needs of CALD older people across NSW.

Increased focus on early intervention

Prenatal reporting

Due to legislative changes in March 2007 and the NSW Ombudsman's *Report of Reviewable Deaths in 2005: Volume 2 Child Deaths*, the Department of Community Services (DoCS) and NSW Health are working together to standardise notification and response procedures to prenatal reports (including the development of a "birth alert" system).

A six-months trial of resulting policies, between June and December 2008, was implemented in three DoCS community service centres and selected NSW Health services in Coffs Harbour and Wollongong. The DoCS/Health Prenatal Reporting Trial aims to reduce the likelihood that at birth, a child will need a protection response. NSW Health has completed an evaluation at the trial sites.

Other highlights

Carers Action Plan Evaluation

All AHSs and the Children's Hospital at Westmead have developed individual carer action plans, which contain initiatives for enhancing the lives of carers and those they care for.

The Social Policy Research Centre (SPRC) was commissioned to develop an evaluation framework for the *NSW Carers Action Plan 2007-2012*. It reflects outcomes-based accountability and is designed to evaluate the CAP's key aims, including carer well-being. The evaluation will increase knowledge of carer program issues in NSW and nationally and will ultimately improve the targeting of future programs.

Drug and Alcohol Residential Rehabilitation Beds

In 2008-09, NSW Health continued to make funding available for drug and alcohol residential rehabilitation services in 34 agencies across NSW. The department started a review of funding to drug and alcohol non-government organisations, aiming to develop consistent distribution models, which deliver evidence-informed services.

Keep Them Safe

Following the Special Commission of Inquiry into Child Protection Services in NSW, the department has led implementation of a number of initiatives which should have positive outcomes for children in this State. *Keep Them Safe: a shared approach to child wellbeing 2009-2014*, details the actions that will be taken.

Child well-being units are being established within NSW Health and other departments by October 2009, to assist workers to identify cases for referral to DoCS, where there is risk of significant harm. They will advise on responding to children and families below the significant risk threshold.

NSW Health will work with the non-government sector to test regional intake and referral services (one metropolitan and one or two regional/rural), aiming to improve access to services for children and families not requiring statutory intervention, but otherwise needing assistance.

Further trials of sustained health home visiting will be conducted, building on the success at Miller, in Sydney South West Area Health Service. It involves specialist child and family health nurses working intensively with high-need families during pregnancy and in the first two years of a child's life. Further trials will start within 12 months.

In 2009-10, out-of-home care co-ordinators are to be appointed in each area health service to drive reform and to ensure that children in out-of-home care are given priority access to health services wherever possible. Planning is underway to provide comprehensive health assessments of children and young people entering care and to better co-ordinate health services for them.





Antenatal visits

Desired outcome

Improved health of mothers and babies.

Context

Antenatal visits are valuable in monitoring the health of mothers and babies throughout pregnancy. Early start of antenatal care allows problems to be better detected and managed and engages mothers with health and related services.

Interpretation

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

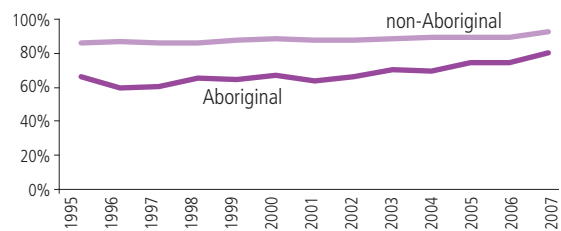
Related policies and programs

- NSW Framework for Maternity Services provides the policy for maternity services.
- The Maternal and Perinatal Health Priority Taskforce and NSW Health support the continued development of a range of models of care, including stand-alone primary maternity services. The taskforce has established a sub-group called the Primary Maternity Services Network. This provides

leadership, support and information-sharing for area health services which are developing continuity of midwifery care models.

- Early pregnancy care improvements include the provision of universal access to public antenatal care across NSW. This means an increase in access to public antenatal services in over 45 rural and regional centres.
- The NSW Aboriginal Maternal and Infant Health Service (AMIHS) is a primary health care strategy implemented in 2001 to improve perinatal mortality and morbidity. In 2006, the evaluation of the program demonstrated marked improvement in access to antenatal care by Aboriginal mothers in the program areas. The AMIHS is being expanded as a Statewide service, increasing to over 30 programs.

Antenatal visits – births where first maternal visit was before 20 weeks gestation (%):



Source: Midwives Data Collection (HOIST)

Low birth weight babies - weighing less than 2,500g

Desired outcome

Reduced rates of low-weight births and subsequent health problems.

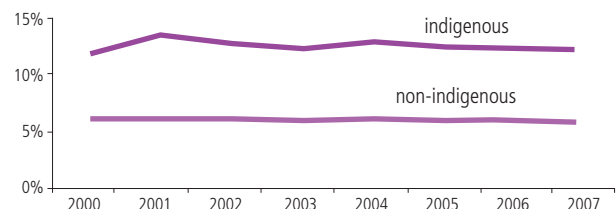
Context

Low birth weight is associated with a variety of subsequent health problems. A baby's birth weight is also a measure of the health of the mother and care that was received during pregnancy.

Interpretation

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

Low birth weight babies – births with weight less than 2,500g (%):



Source: Midwives Data Collection (HOIST)

Related policies and programs

For policies and programs associated with this indicator, please see related policies and programs for the indicator Antenatal visits – births where the first maternal visit was before 20 weeks gestation.

Postnatal home visits

Desired outcome

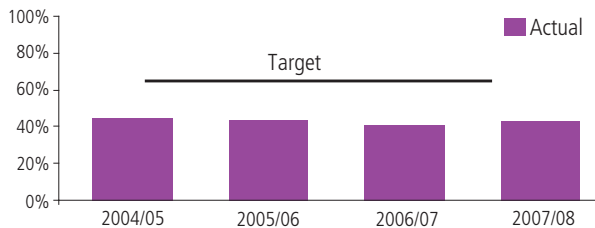
To solve problems in raising children early, before they become entrenched, resulting in the best possible start in life.

Context

The Families NSW program aims to give children the best possible start in life. The purpose is to enhance access to postnatal child and family services, by providing all families with opportunity to receive their first postnatal health service within their home environment.

This provides staff with the opportunity to engage more effectively with families who may not otherwise have accessed services. It provides an opportunity to identify needs with families in their own homes and to facilitate early access to local support services, including the broader range of child and family health services.

Families receiving a Families NSW visit within two weeks of the birth (%)



Source: Families First area health service annual reports, NSW admitted patient data collection (HOIST)

Interpretation

Since the start of the Families NSW initiative, over 330,000 families with a new baby have received a universal health home visit. Area health services continue to guide services, improve continuity of care between maternity and child and family health services and strengthen networks to support the implementation of Families NSW.

In particular, the aim is to provide a home visit by a child and family health nurse, to families with a new baby.

Related policies and programs

The Families NSW strategy is delivered jointly by NSW Health and the departments of Community Services, Education and Training, Housing and Ageing, Disability and Home Care, in partnership with parents, community organisations and local government. The NSW Safe Start (formerly integrated perinatal and infant care) initiative uses an internationally innovative model of assessment, prevention and early intervention.

This aims to identify the risk factors for current and future parenting, or mental health problems during pregnancy and following the birth of the infant. It defines clinical pathways to appropriate care and models of service delivery, for health services to support parental well-being, enhance parenting skills, child and family mental health and protect against child neglect and abuse.

Suspected suicides of patients

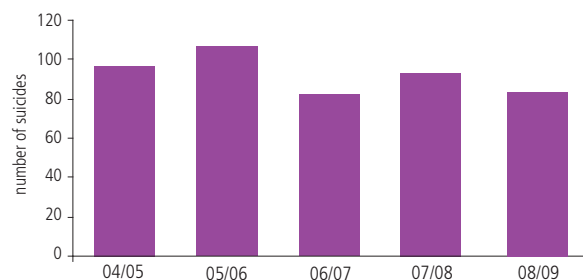
Desired outcome

Minimal number of suicides of patients following contact with a mental health service.

Context

Suicide is an infrequent event influenced by a number of factors. The existence of a mental illness can increase the risk. A range of appropriate mental health services is being implemented between now and 2011 to increase the level of support to clients, their families and carers. This will help to reduce the risk of suicide for people who have been in contact with mental health services.

Suspected suicides of patients in hospital, on leave, or within seven days of contact with a mental health service (number)



Source: Reportable incident briefs and Mental Health client death report form

Mental health: Ambulatory contacts and acute overnight inpatient separations

Desired outcome

Improved mental health and well-being. An increase in the number of new presentations to mental health services that is reflective of a greater proportion of the population in need of these services gaining access.

Context

Mental health problems are increasing in complexity and co-morbidity, with a growing level of acuity in child and adolescent presentations. Despite improvements in access to mental health services, demand continues to rise for a wide range of care and support services. A range of community-based services is being implemented between now and 2011, that span the spectrum from acute care to supported accommodation. There is an ongoing commitment to increase inpatient bed numbers, because numbers of ambulatory contacts, inpatient separations and total numbers of individual people requiring mental health services are expected to rise.

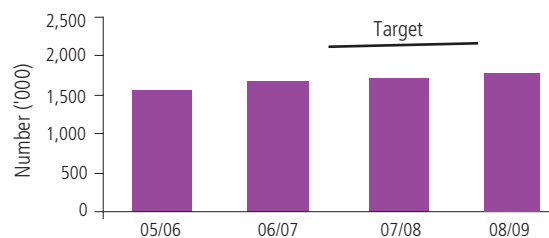
Interpretation

There has been a small increase in the number of ambulatory contacts, although interpretation of this data needs to be treated with caution. Ambulatory contact data continues to be uploaded for several months after the close of a reporting period, resulting in data for 2008-09 not be finalised until late 2009. As such, the number of contacts presented here are most likely under-reported. In 2008-09, acute overnight separations did not meet the target set (according to funded acute bed numbers) as predicted by the service planning model used for mental health services.

Related policies and programs

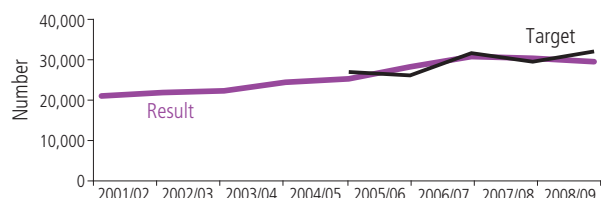
The major investment in mental health services brought about by the initiatives documented in *NSW: A New Direction for Mental Health*, have continued. Acute, non-acute and community-based specialist mental health services and community rehabilitation services have expanded. Major projects, such as the housing and accommodation support initiatives (HASI), have resulted in a reduction of unnecessary hospital admissions. This has led to people being treated more appropriately in the community, with better outcomes for both patients and their carers.

Mental health ambulatory contact numbers ('000)



Source: 2007-08 -State HIE (MHAMB collection) Figures accurate at 29/7/2008.

Mental health acute overnight inpatient separations (number)



Source: 2007-08 State HIE - (DOHRS) Figures accurate to 22/7/2008.

Interpretation

NSW mental health services report between 80 and 110 apparent suicides of known clients per year. Data for the most recent period is in the middle of this range. This indicator includes only suspected suicides reported to services. Variations may be due to differences in awareness and reporting, rather than true changes in suicide rate.

Related policies and programs

People with serious mental health problems are particularly vulnerable to the risk of suicide. Although not all suicide deaths

can be prevented, NSW mental health services continue to review the quality of service delivery and to identify opportunities to enhance the safety of mental health patients. The transition from inpatient mental health treatment to care in the community is known to be a period of elevated suicide risk. Effective discharge planning that ensures continuity of care and promotes safety for patients, their carers and the wider community, is essential at this time.

To support structured and consistent discharge planning across all mental health inpatient facilities, NSW Health has recently released a Statewide discharge planning policy and guidelines for adult inpatient mental health services.

Mental health re-admission

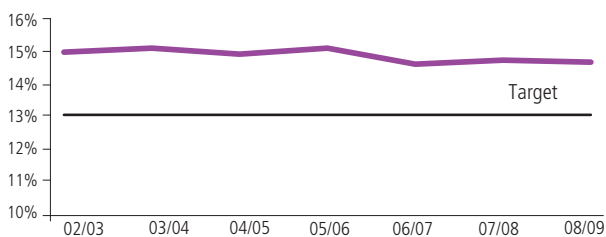
Desired outcome

Rates of mental health re-admission minimised, resulting in improved clinical outcomes, quality of life and patient satisfaction, as well as reduced unplanned demand on services.

Context

Mental health problems are increasing in complexity and co-morbidity, with a growing level of acuity in child and adolescent presentation. Despite improvement in access to mental health services, demand continues to rise for a wide range of care and support services for people with mental illness. While early recovery is inherently fragile, a re-admission to acute mental health inpatient care within a month, could indicate that discharge may have been premature, or that post-discharge follow-up in the community may not have adequately supported continuity of care for the patient.

Mental health re-admission within 28 days (%)



Source: Admitted Patient Collection, NSW HIE

Note: the 2007-08 re-admission rate has been revised to cover the full 12-month period.

Interpretation

The implementation of a State Unique Patient Identifier (SUPI) within mental health data makes it possible to measure re-admission to any facility in NSW. NSW uses the COAG National Action Plan for Mental Health indicator: the percentage of separations from a mental health unit (including acute and non-acute and all age groups) followed by re-admission to a mental health unit anywhere in the State within 28 days. The previous indicator could only capture re-admissions to the same facility. The revised indicator is more accurate and results in a reported re-admission rate 3-5 per cent higher than previously.

The indicator has been steady over the period 2002-03 to 2008-09, the variation being 15.2 to 14 per cent. It is corrected for incomplete SUPI coverage in some areas. As with the superseded version, the current indicator cannot exclude a small number of planned re-admissions.

A target of 13 per cent has been set for 2009-10.

Related policies and programs

The enhancement of mental health services throughout the State continues - with the construction of new mental health infrastructure, refurbishments and reinforcement of community mental health services. This increased support leads to better outcomes and best practice models of care for patients and their carers. Future roll-out of initiatives outlined in *NSW: A New Direction for Mental Health* will lead to across-the-board improvement in quality and safety of mental health services.

Strategic Direction 4

BUILD REGIONAL AND OTHER PARTNERSHIPS FOR HEALTH



NSW Health strives for a health system that engages effectively with other Government and non-government organisations, with clinicians and the broader community. We want to provide a more integrated approach to planning, funding and delivering health and other human services to local communities and regions.

A particular focus is on reducing the health gap for those who experience multiple disadvantages, such as Aboriginal communities, refugees, and people of lower socio-economic status.

Improved outcomes in mental health

The Mental Health Memorandum of Understanding between NSW Health, the Ambulance Service of NSW and the NSW Police Force

NSW Health, the Ambulance Service of NSW and NSW Police continue to work collaboratively to provide efficient, appropriate and effective care for people with mental health problems, underpinned by the principles of the memorandum of understanding for mental health.

The Mental Health and Drug and Alcohol Office (MHDAO) has provided funding to support the implementation of the NSW Ambulance Mental Health Plan and the adoption of mental health as a priority care category. The ambulance service continues to roll-out mental health training to its officers, a prerequisite to authorise ambulance officers under the new Mental Health Act. The service has made a commitment to train 500 paramedics annually and is meeting this target.

An approved mechanical restraint device is being implemented within the ambulance service to assist in transporting patients with disturbed behaviour. Each use is reviewed by an ambulance clinical review group, with no adverse events being reported.

The NSW Police mental health intervention team trial, which has been running for two years in three local area commands, formally concluded in June 2009. In the evaluation by Charles

Sturt University the first annual report indicates that the pilot model is successfully meeting its objectives. They include an increased awareness among trained officers in dealing with mental health-related events, resulting in better outcomes for people with mental health problems. The final evaluation report is expected in early 2010. NSW Police has committed to roll-out this specialist mental health training to 10 per cent of its operational workforce by 2015. The MHDAO will fund a senior mental health clinician role for a further three years.

NSW Centre for Rural and Remote Mental Health

MHDAO continues its commitment to the NSW Centre for Rural and Remote Mental Health (CRRMH), a major partnership between NSW Health and the University of Newcastle, to foster greater understanding of mental health in rural NSW and to explore innovation in the delivery of mental health care in rural Australia, through research, education and service networks. Productive cross-sector partnerships with both Government and non-government organisations and the provision of a centre for excellence for rural health issues, has attracted major national grants for its research and service development work. It includes co-ordination of the Commonwealth Farmlink program and a new primary care-led specialist partnership model across the 16 Murdi Paaki indigenous communities in regional NSW. CRRMH was asked by the Commonwealth Government and the CE of GWAHS to lead the implementation phase for 2008-09, because of complexity issues and the need for independence.

Partnership with the Network of Alcohol and Drug Agencies (NADA)

NSW Health works in partnership with the Network of Alcohol and Drug Agencies (NADA), the peak of non-government organisations in this field. NADA participates in the Drug and Alcohol Program Council, the department's primary decision-making drug and alcohol policy body.

During 2008-09, the MHDAO continued its collaboration with NADA. Projects included NGO accreditation and workforce development and the NSW Family and Carers Mental Health Program in the Drug and Alcohol NGO sector. Others were cross-training for drug & alcohol/mental health workers and the drug and alcohol/mental health information management

project. In addition, NADA has been an active participant in the review of funding to drug and alcohol non-government organisations funded by MHDAO.

Children of Parents with a Mental Illness (COPMI) Program

Programs for children of parents with a mental illness (COPMI) have been established across NSW progressively since 1996. It aims to enhance awareness of COPMI and to support the development and implementation of effective intervention programs. It promotes a family-focused approach that recognises family strengths and resilience.

NSW Health has provided recurrent funding for COPMI positions in area health services. They deliver a range of activities and interventions, including professional education, clinical service, consultation and liaison, inter-agency networking and support groups for children, as well as group programs for parents.

Third-year Progress Report on the Inter-agency Action Plan for Better Mental Health

Work continued on implementing the 58 Government commitments for mental health reform and more effective, co-ordinated service delivery, arising from the *Inter-agency Action Plan for Better Mental Health* released by the NSW Premier in July 2005. Significant progress has been made in completion or continuation of the commitments in the third year of the five-year plan. There have been notable achievements across government, in prevention and early intervention, community support and improving responses to mental health emergencies. The third-year progress report will be released in the second half of 2009.

Ministerial Council on Drug Strategy

The Mental Health and Drug and Alcohol Office supported the NSW Government at the April 2009 meeting of the Ministerial Council on Drug Strategy, the peak national policy and decision-making body for licit and illicit drugs. This included support for the council's national forum on alcohol, held in July 2008, as part of the consultation process for developing a report to COAG on options to address binge drinking and alcohol misuse. NSW proposed strengthening the system for regulation of alcohol advertising, as part of developing options for COAG consideration.

Improved access to health care in rural and remote areas

Multi-purpose Services (MPSs) in Rural and Remote Areas

MPSs combine Australian and State Government health and aged care funds to provide acute, primary health and residential aged care in small rural communities. In 2008-09 five multi-purpose services opened at Batlow, Bingara, Merriwa, Tingha and Warialda.

Drought Initiatives, Especially Farmers Gatherings and Mental Health First Aid

The NSW Government has continued the funding of this program, with acknowledgment that recovery from drought is patchy at best, while there are now significant additional economic and environmental constraints contributing to mental health pressures on rural communities. The 2009-10 package funds the ongoing employment of eight additional rural mental health workers, provision of 50 mental health first aid training sessions and the exploration of the particular needs of Aboriginal communities.

It also aims to improve integration of drug and alcohol services and interventions for families, including the needs of children, women and older farmers.

In addition, the rural mental health support line continues a 24/7 service that allows rural people to speak with trained mental health professionals, who can provide crisis support and help with referral to local specialist services.

Early Pregnancy Care Initiatives

The NSW Government has been implementing a comprehensive range of new and enhanced services to improve early pregnancy care. In 2008-09, NSW Health implemented or enhanced 14 early pregnancy assessment services (EPAS). EPAS provides cost-effective, standardised, respectful, sensitive, dignified care to women. It opened or enhanced 40 public antenatal care services in regional and rural NSW. NSW Health also developed two early pregnancy resources:

- | *Early Pregnancy – when things go wrong*, offers expert advice and support to women experiencing complications in early pregnancy
- | *Thinking of having a baby – planning a pregnancy and becoming pregnant*, is a factual reference guide for women planning a pregnancy and becoming pregnant.

Strategic Direction 5

MAKE SMART CHOICES ABOUT THE COSTS AND BENEFITS OF HEALTH SERVICES



As health costs continue to rise, available resources must be used effectively. Services and infrastructure require careful planning, with community and clinician input and to be managed efficiently, with solid evidence of effectiveness and health impact.

Assets and funding management

Capital resource distribution adjustment

NSW Health's budget process was enhanced to incorporate a capital resource distribution adjustment. It provides more equitable access to health funding, arising from differences in capital resources. It takes into account geographic variations in land value, construction costs and population need. It sends a price signal to health services on the cost of capital to support health care planning decisions.

Episode funding

NSW Health's episode funding policy was further enhanced in 2008-09, to pave the way for the 2009-10 budget to be issued on an episode funding basis to medium-to-large facilities. This strengthens the linkage between planned levels of activity and available funding for acute, sub-acute and non-admitted patient services (including emergency departments and intensive care units). Standardised clinical costing software implementation has been completed and audits of data will continue to promote consistency and accuracy in financial reporting.

Locum fees regulation

Standard fees for locums, which include recognition for metropolitan, regional and rural workforce differences, have been established. The reform assists health services in budget planning and clarifies expectations for employers and employees on rates of pay. It also sends a clear price signal to labour markets.

Earlier distribution of health budgets

NSW Health released 2009-10 budget allocations to area health services on State Budget day - 16 June 2009 - two

weeks earlier than normal, as a direct response to the Garling review. Earlier release of budgets has improved the capacity of hospitals and health facilities to understand resource allocations and plan health service delivery.

Investment in electronic information systems

Business Information Program

The primary purpose of the Business Information (BI) program is to make timely, consistent and high quality information available to decision makers at all levels within NSW Health and, in particular, to front-line clinical staff.

The four-year program is split into two main streams of work – decision support tools (developing front-line information solutions) and the implementation of a new BI warehouse to replace the health information exchange (HIE).

The availability of near real-time information to hospitals on performance and activity is vital for front-line management and clinicians to prevent patient flow problems. Examples of decision support tools implemented to date appear below.

Critical care resource management system (CCRS) provides an overview of available intensive care unit and high-dependency unit beds across the State and was piloted in 47 hospitals across NSW. A transition to operational use has started, concurrently with the extension of the service to perinatal and paediatric units.

The ward activity and nursing display (WAND) helps nurse unit managers (NUMs) to manage ward-based flow, as well as quality and safety issues. It further enables NUMs to plan for expected patients from ED or by transfers, proactively plan patient discharge and align workforce with patient load. It is now in use in 12 wards in Sydney West Area Health Service and four wards in Northern Sydney Central Coast Area Health Service.

The area executive dashboard delivers standard reports and views of area- and hospital-level key performance indicators. It has been delivered to Northern Sydney Central Coast, Sydney South West, Greater Western area health services and The Children's Hospital at Westmead.

Picture Archiving and Communications System/Radiology Imaging System (PACS/RIS)

The medical imaging program enables images such as x-rays and scans to be captured and stored electronically and viewed on screens, creating a near filmless process and improved diagnosis methods. It improves scheduling and workflows in imaging departments and reduces patient waiting times, due to faster reporting turnaround time.

Access to electronic images eliminates the need for wet film processing, laser printing of digital images and other print consumable costs. Electronic capture of images reduces the number of repeated procedures associated with lost or faulty film images.

The program also addresses the shortage of radiologists, particularly in rural areas, that poses a risk to quality of service. Universal availability of diagnostic images to authorised clinicians allows remote areas access to the services of leading radiologists and reduces the need for radiologists in remote areas to travel to multiple facilities.

The medical imaging program is underway, with successful implementations across NSW already beginning to realise these financial benefits.

Other Highlights

Digital imaging and chair-side computing in public dental clinics

There has been substantial investment in the use of digital imaging and chair-side computing in public dental clinics in NSW. This reduces clinical time in performing x-rays, provides less radiation dose for patients and reduces consumables costs and waste disposal of chemicals.

Trial of Involuntary Drug and Alcohol Treatment

Arising from the Government's response to the NSW Parliamentary Standing Committee on Social Issues report on the *Inebriates Act 1912*, a two-year trial of a new system of short-term involuntary care for severely substance-dependent people started at Nepean Hospital in February 2009.

In the first four months, 28 referrals have been made by general practitioners, 14 assessments performed by accredited medical officers and 12 patients admitted.

KMPG will undertake the independent evaluation of the trial. The final report is due in June 2010.

Trial of the Medically Supervised Injecting Centre

In 2007, the NSW Government approved legislation to extend the trial of the Medically Supervised Injecting Centre until 31 October 2011. The trial's objectives are to reduce overdose deaths, provide a gateway to treatment, reduce discarded needles and public injecting and help reduce the spread of HIV and hepatitis C. Since it opened, more than 2,900 drug overdose incidents have been managed at the centre, with over 7,850 referrals for treatment, health care and social welfare services. About 234,000 episodes of public injecting have been avoided. The Government closely monitors and evaluates the centre to ensure effectiveness.

Accredited Persons Project

There are 342 Accredited Persons registered in NSW, with 60 newly-trained in 2008-09.

Accredited Persons are authorised under the Mental Health Act, to assess whether a person is mentally ill/disordered, to detain them involuntarily for their own safety or the safety of others and to compel them to attend a hospital for assessment. The role of the Accredited Person is essential in many circumstances where medical officers are not available, or where immediate action is required to ensure people's safety.

Treasury banking tender

The provider of NSW Health's banking, including deposit, cheque and withdrawal services, was standardised. Health participated in a whole-of-Government tendering process with the financial sector, to achieve the best balance of service and cost.

VMO licensing arrangements for non-admitted services

Standardised licensing arrangements were established for visiting medical officers (VMOs) who provide outpatient services in public health facilities. Contractual responsibilities and arrangements, including indemnity, billing and taxation, have been clarified, to support opportunities for VMOs to engage with the public health system.



Resource distribution formula – the weighted average distance from target for all area health services

Desired outcome

More equitable access to health funding between area health services.

Context

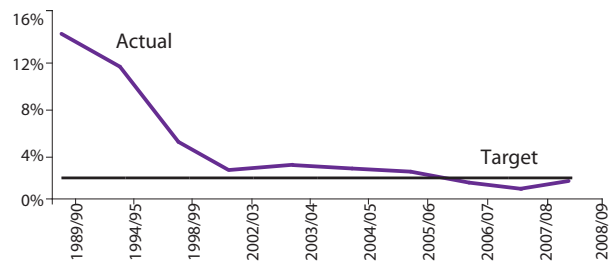
Funding to NSW area health services is guided by the resource distribution formula, which aims to indicate an equitable share of resources, taking account of local population health needs. Factors in estimating local need include age, sex, mortality and socio-economic indicators.

Interpretation

In 1989-90, area health services were, on average, 14 per cent away from their resource distribution formula target. With a greater share of growth funding allocated to historically

under-funded population growth areas, the average distance from target has declined significantly over time and was 2 per cent in 2008-09.

Resource distribution formula – the weighted average distance from target for all area health services (%)



Source: Inter-government and Funding Strategies Branch

Note: 2008-09 result based on interim data

Major and minor works – variance against Budget Paper 4 (BP4) total capital allocation

Desired outcome

Optimal use of resources for asset management. The desired outcome is 0 per cent, full expenditure of the NSW Health capital allocation for major and minor works.

Context

Variance against total BP4 capital allocation and actual accrued expenditure achieved in the financial year is used to measure performance in delivering capital assets.

Interpretation

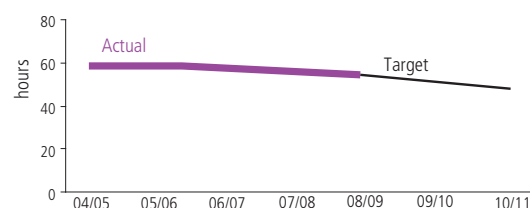
Actual accrued expenditure of \$819.4m for 2008-09 is under-spent by 2.4 per cent against the BP4 allocation of \$839.5m. The under expenditure was largely attributable to Health Infrastructure projects >\$10m, mainly due to a slower than expected rate of progress on the Liverpool Hospital project. This was balanced by additional expenditure on repairs, maintenance and renewals (RMR>\$10,000) by area health services.

Related policies and programs

Strategies to achieve the desired outcome during 2009-10 include:

- | Continual review and monitoring of the Health asset acquisition program against area health services, expenditure projections for projects with a value less than \$10m
- | Continued centralised monitoring of Health Infrastructure against expenditure projections for projects with a value greater than \$10m
- | Closer monitoring of asset disposal program to maximise revenue
- | Ongoing regular program meetings with area health service chief executives to monitor project and expenditure progress
- | Ongoing monitoring of the asset acquisition program and capital budget processes by the NSW Health Cross-Divisional Capital Steering Committee.

Major and minor works – Variance against Budget Paper 4 (BP4) total capital allocation (%)



Source: Asset Management Services

Strategic Direction 6

BUILD A SUSTAINABLE HEALTH WORKFORCE

Delivery of quality health services depends on having adequate numbers of skilled staff working where they are needed.

Addressing the shortfall in the supply of health professionals and ensuring an even distribution of staff around the State are key priorities for the future. There has been a continued focus on health workforce at a State and national level over recent years, with a range of strategies and initiatives showing positive results. Since 2003, there have been significant increases in professional staff across the NSW public health system as outlined in the table below.

Clinical staff as a proportion of all NSW Health staff has continued to rise from 69.6 in 2003 to 72.3 per cent in 2009.

Professional Staff FTE	June 2003	June 2008	June 2009	per cent Increase over 2003
Salaried medical	6,112	7,866	8,140	33.2
Visiting medical officers (2004-07)	4,263	n/a	n/a	n/a
Nursing	32,550	39,033	39,142	20.3
Allied health	6,323	7,487	7,936	25.5
Oral health	988	1,098	1,133	14.8

Further workforce data is included in Appendix 4 – Statistics.

Workplace injuries

Workplace injuries, many of which are preventable, result in significant direct and indirect costs to the public health system, injured employees, their families and co-workers.

Key prevention strategies include:

- consulting with staff
- identifying, assessing and controlling workplace hazards
- providing training
- regularly auditing public hospitals, using the NSW Health OHS audit tool.

Injury reduction targets, based on those set by the National Occupational Health and Safety (OHS) Improvement Strategy, have been included in area health service performance agreements.

Sick leave

Effective management and monitoring can reduce the amount of sick leave taken by staff. In turn, this should reduce the need, and additional cost of, staff replacement and reduce possible negative effects on service delivery and on other staff, where replacement staff is not readily available. Sick leave reduction targets, based on whole-of-government targets set by NSW Premier's Department, have been included in area health service performance agreements.

NSW Health is providing regular reports on progress against targets. A sick leave management policy and detailed supporting guidelines to assist area health services to meet these targets have been issued.

Nursing and Midwifery Workforce

Significant increase in the size of the nursing workforce

The total number of nurses and midwives permanently employed in the NSW public health system has steadily increased in the last four years, due to a number of Government-funded initiatives. At June 2009, 43,565 nurses were employed in full- and part-time permanent positions, a net increase of 4,440, or 11.3 per cent, from June 2005. The total number of permanent nurses (headcount) working in the NSW public health system has increased by 479 since June 2008.

Re-connect

The "Nursing Re-connect" initiative attracts nurses and midwives, who have been out of the nursing workforce, back to our hospitals. Nurses continue to be employed through the general and mental health Re-connect and the one year retention rate is 82.2 per cent. At June 2009, 1,896 nurses had been employed through this initiative, including 144 mental health positions. Rural area health services have employed 661 nurses through "Nursing Re-connect".

Overseas recruitment

Over 450 overseas qualified registered nurses and midwives were recruited to NSW public hospitals in 2008-09. More than 150 have been offered positions and are in the process of moving to NSW.

Overseas recruitment is managed centrally through Nursing and Midwifery's on-line database.

New graduates

A record 1,680 new registered nurses and midwives were employed in NSW public hospitals in 2008-09.

Retaining existing workforce

A number of initiatives to retain and enhance the skills of nurses/midwives in the NSW public health system were funded in 2008-09, with \$3.4M provided for 1,800 education scholarships. Nurses/midwife study leave received \$6M, allowing positions to be "backfilled". Funding of \$14.5M was provided for support for new general and midwifery graduates and ongoing clinical skill development, including "Essentials of Care" and "Take the Lead" projects.

Take the Lead

The nursing/midwifery unit manager (N/MUM) is the nurse in charge of a ward or unit. In recognition of the pivotal role these leaders play, following wide consultation, a series of initiatives was developed to support and strengthen their capacity and capability. Two education modules – Facilitating Critical Communication and Lean Thinking and Leadership – have been developed specifically to meet their needs. In 2008-09, nearly 600 N/MUMs have participated in two-day workshops. Evaluation shows that the workshops are providing skills and knowledge that allow them to influence change in their wards and units to deliver better patient outcomes.



Nurse Practitioners

NSW leads Australia with 147 nurse practitioner (NP) positions. The figure covers 83 authorised NPs and 64 nurses in transitional positions, working towards authorisation by the NSW Nurses and Midwives Board. Recruitment continues for nurse practitioners across the State.

Rural and Remote Workforce

The Rural Allied Health Scholarship Scheme

This provides support to undergraduates and to practising allied health clinicians working in rural and remote NSW. In 2008-2009, 60 scholarships were awarded to undergraduate students from a rural background. Clinical placement grants provide financial assistance for travel and accommodation of students who undertake placements in a rural area. In 2008-09, 402 clinical placement grants were awarded. Post-graduate scholarships towards the cost of further study, were awarded to 57 allied health clinicians working in rural and remote areas.

Mental Health Workforce

Mental Health Workforce Development Strategy

The NSW Mental Health Program Council has established a sub-committee specifically to build a mental health workforce development strategy. It oversees workforce initiatives to support public mental health services, current service delivery requirements and emerging priorities.

An interim report in November 2008, highlighted current mental health workforce activities and identified five priority projects for immediate gains. From these, MHDAAO has funded the NGO professional development scholarship program, providing \$1.56m over three years to establish Cert IV mental health as a baseline staff competency standard for mental health NGOs.

A mental health education training and support working group is consulting broadly to identify core capabilities for all mental health staff, with which to inform the development of an education and training and support framework, due in 2010.

Training in addiction medicine

There has been strong support and growing interest in the annual NSW Health Addiction Medicine Fellowship. The selection process is competitive, with seven applications in 2008-2009. The fellowship recipient is a GP who is training in Hunter New England AHS.

Five area health services have been funded for junior medical officer positions in addiction medicine. Three have filled the positions and an additional JMO was funded in HNEAHS in this period. Partial funding was provided to SESIAHS, NSCCAHS and NCAHS for four additional fellowship trainees in 2008-2009.

A five-month adolescent addiction medicine training rotation was recently established at the Children's Hospital at Westmead. It has been very successful and the hospital wants to continue. The establishment of this position is important, as there is currently no training dealing with both adolescent and addiction medicine.

The opioid treatment accreditation course (OTAC) aims to provide doctors with the knowledge and skills required to prescribe pharmacotherapies safely within the NSW Health opioid treatment program. It is delivered either in a face-to-face environment or online. During the reporting period, 47 participants successfully completed the course.

The Royal Australasian College of Physicians - Chapter of Addiction Medicine, has recently taken over the management of the advanced prescribers course, which is designed to teach opioid treatment program prescribers about the latest pharmacotherapies and prescribing guidelines. The course is now available online.

Approximately 180 GPs attended workshops titled 'Benzodiazepine patients – the dependent patient?' and 'Chronic Pain and Dependence - are we part of the solution or the problem?' They were presented by addiction medicine specialists in May 2009, at the General Practitioner and Conference Exhibition (GPCE). The workshops were positively evaluated by the participating GPs.

A behavioural health care module to enhance GPs' skills and confidence when managing difficult patients, has been successfully piloted and evaluated in NSW. Tenders will be sought to develop it further, in line with the recommendations of the pilot courses.

A series of free downloadable online medical lectures has been revised and enhanced and is now available on the University of Sydney Addiction Medicine website <http://www.addiction.med.usyd.edu.au/lectures/index.php>

Meetings with all NSW medical schools aimed to develop common learning objectives for the undergraduate addiction medicine curriculum and to share resources.

Supporting the training of mental health nurses

Since the Mental Health Connect Program started in April 2005, 143 nurses have been employed.

In 2008-09, 137 mental health nursing scholarships were provided to ENs and RNs working in, or seeking to work in, mental health. Overall, 719 scholarships have been funded since 2006, with provision to continue.

The Mental Health Transition Program provides three months orientation and foundation learning for nurses new to mental health. A working party has been developed through the mental health nurses advisory group (MHNAG) to standardise the program across NSW.

The NSW Health working group has developed and accredited the Advanced Diploma in Nursing (Mental Health) for ENs. This specialist training program will be available for delivery across NSW from 2008, once it receives VETAB recognition.

Sixteen mental health innovation scholarships, valued at \$10,000 each, have been allocated since 2006, including seven in 2008-09, for projects that demonstrate innovative nurse-led models of practice leading to improvements in patient care.

Aboriginal Workforce

Aboriginal environmental health officer training program

A review of the Aboriginal environmental health officer (EHO) training program in 2008-09, identified that it - the only one of its kind in Australia - has increased Aboriginality in the NSW Health environmental health workforce, over the last 10 years from 0 to 17 per cent. The trainee Aboriginal EHOs are employed in public health units, where they undertake study for a Bachelor of Applied Science degree by distance learning and also achieve workplace competencies.

Aboriginal nurses and midwives

NSW Health is committed to increasing the number of Aboriginal registered nurses, midwives and enrolled nurses in the public health system. Since 2004, NSW Health, in partnership with the Department of Premier and Cabinet, has provided 10 new Aboriginal undergraduate nursing/midwifery cadetship positions each year. NSW Health has employed 72 Aboriginal nursing and midwifery cadets, with 20 graduating and a further 29 still studying.

Starting in 2010, the program is being enhanced by the NSW Government's commitment to implement the National Partnership Agreement on Closing the Gap of Indigenous Health Outcomes.



Over the next four years cadetship positions will increase by:

- | 18 undergraduate midwifery positions (six new each year)
- | 54 undergraduate nursing positions (18 new each year)
- | 120 student enrolled nurse positions (40 new each year).

Education and Training

Core Competencies

The development of core competencies for beginning clinicians is considered a priority within Specialist Mental Health Services for Older People (SMHSOP), particularly in view of the high number of new clinicians entering the field and NSW Health's commitment to quality, safety and ongoing professional development.

The SMHSOP core competencies were developed through a two-phase consultation process. They have been endorsed by MHDAO's SMHSOP advisory group and the NSW Health Mental Health Program Council, for implementation on a trial basis in area mental health services. The competencies and measurement criteria have been distributed to area mental health service directors for dissemination and implementation.

The OPMH Policy Unit will work with the Institute of Psychiatry to develop a training package for managers, team leaders and clinical leaders, to support the core competencies and measurement criteria, their implementation and use in guiding recruitment, clinical supervision, performance review and professional development planning.

Additional Child Protection Training for Drug and Alcohol Staff

Education Centre Against Violence (ECAV) was engaged by the Mental Health and Drug and Alcohol Office in 2007-08 to conduct child protection training for drug and alcohol-related staff, both in NGOs and the area health services. The training is part of NSW Health's response to the NSW Ombudsman's Report of Reviewable Child Deaths. The purpose is to improve responses to child protection concerns and promote cultural change in the AOD sector. The training includes material on prenatal reporting, parental responsibility contracts and drug testing, as well as the legislative and policy context of child abuse and neglect. It is running as a pilot program, with 26 courses scheduled for 2009-10.

Behavioural and Psychological Symptoms of Dementia (BPSD) Training Project

The Older People's Mental Health (OPMH) Policy Unit recently conducted a survey of the specialist mental health services for

older people (SMHSOP) community workforce. Recommendations highlighted that both managers and clinicians ranked BPSD as their highest training priority for SMHSOP staff. The BPSD project will develop, implement and evaluate a training program for SMHSOP community and acute inpatient clinicians across NSW.

NSW International Dental Graduate Program

Now in its third year, the NSW International Dental Graduate Program accepts 10 overseas-trained dentists. It provides a supervised training and service delivery program, prior to candidates completing the final examination for registration in Australia. It provides placements in rural and regional NSW for a period of six months, which assists provision of dental services to these regions. Six of the 10 participants in 2008-09 have remained in rural areas – four in public practice and two in private. Another is working in a metropolitan area health service. There are plans to expand this successful program, with up to a further 10 participants in 2010.

Workforce Planning

Rostering Centre of Excellence

NSW Health provides a human resource intensive service. Effective planning and management of its human resources is an essential element of making better use of available health care staff in an environment of growing demand. NSW Health is embarking on the implementation of a five-year rostering program, with the aim of streamlining rostering work practices and developing and implementing an effective rostering information system.

The NSW Health rostering program will involve the development and implementation of three components:

- | Better practice rostering design
- | Contemporary electronic rostering system
- | Change management and training.

A small rostering centre of excellence will be established. It will be charged with developing and implementing a better practice rostering model and system for NSW Health staff.

National Registration

The Government continues to work collaboratively with other States and Territories to implement a national registration and accreditation scheme. Its primary focus is to provide a safeguard for the public, enable health professionals to move around the country more easily, reduce red tape and promote a more flexible, responsive and sustainable health workforce.

Workplace injuries

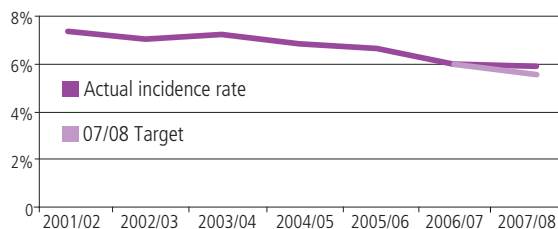
Desired outcome

Minimising workplace injuries as far as possible.

Context

Workplace injuries, many of which are preventable, result in significant direct and indirect costs to the public health system, injured employees, their families and their co-workers.

Workplace injuries (%)



Source: Treasury Managed Fund via WorkCover NSW

Interpretation

NSW Health as a whole, is performing well against the injury prevention target, with an overall reduction of 20 per cent in incident rate against baseline at June 2008. NSW Health met the public sector target of a 20 per cent reduction in workplace injuries by June 2007. It should also be recognised that the 20 per cent improvement comes on top of already significant decreases during earlier improvement initiatives between June

1998 and December 2002. In that time, NSW Health achieved an 18 per cent reduction in workplace injuries and a 15 per cent reduction in claims costs.

The National Occupational Health and Safety (OHS) Improvement Strategy and the NSW Government initiative *Working Together: Public Sector OHS and Injury Management Strategy 2005–2008* have set injury reduction targets, which have been included in area health service performance agreements.

To support area health services in meeting the targets, the NSW Health OHS audit tool (the OHS&IM Profile) was significantly updated to help measure performance and drive improvements. In addition, the NSW Health Registered Training Organisation developed OHS profile training materials for area health services to ensure they had access to appropriately trained OHS profilers.

Related programs and policies

- Workplace Health and Safety: Policy and Better Practice Guide
- Policy and Best Practice Guidelines for the Prevention of Manual Handling Incidents
- Protecting People and Property: Policy and Guidelines for Security Risk Management in Health Facilities (the Security Manual)
- Zero Tolerance Response to Violence in the NSW Health Workforce
- NSW Health Policy and Procedures for Injury Management and Return to Work.

Staff turnover - non-casual staff separation rate (%)

Desired outcome

To reduce/maintain turnover rates within acceptable limits to increase staff stability and minimise unnecessary losses.

Context

Human resources represent the largest single cost component for health services. High staff turnover rates are associated with increased costs of advertising for and training new employees, lost productivity and potentially a reduction in quality and safety and the level of services provided. Factors influencing turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and

organisational restructure. Monitoring over time will enable the identification of areas of concern and the development of strategies to reduce turnover.

Data required for this indicator comes from the State Premier's Workforce Profile (PWP) report. Not all data sets were available at the time of this report.

Note that high turnover can be associated with certain facilities, such as tertiary training hospitals, where staff undertake training for specified periods of time. Certain geographic areas attract overseas nurses working on short-term contracts.



Clinical staff as a proportion of total staff (%)

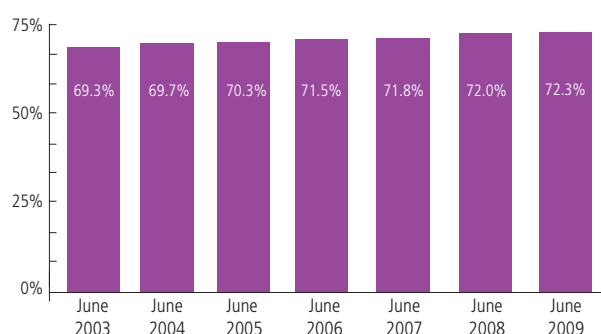
Desired outcome

Increased proportion of total salaried staff employed, that provide direct services or support the provision of direct care.

Context

The organisation and delivery of health care is complex and involves a wide range of health professionals, service providers and support staff. Clinical staff comprise medical, nursing, allied and oral health professionals, ambulance clinicians and other health professionals, such as counsellors and aboriginal health workers. These groups are primarily the front-line staff employed in the health system.

Medical, nursing, oral health practitioners, ambulance clinicians, allied health and other professionals, as a proportion of total staff (%)



In response to increasing demand for services, it is essential that the numbers of front-line staff are maintained in line with that demand and that providers re-examine how services are organised, to direct more resources to front-line care.

Note that the primary function of a small proportion of this group may be in management or administration, providing support to front-line staff.

Interpretation

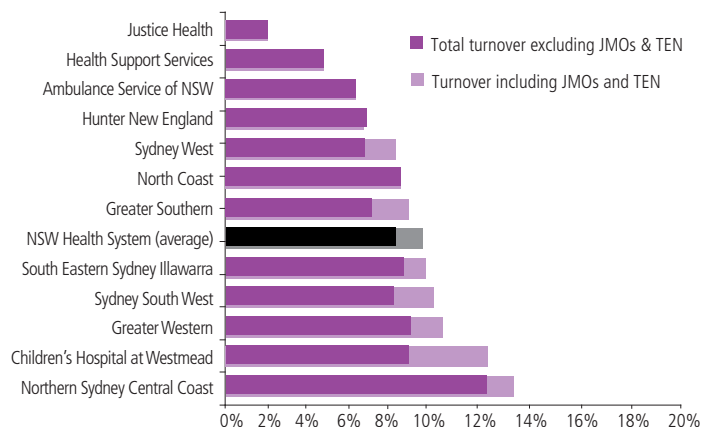
From June 2003 to June 2009, the percentage of clinical staff as a proportion of total staff increased from 69.3 to 72.3 per cent, with an additional 11,915 health professionals working in the public health system. From 20 June 08 to 20 June 09, the NSW public health system employed an additional 275 doctors and 103 nurses. Those increases reflect the on-going commitment of NSW Health and its health services to direct resources to front-line staff to meet strong growth in demand.

Among the ways to achieve the desired outcome, are the continuation of strategies aimed at recruitment and retention of clinical staff within the system and of the shared services and corporate reform strategies.

Interpretation

In 2008-09, the average turnover for non-casual staff employed within the health system was 10.9 per cent (9.4 when excluding junior medical officers - JMOs and trainee enrolled nurses - TENS). Northern Sydney Central Coast AHS recorded the highest turnover at 15.9 per cent (14.4 when excluding JMOs and TENS).

As noted above, factors influencing turnover vary considerably between hospitals and health services. Those with tertiary training facilities have higher turnover of medical and nursing staff. Strategies to achieve the desired outcomes include flexible and family-friendly work policies.



Sick leave

Desired outcome

Reduce the amount of paid sick leave taken by staff.

Context

Effective management and monitoring can reduce the amount of sick leave taken by staff. This in turn, should reduce the need for and additional cost of, staff replacement. It should also reduce possible negative effects on service delivery and on other staff, where replacements are not readily available.

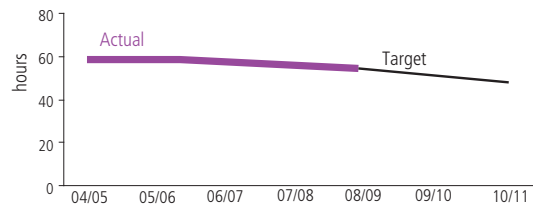
Interpretation

There has been a reduction in sick leave from 2004-05 to 2008-09. This forms the baseline for future sector-wide improvements.

Related policies and programs

Sick leave reduction targets, based on whole-of-government targets set by Premier's Department, have been included in area health service performance agreements and the department provides regular reports on progress. Policy directive Managing Sick Leave: Policy, Procedures and Eligibility (PD2006_063) provides support to area health services in managing sick leave and meeting the targets.

Sick leave – annual average per FTE (hours)



Source: Premier's Workforce Profile (PWP) and Health Information Exchange

Aboriginal staff

Desired outcome

To meet and exceed the Government's policy of 2.2 per cent representation of Aboriginal and Torres Strait Islander staff in the NSW Health workforce. Additionally, the "Two Ways Together: Economic Development Action Plan 2005-2007" projected this minimum benchmark to 2.4 per cent in 2013.

Context

NSW Health is committed to provision of health services to Aboriginal people, to assist in closing the health gap and improving their overall health and well-being. To achieve this objective, the department has identified the significance of achieving current and future benchmarks in the recruitment and retention of Aboriginal staff.

Strategies to increase the number of Aboriginal and Torres Strait Islander staff will assist the improvement of health by significantly increasing employment opportunities for Aboriginal people, through the development of affirmative action policies which focus on recruitment, training and career development.

Interpretation

There has been an increase in Aboriginal staff from 2005-06 to 2008-09. This is the result of better representation in the

growth of the workforce, demonstrating that NSW Health is undertaking better recruitment, training and career development for Aboriginal and Torres Strait Islander people.

Related policies and programs

Continuation of strategies aimed at recruitment and retention of Aboriginal staff within the NSW Health system. Some strategies/policies include, but are not restricted to:

- 1 *Aboriginal Workforce Development Strategic Plan 2003-2007*, NSW Department of Health (2003)
- 1 *NSW Health Workforce Action Plan*
- 1 *Aboriginal Employment Strategy for the Year 2000 and Beyond*, NSW Department of Health (1997).

Aboriginal staff as a proportion of total (%)



Source: Premier's Workforce Profile (PWP)

Strategic Direction 7

BE READY FOR NEW RISKS AND OPPORTUNITIES



Ensuring the NSW health system is ready for new risks and opportunities

Being aware of NSW Health's major risks and integrating risk management into our planning and decision-making processes enables us to meet our objectives of protecting, promoting and maintaining the health of the people of NSW.

Policy distribution system for NSW Health

In May 2009, the Corporate Governance & Risk Management Branch issued *Policy Directive PD2009_029: Policy Distribution System*. As well as establishing a new format for policy documents, it requires health services and NSW Health branches to have mechanisms in place to monitor the implementation of policy requirements.

A review of systems established by health services to distribute policy documents and to monitor their implementation, will be conducted in the second half of 2010.

Service check register

In January 2009, NSW Health introduced a new policy and established a service check register (SCR) for area health services.

The SCR is an electronic Statewide database. It contains records of actions taken during, or at the conclusion of, an investigation into a serious disciplinary matter. These include restrictions on duties, suspension, dismissal, termination, or not renewing the appointment of a staff member or visiting practitioner.

All full-time, part-time, temporary and casual staff of NSW health services and all visiting practitioners, must be checked against the SCR as part of recruitment, or before actions arising out of a disciplinary process are finalised. Inclusion on the register does not automatically preclude a person from employment or appointment.

The role of the SCR is to alert staff involved in recruitment or disciplinary processes, to the existence of previous matters that may be relevant when making an offer of employment or appointment, or when finalising a disciplinary process.

Technology (ICT) Infrastructure Strategy

The strategy is to establish a comprehensive, robust, clinical-grade ICT infrastructure platform and an associated best practice management framework. It will support the implementation of a portfolio of strategic ICT initiatives, designed to ensure that the basic clinical, corporate and business information systems needed to run an effective and high quality health system, are in place.

Phase 1, which has been funded by Treasury from 2009-10, will upgrade Statewide networks and support the continued roll-out of clinical information systems, such as electronic medical record and medical imaging.

Enterprise risk management

The department issued a new policy: *Risk Management – Enterprise-wide Policy and Framework – NSW Health*, in June 2009.

NSW Health is committed to implementing enterprise-wide risk management to suitably address opportunities and threats. The aim is to maintain and improve performance and achievement of identified objectives.

For risk management to be effective across the NSW health system, the approach needs to be consistent, standardised and integrated with activities in all areas relevant to risk.

The purpose is to stress the commitment of the department to implementing enterprise-wide risk management and to identify the key components that must be implemented by NSW Health entities. The associated framework provides information on the roles, responsibilities, processes and procedures, standards, tools and documentation to be used for managing risk within NSW Health.



Identification and management of medical practitioners in compliance with registration conditions

The department issued a new policy directive in December 2008, introducing requirements to ensure that all medical practitioners engaged by NSW public health organisations, whether employed, or contracted directly or indirectly, are practising in compliance with their registration and any conditions imposed by the NSW Medical Board.

Health services must implement and periodically review procedures to verify compliance. Such verifications must be reported to NSW Health.

Build capacity to identify and respond to infectious disease emergencies

Communicable Diseases Branch revised public health protocols for meningococcal disease and pertussis. A two-day workshop promoted evidence-based public health management of food-borne disease.

Preparedness for infectious disease and other public health emergencies

The Biopreparedness Unit was established in 2006 for preparation and response to large-scale infectious disease emergencies, such as an influenza pandemic, emerging infectious diseases and bioterrorism. The role has since expanded to include public health aspects of man-made and natural disasters and mass gatherings.

NSW Health allocated \$3M for preparedness for infectious disease and other public health emergencies, with an additional \$10.5M for personal protective equipment and anti-influenza medication for the State medical stockpile.

Pandemic influenza

Plans have been developed, in the event of an influenza pandemic, for detection and management of cases and contacts and continuity of health services, businesses and the community. Activities include development of electronic public health communications and specific signage, procedures for mass vaccination, laboratory testing, distribution from the State medical stockpile and infection control.

These strategies have been tested by the emergence of the pandemic (H1N1) influenza strain and the declaration by the World Health Organisation of a global pandemic in June 2009. They will be revised in light of the recent experience.

Planning is now underway for a mass vaccination process to enhance the protection of the people of NSW.

Disease Surveillance

The Public Health Real-time Emergency Department Surveillance System (PHREDSS) was established in 2003 to provide intelligence on emerging health risks. Ambulance despatch information was added to PHREDSS in 2008 and the system successfully monitored the health status of pilgrims arriving for the 2008 World Youth Day event.

Its value was fully realised with the arrival of pandemic influenza in Australia in 2009. It continues to provide current information on regional spread and the age groups affected, as well as assessment of impact on the NSW health system.

Public health emergency exercises

NSW Health planned and participated in multi-agency discussion and field exercises, including:

Exercise Sustain '08: national whole-of-government desktop exercises examined the impact of widespread pandemic influenza on industry, community and communications

Exercise Kip: multi-agency radiation emergency response exercise.

Mental Health Disaster Planning

The Mental Health Disaster Advisory Group is chaired by the NSW Mental Health Controller and leads the planning for disaster mental health. The major objective is to enhance the capacity of mental health services to respond effectively to a major event or disaster affecting NSW residents.

Major activities in 2008-09 include:

- 1 Disaster mental health guidelines developed to assist area mental health services in developing response plans, in line with NSW Health Plan



- | Mental health helpline activated in response to World Youth Day, Mumbai terrorist incident and swine flu (for people in quarantine), providing mental health triage, support, information and referral to local services as required
- | Mental health disaster training and development program – level 2 training conducted in April 2009, including clinical skill development in evidence-based interventions for post-trauma work
- | Strategic linkages with other key agencies in pandemic planning, counter-terrorism planning, World Youth Day, community recovery and planning for major evacuation centres. This involves identifying mental health roles and responsibilities, providing expertise on mental health impacts and effective preparation, response and recovery measures and participation in Statewide exercises to test plans.
- | **World Youth Day** - development of mental health consultation, assessment and referral mechanisms for use at onsite medical units, advice prepared for use at accommodation sites, risk assessment and management planning, frequent liaison with area mental health directors
- | **Swine flu** - advice prepared to assist those providing assistance to people in quarantine, weekly teleconferences with area mental health directors to address issues impacting on mental health services
- | **Pandemic planning** - planning guidance prepared and disseminated for provision of core mental health services in a pandemic to assist area mental health directors
- | Newcastle Institute of Public Health – Hunter Medical Research Institute (\$1,749,881)
- | Australian Rural Health Research Collaboration, University of Sydney (\$1.75M)
- | Consortium for Social and Policy Research on HIV, Hepatitis C and related diseases, University of NSW (\$1,253,993)
- | Research Centre for Primary Health Care and Equity, University of NSW (\$1,714,433)
- | Centre for Health Informatics, University of NSW (\$1,583,329)
- | Centre for Infectious Diseases and Microbiology – Public Health (\$1.75M)
- | Centre for Health Service Development, University of Wollongong (\$350,000).

A review in late 2008, found that the program had increased the success of funded organisations in attracting research funding and in the translation of research into policy and practice. Applications were invited for round three of the program in July 2009.

Information and Communications Comorbidity Clinical Guidelines

The NSW Health clinical guidelines, for the care of persons with a co-existing mental health and substance use disorder in acute care settings, have been completed.

They are based on a comprehensive review of the current literature on comorbidity, with experts in the field writing and reviewing papers based on the current level of evidence.

The papers and reviews were used for a workshop in October 2008, where the implications for clinical guidelines were distributed among attendees and consensus gained for the best approach to the management of particular issues.

The guidelines were developed under the direction of a clinical advisory group and approved in November 2008, with printing to be finalised in July 2009.

A launch and implementation strategy for the guidelines is in development.

Investment in Drug & Alcohol Research and Mental Health Research

In 2008-09, \$485,000 was awarded through the NSW Health drug and alcohol research grants program, with individual grants ranging from \$15,000 to \$85,000 for 12 projects selected through a competitive process. NSW Health co-ordinated the selection process, in association with the research

Other highlights

Ethical and Scientific Review of Research

Substantial improvements have been made across NSW Health since the introduction, in July 2007, of a system of single ethical and scientific review of multi-centre research. Under this model, every research project is ethically and scientifically reviewed once only, by a lead human research ethics committee (HREC). In 2008-09, 609 multi-centre projects were reviewed by a lead HREC. A further 802 single-centre projects were reviewed by a NSW Health HREC. An independent evaluation of the system is currently underway.

Capacity Building Infrastructure Grants Program

In the third year of its second round, the Capacity Building Infrastructure Grants (CBIG) Program strategically supports research in public health, health services and primary health care which aligns with NSW Health priorities. Under round two of the program, grants were awarded to seven NSW research organisations:

sub-committee. Research proposals addressed four priority areas identified through a consultation process with key stakeholders.

They were:

- | workforce
- | alcohol interventions
- | psychostimulants
- | other clinical programs.

The projects covered:

- | Addiction pharmacotherapy in private rural general practice
- | Sexual health of women in drug and alcohol treatment
- | Improving parenting risk assessment in high-risk drug and alcohol populations
- | Offense-related debt amongst substance-using offenders
- | Stepped care for patients with alcoholism and panic disorder
- | Addressing opioid toxicity
- | Linkage studies on a cohort entering methadone treatment
- | An Randomised Controlled Trial (RCT) of unsupervised buprenorphine-naxoline versus waiting list control
- | An attachment-based group parenting intervention for substance-using mothers
- | Modification and validation of treatment outcome instrument in three opioid pharmacotherapy treatment settings
- | The effects of methadone, alone and in combination with alcohol and Alprazolma, on simulated driving performance.

In August 2008, the Mental Health and Drug and Alcohol Office held a colloquium to present the key findings from the field of funded research. The event showcased and promoted completed studies and created awareness of the type and standard of research being funded and conducted.

Mental Health Research

In May 2008, funding was provided to establish a research program into the epidemiology and population health of schizophrenia, including a chair position.

Australia's first Chair in Schizophrenia Epidemiology and Population Health was appointed in May 2009. The funding will complement and enhance the research programs of the Macquarie Group Foundation Chair in Schizophrenia Neurobiology and the Hunter Medical Research Institute funding, to research susceptibility to mental illness across two large NSW population groups.

In June 2009, the Schizophrenia Research Institute (SRI) was provided funding to support a research project to test the effectiveness of an existing brain hormone receptor stimulating medication in stimulating brain activity, to improve planning, social skills and daily functioning in people with schizophrenia.

Funding was provided to the University of Western Sydney to conduct research to examine families and children and their adaptation to the global financial crisis and other major challenges. The aim is to develop resources to build resilience and mitigate mental health impacts.

Illicit Drug and Alcohol Monitoring Group

The NSW Health-led Illicit Drug and Alcohol Monitoring Group reconvened in 2008, to provide cross-agency advice to the Government on emerging trends in the use of alcohol and illicit drugs. NSW Health has driven the development of a series of comprehensive reports on drug and alcohol trends at an international, national and State level, that will soon be submitted to the Government.



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Our Performance

AGAINST 2008-09 BUDGET ALLOCATION

NSW Health is the major provider of health services to the NSW public and comprises around 27% of NSW General Government Sector expenditures as compared to 23% a decade ago.

The Operating Statement identifies that total expenses for 2008-09 amounted to \$13.84 billion which is a 5.5% increase over 2007-08. An average of \$37.92 million is expended each day.

User charges, where applied, are not based on full cost recovery or on commercial returns and instead reflect a contribution to the operating costs of 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 2009, this net cost was \$12.04 billion compared with \$11.30 billion in 2007-08.

The Department's Operating Statement for year ended 30 June 2009 has been prepared in accordance with NSW Treasury Reporting Code for Budget Dependent General Government Sector Agencies. Under the reporting requirements of the Code, NSW Health's Operating statement reports its actual Net Cost of Services result as \$12.04 billion which is a \$376 million (3.2%) variance to the reported 2008-09 Budget.

In reporting the Department's 2008-09 budget, the Code does not allow for the inclusion or recognition of a range of approved budget increases that have been provided to the Department during 2008-09. These intra year approved budget increases include approved increases granted from the NSW Treasurer's Advance (\$83M), specific Budget Committee of Cabinet approved increases (\$124M) and approved budget increases to recognise Actuarial review and assessment for leave provisions (\$120M).

Details of these variations are included at Note 40 of the Department's audited financial statements for 2008-09.

On the basis of recognising the additional approved budget adjustments identified at Note 40, the Department's actual Net Cost of Service result was effectively an on budget result for the 2008-09 year.

The NSW Government increased its funding for operating and capital needs to the NSW Department of Health from the Consolidated Fund by \$969 million or 9.0% to \$11.724 billion in 2008-09.

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 Operating Statement, capital expenditure is not treated as an expense. By its nature, it is reflected in the Balance Sheet.

The amount the Department receives from year to year for capital purposes varies in line with its Capital Works Program but does influence the amount reported as the "Result for the Year". 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:

- \$8.55 billion for salaries and employee related expenses (\$7.96 billion in 2007-08)
- \$87 million for food (\$89 million in 2007-08)
- \$1.19 billion for drugs, medical and surgical supplies (\$1.16 billion in 2007-08)
- \$92 million for fuel, light and power (\$81 million in 2007-08)
- \$535 million for visiting medical staff (\$520 million in 2007-08)

The financial statements identify that, whilst \$480 million was charged for depreciation and amortisation on Property, Plant & Equipment and Intangibles, an amount of \$696 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 2001 the total assets of NSW Health have increased by \$4.445 billion or 64% to \$11.41 billion. The most significant movement has been the increase in Property, Plant & Equipment and Intangible Assets of \$3.689 billion or 59% 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 2001 to \$914 million flowing from factors such as increased monies held as restricted assets (eg donations) of \$410 million, increased Salaries & Wages accruals of \$163 million and increased taxation, superannuation and payroll deductions of \$112 million duly adjusted for other balance sheet movements. The cash/other financial asset movement in 2008-09 was an increase of \$50 million.

Total Liabilities since June 2001 have increased by some \$2.223 billion or 129% to \$3.95 billion. This generally comprises:

- an increase in Payables of \$660 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.
- an increase in Employee entitlements or Provisions of \$1.38 billion due to various Award movements that have occurred together with changes in the measurement of leave values to accord with revised Australian Accounting Standards.
- an increase in Borrowings of \$162 million due principally to contractual arrangements for various Private/Public Partnerships for the construction of infrastructure.

Health Services Liquidity and Creditor Payments - 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 and, where liquidity management is found to be deficient, requires relevant health services to improve performance and implement strategies. The Department

monitors progress, both in the short term and on a long term basis to achieve acceptable payment terms to suppliers.

Performance at balance date in the past three years against Trade Creditor benchmarks reported by Health Services is:

	30 June 2007	30 June 2008	30 June 2009
Value of General Accounts not paid within 45 days, \$M	0	75.1	69
Number of Health Services reporting General Creditors > 45 days	0	7	6

The Department has set a benchmark that creditor payments should not exceed 45 days from receipt of invoice.

In 2008-09 six Health Services did not achieve the 45 day requirement at 30 June 2009. The Department continues to work with Health Services to effect improvements in creditor payment and management with further requirements being imposed in 2008-09 to ensure that acceptable payment processes are observed, e.g.

- any Health Service which has creditors over its targeted benchmark is required to articulate how the creditor problem will be eliminated, reduced or otherwise managed. The Health Service is to continually monitor and report on its compliance with the benchmark.
- when a Health Service is contacted by a supplier about non or late payment of an account, the Director of Financial Operations is the responsible Health Service executive to satisfactorily resolve the matter. All commitments given to suppliers in respect of future payment arrangements are to be honoured by the Health Service concerned.
- Health Services are to apply best practice protocols for dealing with enquiries from suppliers, e.g. a dedicated telephone number for enquiries, an indication of such phone number and terms of payment on the purchase order and the monitoring of calls from suppliers.

General Creditors > 45 days at the end of the year

Desired outcome

Payment of general creditors within agreed terms.

Context

The department monitors creditor performance weekly. Where liquidity management is found to be deficient, it requires relevant health services to improve performance and implement strategies. The department monitors progress, both short- and long-term, to achieve acceptable payment terms to suppliers.

Performance at balance date in the past six years against trade creditor benchmarks reported by health services is:

Date	Value of General Accounts not paid within 45 days (\$M)	Number of Health Services reporting General Creditors 45 days
30 June 2004	7.5	3
30 June 2005	13.2	4
30 June 2006	1.3	1
30 June 2007	0	0
30 June 2008	75.2	6
30 June 2009	69.3	6

Since 2004-05, the department has set a benchmark that creditor payments should not exceed between 35 and 45 days from receipt of invoice.

The health services reporting creditors over 45 days at 30 June 2009 are as follows:

Health Service	\$M
South Eastern Sydney Illawarra	12.0
Sydney West	14.3
Northern Sydney Central Coast	15.2
North Coast	7.4
Greater Southern	10.5
Greater Western	9.8
Total	69.2*

*A further three with creditors over 45 days totalling \$81K can be attributed to timing issues.

Related policies and programs

The department has introduced weekly reporting of creditors since November 2008 and has also implemented improved business processes for liquidity management.

Net cost of service – general fund 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
- ▮ operating result of business units (e.g., pathology services) covering a number of health services and which would otherwise distort the host service's financial performance
- ▮ effect of special projects only available for the specific purpose (e.g., oral health, drug and alcohol).

Interpretation

Four health services contributed significantly to the unfavourable 2008-09 total, i.e., Sydney West, Northern Sydney Central Coast, North Coast and Greater Western. The results reflect the significant pressures on budgets, particularly in responding to increases in activity and patient flows to/from other States and Territories.

In controlling budgetary performance, it will be appreciated that employee-related expenses constitute the major category.

For 2009-10, the department requires chief executives to set and achieve monthly staff targets. This will be closely monitored and departmental intervention will be considered if targets are not achieved. The department also requires the development of financial strategies to address the budgetary problems experienced in 2008-09.

Health Service	2008-09 Budget	Variation from Budget	
	\$M	\$M	%
Sydney South West	1,814.4	(6.6)	(0.4)
South Eastern Sydney Illawarra	1,505.0	11.2	0.7
Sydney West	1,452.2	31.8	2.2
Northern Sydney Central Coast	1,222.3	37.9	3.1
Hunter New England	1,290.1	6.0	0.5
North Coast	757.9	27.5	3.6
Greater Southern	702.8	13.9	2.0
Greater Western	604.0	37.4	6.2
NSW Ambulance Service	436.8	(2.9)	(0.7)
Children's Hospital at Westmead	44.8	5.2	11.6
Justice Health	96.8	(1.5)	(1.5)
Issued Budgets	9,927.1	159.8	1.6
2008-09 Result	9,302.2	159.4	1.7



Major Funding Initiatives

FINANCIAL YEAR 2008-09

The 2008-09 State Expenditure Budget was \$13.151 billion, ie, a 5.0% increase over the initial budget for 2007-08.

As indicated in the NSW Government Budget Papers for 2009-10 performance in key areas has improved considerably in the past three years at the same time as significant increases in activity.

Key features of the 2008-09 recurrent expenditure on health care in NSW included:

- \$17.8M to expand Medical Assessment Units (MAU) and provide 72 new MAU beds in 2008-09.
- \$19.8M to fund 160 extra community-based places in 2008-09.
- \$1.2M on the expansion of after-hours General Practice Clinics to further locations including Mona Vale and Canterbury Hospitals.
- \$3.3M to further develop HealthOne's focus on health promotion and protection to ease the burden of ill health, especially chronic disease.
- \$2.7M (\$19.1M over four years) to improve Aboriginal early childhood health services.
- \$1M (\$15.2M over four years) to enhance Housing and Accommodation Support Initiative (HASI) for Aboriginal people.
- \$4M for recruitment and retention of public oral health practitioners state-wide as the third stage of a \$40M program to improve dental services.
- \$32M in statewide services; including funding for extra intensive care beds, bone marrow transplantation, spinal injuries and severe burns.
- 4 Intensive Care beds (Royal Prince Alfred, Wollongong, Nepean & Westmead), 1 Paediatric Intensive Care bed (Sydney Children's Hospital), & 1 neo-natal intensive care cot (Nepean).
- \$32M to purchase specialist medical equipment such as feeding pumps, blood pressure machines and operating theatre equipment.
- \$12.9M for an additional 52 acute beds.
- \$29.7M Commonwealth funding to reduce elective surgery waiting lists and a nominal provision for the Commonwealth surgical equipment initiative (\$50.6M to NSW in total).
- \$5.7M (\$46.4M over four years) for maternity recruitment with emphasis on collocating intensive and neonatal intensive care services.
- \$7.2M to recruit 75 additional full-time ambulance staff in the Sydney area.
- Enhancing the Clinical Nurse Educators (CNEs) initiative by a further 120 to give 200 by 2011/12 the new enhancement commencing with 18 in 2008-09 (\$2.6M additional funding in 2008-09).
- \$3.5M to fund ten-hour night shifts in John Hunter, Blacktown, Mt Druitt, Gladesville/ Macquarie, Dubbo and Macksville hospitals.
- \$19M to fully fund the operating cost of the new Forensic Hospital at Long Bay.
- \$2.6M to expand the child and adolescent mental health program.



Initial cash allocations in 2008-09 to health services were increased by over \$447 million or on average by 4.7% compared to 2007-08 as follows:

HEALTH SERVICE	2008-09 \$M	2007-08 \$M	Increase	
			\$M	%
Sydney South West Area Health Service	1,879.3	1,800.5	78.8	4.4
South Eastern Sydney/Illawarra Area Health Service	1,790.4	1,714.4	76.0	4.4
Sydney West Area Health Service	1,342.4	1,291.1	51.3	4.0
Northern Sydney/Central Coast Area Health Service	1,257.6	1,219.5	38.1	3.1
Hunter/New England Area Health Service	1,179.3	1,129.6	49.7	4.4
North Coast Area Health Service	717.7	681.0	36.7	5.4
Greater Southern Area Health Service	569.1	536.7	32.4	6.0
Greater Western Area Health Service	510.1	486.5	23.6	4.8
The Children's Hospital at Westmead	218.9	209.3	9.6	4.6
Ambulance Service	340.5	316.3	24.2	7.7
Justice Health	122.4	95.3	27.1	28.4
Total	9,927.7	9,480.2	447.5	4.7

Note: These figures reflect initial Net Cash Allocations for 2007/08 and 2008-09.

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 has been achieved by tabling the 2008-09 annual reports of each Health Service before Parliament. For these purposes the report of each Health Service should be viewed as a volume of the Department of Health's overall report. Key indicators and comparatives at a Consolidated NSW Health level are:

NSW Health Key Financial Indicators

	2008-09 (\$M)	2007-08 (\$M)	Increase on previous Year (\$M)	Increase on previous Year (%)
Expenses	13,841	13,117	+724	+5.5
Revenue	1,864	1,870	-6	-0.3
Net Cost of Service	12,042	11,298	+744	+6.6
Recurrent Appropriation	11,202	10,353	+849	+8.2
Capital Appropriation	522	402	+120	+29.9
Net Assets	7,462	7,490	-28	-0.4
Total Assets	11,408	11,049	+359	+3.3
Total Liabilities	3,947	3,559	+388	+10.9

2008-09 Total Expenses Comparisons

Expenses include:	2008-09 (\$M)	2007-08 (\$M)	2006-07 (\$M)	2005-06 (\$M)	2004-05 (\$M)
Salaries and employee-related expenses	8,547	7,959	7,394	6,961	6,381
Food	87	89	82	81	75
Drugs, medical and surgical supplies	1,188	1,165	1,040	918	842
Fuel, light and power	92	81	78	72	64
Visiting medical staff	535	520	468	441	402

Movement in Key Financial Indicators over the last 6 years

	June 2009 (\$M)	June 2008 (\$M)	June 2007 (\$M)	June 2006 (\$M)	June 2005 (\$M)	June 2004 (\$M)
Assets						
Property, Plant & Equipment & Intangibles	9,935	9,656	9,083	8,729	8,391	7,426
Inventories	135	105	115	108	72	66
Cash & Financial Assets	914	864	907	860	868	683
Receivables	373	390	317	295	234	162
Other	52	34	27	28	27	43
Total	11,409	11,049	10,449	10,020	9,592	8,380
Liabilities						
Payables	1,008	1,052	751	711	690	543
Provisions	2,599	2,331	2,179	2,002	1,700	1,507
Borrowings	267	101	36	48	82	109
Other	73	75	42	75	64	65
Total	3,947	3,559	3,008	2,836	2,536	2,224
Equity	7,462	7,490	7,441	7,184	7,056	6,156

NOTE: Source for all above tables is the Audited Financial Statements

2009/10 and Forward Years

In 2009-10 \$14.5 billion has been provided for health service delivery, a 10.2% increase or \$1.34 billion more than the previous year.

The growing and ageing population exerts increasing pressures on the resources available and health service managers are required to respond to these challenges in the provision of quality health care.

The 2009-10 budget contains \$117 million to deliver the practical initiatives in the Government's "*Caring Together: The Health Action Plan for NSW*" to help doctors, nurses and allied health staff focus on patient care.

Caring Together initiatives for 2009-10 include:

- \$44M for 500 Clinical Support Officers who will enable doctors and nurses to spend more time caring for patients and less time on paperwork
- \$13.3M for Emergency Physicians
- \$8.6M for 64 new Clinical Pharmacists who will improve patient safety by monitoring the type, quantity, past use and combination of prescription medicines, educate patients about their prescribed medications and advise junior doctors and nurses on the best use of medicines
- \$7.4M to promote a positive culture and for training programs to prevent bullying
- \$6.8M for 45 additional rural junior medical doctor positions
- \$6.35M for improved cleaning services
- \$3.9M for on the job training
- \$3.7M for 30 new Clinical Initiative Nurses who will improve communication with patients and their families in the Emergency Department waiting room, organise x-rays so results are available when the patient is seen by a doctor and organise pain relief or a reassessment of priority for a patient if their condition changes while waiting
- \$3M to employ more support staff to ensure single sex rooms and areas wherever possible
- \$2.8M for additional allied health coverage for ward rounds
- \$2.3M to assist rural patient transport and accommodation for clinical care (IPTAAS).

A key reform to ensuring the NSW Health system will continue to meet the demands of the population is the provision of Medical Assessment Units, where elderly and fragile patients are treated quickly, as an Emergency Department is not often the best place to provide treatment. The 2009/10 budget provides \$17.7 million for 6 new Medical Assessment Units (MAU) and the expansion of another 6 units, providing an additional 69 MAU beds.

106 additional beds (including the MAUs) across NSW to meet ongoing demand, as well as \$11.9 million for more than 7,900 community-based residential or aged care places to relieve pressure on the health system.

Funding includes:

- \$9.4M for an additional 30 hospital beds
- \$3M for three additional Intensive Care beds at John Hunter, St George and Gosford hospitals
- \$3M for three additional neo-natal beds at Royal Hospital for Women (2) and one at Children's Hospital at Westmead and
- \$900,000 for providing additional high risk maternity bed capacity at Royal Hospital for Women.

Other key initiatives of the 2009-10 health budget include:

- An extra \$10M for community-based mental health programs including services for older people, mental health emergency care, rehabilitation and state-wide telephone access now totalling more than \$60M annually
- \$7.7M to expand renal services including additional renal dialysis chairs, intensive therapy capacity, home dialysis support and prevention and education programs
- \$5M for services to children with rare and complex conditions



- \$4.8M to expand maternity services including midwives positions and obstetricians
- \$3.8M for expanding the Aboriginal Housing and Accommodation Support Initiative (HASI)
- An extra \$2.8M making an annual total of \$5.5M for the Building Strong Foundations for Aboriginal Children, Families and Communities strategy, to ensure quality access to early childhood health services for Aboriginal families
- The investment of \$3.6M in the Government's "*Keep Them Safe: A Shared Approach to Child Wellbeing*" action plan, to establish a Child Well-being Unit within NSW Health – part of a \$14.4M project over four years to improve the health and safety of children
- NSW Health will also provide \$3.6M to non-government agencies to establish Regional Intake and Referral Services – part of a \$23.5M four-year commitment to improve access to community support services for vulnerable children and families.
- Other initiatives aimed at improving the well-being of children:
 - \$2M for better services for families where parents have mental illness – part of a progressively increasing \$14M four-year allocation
 - \$3M for coordination of health assessments for children and young people in out-of-home care – part of a \$12M four-year allocation
 - \$2M to extend trial of Sustained Health Home Visiting programs for children at risk – part of a \$8M four-year allocation
 - \$2M for better services for families where parents have drug and alcohol problems – part of an \$8M four-year investment
 - \$1.9M for new therapeutic programs for children and young people who display abusive behaviour – part of a \$7.7M four year allocation.

It is expected that the Commonwealth – NSW partnership in the provision of new health infrastructure and key services like dental, cancer, maternity and elective surgery will support and complement the NSW Government's *Caring Together* health action plan.

Independent Audit Report

FOR THE YEAR ENDED 30 JUNE 2009
NSW DEPARTMENT OF HEALTH



GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT NSW Department of Health

To Members of the New South Wales Parliament

I have audited the accompanying financial report of the NSW Department of Health (the Department), which comprises the balance sheets as at 30 June 2009, the operating statements, statements of recognised income and expense, cash flow statements, service group statements and summary of compliance with financial directives for the year then ended, a summary of significant accounting policies and other explanatory notes for both the Department and the consolidated entity. The consolidated entity comprises the Department and the entities it controlled at the year's end or from time to time during the financial year.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Department and the consolidated entity as at 30 June 2009, and of their financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005

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

Director-General's Responsibility for the Financial Report

The Director-General is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Director-General, as well as evaluating the overall presentation of the financial report.



I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

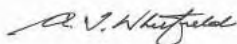
My opinion does *not* provide assurance:

- about the future viability of the Department or consolidated entity,
- 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.

Independence

In conducting this audit, the Audit Office of New South Wales has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A 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 of New South Wales are not compromised in their role by the possibility of losing clients or income.



A T Whitfield
Deputy Auditor-General

8 October 2009
SYDNEY

Certification of Accounts

FOR THE YEAR ENDED 30 JUNE 2009
NSW DEPARTMENT OF HEALTH

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 2009 have been prepared in accordance with the requirements of applicable Australian Accounting Standards (which include Australian Accounting Interpretations), 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.
- (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.



John Roach
Chief Financial Officer



Debora Picone
Director-General
7 October 2009



Operating Statement

FOR THE YEAR ENDED 30 JUNE 2009
NSW DEPARTMENT OF HEALTH

PARENT				Notes	CONSOLIDATED		
Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000			Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000
			Expenses excluding losses				
			Operating Expenses:				
127,243	129,126	121,938	– Employee Related	3	8,546,559	8,227,410	7,959,424
462,328	489,005	489,005	– Other Operating Expenses	4	3,834,744	3,784,313	3,674,765
4,338	5,099	5,099	Depreciation and Amortisation	5	479,689	459,894	448,619
11,283,779	11,281,955	10,404,775	Grants and Subsidies	6	957,980	958,031	1,026,945
238	238	799	Finance Costs	7	22,458	15,201	7,629
11,877,926	11,905,423	11,021,616	Total Expenses excluding losses		13,841,430	13,444,849	13,117,382
			Revenue				
75,080	96,261	96,261	Sale of Goods and Services	8	1,378,020	1,299,867	1,319,671
12,101	18,029	18,029	Investment Revenue	9	58,254	75,040	60,252
78,534	75,372	93,372	Grants and Contributions	10	342,790	348,389	358,025
6,524	4,355	4,355	Other Revenue	11	85,142	87,244	132,034
172,239	194,017	212,017	Total Revenue		1,864,206	1,810,540	1,869,982
(963)	–	(6,436)	Gain /(Loss) on Disposal	12	(23,199)	–	(17,074)
(2,079)	(2,079)	(1,299)	Other Losses	13	(41,209)	(31,536)	(33,779)
11,708,729	11,713,485	10,817,334	Net Cost of Services	36	12,041,632	11,665,845	11,298,253
			Government Contributions				
11,201,765	11,167,349	10,353,404	Recurrent Appropriation	15	11,201,765	11,120,760	10,353,404
522,461	436,061	401,639	Capital Appropriation	15	522,461	436,061	401,639
1,347	1,347	595	Asset Sale Proceeds transferred to Parent		–	–	–
9,928	9,928	7,444	Acceptance by the Crown Entity of Employee Benefits	16	161,919	146,749	163,216
11,735,501	11,614,685	10,763,082	Total Government Contributions		11,886,145	11,703,570	10,918,259
26,772	(98,800)	(54,252)	RESULT FOR THE YEAR	32	(155,487)	37,725	(379,994)

The accompanying notes form part of these Financial Statements

Statement of Recognised Income and Expense

FOR THE YEAR ENDED 30 JUNE 2009
NSW DEPARTMENT OF HEALTH

PARENT				Notes	CONSOLIDATED		
Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000			Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000
(2,277)	-	-	Net Increase/(Decrease) in Reserves	32	121,585	-	429,100
(2,277)	-	-	TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY	32	121,585	-	429,100
26,772	(98,800)	(54,252)	Result for the Year		(155,487)	37,725	(379,994)
24,495	(98,800)	(54,252)	TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR	32	(33,902)	37,725	49,106

The accompanying notes form part of these Financial Statements



Balance Sheet

AS AT 30 JUNE 2009
NSW DEPARTMENT OF HEALTH

PARENT				Notes	CONSOLIDATED		
Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000			Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000
			ASSETS				
			Current Assets				
60,324	60,324	141,961	Cash and Cash Equivalents	18	774,329	700,444	702,787
45,330	45,330	72,362	Receivables	19	354,896	369,143	380,137
47,328	37,655	24,655	Inventories	20	134,600	106,113	105,109
-	-	-	Financial Assets at Fair Value	21	117,772	125,900	125,900
66,845	22,007	22,007	Other Financial Assets	22	-	-	-
13,955	15,345	-	Non Current Assets Held for Sale	24	35,184	(3,090)	18,740
233,782	180,661	260,985	Total Current Assets		1,416,781	1,298,510	1,332,673
			Non-Current Assets				
-	-	-	Receivables	19	17,612	9,380	9,380
-	-	2,086	Financial Assets at Fair Value	21	22,064	35,324	35,324
88,795	47,319	47,319	Other Financial Assets	22	-	-	-
			Property, Plant and Equipment				
113,608	108,310	128,654	- Land and Buildings	25	8,755,321	8,786,138	8,551,252
6,291	7,708	7,708	- Plant and Equipment	25	721,934	695,692	690,459
-	-	-	- Infrastructure Systems	25	338,112	332,774	332,774
119,899	116,018	136,362	Total Property, Plant and Equipment		9,815,367	9,814,604	9,574,485
392	392	2,485	Intangible Assets	26	119,561	82,884	81,884
-	-	-	Other	23	17,069	15,081	15,081
209,086	163,729	188,252	Total Non-Current Assets		9,991,673	9,957,273	9,716,154
442,868	344,390	449,237	Total Assets		11,408,454	11,255,783	11,048,827
			LIABILITIES				
			Current Liabilities				
108,492	133,030	126,530	Payables	28	1,008,446	1,024,008	1,052,208
-	-	-	Borrowings	29	8,384	6,251	4,309
15,500	14,719	14,019	Provisions	30	2,490,268	2,261,340	2,234,340
590	590	13,015	Other	31	19,087	25,750	25,750
124,582	148,339	153,564	Total Current Liabilities		3,526,185	3,317,349	3,316,607
			Non-Current Liabilities				
-	-	-	Borrowings	29	258,786	265,342	96,853
446	386	368	Provisions	30	109,157	96,785	96,785
1,637	2,027	2,027	Other	31	52,511	48,847	48,847
2,083	2,413	2,395	Total Non-Current Liabilities		420,454	410,974	242,485
126,665	150,752	155,959	Total Liabilities		3,946,639	3,728,323	3,559,092
316,203	193,638	293,278	Net Assets		7,461,815	7,527,460	7,489,735
			EQUITY	32			
92,643	94,838	94,838	Reserves		2,112,411	2,001,189	2,001,189
223,560	98,800	198,440	Accumulated Funds		5,346,631	5,524,505	5,486,780
-	-	-	Amounts Recognised in Equity Relating to Assets Held for Sale	24	2,773	1,766	1,766
316,203	193,638	293,278	Total Equity		7,461,815	7,527,460	7,489,735

The accompanying notes form part of these Financial Statements

Cash Flow Statement

FOR THE YEAR ENDED 30 JUNE 2009
NSW DEPARTMENT OF HEALTH

PARENT				Notes	CONSOLIDATED		
Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000			Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
(116,537)	(118,198)	(112,528)	Employee Related		(8,067,267)	(8,067,861)	(7,537,621)
(11,308,515)	(11,281,955)	(10,362,973)	Grants and Subsidies		(957,980)	(883,031)	(1,026,945)
(2,062)	(238)	(799)	Finance Costs		(25,510)	(15,201)	(7,629)
(577,346)	(452,988)	(663,609)	Other		(4,558,613)	(4,397,984)	(4,114,964)
(12,004,460)	(11,853,379)	(11,139,909)	Total Payments		(13,609,370)	(13,364,077)	(12,687,159)
			Receipts				
86,947	82,316	83,174	Sale of Goods and Services		1,482,733	1,291,794	1,250,043
18,138	18,029	10,677	Interest Received		37,792	75,040	48,184
195,449	66,640	233,308	Other		931,989	998,831	1,090,532
300,534	166,985	327,159	Total Receipts		2,452,514	2,365,665	2,388,759
			CASH FLOWS FROM GOVERNMENT				
11,189,340	11,167,349	10,365,829	Recurrent Appropriation		11,189,340	11,120,760	10,365,829
522,461	436,061	401,639	Capital Appropriation		522,461	436,061	401,639
1,347	1,347	595	Asset Sale Proceeds Transferred to Parent		-	-	-
11,713,148	11,604,757	10,768,063	NET CASH FLOWS FROM GOVERNMENT		11,711,801	11,556,821	10,767,468
9,222	(81,637)	(44,687)	NET CASH FLOWS FROM OPERATING ACTIVITIES	36	554,945	558,409	469,068
			CASH FLOWS FROM INVESTING ACTIVITIES				
498	-	298	Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		24,902	-	9,102
26,726	-	81,820	Proceeds from Sale of Investments		47,988	48,280	45,319
(5,043)	-	(2,294)	Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(539,355)	(588,621)	(561,079)
(113,040)	-	(76,896)	Purchases of Investments		(21,546)	-	(28,289)
-	-	-	Other		-	(20,000)	(32,972)
(90,859)	-	2,928	NET CASH FLOWS FROM INVESTING ACTIVITIES		(488,011)	(560,341)	(567,919)
			CASH FLOWS FROM FINANCING ACTIVITIES				
-	-	-	Proceeds from Borrowings and Advances		13,287	3,171	88,908
-	-	-	Repayment of Borrowings and Advances		(8,560)	(3,582)	(24,308)
-	-	-	NET CASH FLOWS FROM FINANCING ACTIVITIES		4,727	(411)	64,600
(81,637)	(81,637)	(41,759)	NET INCREASE/(DECREASE) IN CASH		71,661	(2,343)	(34,251)
141,961	141,961	183,720	Opening Cash and Cash Equivalents		702,668	702,668	736,919
60,324	60,324	141,961	CLOSING CASH AND CASH EQUIVALENTS	18	774,329	700,325	702,668

The accompanying notes form part of these Financial Statements



Summary of Compliance with Financial Directives

FOR THE YEAR ENDED 30 JUNE 2009
NSW DEPARTMENT OF HEALTH

SUPPLEMENTARY FINANCIAL STATEMENTS

	2009				2008			
	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
Original Budget Appropriation/Expenditure								
Appropriation Act	10,826,608	10,825,695	436,061	436,061	10,350,496	10,326,304	385,439	385,439
Additional Appropriations	30,505	30,505	-	-	10,000	10,000	-	-
S26 PF&AA Commonwealth Specific Purpose Payments	263,647	263,647	-	-	-	-	-	-
	11,120,760	11,119,847	436,061	436,061	10,360,496	10,336,304	385,439	385,439
Other Appropriations/Expenditure								
Treasurer's Advance	83,114	83,114	86,400	86,400	20,000	20,000	16,200	16,200
Transfers to/from another agency (S31 of the Appropriation Act)	(1,196)	(1,196)	-	-	(2,900)	(2,900)	-	-
	81,918	81,918	86,400	86,400	17,100	17,100	16,200	16,200
Total Appropriations / Expenditure / Net Claim on Consolidated Fund (includes transfer payments)	11,202,678	11,201,765	522,461	522,461	10,377,596	10,353,404	401,639	401,639
Amount drawn down against Appropriation		11,201,765		522,461		10,365,829		401,639
Liability to Consolidated Fund *		-		-		12,425		-

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

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

Service Group Statement

FOR THE YEAR ENDED 30 JUNE 2009 - NSW DEPARTMENT OF HEALTH

SUPPLEMENTARY FINANCIAL STATEMENTS

ASSETS AND LIABILITIES	Service Group 1.1**		Service Group 1.2**		Service Group 1.3**		Service Group 2.1**		Service Group 2.2**		Service Group 2.3**		Service Group 3.1**		Service Group 4.1**		Service Group 5.1**		Service Group 6.1**		Non Attributable		TOTAL											
	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000									
ASSETS																																		
Current Assets																																		
Cash and Cash Equivalents	35,241	44,555	1,263	945	65,629	69,806	85,906	74,072	327,984	258,740	37,321	39,820	38,716	49,231	41,523	47,428	11,816	10,151	129,030	108,039														
Receivables	8,200	15,779	1,088	542	23,846	21,468	40,366	31,202	162,034	208,646	31,779	25,636	21,973	8,961	36,861	34,285	10,838	6,723	17,911	26,895														
Inventories	3,405	3,049	153	138	7,861	6,775	10,900	8,596	45,222	45,818	7,421	7,131	3,019	2,753	4,427	3,983	48,571	24,655	3,621	2,211														
Financial Assets at Fair Value	1,288	7,354	-	168	6,377	14,982	3,182	8,801	94,160	52,984	2,073	6,857	1,532	2,617	2,346	9,152	63	1,304	6,751	21,681														
Non Current Assets Held for Sale	2,201	2,736	187	29	1,630	1,923	3,551	3,410	7,587	7,028	1,596	987	1,765	806	16,126	1,195	361	183	180	443														
Total Current Assets	50,335	73,473	2,691	1,822	105,343	114,954	143,905	126,081	636,887	573,216	80,190	80,431	67,005	64,368	101,283	96,043	71,649	43,016	157,493	159,269														
Non-Current Assets																																		
Receivables	286	401	4	3	752	437	1,779	764	9,076	5,117	1,267	552	713	279	1,621	577	153	148	1,961	1,102														
Financial Assets at Fair Value	335	537	7	12	3,350	5,364	808	1,294	7,277	11,651	552	884	503	805	324	519	473	758	8,435	13,500														
Property, Plant and Equipment																																		
- Land and Buildings	559,576	537,200	24,838	22,667	1,109,841	1,032,151	832,334	805,515	3,865,620	3,794,310	557,625	584,208	662,145	709,455	643,202	630,442	143,593	148,864	356,547	286,440														
- Plant and Equipment	39,876	37,597	1,511	1,349	94,873	87,001	88,729	97,262	314,245	299,061	46,959	44,823	51,848	44,503	49,329	46,822	10,915	10,590	23,649	21,451														
- Infrastructure Systems	18,611	17,436	896	785	46,409	45,442	27,654	27,573	154,746	150,312	22,301	22,637	22,629	24,232	25,817	25,603	5,040	4,758	14,009	13,996														
Intangible Assets	601	153	6	3	8,547	13,554	8,706	10,026	77,352	42,319	5,548	6,272	6,128	5,736	10,327	2,968	384	164	2,012	689														
Other	836	919	33	35	2,372	2,021	1,308	1,191	8,090	6,751	919	804	1,004	873	1,273	1,257	221	159	1,013	1,071														
Total Non-Current Assets	620,121	594,243	27,295	24,854	1,266,144	1,185,970	961,318	943,625	4,436,406	4,309,521	635,171	660,180	744,970	785,883	731,893	708,188	160,729	165,441	407,626	338,249														
Total Assets	670,456	667,716	29,986	26,676	1,371,487	1,300,924	1,105,223	1,069,706	4,882,737	4,882,737	715,361	740,611	811,975	850,251	833,176	804,231	232,378	208,457	565,119	497,518														
LIABILITIES																																		
Current Liabilities																																		
Payables	34,336	51,416	2,190	2,386	76,655	92,374	107,247	106,255	574,811	568,673	78,442	91,478	39,056	40,732	50,157	57,250	16,798	14,454	28,754	27,190														
Borrowings	149	399	23	10	-	352	-	312	7,987	2,026	-	325	-	309	23	344	202	82	-	150														
Provisions	173,378	182,357	7,902	6,676	272,247	227,425	319,740	273,959	959,322	895,089	132,335	122,512	230,744	199,507	204,297	177,474	55,286	46,403	135,017	102,938														
Other	664	2,001	29	66	1,130	5,504	1,193	2,033	12,899	11,621	576	1,709	903	2,035	900	2,131	230	589	563	1,061														
Total Current Liabilities	208,527	236,173	10,144	9,138	350,032	322,655	428,180	382,559	1,555,019	1,477,409	211,353	216,024	270,703	242,583	255,377	237,199	72,516	61,528	164,334	131,339														
Non-Current Liabilities																																		
Borrowings	19,170	7,214	1,334	284	50,361	9,429	14,590	7,598	75,173	43,363	12,794	7,077	36,406	7,858	36,892	8,859	4,691	1,770	7,375	3,401														
Provisions	7,378	7,554	267	235	11,200	10,550	15,805	9,520	42,534	39,390	5,841	5,518	9,344	8,850	8,290	7,732	2,567	2,407	5,931	5,029														
Other	3,046	3,256	59	59	6,268	4,872	3,068	3,527	23,982	23,554	2,545	2,482	4,233	3,877	4,104	4,030	812	628	4,394	2,562														
Total Non-Current Liabilities	29,594	18,024	1,660	578	67,829	24,851	33,463	20,645	141,689	106,307	21,180	15,077	49,983	20,585	49,286	20,621	8,070	4,805	17,700	10,992														
Total Liabilities	238,121	254,197	11,804	9,716	417,861	347,506	461,643	403,204	1,696,708	1,583,716	232,533	231,101	320,686	263,168	304,663	257,820	80,586	66,333	182,034	142,331														
Net Assets	432,335	413,519	18,182	16,960	953,626	953,418	643,580	666,502	3,376,585	3,299,021	482,828	509,510	491,289	587,083	528,513	546,411	151,793	142,124	383,085	355,187														

* NSW Budget Paper No. 3 has replaced program statements with service group statements. Service group statements focus on the key measures of service delivery performance.

** The name and purpose of each service group is summarised in Note 17.

The statistical data collected to 31 December 2008 to apportion Service Group expenses and revenues is also used to attribute assets and liabilities to each Service Group.

Notes to and forming part of the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2009
NSW DEPARTMENT OF HEALTH

1. The NSW Department of Health Reporting Entity

- (a) The NSW Department of Health (the Department), as a reporting entity, comprises all the entities under its control, namely Area Health Services constituted under the *Health Services Act, 1997*; the Royal Alexandra Hospital for Children, the Justice Health Service, the Clinical Excellence Commission, HealthQuest, and the Health Administration Corporation (which for both years includes the operations of the Ambulance Service of NSW, Health Support Services, NSW Institute of Medical Education and Training and Health Infrastructure). All of these entities are reporting entities that produce financial statements in their 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) The Department's consolidated financial statements also include results for the parent entity thereby capturing the Central Administrative function of the Department.
- (c) The consolidated accounts are those of the consolidated entity comprising the Department of Health (the parent entity) and its controlled entities. In the process of preparing the consolidated financial statements for the economic entity, consisting of the controlling and controlled entities, all inter entity transactions and balances have been eliminated.
- (d) The Department is a NSW Government Department. The Department is a not-for-profit entity (as profit is not its principal objective). The reporting entity is consolidated as part of the NSW Total State Sector Accounts.
- (e) This consolidated financial report for the year ended 30 June 2009 has been authorised for issue by the Chief Financial Officer and Director-General on 6 October 2009.

2. Summary of Significant Accounting Policies

The NSW Department of Health's financial report is a general purpose financial report which has been prepared in

accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the *Public Finance and Audit Act 1983*, *Public Finance and Audit Regulation 2005*, 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.

Property, plant and equipment, assets held for sale (or disposal groups) and financial assets at "fair value through profit or loss" and available for sale are measured at fair value. Other financial report items 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.

Judgements, key assumptions and estimations made by management are disclosed in the relevant notes to the financial report.

Comparative figures are, where appropriate, reclassified to give meaningful comparison with the current year.

No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. Set out below are changes to be effected, their date of application and the possible impact on the financial report of the Department.

Accounting Standard/Interpretation

AASB 127 and AASB 2008-3, Business Combinations, has application in reporting periods beginning on or after 1 July 2009 and determines information to be disclosed in respect of business acquisitions. Its applicability to not-for-profit entities is yet to be determined.

AASB 8 and AASB 2007-3 Operating Segments, has application in reporting periods beginning on or after 1 January 2009. It relates to for-profit entities specifically and is therefore not applicable to the Department or its controlled entities.

AASB 101, Presentation of Financial Statements, effective for reporting periods beginning on 1 July 2009, has reduced the disclosure requirements for various reporting entities. However, in not-for-profit entities such as the Department or its controlled entities there is no change required.



AASB 123 Borrowing Costs, has application in reporting periods beginning on or after 1 January 2009. The Standard, which requires capitalisation of borrowing costs, has not been adopted in 2008-09 nor is adoption expected prior to 2009/10.

AASB 1039, Concise Financial Reports, responds to changes in Section 314 of the Corporations Law and has application in reporting periods beginning on or after 1 January 2009 but is not applicable to the Department or its controlled entities.

AASB 2008-1, Share Based Payments has no applicability to the Department or its controlled entities.

AASB 2008-2, Puttable Financial Instruments and Obligations Arising on Liquidation, effective from 1 July 2009 has no application to the Department and its controlled entities.

AASB 2008-5 and AASB 2008-6, Annual Improvements Project, has application from 1 July 2009 and comprises changes for presentation, recognition or measurement purposes which are currently assessed as having no material impact on the Department or its controlled entities.

AASB 2008-7 Investment in a Subsidiary, Jointly Controlled Entity or Associate, has no impact on the Department or its controlled entities.

AASB 2008-8 Eligible Hedged Items, has application from 1 July 2009 but has no current applicability to the Department or its controlled entities.

AASB 2008-9 Amendments to AASB 1049 for Consistency with AASB 101, has mandatory application from 1 July 2009 and will not be early adopted by the Department or its controlled entities.

AASB 2008-11 Business Combinations Among Not for Profit, has application from 1 July 2009 and focuses largely on Local Government.

AASB 2008-13, Distribution of Non Cash Assets to Owners, has application in reporting periods beginning on or after 1 July 2009 but is assessed as having no applicability to the Department or its controlled entities.

AASB 2009-2, Improving Disclosures about Financial Instruments, has mandatory application from 1 July 2009. Changes to be advised by NSW Treasury concerning fair value measurement and liquidity risk will be adopted by the Department or its controlled entities.

Interpretation 15 Construction of Real Estate, applies from 1 July 2009 but has no impact on the Department or its controlled entities which are not involved in the construction of real estate for sale.

Interpretation 16, Agreements for the Hedges of a Net Investment in a Foreign Operation, has application from 1 July 2009 but has no relevance to the Department or its controlled entities.

Interpretation 17 & AASB 2008-13 Distributions of Non Cash Assets to Owners, applies from 1 July 2009 and principally addresses share holder distributions. It is not applicable to the Department or its controlled entities.

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

At the consolidated level of reporting, liabilities for salaries and wages (including non monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All annual leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term". On costs of 17% are applied to the value of leave payable at 30 June 2009, such on-costs being consistent with actuarial assessment (Comparable on-costs for 30 June 2008 were also 17%).

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

At the consolidated level of reporting, long service leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non-Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Long service leave provisions are measured on a short hand basis at an escalated rate of 9.8% (8.1% at 30 June 2008) for all employees with five or more years of service. The escalation applied is consistent with the actuarial assessment and is affected in the main by the fall in the Commonwealth Government 10 year bond yield which is used as the discount rate. Long service leave provisions for the parent entity have been calculated in accordance with the requirements of Treasury Circular T09/04. The parent

entity's liability for long service leave is assumed by the Crown Entity.

The Department's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) 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 Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 28, "Payables".

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 or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

(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) Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred in accordance with Treasury's mandate for general government sector agencies.

(d) Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of income are discussed below.

i) Parliamentary Appropriations and Contributions

Parliamentary appropriations and contributions from other bodies (including grants and donations) are generally recognised as income 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 i.e. user charges. User charges are recognised as revenue when the service is provided or by reference to the stage of completion.

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 Revenue

Interest revenue is recognised using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and Measurement". Rental revenue is recognised in accordance with AASB117, "Leases" on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 "Revenue" 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) Accounting for the Goods and Services Tax (GST)

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

- 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; and
- receivables and payables are stated with the amount of GST included.

Cash flows are included in the cash flow statement on a gross basis. However, the GST components of cash flows arising from investing and financing activities which is recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

(f) Intangible Assets

The Department recognises intangible assets only if it is probable that future economic benefits will flow to the Department and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost.



Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition.

All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite. Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Department's intangible assets, the assets are carried at cost less any accumulated amortisation.

The Department's intangible assets are amortised using the straight line method over a period of three to five years for items of computer software.

In general, intangible assets are tested for impairment where an indicator of impairment exists. However, as a not-for-profit entity the Department is effectively exempted from impairment testing (refer Paragraph 2(k)).

(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 the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

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 (see also assets transferred as a result of an equity transfer – Note 2(z)).

Fair value is the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

(h) Capitalisation Thresholds

Individual items of property, plant and equipment and intangible assets costing \$10,000 and above are capitalised.

(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%
Infrastructure Systems	2.5%
Office Equipment	10.0%
Passenger Motor Vehicles	12.5%
Motor Vehicles, Other	20.0%
Plant and Machinery	10.0%
Linen	25.0%
Furniture, Fittings and Furnishings	5.0%

"Infrastructure Systems" means assets that comprise public facilities and which provide essential services and enhance the productive capacity of the economy including roads, bridges and seawalls.

(j) Revaluation of Non-Current Assets

Physical non-current assets are valued in accordance with the "Valuation of Physical Non-Current Assets at Fair Value" Policy and Guidelines Paper (TPP07-1). This policy adopts fair value in accordance with AASB116, "Property, Plant and Equipment" and AASB140, "Investment Property".

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence the asset's fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

The Department revalues Land and Buildings and Infrastructure at least every three 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.

To ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date, indices provided in expert advice from the Department of Lands are applied. The indices reflect an assessment of movements in the period between revaluations. Non-specialised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value. Values assigned to Land

and Buildings and Infrastructure have been modified accordingly.

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.

For other assets, 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, the increment is recognised immediately as revenue in the Result for the Year.

Revaluation decrements are recognised immediately as expenses in the Result for the Year, 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.

As a not-for-profit entity 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) Impairment of Property, Plant & Equipment

As a not-for-profit entity with no cash generating units, the Department is effectively exempted from AASB136, "Impairment of Assets" and impairment testing. This is because AASB136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are material. Selling costs are regarded as immaterial.

(l) Maintenance

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a part or component of an asset in which case the costs are capitalised and depreciated.

(m) Leased Assets

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

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

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

(n) Inventories

Inventories are held for distribution and are stated at the lower of cost and current replacement cost. 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.

(o) Non-current Assets (or disposal groups) held for sale

The Department has certain non-current assets (or disposal groups) classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets (or disposal groups) held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

(p) Investments

Investments are initially recognised at fair value plus, in the case of investments not at fair value through profit or loss, transaction costs.

The Department, through its controlled Health Services determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

Fair value through profit or loss – The Department, through its controlled Health Services subsequently measures investments classified as "held for trading" or designated upon initial recognition "at fair value through profit or loss" at fair value. Financial assets are classified as "held for trading" if they are acquired for the purpose of selling in the near term. Derivatives are also classified as held for trading. Gains or losses on these assets are recognised in the operating statement.

The Hour-Glass Investment facilities are designated at fair value through profit or loss using the second leg of the fair value option i.e. these financial assets are managed and their performance is evaluated on a fair value basis, in accordance with a documented risk management strategy, and information about these assets is provided internally on that basis to the agency's key management personnel.

The risk management strategy of the Department and its controlled Health Services has been developed consistent with the investment powers granted under the provision of the *Public Authorities (Financial Arrangements) Act 1987*.



TCorp investments are made in an effort to improve interest returns on cash balances otherwise available whilst also providing secure investments guaranteed by the State market exposures. The movement in the fair value of the Hour-Glass Investment Facilities incorporates distributions received as well as unrealised movements in fair value and is reported in the line item "investment revenue".

(q) Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are accounted for in the operating statement when impaired, derecognised or through the amortisation process.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

(r) Impairment of Financial Assets

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the entity will not be able to collect all amounts due.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the operating statement.

When an available for sale financial asset is impaired, the amount of the cumulative loss is removed from equity and recognised in the operating statement, based on the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss previously recognised in the operating statement.

Any reversals of impairment losses are reversed through the operating statement, where there is objective evidence, except reversals of impairment losses on an investment in an equity instrument classified as "available for sale" must be made through the reserve. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

(s) De-recognition of Financial Assets and Financial Liabilities

A financial asset is de-recognised when the contractual rights to the cash flows from the financial assets expire; or if the agency transfers the financial asset:

- where substantially all the risks and rewards have been transferred; or
- where the entity has not transferred substantially all the risks and rewards, if the entity has not retained control.

Where the entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the entity's continuing involvement in the asset.

A financial liability is de-recognised when the obligation specified in the contract is discharged or cancelled or expires.

(t) Payables

These amounts represent liabilities for goods and services provided to the NSW Department of Health and its controlled entities and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the NSW Department of Health and its controlled entities.

(u) Borrowings

Loans are not held for trading or designated at fair value through profit or loss and are recognised at amortised cost using the effective interest rate method. Gains or losses are recognised in the operating statement on derecognition.

(v) Trust Funds

The Department's controlled entities receive monies in a trustee capacity for various trusts as set out in Note 34. 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.

(w) 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 are not recognised as Departmental revenue but are disclosed as "Administered Revenues" in the service group statement.

The accrual basis of accounting and all applicable accounting standards have been adopted.

(x) 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 Operating Statement and the Cash Flow Statement are generally based on the amounts disclosed in the NSW Budget Papers (as adjusted above). However, in the Balance Sheet, the amounts vary from the Budget Papers, as the opening balances of the budgeted amounts are based on carried forward actual amounts i.e. per the audited financial report (rather than carried forward estimates).

(y) 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" in the Operating Statement. The Treasurer approved the title "Result for the Year" instead.

(z) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies is designated as a contribution by owners by NSWTPP 09-3 and recognised as an adjustment to "Accumulated Funds". This treatment is consistent with Australian Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities.

Transfers arising from an administrative restructure between government departments are recognised at the amount at which the asset was recognised by the transferor government department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

In 2008-09 the Department transferred land to the State Property Authority valued at \$0.375M (both parent and consolidated). The parent entity also transferred intangibles of \$1.195M within Health which had no effect on the consolidation.

(aa) Emerging Assets

The NSW Department of Health's emerging interest in car parks and hospitals have been valued in accordance with "Accounting for Privately Financed Projects" (TPP06-8). This policy requires Health Services to initially determine the estimated written down replacement cost by reference to the project's historical cost escalated by a construction index and the system's estimated working life. The estimated written down replacement cost is then allocated on a systematic basis over the concession period using the annuity method and the Government Bond rate at commencement of the concession period.

(ab) Service Group Statements Allocation Methodology

Expenses and revenues are assigned to service groups in accordance with statistical data for the twelve months ended 31 December 2008 which is then applied to the current period's financial information. In respect of Assets and Liabilities the Department requires that all Health Services take action to identify those components that can be specifically identified and reported by service groups. Remaining values are attributed to service groups in accordance with values advised by the Department, e.g. depreciation/amortisation charges form the basis of apportioning the values for Intangibles and Property, Plant & Equipment.

3. Employee Related Expenses

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
97,713	90,057	Employee related expenses comprise the following specific items:		
3,293	7,954	Salaries and Wages	6,735,690	6,355,762
3,846	6,049	Superannuation – defined benefit plans	162,803	168,683
6,695	4,586	Superannuation – defined contributions plans	525,863	486,034
8,842	6,590	Long Service Leave	265,690	213,600
960	1,164	Recreation Leave	731,189	603,635
5,894	5,538	Workers Compensation Insurance	119,454	124,741
		Payroll Tax and Fringe Benefit Tax	5,870	6,969
127,243	121,938		8,546,559	7,959,424
		The following additional information is provided:		
-	-	Employee Related Expenses Capitalised – Land and Buildings	1,476	208
-	-	Employee Related Expenses Capitalised – Plant and Equipment	9,404	2,225
			10,880	2,433

4. Other Operating Expenses

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
–	–	Blood and Blood Products	76,965	64,836
577	528	Domestic Supplies and Services	89,227	83,652
145,043	175,807	Drug Supplies	615,745	622,876
–	–	Food Supplies	87,483	88,564
300	265	Fuel, Light and Power	91,649	81,207
59,322	51,407	General Expenses (b)	191,092	211,393
12,741	10,317	Information Management Expenses	135,590	124,056
193,693	203,940	Insurance	206,488	215,855
15,220	–	Interstate Patient Outflows, NSW	137,309	110,128
1,534	3,754	Medical and Surgical Supplies	572,334	541,965
		Maintenance (c)		
867	823	Maintenance Contracts	107,530	89,518
1,472	941	New/Replacement Equipment under capitalisation threshold	111,005	88,739
2,243	3,526	Repairs	88,708	86,830
–	–	Maintenance/Non Contract	33,897	51,740
3	2	Other Maintenance	349	3,791
35	253	Operating Lease Rental Expense - minimum lease payments	45,661	38,096
2,331	2,209	Postal and Telephone Costs	53,814	54,044
3,929	3,470	Printing and Stationery	45,900	46,026
185	175	Rates and Charges	15,031	14,230
6,594	6,351	Rental	43,987	37,938
184	70	Special Service Departments	271,476	256,868
13,400	22,806	Staff Related Costs	72,210	66,184
–	–	Sundry Operating Expenses (a)	131,721	111,083
2,655	2,361	Travel Related Costs	74,550	64,837
–	–	Visiting Medical Officers	535,023	520,309
462,328	489,005		3,834,744	3,674,765
		(a) Sundry Operating Expenses comprise:		
–	–	Aircraft Expenses (Ambulance)	56,505	50,011
–	–	Contract for Patient Services	65,835	51,909
–	–	Isolated Patient Travel and Accommodation Assistance Scheme	9,381	9,163
–	–		131,721	111,083
		(b) General Expenses include:		
4,973	2,173	Advertising	11,145	10,609
292	349	Books, Magazines and Journals	7,889	7,916
		Consultancies		
1,761	1,706	Operating Activities	14,081	12,379
1,787	1,826	Capital Works	2,870	5,056
1,900	1,787	Courier and Freight	15,001	13,414
345	430	Auditors Remuneration - Audit of financial reports	3,845	3,847
920	960	Legal Services	6,669	7,346
47	241	Motor Vehicle Operating Lease Expense - minimum lease payments	64,413	65,564
212	269	Membership/Professional Fees	6,326	4,929
–	9	Payroll Services	293	504
317	272	Security Services	13,064	10,848
243	358	Translator Services	2,932	3,275
–	–	Quality Assurance/Accreditation	3,143	2,386
485	1,003	Data Recording and Storage	3,569	3,721
		(c) Reconciliation - Total Maintenance		
4,585	5,292	Maintenance expense - contracted labour and other (non employee related), included in Note 4 above	341,489	320,618
72	137	Employee related maintenance expense included in Note 3	72,745	72,384
4,657	5,429	Total maintenance expenses included in Notes 3 and 4	414,234	393,002

5. Depreciation and Amortisation

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
1,828	1,853	Depreciation - Buildings	296,068	280,338
1,952	2,052	Depreciation - Plant and Equipment	154,579	138,789
-	-	Depreciation - Infrastructure Systems	14,198	12,379
-	-	Amortisation - Leased Buildings	2,309	211
558	1,194	Amortisation - Intangibles	12,535	16,902
4,338	5,099		479,689	448,619

6. Grants and Subsidies

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
14,008	15,265	Payments to the National Blood Authority and the Red Cross Blood Transfusion Service net of payments recognised in Note 4	14,008	15,265
-	-	Operating Payments to Other Affiliated Health Organisations	546,505	565,495
1,369	18,666	Capital Payments to Affiliated Health Organisations	7,928	23,089
		Grants -		
145,925	139,509	Cancer Institute NSW	135,389	139,509
13,847	18,879	External Research	15,285	41,510
4,242	2,135	NSW Institute of Psychiatry	4,242	2,135
1,857	1,814	National Drug Strategy	1,857	1,814
57,086	59,803	Non Government Voluntary Organisations	133,465	138,914
11,020,157	10,108,565	Payments to Controlled Health Entities	-	-
25,288	40,139	Other Payments	99,301	99,214
11,283,779	10,404,775		957,980	1,026,945

7. Finance Costs

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
-	-	Finance Lease Interest Charges	7	1,678
238	799	Other Interest Charges	22,451	5,951
238	799		22,458	7,629

8. Sale of Goods and Services

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
-	-	(a) Sale of Goods comprise the following:-		
-	-	Sale of Prosthesis	42,055	37,242
-	-	Cafeteria/Kiosk	20,959	21,587
-	-	Linen Service Revenues - Non Health Services	12,765	15,332
-	-	Meals on Wheels	2,863	2,908
-	-	Pharmacy Sales	6,142	5,978

8. Sale of Goods and Services (continued)

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		(b) Rendering of Services comprise the following:		
-	-	Patient Fees	404,425	407,063
-	-	Staff - Meals and Accommodation	7,709	8,056
		Infrastructure Fees		
-	-	- Monthly Facility Charge	204,463	192,016
-	-	- Annual Charge	59,888	48,537
54,567	55,522	Department of Veterans' Affairs Agreement Funding	289,817	296,343
-	-	Ambulance Non Hospital User Charges	77,515	69,253
-	-	Use of Ambulance Facilities	8,370	3,304
-	-	Motor Accident Authority Third Party Receipts	33,200	28,500
-	-	Car Parking	21,800	20,132
-	-	Child Care Fees	9,540	8,310
-	-	Clinical Services	28,534	16,995
-	-	Commercial Activities	36,114	32,031
-	-	Fees for Medical Records	2,122	2,210
-	-	Services Provided to Non NSW Health Organisations	14,192	17,844
-	-	PADP Patient Copayments	907	935
3,115	2,734	Personnel Services - Institute of Psychiatry	3,115	2,734
6,252	5,615	Personnel Services - Health Professional Registration Boards	6,252	5,615
291	4,785	Patient Inflows from Interstate	291	368
-	-	Computer Support Charges - Health Services	97	99
10,855	27,605	Other	84,885	76,279
75,080	96,261		1,378,020	1,319,671

9. Investment Revenue

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Interest		
-	-	TCorp Hour Glass Investment Facilities designated at Fair Value through profit or loss	9,917	7,848
11,177	17,656	Other	30,308	38,354
-	-	Lease and Rental Income	15,397	13,003
924	373	Other	2,632	1,047
12,101	18,029		58,254	60,252

10. Grants and Contributions

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
-	-	Clinical Drug Trials	16,766	18,263
39,071	57,158	Commonwealth Government Grants	82,326	99,532
23,000	23,000	Health Super Growth	23,000	23,000
-	-	Industry Contributions/Donations	64,877	74,029
5,778	5,500	Grants from Cancer Institute of NSW	49,456	62,310
216	153	Research Grants	37,411	33,997
-	-	University Commission Grants	189	135
10,469	7,561	Other Grants	68,765	46,759
78,534	93,372		342,790	358,025

11. Other Revenue

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Other Revenue comprises the following:-		
-	-	Commissions	2,732	2,738
-	-	Conference and Training Fees	5,671	5,683
1,272	65	Treasury Managed Fund Hindsight Adjustment	32,772	69,286
-	-	Sale of Merchandise, Old Wares and Books	1,110	52
-	-	Rights to Receive Fixed Assets	4,344	8,534
5,252	4,290	Sundry Revenue	38,513	45,741
6,524	4,355		85,142	132,034

12. Gain/(Loss) on Disposal

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
5,312	8,802	Property, Plant and Equipment	364,737	249,131
(4,192)	(2,713)	Less Accumulated Depreciation	(332,442)	(224,366)
1,120	6,089	Written Down Value	32,295	24,765
(497)	347	Less Proceeds from Disposal	(9,532)	(8,043)
(623)	(6,436)	Gain/(Loss) on Disposal of Property Plant and Equipment	(22,763)	(16,722)
17,748	77,855	Financial Assets at Fair Value	47,988	-
(17,748)	(77,855)	Less Proceeds from Disposal	(47,988)	-
-	-	Gain/(Loss) on Disposal of Financial Assets at Fair Value	-	-
340	-	Intangible Assets	340	229
-	-	Less Proceeds from Disposal	-	(3)
(340)	-	Gain/(Loss) on Disposal of Intangible Assets	(340)	(226)
-	-	Assets Held for Sale	15,466	1,179
-	-	Less Proceeds from Disposal	(15,370)	(1,053)
-	-	Gain/(Loss) on Disposal of Assets Held for Sale	(96)	(126)
(963)	(6,436)	Total Gain/(Loss) on Disposal	(23,199)	(17,074)

13. Other (Losses)

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
6	(1,299)	Impairment of Receivables	(38,615)	(33,779)
(2,085)	-	Write off of Shares	(2,085)	-
-	-	Decrement on Land Revaluation, Justice Health	(509)	-
(2,079)	(1,299)		(41,209)	(33,779)

14. Conditions on Contributions - Consolidated

	Purchase of Assets \$000	Health Promotion, Education and Research \$000	Other \$000	Total \$000
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date	9,699	65,410	66,834	141,943
Contributions recognised in previous years which were not expended in the current financial year	54,958	397,812	99,479	552,249
Total amount of unexpended contributions as at balance date	64,657	463,222	166,313	694,192

Comment on restricted assets appears in Note 27

15. Appropriations

	PARENT AND CONSOLIDATED	
	2009 \$000	2008 \$000
Recurrent appropriations		
Total recurrent draw-downs from NSW Treasury (per Summary of Compliance)	11,201,765	10,365,829
Less Liability to Consolidated Fund (per Summary of Compliance)	-	(12,425)
Total	11,201,765	10,353,404
Comprising:		
Recurrent appropriations (per Operating Statement)	11,201,765	10,353,404
Total	11,201,765	10,353,404
Capital appropriations		
Total capital draw-downs from NSW Treasury (per Summary of Compliance)	522,461	401,639
Total	522,461	401,639
Comprising:		
Capital appropriations (per Operating Statement)	522,461	401,639
Total	522,461	401,639

16. Acceptance by the Crown Entity of Employee Benefits and Other Liabilities

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		The following liabilities and/or expenses have been assumed by the Crown Entity or other government agencies:		
3,293	2,934	Superannuation - Defined Benefit	155,284	158,706
6,446	4,334	Long Service Leave	6,446	4,334
189	176	Payroll Tax	189	176
9,928	7,444		161,919	163,216

17. Service Groups of the Department

Service Group 1.1 - Primary and Community Based Services

Service Description: This service group covers the provision of health services to persons attending community health centres or in the home, including health promotion activities, community based women’s health, dental, drug and alcohol and HIV/AIDS services. It also covers the provision of grants to non-Government organisations for community health purposes.

Objective: This service group contributes to making prevention everybody’s business and strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:

- improved access to early intervention, assessment, therapy and treatment services for claims in a home or community setting
- reduced rate of avoidable hospital admissions for conditions identified in the State Plan that can be appropriately treated in the community and

- reduced rate of hospitalisation from fall-related injury for people aged 65 years and over.

Service Group 1.2 - Aboriginal Health Services

Service Description: This service group covers the provision of supplementary health services to Aboriginal people, particularly in the areas of health promotion, health education and disease prevention. (Note: This Service Group excludes most services for Aboriginal people provided directly by Area Health Services and other general health services which are used by all members of the community).

Objective: This service group contributes to ensuring a fair and sustainable health system by working towards a range of intermediate results that include the following:

- the building of regional partnerships for the provision of health services
- raising the health status of Aboriginal people and
- promoting a healthy lifestyle.

Service Group 1.3 - Outpatient Services

Service Description: This service group covers the provision of services provided in outpatient clinics including low level emergency care, diagnostic and pharmacy services and radiotherapy treatment.

Objective: This service group contributes to creating better experiences for people using health services and ensuring a fair and sustainable health system by working towards a range of intermediate results including improving, maintaining or restoring the health of ambulant patients in a hospital setting through diagnosis, therapy, education and treatment services.

Service Group 2.1 - Emergency Services

Service Description: This service group covers the provision of emergency ambulance services and treatment of patients in designated emergency departments of public hospitals.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results including reduced risk of premature death or disability by providing timely emergency diagnostic treatment and transport services.

Service Group 2.2 - Overnight Acute Inpatient Services

Service Description: This service group covers the provision of health care to patients admitted to public hospitals with the intention that their stay will be overnight, including elective surgery and maternity services

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results that include the following:

- timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and patient satisfaction, and

- reduced rate of unplanned and unexpected hospital readmissions.

Service Group 2.3 - Same Day Acute Inpatient Services

Service Description: This service group covers the provision of health care to patients who are admitted to public hospitals with the intention that they will be admitted, treated and discharged on the same day.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results that include the following:

- timely treatment of booked surgical patients resulting in improved clinical outcomes, quality of life and patient satisfaction, and
- reduced rate of unplanned and unexpected hospital readmissions.

Service Group 3.1 - Mental Health Services

Service Group: This service group covers the provision of an integrated and comprehensive network of services by Area Health Services and community based organisations for people seriously affected by mental illness and mental health problems. It also includes the development of preventative programs which meet the needs of specific client groups.

Objective: This service group contributes to strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:

- improving the health, wellbeing and social functioning of people with disabling mental disorders and
- reducing the incidence of suicide, mental health problems and mental disorders in the community.

Service Group 4.1 - Rehabilitation and Extended Care Services

Service Description: This service group covers the provision of appropriate health care services for persons with long-term physical and psycho-physical disabilities and for the frail-aged. It also includes the coordination of the Department's services for the aged and disabled, with those provided by other agencies and individuals.

Objective: This service group contributes to strengthening primary health and continuing care in the community and creating better experiences for people using the health system by working towards a range of intermediate results including improving or maintaining the wellbeing and independent



functioning of people with disabilities or chronic conditions, the frail and terminally ill.

Service Group 5.1 - Population Health Services

Service Description: This service group covers the provision of health services targeted at broad population groups including environmental health protection, food and poisons regulation and monitoring of communicable diseases.

Objective: This service group contributes to making prevention everybody's business by working towards a range of intermediate results that include the following:

- reduced incidence of preventable disease and disability, and
- improved access to opportunities and prerequisites for good health.

Service Group 6.1 - Teaching and Research

Service Description: This service group covers the provision of professional training for the needs of the New South Wales health system. It also includes strategic investment in research and development to improve the health and wellbeing of the people of New South Wales.

Objective: This service group contributes to ensuring a fair and sustainable health system by working towards a range of intermediate results that include the following:

- developing the skills and knowledge of the health workforce to support patient care and population health, and
- extending knowledge through scientific enquiry and applied research aimed at improving the health and wellbeing of the people of New South Wales .

18. Cash and Cash Equivalents

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
60,324	141,961	Cash at Bank and on hand	291,228	348,292
-	-	Short Term Deposits	483,101	354,495
60,324	141,961		774,329	702,787
		Cash and cash equivalent assets recognised in the Balance Sheet are reconciled at the end of the financial year to the Cash Flow Statement as follows:		
60,324	141,961	Cash and Cash Equivalents (per Balance Sheet)	774,329	702,787
-	-	Bank Overdraft *	-	(119)
60,324	141,961	Closing Cash and Cash Equivalents (per Cash Flow Statement)	774,329	702,668

* 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. Refer to Note 41 for details regarding credit risk and market risk arising from financial instruments.

19. Receivables

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
30,891	52,056	(a) Sale of Goods and Services	277,990	264,212
3,687	5,686	Goods and Services Tax	72,581	68,585
949	1,026	Personnel Services - Institute of Psychiatry	949	1,026
763	1,784	Personnel Services - HPRB	763	1,784
6,738	3,902	Other Debtors	14,161	43,877
43,028	64,454	Sub Total	366,444	379,484
(96)	(1,286)	Less Allowance for Impairment	(46,698)	(46,658)
2,398	9,194	Prepayments	35,150	47,311
45,330	72,362		354,896	380,137

19. Receivables (continued)

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		(b) Movement in the allowance for impairment		
		Sale of Goods and Services		
(1,286)	(177)	Balance at 1 July	(39,388)	(32,913)
1,184	190	Amounts written off during the year	34,385	23,759
(69)	–	Amounts recovered during the year	475	(452)
75	(1,299)	(Increase)/decrease in allowance recognised in profit or loss	(35,874)	(29,782)
(96)	(1,286)	Balance at 30 June	(40,402)	(39,388)
		(c) Movement in the allowance for impairment		
		Other Debtors		
–	–	Balance at 1 July	(7,270)	(5,377)
–	–	Amounts written off during the year	4,999	1,316
–	–	Amounts recovered during the year	173	–
–	–	(Increase)/decrease in allowance recognised in Result for the Year	(4,198)	(3,209)
–	–	Balance at 30 June	(6,296)	(7,270)
		Non-Current		
		(a) Sale of Goods and Services		
–	–	Other Debtors	1,539	2,547
–	–		–	596
–	–		1,539	3,143
–	–	Less Allowance for Impairment	(526)	(1,682)
–	–	Prepayments	16,599	7,919
–	–		17,612	9,380
		(b) Movement in the allowance for impairment		
		Sale of Goods and Services		
–	–	Balance at 1 July	(1,349)	(894)
–	–	Amounts written off during the year	1,451	226
–	–	Amounts recovered during the year	–	–
–	–	(Increase)/decrease in allowance recognised in Result for the Year	(628)	(681)
–	–	Balance at 30 June	(526)	(1,349)
		(c) Movement in the allowance for impairment		
		Other Debtors		
–	–	Balance at 1 July	(333)	(334)
–	–	Amounts written off during the year	333	108
–	–	Amounts recovered during the year	–	–
–	–	(Increase)/decrease in allowance recognised in Result for the Year	–	(107)
–	–	Balance at 30 June	–	(333)
		Receivables (both Current and Non Current) includes:		
–	–	Patient Fees - Compensable	13,798	16,068
–	–	Patient Fees - Ineligibles	17,700	16,687
–	–	Patient Fees - Other	56,131	65,766

As indicated in Note 2(q) an allowance for impairment of receivables is recognised when there is objective evidence that the entity will not be able to collect all amounts due. Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired are disclosed in Note 41.

20. Inventories

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current - Held for Distribution		
40,634	17,961	Drugs	77,334	52,834
6,694	6,694	Medical and Surgical Supplies	45,149	40,570
-	-	Food Supplies	1,577	2,294
-	-	Engineering Supplies	504	521
-	-	Other including Goods in Transit	10,036	8,890
47,328	24,655		134,600	105,109

21. Financial Assets at Fair Value

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
-	-	TCorp Hour Glass Investment Facilities	117,772	125,900
-	-	Shares	-	-
-	-		117,772	125,900
		Non-Current		
-	-	TCorp Hour Glass Investment Facilities	22,064	33,238
-	2,086	Shares	-	2,086
-	2,086		22,064	35,324

Refer Note 41 for further information regarding credit risk, liquidity risk and market risk arising from financial instruments.

22. Other Financial Assets

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
66,845	22,007	Advances Receivable - Intra Health	-	-
66,845	22,007		-	-
		Non-Current		
88,795	47,319	Advances Receivable - Intra Health	-	-
88,795	47,319		-	-

Refer Note 41 for further information regarding credit risk, liquidity risk and market risk arising from financial instruments.

23. Other Assets

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Non Current		
-	-	Emerging Rights to Assets (Refer to Note 2 (aa))	17,069	15,081
-	-		17,069	15,081

Car parks at Sydney Hospital, Prince of Wales Hospital and St George Hospital are included above as are the Bowral Private Hospital, Prince of Wales Private Hospital, Bowral Private Medical Imaging and the Bankstown Medical General Practitioner Service.

24. Non Current Assets (or Disposal groups) Held for Sale

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
13,955	–	Assets Held for Sale		
–	–	Land and Buildings	34,917	18,566
		Infrastructure Systems	267	174
13,955	–		35,184	18,740
		Amounts recognised in equity relating to assets held for sale		
–	–	Available for sale financial asset revaluation increments/(decrements) - Note 32 refers	2,773	1,766
–	–		2,773	1,766

The assets held for sale all relate to properties that have been classified as surplus to need. In such case sales are expected to be realised within the next reporting period.

25. Property, Plant and Equipment

	PARENT	
	2009 \$000	2008 \$000
Land and Buildings - Fair Value		
Gross Carrying Amount	179,598	185,557
Less Accumulated Depreciation and Impairment	(65,990)	(56,903)
Net Carrying Amount	113,608	128,654
Plant and Equipment - Fair Value		
Gross Carrying Amount	26,315	29,973
Less Accumulated Depreciation and Impairment	(20,024)	(22,265)
Net Carrying Amount	6,291	7,708
Total Property, Plant and Equipment Net Carrying Amount at Fair Value	119,899	136,362

25. Property, Plant and Equipment - Reconciliations

	PARENT			
	Land \$000	Buildings \$000	Plant and Equipment \$000	Total \$000
Year Ended 30 June 2009				
Net Carrying amount at start of year	74,075	54,579	7,708	136,362
Additions	1,375	2,349	1,320	5,044
Assets Held for Sale	(13,230)	(725)	–	(13,955)
Disposals	(335)	–	(785)	(1,120)
Net revaluation increment less revaluation decrements recognised in reserves	(8,797)	6,520	–	(2,277)
Administrative transfers	(375)	–	–	(375)
Depreciation expense	–	(1,828)	(1,952)	(3,780)
Net Carrying amount at end of year	52,713	60,895	6,291	119,899

	PARENT			
	Land \$000	Buildings \$000	Plant and Equipment \$000	Total \$000
Year Ended 30 June 2008				
Net Carrying amount at start of year	79,137	57,118	8,452	144,707
Additions	–	–	1,649	1,649
Disposals	(5,062)	(686)	(341)	(6,089)
Depreciation expense	–	(1,853)	(2,052)	(3,905)
Net Carrying amount at end of year	74,075	54,579	7,708	136,362

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

- (i) All Land and Buildings for the parent entity were valued by the State Valuation Office independently of the Department on 1 July 2006.
- (ii) In accordance with the fair value requirements of AASB 116 the land, buildings and infrastructure assets have had a factor applied in relation to the movement in the market and variation in the building and infrastructure costs. The adjustment has been performed on a gross basis in accordance with note 2 (j). This factor gives consideration to the valuation of Physical Non-Current Assets at Fair Value.

The following table details the indices to be applied to Non-Current Assets as determined by the Department of Lands:

Year	Land	Buildings	Infrastructure
07/08	0%	6%	6%
08/09	-10%	6%	6%

- (iii) Plant and Equipment is predominantly recognised on the basis of depreciated cost.

25. Property, Plant and Equipment

	CONSOLIDATED	
	2009 \$000	2008 \$000
Land and Buildings - Fair Value		
Gross Carrying Amount	14,767,187	14,418,458
Less Accumulated Depreciation and impairment	(6,011,866)	(5,867,206)
Net Carrying Amount	8,755,321	8,551,252
Plant and Equipment - Fair Value		
Gross Carrying Amount	1,964,003	1,945,924
Less Accumulated Depreciation and impairment	(1,242,069)	(1,255,465)
Net Carrying Amount	721,934	690,459
Infrastructure Systems - Fair Value		
Gross Carrying Amount	573,321	563,857
Less Accumulated Depreciation and Impairment	(235,209)	(231,083)
Net Carrying Amount	338,112	332,774
Total Property, Plant and Equipment Net Carrying Amount at Fair Value	9,815,367	9,574,485

25. Property, Plant and Equipment - Reconciliations

	CONSOLIDATED					
	Land \$000	Buildings \$000	Leased Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
Year Ended 30 June 2009						
Net Carrying amount at start of year	1,672,105	6,826,859	52,288	690,459	332,774	9,574,485
Additions	5,230	463,699	257	176,150	280	645,616
Reclassifications to Intangibles	-	-	-	(433)	-	(433)
Assets Held for Sale	(19,848)	(7,119)	-	-	(96)	(27,063)
Disposals	(2,606)	(20,099)	-	(9,492)	(98)	(32,295)
Net revaluation increment less revaluation decrements recognised in reserves	(32,450)	145,396	3,342	-	(59)	116,229
Administrative transfers	5,982	-	-	-	-	5,982
Depreciation expense	-	(296,068)	(2,309)	(154,579)	(14,198)	(467,154)
Reclassifications	1,661	(42,850)	1,851	19,829	19,509	-
Net Carrying amount at end of year	1,630,074	7,069,818	55,429	721,934	338,112	9,815,367

25. Property, Plant and Equipment - Reconciliations (continued)

	CONSOLIDATED					
	Land \$000	Buildings \$000	Leased Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
Year Ended 30 June 2008						
Net Carrying amount at start of year	1,510,114	6,416,941	51,694	724,072	316,505	9,019,326
Additions	12,012	463,222	-	113,848	1,720	590,802
Reclassifications to Intangibles	-	-	-	(2,465)	-	(2,465)
Assets Held for Sale	(3,008)	(2,745)	-	-	(43)	(5,796)
Disposals	(6,480)	(7,631)	-	(10,654)	-	(24,765)
Net revaluation increment less revaluation decrements recognised in reserves	136,892	272,704	1,937	-	17,567	429,100
Depreciation expense	-	(280,338)	(211)	(138,789)	(12,379)	(431,717)
Reclassifications	22,575	(35,294)	(1,132)	4,447	9,404	-
Net Carrying amount at end of year	1,672,105	6,826,859	52,288	690,459	332,774	9,574,485

Land and Buildings include land owned by the Health Administration Corporation and administered by either the Department or its controlled entities. Valuations for each of the Health Services are performed regularly within a three year cycle. Revaluation details are included in the individual entities' financial reports. In accordance with the fair value requirements of AASB 116 the land, buildings and infrastructure assets for those Health Services that last performed revaluations in 2006/07 have had a factor applied in relation to the movement in the market and variation in the building and infrastructure costs. The adjustment has been performed on a gross basis in accordance with note 2 (j). This factor gives consideration to the valuation of Physical Non-Current Assets at Fair Value. The indices used have been determined by the Department of Lands and are specified in Health Service reports.

26. Intangible Assets

	PARENT	
	2009 \$000	2008 \$000
Software		
Cost (Gross Carrying Amount)	6,242	8,945
Less Accumulated Amortisation and Impairment	(5,850)	(6,460)
Net Carrying Amount	392	2,485
Total Intangible Assets at Net Carrying Amount	392	2,485

26. Intangible Assets - Reconciliation

	PARENT	
	SOFTWARE \$000	
Year Ended 30 June 2009		
Net Carrying amount at start of year	2,485	
Amortisation (recognised in depreciation and amortisation)	(558)	
Disposals	(340)	
Administrative transfer	(1,195)	
Net Carrying amount at end of year	392	

	PARENT	
	SOFTWARE \$000	
Year Ended 30 June 2008		
Net Carrying amount at start of year	3,679	
Amortisation (recognised in depreciation and amortisation)	(1,194)	
Net Carrying amount at end of year	2,485	

26. Intangible Assets

	CONSOLIDATION	
	2009 \$000	2008 \$000
Software		
Cost (Gross Carrying Amount)	188,647	141,382
Less Accumulated Amortisation and Impairment	(69,225)	(59,818)
Net Carrying Amount	119,422	81,564
Other		
Cost (Gross Carrying Amount)	991	946
Less Accumulated Amortisation and Impairment	(852)	(626)
Net Carrying Amount	139	320
Total Intangible Assets at Net Carrying Amount	119,561	81,884

26. Intangible Assets - Reconciliation

	CONSOLIDATION		
	SOFTWARE \$000	OTHER \$000	TOTAL \$000
Year Ended 30 June 2009			
Net Carrying amount at start of year	81,564	320	81,884
Additions - Internal Development	50,074	45	50,119
Reclassifications from Plant & Equipment	433	-	433
Amortisation (recognised in depreciation and amortisation)	(12,309)	(226)	(12,535)
Disposals	(340)	-	(340)
Net Carrying amount at end of year	119,422	139	119,561

	CONSOLIDATION		
	SOFTWARE \$000	OTHER \$000	TOTAL \$000
Year Ended 30 June 2008			
Net Carrying amount at start of year	63,578	-	63,578
Additions - Internal Development	32,495	477	32,972
Reclassifications from Plant and Equipment	2,465	-	2,465
Amortisation (recognised in depreciation and amortisation)	(16,745)	(157)	(16,902)
Disposals	(229)	-	(229)
Net Carrying amount at end of year	81,564	320	81,884

27. Restricted Assets

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
-	-	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	349,656	323,475
-	-	Perpetually Invested Funds	7,019	6,880
-	-	Research Grants	153,406	137,879
-	-	Private Practice Funds	158,662	155,669
-	-	Other	25,449	26,357
-	-		694,192	650,260

Details of Conditions on Contributions appear in Note 14.

27. Restricted Assets (continued)

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.

28. Payables

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
659	427	Accrued Salaries, Wages and On-Costs	232,843	220,371
1,107	3,176	Taxation and Other Payroll Deductions	108,851	78,589
48,087	41,748	Superannuation Guarantee Charge Payables	48,087	41,748
23,025	13,643	Creditors	559,955	644,619
		Other Creditors		
-	-	- Capital Works	58,710	66,881
35,614	67,536	- Intra Health Liability	-	-
108,492	126,530		1,008,446	1,052,208

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 41.

29. Borrowings

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
-	-	Bank Overdraft* - Unsecured	-	119
-	-	Treasury Advances Repayable - Secured	4,681	1,137
-	-	Finance Leases [See note 33(d)] - Secured	3,703	3,053
-	-		8,384	4,309
		Non Current		
-	-	Treasury Advances Repayable - Secured	8,606	7,423
-	-	Finance Leases [See note 33(d)] - Secured	15,143	18,845
-	-	Other - Mater PPP	81,002	-
-	-		154,035	70,585
-	-		258,786	96,853
		Repayment of Borrowings (Excluding Finance Leases)		
-	-	Not later than one year	4,475	1,353
-	-	Between one and five years	28,816	7,073
-	-	Later than five years	215,033	70,838
-	-	Total Borrowings at face value (Excluding Finance Leases)	248,324	79,264

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 41.

* 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.

30. Provisions

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current Employee Benefits and Related On-Costs		
7,244	5,243	Recreation Leave - Short Term Benefit	617,956	606,465
5,651	5,074	Recreation Leave - Long Term Benefit	524,764	402,426
260	370	Long Service Leave - Short Term Benefit	139,847	127,408
2,345	3,332	Long Service Leave - Long Term Benefit	1,199,654	1,092,421
-	-	Health and Wellness (Ambulance Service of NSW)	2,000	-
-	-	Death and Disability (Ambulance Service of NSW)	5,450	5,005
-	-	Sick Leave - Long Term Benefit	597	615
15,500	14,019	Total current provisions	2,490,268	2,234,340
		Non Current Employee Benefits and Related On-Costs		
446	368	Long Service Leave - Conditional	109,023	96,735
-	-	Sick Leave - Long Term Benefit	54	50
-	-	Death and Disability (Ambulance Service of NSW)	80	-
446	368	Total non current provisions	109,157	96,785
		Aggregate Employee Benefits and Related On-Costs		
15,500	14,019	Provisions - current	2,490,268	2,234,340
446	368	Provisions - non current	109,157	96,785
49,853	45,351	Accrued Salaries, Wages and On-Costs (refer to Note 28)	389,781	340,708
65,799	59,738		2,989,206	2,671,833

As indicated in Note 2(a) i) leave is classified as current if the employee has an unconditional right to payment. Short Term/Long Term classification is dependent on whether or not payment is anticipated within the next twelve months.

31. Other Liabilities

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
590	590	Income in Advance	19,049	13,280
-	12,425	Liability to Consolidated Fund	-	12,425
-	-	Other	38	45
590	13,015		19,087	25,750
		Non Current		
-	-	Income in Advance	50,874	46,820
1,637	2,027	Other	1,637	2,027
1,637	2,027		52,511	48,847

The largest component of Income in Advance relates to monies received from the Sydney University as a contribution towards the construction costs of a research and education facility. Upon commissioning of the facility the University will partly occupy the facility and the income in advance will be exhausted over the term of occupation. Income in advance has also been received as a consequence of Health Services entering into agreements for the sale of surplus properties, the provision and operation of private facilities and car parks.

32. Changes in Equity

PARENT	ACCUMULATED FUNDS		ASSET REVALUATION RESERVE		TOTAL EQUITY	
	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000
Balance at the beginning of the Financial Year	198,440	249,071	94,838	98,459	293,278	347,530
Changes in Equity - transactions with owners as owners						
Decrease in net assets from administrative restructure	(1,570)	-	-	-	(1,570)	-
Total	(1,570)	-	-	-	(1,570)	-
Changes in Equity - other than transactions with owners as owners						
Result for the Year	26,772	(54,252)	-	-	26,772	(54,252)
Decrement on Revaluation of Land and Buildings	-	-	(2,277)	-	(2,277)	-
Total	26,772	(54,252)	(2,277)	-	24,495	(54,252)
Transfer within Equity						
Asset revaluation reserve balance transferred to accumulated funds on disposal of asset	(82)	3,621	82	(3,621)	-	-
Total	(82)	3,621	82	(3,621)	-	-
Balance at the end of the financial year	223,560	198,440	92,643	94,838	316,203	293,278

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).

32. Changes in Equity

CONSOLIDATED	ACCUMULATED FUNDS		ASSET REVALUATION RESERVE		NOT CURRENT ASSETS HELD FOR SALE RESERVES		TOTAL EQUITY	
	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000
Balance at the beginning of the Financial Year	5,486,780	5,807,531	2,001,189	1,632,356	1,766	742	7,489,735	7,440,629
Changes in Equity - transactions with owners as owners								
Increase in net assets from administrative restructure	5,982	-	-	-	-	-	5,982	-
Total	5,982	-	-	-	-	-	5,982	-
Changes in Equity other than transactions with owners as owners								
Results for the Year	(155,487)	(379,994)	-	-	-	-	(155,487)	(379,994)
Increment on Revaluation of:								
Land and Buildings	-	-	116,797	411,533	-	-	116,797	411,533
Plant and Equipment	-	-	-	-	-	-	-	-
Infrastructure Systems	-	-	(59)	17,567	-	-	(59)	17,567
Assets Held for Sale	-	-	-	-	4,847	-	4,847	-
Total	(155,487)	(379,994)	116,738	429,100	4,847	-	(33,902)	49,106
Transfer within Equity								
Available for sale reserves transferred to Asset revaluation reserve	-	(84)	(949)	(940)	949	1,024	-	-
Available for sale reserves transferred to accumulated funds on disposal of assets	4,789	-	-	-	(4,789)	-	-	-
Asset revaluation reserve balance transferred to accumulated funds on disposal of asset	4,567	-	(4,567)	-	-	-	-	-
Other transfers	-	59,327	-	(59,327)	-	-	-	-
Total	9,356	59,243	(5,516)	(60,267)	(3,840)	1,024	-	-
Balance at the end of the financial year	5,346,631	5,486,780	2,112,411	2,001,189	2,773	1,766	7,461,815	7,489,735

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).

33. Commitments for Expenditure

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		(a) Capital Commitments		
		Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment, infrastructure and intangible assets contracted for at balance date and not provided for :		
-	-	Not later than one year	303,476	364,817
-	-	Later than one year and not later than five years	320,893	332,622
-	-	Later than five years	2,939,077	738,909
-	-	Total Capital Expenditure Commitments (including GST)	3,563,446	1,436,348

The Government is committed to capital expenditures as follows in accordance with the Department's Asset Acquisition Program:	2009 \$000	2008 \$000
Not later than one year	689,234	668,621
Later than one year and not later than five years	1,018,866	1,281,956
Total Capital Program	1,708,100	1,950,577

However, Contractual Commitments are confined to the values reported above for 2009 (\$3.563 billion) and 2008 (\$1.436 billion).

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		(b) Other Expenditure Commitments		
		Aggregate other expenditure contracted for at balance date and not provided for:		
17,907	11,196	Not later than one year	346,183	271,228
4,473	6,939	Later than one year and not later than five years	566,397	354,312
-	-	Later than five years	3,727,372	1,969,496
22,380	18,135	Total Other Expenditure Commitments (including GST)	4,639,952	2,595,036

Major commitments relate to contracts for Public Private Partnership provision of services - see Notes 33 (f) to (i)

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		(c) Operating Lease Commitments		
		Commitments in relation to non-cancellable operating leases are payable as follows:		
7,243	7,563	Not later than one year	104,869	108,665
29,240	7,724	Later than one year and not later than five years	195,356	195,607
-	-	Later than five years	88,353	72,433
36,483	15,287	Total Operating Lease Commitments (including GST)	388,578	376,705

The operating leases include motor vehicles arranged through a lease facility negotiated by NSW Treasury as well as electro medical equipment. Operating leases have also been included for information technology equipment. These operating lease commitments are not recognised in the financial statements as liabilities.

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		(d) Finance Lease Commitments		
		Minimum lease payment (including GST) commitments in relation to finance leases payable as follows:		
-	-	Not later than one year	4,836	4,745
-	-	Later than one year and not later than five years	14,268	16,110
-	-	Later than five years	6,441	9,435
-	-	Minimum Lease Payments (including GST)	25,545	30,290
-	-	Less: Future Financing Charges	(4,377)	(5,638)
-	-	Less: GST Component	(2,322)	(2,754)
-	-	Present Value of Minimum Lease Payments	18,846	21,898

-	-	Current (Note 29)	3,703	3,053
-	-	Non-Current (Note 29)	15,143	18,845
-	-		18,846	21,898

		The present value of finance lease commitments is as follows:		
-	-	Not later than one year	3,703	3,053
-	-	Later than one year and not later than five years	12,521	14,033
-	-	Later than five years	2,622	4,812
-	-	Total	18,846	21,898

The finance lease commitment is in respect of the Hawkesbury Private Hospital. The term of the lease is 20 years at which time the ownership of the buildings transfers to the NSW State Government.

(e) Contingent Asset related to Commitments for Expenditure

The total "Commitments for Expenditure" above includes input tax credits of \$5M in relation to the Parent Entity and \$783M in relation to NSW Health that are expected to be

recoverable from the Australian Taxation Office. The comparatives for 2007/08 are \$3M and \$402M respectively.

(f) Calvary Mater Hospital, Newcastle Private/Public Partnership

In 2005-06, the Health Administration Corporation entered into a contract with a private sector provider, Novacare Project Partnership for financing, design, construction and commissioning of a new Mater Hospital, a mental health facility and refurbishment of existing buildings and facilities management and delivery of ancillary non-clinical services on the site until November 2033. The redevelopment has been completed in three stages. Stage 1 was completed in January 2008 followed by Stage 2 in February 2009. Construction of Stage 3 was completed on 16 June 2009.

When Stage 1 construction was completed in January 2008 the Hunter New England Area Health Service (HNEAHS) transferred the Mater Hospital to Calvary Mater Newcastle and recognised the transfer as a grant expense of \$71.33M. The recognition is based on the fact that services are delivered by Little Company of Mary Health Care being a Third Schedule Hospital health care provider which is outside the accounting control of either HNEAHS or the Department. Upon

completion of the project, HNEAHS transferred the other parts of the new hospital and recognised the transfer of a grant expense of \$35.48M in June 2009.

HNEAHS recognised the new mental health facility as an asset of \$39.29M. The refurbished Convent and McAuley buildings at the Mater hospital site, as occupied by HNEAHS, was also recognised as an asset and offsetting liability of \$11.08M. The basis for the accounting treatment is that services will be delivered by HNEAHS on the site of Mater Hospital for the duration of the Head Lease of these facilities until November 2033.

In addition, the HNEAHS recognised the liability to Novacare, payable over the period to 2033, for the construction of both hospitals.

An estimate of the commitments inclusive of Goods and Services Tax which has been recognised in Notes 33(a) and (b) is as follows:

Capital Commitments – New Mental Health Building and Refurbished Buildings

NOMINAL	2009 \$000	2008 \$000
Not later than one year	6,847	4,253
Later than one year and not later than five years	19,756	29,315
Later than five years	38,209	89,818

Other Expenditure Commitments – Provision of facilities management and other non-clinical services to both hospitals.

NOMINAL	2009 \$000	2008 \$000
Not later than one year	29,341	11,896
Later than one year and not later than five years	106,895	86,955
Later than five years	592,220	586,801

The expenditure commitments include Goods & Services Tax. Related input tax credits of \$72M (2008: \$74M) are expected to be recoverable from the Australian Taxation Office.

(g) Long Bay Forensic and Prison Hospitals Private/Public Partnership

In 2006-07 a private sector company, PPP Solutions (Long Bay) Pty Limited, was engaged to finance, design, construct and maintain the Long Bay Forensic and Prison Hospitals at Long Bay under a Project Deed. The development is a joint project between the NSW Department of Health and the Department of Corrective Services. In addition to the hospital facilities, the project includes a new Operations Building and a new Pharmacy Building for Justice Health, and a new Gatehouse for the NSW Department of Corrective Services. The new development was completed in December 2008.

After construction was completed, Justice Health, a statutory health corporation operated and recognised the new Hospital, the Operations Building and the Pharmacy Building as an asset of \$86m. The basis for the accounting treatment is that services will be delivered by Justice Health for the duration of the term until May 2034.

In addition, Justice Health will recognise the liability to PPP Solutions, payable over the period to 2034 for the construction of the new facilities.

An estimate of the commitments is as follows:

(a) Repayment of PPP non current liability - New Forensic Hospital and Operations Building

NOMINAL	2009 \$000	2008 \$000
Not later than one year	879	-
Later than one year and not later than five years	4,555	-
Later than five years	87,752	-

(b) Capital Commitments - PPP Interest

NOMINAL	2009 \$000	2008 \$000
Not later than one year	9,894	6,499
Later than one year and not later than five years	38,540	43,095
Later than five years	125,981	228,941

(c) Other Expenditure Commitments - Provision of facilities management and other non-clinical services to the new facilities

NOMINAL	2009 \$000	2008 \$000
Not later than one year	8,100	4,837
Later than one year and not later than five years	36,135	34,082
Later than five years	294,202	303,137

The expenditure commitments include Goods and Services Tax. Related input tax credits of \$55M (2008: \$56M) are expected to be recoverable from the Australian Taxation Office.

(h) Orange and Associated Health Services Private/Public Partnership

In December 2007 a private sector company, Pinnacle Healthcare (OAHS) Pty Limited, was engaged to finance, design and construct the new Orange Hospital and new health facilities including Orange Tertiary Mental Health and other expansion works. Pinnacle will refurbish existing buildings and provide facilities management and delivery of ancillary non-clinical services for these hospital facilities and the new Bathurst Hospital under a Project Deed. Provision of facilities maintenance commenced in April 2007, followed by other non-clinical support services in December 2008. The new development will be completed in stages and full service commissioning is anticipated in 2011.

When construction is completed, the Greater Western Area Health Service (GWAHS) will operate and recognise the new Orange Hospital, Orange Tertiary Mental Health and refurbished facilities as an asset of \$162.1M. The basis for the

accounting treatment is that services will be delivered by GWAHS for the duration of the term until December 2035.

In addition, GWAHS will recognise the liability to Pinnacle Healthcare, payable over the period up to 2035 for the construction of the new Orange Hospital, Orange Tertiary Mental Health and refurbished facilities.

During 2008-09, NSW Health requested a contract variation to expand the Orange Hospital in accordance with the change procedure in the Project Deed. It is anticipated that the variation will be completed in the 2nd half of 2009.

An estimate of the commitment inclusive of Goods and Services Tax which has been recognised in Notes 33 a) and 33 b) is as follows:

(a) Capital Commitments - New Orange Hospital and health facilities

NOMINAL	2009 \$000	2008 \$000
Not later than one year	5,473	5,841
Later than one year and not later than five years	64,110	52,398
Later than five years	492,784	509,968

(b) Other Expenditure Commitments - Provision of facilities management and other non-clinical services to the new and existing facilities

NOMINAL	2009 \$000	2008 \$000
Not later than one year	21,464	15,391
Later than one year and not later than five years	105,019	100,134
Later than five years	943,687	970,036

The expenditure commitments include Goods & Services Tax. Related input tax credits of \$148M (2008: \$150M) are expected to be recoverable from the Australian Taxation Office.

(i) Royal North Shore Hospital Private/Public Partnership

In October 2008, a private sector company, InfraShore Pty Limited, was engaged to finance, design and construct the new Royal North Shore Hospital, the new Community Health Facility and a new car park. InfraShore will provide facilities management services and delivery of ancillary non-clinical support services for these hospital facilities, the new Research and Education Centre (the Kolling Building) and some existing facilities under a Project Deed. Provision of facilities maintenance will commence in October 2009 and other support services will commence in April 2010. The new development will be completed in stages and full service commissioning is anticipated in 2014.

When construction is completed, the Northern Sydney and Central Coast Area Health Service (NSCCAHS) will operate and recognise the new Royal North Shore Hospital, the new Community Health Facility and the new car park facility as an asset of \$722M.

In addition, NSCCAHS will recognise the liability to InfraShore, payable over the period to 2036 for the construction of the new Royal North Shore Hospital, new Community Health Facility and new car park facility.

The car park facilities across the Hospital campus will be managed under a separate licence agreement with InfraShore Parking Pty Ltd over 28 years to match the Project Deed term. The new car park will be treated as a capital purchase with deferred settlement. The prepaid car park licence fee receivable from the car park operator will be initially recognised as deferred revenue (a liability) and subsequently released to revenue on a systematic basis over the licence term.

An estimate of the commitments is as follows:

(a) Capital Commitments – New acute hospital, health facilities and car park

NOMINAL	2009 \$000	2008 \$000
Not later than one year	-	-
Later than one year and not later than five years	28,284	-
Later than five years	232,705	-

(b) Other Expenditure Commitments - Provision of facilities management and other non-clinical services to the new and existing facilities

NOMINAL	2009 \$000	2008 \$000
Not later than one year	14,102	-
Later than one year and not later than five years	163,720	-
Later than five years	1,721,541	-

The expenditure commitments include Goods and Services Tax. Related input tax credits of \$386M are expected to be recoverable from the Australian Taxation Office.

34. Trust Funds

The NSW Department of Health's controlled entities hold Trust Fund monies of \$69.236 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 perform only a custodial role and cannot use them for the achievement of their objectives. The following is a summary of the transactions in the trust account:

	PATIENT TRUST		REFUNDABLE DEPOSITS		PRIVATE PRACTICE TRUST FUNDS		TOTAL TRUST FUNDS	
	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000
Cash Balance at the beginning of the financial year	4,556	4,306	9,023	19,797	42,805	12,886	56,384	36,989
Receipts	4,345	3,979	5,317	8,073	326,920	316,632	336,582	328,684
Expenditure	(4,214)	(3,729)	(3,902)	(18,847)	(315,614)	(286,713)	(323,730)	(309,289)
Cash Balance at the end of the financial year	4,687	4,556	10,438	9,023	54,111	42,805	69,236	56,384

35. 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 2002/03 fund year and an interim adjustment for the 2004/05 fund year were not calculated until 2008-09. As a result, the 2003/04 final and 2005/06 interim hindsight calculations will be paid in 2009/10.

(c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB127, 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) Mater Hospital Private/Public Partnership

Note 33 provides disclosure of commitments for expenditure concerning the Mater Hospital Private/ Public Partnership under which the Health Administration Corporation has entered into a contract with a private sector provider, Novacare Project Partnerships for financing, design, construction and commissioning of a range of health facilities.

The liability to pay Novacare for the redevelopment of the Mater Hospital is based on a financing arrangement involving CPI linked finance and fixed finance. An interest rate adjustment will be made as appropriate for the CPI linked interest component over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

(e) Forensic Hospital - Long Bay, Private/Public Partnership

The liability to pay PPP Solutions for the development of the Long Bay Forensic Hospital is based on a financing arrangement involving non-indexable availability charges. Other service fees are to be indexed in accordance with inflation and wages escalation. The estimated value of the contingent liability associated with indexation is unable to be fully determined because of uncertain future events.

Note 33 also provides disclosure of commitments for expenditure for this project.

(f) Orange Hospital and Associated Health Services Private/Public Partnership

The liability to pay Pinnacle Healthcare for the development of the Orange Hospital and health facilities is based on a financing arrangement involving CPI indexed annuity bond. An interest rate adjustment will be made in accordance with the CPI index over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

Note 33 also provides disclosure of commitments for expenditure for this project.

(g) Royal North Shore Hospital Private/Public Partnership

The liability to pay InfraShore for the development of the Royal North Shore Hospital and health facilities is based on a CPI linked financing arrangement. An adjustment to the PPP capital financing payment will be made in accordance with the CPI index over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

(h) Claim by Lessee of Certain Property

The lessee of certain property controlled by Sydney South West Area Health Service (SSWAHS) had made a claim against the Area. The lessee was seeking compensation for unpaid rent and damages in respect of rescission of an agreement and lease for a proposed private hospital on the Royal Prince Alfred Hospital Campus. The private hospital was to be constructed and operated by the lessee. The Supreme Court judgement in favour of SSWAHS was handed down in 2008-09. In relation to the proceedings, costs were awarded against the lessee in favour of SSWAHS. Appeal proceedings against the Supreme Court judgement has commenced by the lessee and it is expected that a period up to 12 months will expire before the matter is heard.

(i) Graythwaite Property

The Trust of the property known as "Graythwaite" was established by the gift of the said property to the Crown by Thomas Allwright Dibbs on 1 October 1915 (the Trust).

On 20 November 2008 the Supreme Court decided that the Graythwaite property at North Sydney could be sold with the proceeds then being applied to the construction of a "Graythwaite Rehabilitation Centre" on the Ryde Hospital campus for patients of the public health system.

The Court's decision contained a number of conditions:

- The property at Ryde be transferred to the Trust. (A binding agreement has been put in place to transfer the land once the Graythwaite property at North Sydney has been sold).
- All necessary government approvals for capital expenditure of the proceeds from sale must be obtained by 20 May 2009 (the approval of the Treasurer was duly obtained in accordance with this condition and communicated to the Minister for Health).
- Once the above two conditions are met the Trust property is to be sold by 20 November 2009 for a sale price not less than \$16.8 million (The Department is proposing to market the property and has reclassified the property as a "Non Current Asset Held for Sale").

Should the Department be unable to effect the sale by 20 November 2009 it is acknowledged that the matter will return to Court for further consideration".

(j) Interstate Patient Flows, Australian Capital Territory

The Department has agreed with ACT Health that a clinical and resource cost audit be performed on a subset of NSW patient inflows to the ACT.

This review is required to assess the reasonableness of the rapid increases in the number of separations/statistical discharges and same day admissions through ACT emergency departments for NSW patients for both 2006/07 and 2007/08.

It is also expected that the audit will make recommendations on an appropriate process of regular auditing and data checking relating to NSW inflows to the ACT.

The outcome and completion date of the review cannot be reliably estimated and, therefore it is not possible to quantify the contingent liability that may present.

(k) Contractual Dispute, Health Support Services

Health Support Services, a unit of the Health Administration Corporation, currently carries a contractual dispute for which the estimated total contingent liability is within the range of \$0.5 Million to \$2 Million.

However, legal advice to hand indicates that the Health Administration Corporation has no contractual liability in this matter.

(l) Other Legal Matters

Five legal matters are currently on foot, which carry a potential total liability of \$170,000. This compares with eleven matters reported for 2007/08 for which a contingency of \$980,000 was reported.

36. Reconciliation of Cash Flows from Operating Activities to Net Cost of Services

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
9,222	(44,687)	Net Cash Used on Operating Activities	554,945	469,068
(4,338)	(5,099)	Depreciation	(479,689)	(448,619)
(2,079)	(1,299)	Allowance for Impairment	(41,209)	(33,779)
(9,928)	(7,444)	Acceptance by the Crown of Employee Benefits	(161,919)	(163,216)
(1,559)	(486)	(Increase)/ Decrease in Provisions	(268,300)	(152,321)
5,549	23,065	Increase / (Decrease) in Prepayments and Other Assets	55,269	100,907
20,940	(23,276)	(Increase)/ Decrease in Creditors	41,642	(306,024)
(963)	(6,436)	Net Gain/(Loss) on Sale of Property, Plant and Equipment	(23,199)	(17,074)
(11,201,765)	(10,353,404)	Recurrent Appropriation	(11,201,765)	(10,353,404)
(522,461)	(401,639)	Capital Appropriation	(522,461)	(401,639)
-	-	Revaluation of Investment	5,054	7,848
(1,347)	3,371	Other	-	-
(11,708,729)	(10,817,334)	Net Cost of Services	(12,041,632)	(11,298,253)

37. Non Cash Financing and Investing Activities

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
-	-	Assets Received by Donation	99	1,836
-	-		99	1,836

38. 2008-09 Voluntary Services

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

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

39. Unclaimed Monies

Unclaimed salaries and wages of Health Services are paid to the credit of Treasury in accordance with the provisions of the *Industrial Relations Act 1996*, 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.

40. Budget Review (Consolidated)

Net Cost of Services

The actual Net Cost of Services of \$12.042 Billion was at variance with the Operating Statement budget by \$376 Million. However, the Operating Statement budget is confined only to specific Government appropriations or variations in Commonwealth Specific Purpose Payments approved in accordance with Section 26 of the Public Finance & Audit Act and does not take into account the total approved consolidated recurrent funding as provided to the NSW Department of Health.

NSW Treasury has either approved a series of other budget/ funding adjustments or accepted the validity of the adjustments resulting in a variation of (\$8M) only. Details of all adjustments from the reported budget follow:

Treasurer's Advance Approvals (budget & funding)		
	\$M	\$M
Wages supplementation.....	53	
Mini Budget approvals.....	28	
Adjustment from 2007/08 revariation in Australian Health Care Agreement.....	2	
		83
Budget Committee of Cabinet Approvals (budget)		
Depreciation Adjustments.....	26	
Leave Adjustments	93	
Superannuation and Payroll Tax	4	
Medically Supervised Injecting Centre.....	1	
Treasury Managed Fund Insurance.....	3	
Cancer Institute Administrative Savings.....	(3)	
		124
Actuarial Assessment of Leave (varied per final movement in recognised expense)		119
Asset revaluation decrement effected through Operating Statement		1
Capital Expense incurred above Treasury budget provision		37
		364
Non Recurrent Adjustments		
In 2008-09 a series of adjustments were effected which had no funding implications either for 2008-09 or future years:		
• Write off of buildings, demolished site at Parramatta Justice Precinct;		
• Write off of assets with no economic benefit, Auburn Hospital site;		
• Demolition of building in disrepair, South Eastern Sydney / Illawarra;		
• Westmead and Windsor property write-offs as no further benefit will be derived;		
		20
Other		(8)
		376

Result for the Year

The Result for the Year is derived as the difference between the above Net Cost of Services result and the additional amounts approved by Government for recurrent services, capital works and superannuation/long service leave costs -

	\$M	\$M
• Variation from budget for Net Cost of Services as detailed above.....	376	
• Increases in recurrent appropriation as reflected in Treasurer’s Advance adjustment as shown above	(81)	
• Treasurer’s Advance approvals for variations in Asset Acquisition Program	(86)	
• Crown acceptance of employee liabilities (a non-cash expense to the Department).....	(16)	
		<u><u>193</u></u>

Assets and Liabilities

Net assets decreased by \$66 million from budget. This included the following variations:

	\$M	\$M
• Movements in Property, Plant and Equipment \$1M, Intangibles \$37M & Assets Held for Sale \$38M per independent asset valuations as well as variations in the capital program and asset sales.....	76	
• Increase in Leave Provisions due mainly to awards and actuarial assessment of accumulated leave entitlements	(242)	
• Decrease in Receivables	(6)	
• Decrease in Current Payables	16	
• Increase in Cash/Other Financial Assets largely due to increase in restricted assets (Note 27)	52	
• Increase in Inventories principally in respect of Commonwealth Vaccination Program.....	28	
• Decrease in Borrowings	4	
• Other	6	
		<u><u>66</u></u>

41. Financial Instruments

The Department’s principal financial instruments are outlined below. These financial instruments arise directly from the Department’s operations or are required to finance its operations. The Department does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Department’s main risks arising from financial instruments are outlined below, together with the Department’s objectives, policies and processes for measuring and managing

Cash Flow

Cash Flows from Operating Activities

• **Payments**

2008-09 total payments exceeded the budget by \$245 million, the principal components of which were increased Grants & Subsidies of \$75 million, an increase in finance costs of \$10 million and an increase in Other Payments of \$160 million.

The increased payments were largely sourced from increased Cash Flows from Government \$155 million and increased receipts of \$87 million (see below).

• **Receipts**

2008-09 total revenue receipts were \$87 million more than budget estimates due principally to the increased revenues reported in the Operating Statement e.g. Sale of Goods & Services \$78 million, duly adjusted for the effects of decreased receivables.

Cash Flows from Government

The increase of \$155 million in Cash Flows from Government results from additional recurrent funding of \$81 million provided principally via Treasurer’s Advance, largely in respect of award costs \$53 million and Mini Budget strategies \$28 million. Approvals of \$86 million were also provided in respect of the Asset Acquisition Program to cover additional expenditure on items such as research, additional beds and clinical services. Offsetting the above increases was the extinguishment of liability to the Consolidated Fund of \$12 million.

risk. Further quantitative and qualitative disclosures are included throughout this financial report.

The Director General has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced by the Department, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit Committee/Internal auditors on a continuous basis.

(a) Financial Instrument Categories

PARENT

		Total Carrying Amounts as per the Balance Sheet	
		2009 \$000	2008 \$000
Financial Assets			
CLASS	CATEGORY		
Cash and Cash Equivalents (Note 18)	N/A	60,324	141,961
Receivables (Note 19) ¹	Loans & Receivables (at amortised costs)	39,245	57,482
Financial Assets at Fair Value (Note 21)	At fair value through profit or loss (designated as such upon initial recognition) (at amortised cost)	–	2,086
Other Financial Assets (Note 22)		155,640	69,326
Total Financial Assets		255,209	270,855
Financial Liabilities			
Payables (Note 28) ²	Financial liabilities measured at amortised cost	60,247	84,152
Other (Note 31)		1,637	14,452
Total Financial Liabilities		61,884	98,604

- 1. Excludes statutory receivables and prepayments (ie not within scope of AASB 7)
- 2. Excludes unearned revenue (ie not within scope of AASB 7)

CONSOLIDATION

		Total Carrying Amounts as per the Balance Sheet	
		2009 \$000	2008 \$000
Financial Assets			
CLASS	CATEGORY		
Cash and Cash Equivalents (Note 18)	N/A	774,329	702,787
Receivables (Note 19) ¹	Loans & Receivables (at amortised costs)	248,178	265,702
Financial Assets at Fair Value (Note 21)	At fair value through profit or loss (designated as such upon initial recognition)	139,836	161,224
Total Financial Assets		1,162,343	1,129,713
Financial Liabilities			
Borrowings (Note 29)	Financial liabilities measured at amortised cost	267,170	101,162
Payables (Note 28) ²		940,979	993,090
Other (Note 31)		1,675	14,497
Total Financial Liabilities		1,209,824	1,108,749

- 1 Excludes statutory receivables and prepayments (ie not within scope of AASB 7)
- 2 Excludes unearned revenue (ie not within scope of AASB 7)

(b) Credit Risk

Credit risk arises when there is the possibility of the Department's debtors defaulting on their contractual obligations, resulting in a financial loss to the Department. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the Department, including cash, receivables, and authority deposits. No collateral is held by the Department. The Department has not granted any financial guarantees.

Credit risk associated with the Department's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW TCorp are guaranteed by the State.

Cash

Cash comprises cash on hand and bank balance deposited in accordance with Public Authorities (Financial Arrangements) Act approvals. Interest is earned on daily bank balances at rates between 2.9% and 7.15% for the Parent and between 2.9% and 7.15% for the Consolidated entity. This compares to rates of 5.25 to 6.25% in the previous year for the Parent and 5% and 8% for the consolidated. The TCorp Hour Glass cash facility is discussed in para (d) below.

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectibility of trade debtors is reviewed on an ongoing basis. Procedures as established in the NSW Department of Health Accounting Manual and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable

are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect the amounts due. The evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

The Department is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Debtors that are not past due (Parent 2009: \$10.449M; 2008: \$44.429M; Consolidated 2009 \$156.159M; 2008 \$109.973M) plus those not more than 3 months past due but not impaired (Parent 2009: \$2.642M; 2008: \$0.818M; Consolidated 2009 \$52.401M, 2008 \$57.708M) but for which no provision for impairment is warranted represent 92.1% (2008 86.9%) of the

total trade debtors reported by the Parent and 70.6% (2008 62.9%) reported in the consolidation. In addition Patient Fees Compensables are frequently not settled with 6 months of the date of the service provision due to the length of time it takes to settle legal claims. Most of the debtors of the Department and its controlled entities are Health Insurance Companies or Compensation Insurers settling claims in respect of inpatient treatments. There are no debtors which are currently not past due or impaired whose terms have been renegotiated.

The only financial assets that are past due or impaired are 'sales of goods and services' in the 'receivables' category of the balance sheet. Patient Fees Ineligibles represent the majority of financial assets that are past due or impaired.

PARENT

2009	Total ^{1,2} \$000	Past Due But Not Impaired ^{1,2} \$000	Considered Impaired ^{1,2} \$000
<3 months overdue	2,642	2,642	-
3 months - 6 months overdue	1,127	1,127	-
> 6 months overdue	96	0	96
	3,865	3,769	96
2008			
<3 months overdue	856	818	38
3 months - 6 months overdue	505	467	38
> 6 months overdue	6,266	5,056	1,210
	7,627	6,341	1,286

CONSOLIDATION

2009	Total ^{1,2} \$000	Past Due But Not Impaired ^{1,2} \$000	Considered Impaired ^{1,2} \$000
<3 months overdue	67,952	52,401	15,551
3 months - 6 months overdue	30,334	20,668	9,666
> 6 months overdue	40,957	18,950	22,007
	139,243	92,019	47,224
2008			
<3 months overdue	70,714	57,708	13,006
3 months - 6 months overdue	44,015	37,440	6,575
> 6 months overdue	42,057	20,901	21,156
	156,786	116,049	40,737

1 Each column in the table represents "gross receivables".

2 The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7 and excludes receivables that are not past due and impaired. Therefore, the "Total" will not reconcile to the receivables total recognised in the balance sheet.

Authority Deposits

Controlled entities of the Department have placed funds on deposit with TCorp, which has been rated "AAA" by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed "at call" or for a fixed term. For fixed term deposits, the interest rate payable by TCorp is negotiated initially and is fixed for the term of the deposit, while the interest rate payable on at call deposits vary. The

deposits at balance date across Health Services under the control of the NSW Department of Health were earning interest rates ranging between -2.69% and 5.23% (2008 -3.92% and 7.92%) while over the year the weighted average interest rates reported by Health Services ranged between -2.67% and 5.64% (2008 -1.32% and 7.9%). None of these assets are past due or impaired.

c) Liquidity Risk

Liquidity risk is the risk that the Department will be unable to meet its payment obligations when they fall due. The Department and its controlled entities continuously manage risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The Department and its controlled entities have negotiated no loan outside of arrangements with the Sustainable Energy Development Authority or the Private Public Partnership arrangements negotiated through Treasury.

During the current and prior year, there were no defaults or breaches on any loans payable. No assets have been pledged as collateral. The Department's controlled entities' exposure to liquidity risk is significant. However, this risk is minimised as the NSW Department of Health has indicated its ongoing financial support to those entities. Risks to the Department are

not considered significant as the Department is a budget dependent agency that is funded to continue to provide essential health services.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. It is expected that amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the NSW Department of Health. This requires that, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received.

In those instances where settlement cannot be effected in accordance with the above, eg due to short term liquidity constraints within Health Services, terms of payment are negotiated with creditors.

The table below summarises the maturity profile of the Department's financial liabilities together with the interest rate exposure.

Maturity Analysis and interest rate exposure of financial liabilities

PARENT

	INTEREST RATE EXPOSURE						MATURITY DATES			Weighted Average Effective interest rate (%)
	Fixed Interest Rate (%)	Variable Interest Rate (%)	Nominal Amount \$000	Fixed Interest Rate \$000	Variable Interest Rate \$000	Non-Interest Bearing \$000	< 1 Yr \$000	1-5 Yrs \$000	> 5 Yrs \$000	
2009										
Payables:										
Accrued Salaries, Wages and Payroll Deductions	-	-	1,608	-	-	1,608	1,608	-	-	-
Creditors	-	-	58,639	-	-	58,639	58,639	-	-	-
	-	-	60,247	-	-	60,247	60,247	-	-	-
2008										
Payables:										
Accrued Salaries, Wages and Payroll Deductions	-	-	2,973	-	-	2,973	2,973	-	-	-
Creditors	-	-	81,179	-	-	81,179	81,179	-	-	-
	-	-	84,152	-	-	84,152	84,152	-	-	-

CONSOLIDATED

	INTEREST RATE EXPOSURE						MATURITY DATES			Weighted Average Effective interest rate (%)
	Fixed Interest Rate (%)	Variable Interest Rate (%)	Nominal Amount \$000	Fixed Interest Rate \$000	Variable Interest Rate \$000	Non-Interest Bearing \$000	< 1 Yr \$000	1-5 Yrs \$000	> 5 Yrs \$000	
2008										
Payables:										
Accrued Salaries, Wages and Payroll Deductions	-	-	341,694	-	-	341,694	341,694	-	-	-
Creditors	-	-	599,285	-	-	599,285	599,285	-	-	-
Borrowings:										
Bank Overdraft	-	-	-	-	-	-	-	-	-	-
Other Loans and Deposits	5.7-7.5	5.1-7.2	248,324	248,324	-	-	4,475	28,816	215,033	8.79
Finance leases	-	6.6 - 6.8	18,846	-	18,846	-	3,703	12,521	2,622	6.7
			1,208,149	248,324	18,846	940,979	949,157	41,337	217,655	

Maturity Analysis and interest rate exposure of financial liabilities (continued)

	INTEREST RATE EXPOSURE						MATURITY DATES			Weighted Average Effective interest rate (%)
	Fixed Interest Rate (%)	Variable Interest Rate (%)	Nominal Amount \$000	Fixed Interest Rate \$000	Variable Interest Rate \$000	Non-Interest Bearing \$000	< 1 Yr \$000	1-5 Yrs \$000	> 5 Yrs \$000	
2008										
Payables:										
Accrued Salaries, Wages and Payroll Deductions	-	-	298,330	-	-	298,330	298,330	-	-	-
Creditors	-	-	694,760	-	-	694,760	694,760	-	-	-
Borrowings:										
Bank Overdraft	-	-	119	-	-	119	119	-	-	-
Other Loans and Deposits	5.2-6.6	6.0	79,145	79,145	-	-	1,137	6,997	71,011	5.99
Finance leases	-	6.6 - 7.1	21,898	-	21,898	-	3,053	14,033	4,812	6.9
Total			1,094,252	79,145	21,898	993,209	997,399	21,030	75,823	

d) Market Risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The exposures of the Department and its controlled entities to market risk are primarily through interest rate risk on borrowings and other price risks associated with the movement in the unit price of the Hour Glass Investment facilities. The Department and its controlled entities have no exposure to foreign currency risk and do not enter into commodity contracts.

The effect on the reported result and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the Department and its controlled entities operate and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at

the balance sheet date. The analysis is performed on the same basis for 2008. The analysis assumes that all other variables remain constant.

Interest rate risk

Exposure to interest rate risk arises primarily through the interest bearing liabilities held by the Department's controlled entities.

However, Health Services are not permitted to borrow external to the NSW Department of Health (Sustainable Energy Development Authority loans which are negotiated through Treasury excepted). Both SEDA and NSW Department of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. For financial instruments a reasonably possible change of +/-1% is consistent with trends in interest. The Department's exposure to interest rate risk is set out below and addresses both the Parent and the Consolidated Entity

PARENT	Carrying Amount \$000	-1%		+1%	
		Result \$000	Equity \$000	Result \$000	Equity \$000
2009					
Financial assets					
Cash and cash equivalents	60,324	(603)	(603)	603	603
Receivables	39,245	-	-	-	-
Other financial assets	155,640	(1,556)	(1,556)	1,556	1,556
Financial liabilities					
Payables	60,247	-	-	-	-
Other	1,637	16	16	(16)	(16)
2008					
Financial assets					
Cash and cash equivalents	141,961	(1,420)	(1,420)	1,420	1,420
Receivables	57,482	-	-	-	-
Financial assets at fair value	2,086	(21)	(21)	21	21
Other financial assets	69,326	(693)	(693)	693	693
Financial liabilities					
Payables	84,152	-	-	-	-
Other	14,452	145	145	(145)	(145)

CONSOLIDATED	Carrying Amount \$000	-1%		+1%	
		Result \$000	Equity \$000	Result \$000	Equity \$000
2009					
Financial assets					
Cash and cash equivalents	774,329	(7,743)	(7,743)	7,743	7,743
Receivables	248,178	-	-	-	-
Financial assets at fair value	139,836	(1,398)	(1,398)	1,398	1,398
Financial liabilities					
Borrowings	267,170	2,672	2,672	(2,672)	(2,672)
Payables	940,979	-	-	-	-
Other	1,675	17	17	(17)	(17)
2008					
Financial assets					
Cash and cash equivalents	702,787	(7,028)	(7,028)	7,028	7,028
Receivables	265,702	-	-	-	-
Financial assets at fair value	161,224	(1,612)	(1,612)	1,612	1,612
Financial liabilities					
Borrowings	101,162	1,012	1,012	(1,012)	(1,012)
Payables	993,090	-	-	-	-
Other	14,497	145	145	(145)	(145)

Other price risk - TCorp Hour Glass facilities

Exposure to 'other price risk' primarily arises through the investment in the TCorp Hour Glass Investment facilities, which are held for strategic rather than trading purposes. Neither the Department nor its controlled entities have direct

equity investments. Units in the following Hour-Glass investment trusts are confined to controlled entities only with the Parent entity having no such investments:

Facility	Investment Sectors	Investment Horizon	2009 \$000	2008 \$000
Cash facility	Cash, money market instruments	Up to 1.5 years (pre-June 2008)	222,726	142,934
Strategic cash facility	Cash, money market and other interest rate instruments	1.5 years to 3 years	68,164	17,718
Medium term growth facility	Cash, money market instruments, Australian and International bonds, listed property, Australian and International shares	3 years to 7 years (pre-June 2008 - 4 years to 7 years)	50,684	49,422
Long term growth facility	Cash, money market instruments, Australian and International bonds, listed property, Australian and International shares	7 years and over	70,129	91,998

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily.

NSW TCorp as trustee for each of the above facilities is required to act in the best interest of the unitholders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. However, TCorp, acts as manager for part of the Cash facility. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the Hour Glass facilities limits the exposure to risk of the Department and its controlled entities, as it allows

diversification across a pool of funds, with different investment horizons and a mix of investments.

NSW TCorp provides sensitivity analysis information for each of the investment facilities, using historically based volatility information collected over a ten year period quoted at two standard deviations (ie 95% probability). The TCorp Hour Glass Investment facilities are designated at fair value through profit or loss and therefore any change in unit price impacts directly on profit (rather than equity).

A reasonably possible change is based on the percentage change in unit price (as advised by TCorp) multiplied by the redemption value as at 30 June each year for each facility (balance from Hour Glass Statement).

Impact on profit/loss

	Change In Unit Price	2009 \$000	2008 \$000
Hour Glass Investment - Cash facility	1%	2,167	1,234
Hour Glass Investment - Strategic cash facility	2 to 5%	1,771	596
Hour Glass Investment - Medium term growth facility	7 to 24%	8,131	(61)
Hour Glass Investment - Long term growth facility	15%	7,655	2,956

e) Fair Value

Financial instruments are generally recognised at cost, with the exception of the TCorp Hour Glass facilities, which are measured at fair value. As discussed, the value of the Hour Glass Investments is based on the share of the value of the underlying assets of the facility held by controlled entities of the Department, based on the market value. The Parent entity has no such investments. All of the Hour Glass facilities, are

valued using 'redemption' pricing.

The amortised cost of financial instruments recognised in the balance sheet approximates the fair value because of the short term nature of many of the financial instruments. There are no financial instruments where the fair value differs from the carrying amount.

42. After Balance Date Events**(a) Transfer of Callan Park Hospital site to Leichardt Council**

Given the relocation of health services from the Callan Park site to Concord Hospital an offer has been made to Leichardt Municipal Council for a 99 year lease of 40 of the 60 hectares contained in the Callan Park site. The conditions of the lease are being negotiated through the Sydney Harbour Foreshore Authority and the impact on both the Sydney South West Area Health Service and the Department are not yet known.

However, based on transfer of 40 hectares the potential reduction in the Area's land and buildings and infrastructure assets approximates \$59M, such estimate having been updated from last year's estimate of \$52M due to the desk valuation of the Health Service's assets in 2008-09.

(b) Establishment of Albury Wodonga Health Division

Albury Wodonga Health (AWH) was established by Victoria, pursuant to the Health Services Act (VIC). On 1 July 2009, AWH assumed responsibility for providing certain health services at Albury Base Hospital and in Wodonga (VIC), in an integrated manner. NSW provides funding to AWH for the provision of health services at Albury Base Hospital (other than mental health, sub acute and community health services), in

accordance with the terms of the Intergovernmental Agreement and interim arrangements currently in place.

In accordance with the provisions of the *Health Services Act 1997* the Director General established an "Albury Wodonga Health Division" of the NSW Health Service and transferred the group of staff within the Greater Southern Area Health Service Division who will be working at AWH to that Division, effective from 1 July 2009. NSW has delegated the day to day management of staff working with AWH to the Chief Executive of AWH. NSW is providing funding to AWH to cover existing annual leave and long service leave for NSW seconded employees but the net value of the transfer is yet to be agreed.

The Health Administration Corporation will be entering into a lease with the Department of Human Services, VIC, of the Albury Base Hospital Campus. The buildings, plant and equipment at the Albury campus remain assets of NSW and reporting of the new Division will continue through the Greater Southern Area Health Service.

(c) NSW Government Agency Amalgamation

On 27 July 2009 an Administrative Changes Order was made through which 13 super Departments were created. The changes have no impact on the responsibilities of the NSW Department of Health.

END OF AUDITED FINANCIAL STATEMENTS

Independent Audit Report

FOR THE YEAR ENDED 30 JUNE 2009
HEALTH ADMINISTRATION CORPORATION (HAC)



GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Health Administration Corporation

To Members of the New South Wales Parliament

I have audited the accompanying financial report of the Health Administration Corporation (the Corporation), which comprises the balance sheets as at 30 June 2009, the operating statements, statements of recognised income and expense, cash flow statements, service group statements for the year then ended, a summary of significant accounting policies and other explanatory notes for both the Corporation and the consolidated entity. The consolidated entity comprises the Corporation and the entities it controlled at the year's end or from time to time during the financial year.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Corporation and the consolidated entity as at 30 June 2009, and of their financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005

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

Director-General's Responsibility for the Financial Report

The Director-General of the NSW Department of Health is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Director-General, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

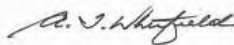
My opinion does *not* provide assurance:

- about the future viability of the Corporation or consolidated entity,
- 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.

Independence

In conducting this audit, the Audit Office of New South Wales has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A 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 of New South Wales are not compromised in their role by the possibility of losing clients or income.



A T Whitfield
Deputy Auditor-General

8 October 2009
SYDNEY



Certification of Accounts

FOR THE YEAR ENDED 30 JUNE 2009
HEALTH ADMINISTRATION CORPORATION (HAC)

CERTIFICATE OF ACCOUNTS

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

- (i) The attached financial statements of the Health Administration Corporation for the year ended 30 June 2009 have been prepared in accordance with the requirements of applicable Australian Accounting Standards, 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.
- (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.



John Roach
Chief Financial Officer



Debora Picone
Director-General
7 October 2009

Operating Statement

FOR THE YEAR ENDED 30 JUNE 2009
HEALTH ADMINISTRATION CORPORATION (HAC)

PARENT				Notes	CONSOLIDATED		
Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000			Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000
			Expenses excluding losses				
			Operating Expenses				
			Employee Related	3	581,232	588,294	443,923
581,232	588,294	443,923	Personnel Services	4	-	-	-
316,749	310,957	225,488	Other Operating Expenses	5	316,749	310,957	225,488
47,492	49,111	51,340	Depreciation and Amortisation	2(h), 6	47,492	49,111	51,340
20,133	23,704	17,623	Grants and Subsidies	7	20,133	23,704	17,623
3,377	2,986	840	Finance Costs	8	3,377	2,986	840
968,983	975,052	739,214	Total Expenses excluding losses		968,983	975,052	739,214
			Revenue				
476,293	464,989	305,828	Sale of Goods and Services	9	476,293	464,989	305,828
5,193	1,296	2,996	Investment Revenue	10	5,193	1,296	2,996
15,023	11,986	15,751	Grants and Contributions	11	1,311	749	4,745
6,996	7,057	10,557	Other Revenue	12	6,996	7,057	10,557
503,505	485,328	335,132	Total Revenue		489,793	474,091	324,126
(1,909)	(616)	(2,846)	Loss on Disposal	13	(1,909)	(616)	(2,846)
(21,679)	(22,436)	(17,358)	Other losses	14	(21,679)	(22,436)	(17,358)
489,066	512,776	424,286	Net Cost of Services		502,778	524,013	435,292
			Government Contributions				
430,061	428,029	359,667	NSW Department of Health Recurrent Allocations	2(d)	430,061	430,061	359,667
99,574	108,839	64,435	NSW Department of Health Capital Allocations	2(d)	99,574	108,839	64,435
-	-	-	Acceptance by the Crown Entity of Employee Benefits	2(a)	13,712	11,237	11,006
(1,347)	-	-	Asset Sales Proceeds Transferred to the Department		(1,347)	-	-
528,288	536,868	424,102	Total Government Contributions		542,000	550,137	435,108
39,222	24,092	(184)	RESULT FOR THE YEAR	29	39,222	26,124	(184)

The accompanying notes form part of these Financial Statements

Statement of Recognised income and Expense

FOR THE YEAR ENDED 30 JUNE 2009
HEALTH ADMINISTRATION CORPORATION (HAC)

PARENT				Notes	CONSOLIDATED		
Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000			Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000
11,800	-	6,954	Net Increase/(Decrease) in Property, Plant and Equipment Asset Revaluation Reserve	29	11,800	-	6,954
11,800	-	6,954	TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY		11,800	-	6,954
39,222	24,092	(184)	Result for the Year	29	39,222	24,092	(184)
51,022	24,092	6,770	TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR		51,022	24,092	6,770

The accompanying notes form part of these Financial Statements

Balance Sheet

AS AT 30 JUNE 2009

HEALTH ADMINISTRATION CORPORATION (HAC)

PARENT				Notes	CONSOLIDATED		
Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000			Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000
			ASSETS				
			Current Assets				
102,097	80,734	50,339	Cash and Cash Equivalents	17	102,097	80,734	50,339
132,631	63,306	61,295	Receivables	18	132,631	63,306	61,295
5,499	4,991	3,490	Inventories	19	5,499	4,991	3,490
2,207	2,880	2,880	Non-Current Assets Held for Sale	20	2,207	2,880	2,880
5,062	21,173	2,809	Other Financial Assets	21	5,062	21,173	2,809
247,496	173,084	120,813	Total Current Assets		247,496	173,084	120,813
			Non-Current Assets				
2,530	14,777	3,847	Receivables	18	2,530	14,777	3,847
22,364	6,525	6,526	Other Financial Assets	21	22,364	6,525	6,526
			Property, Plant and Equipment				
190,510	180,034	185,706	- Land and Buildings	22	190,510	180,034	185,706
106,837	149,811	97,538	- Plant and Equipment	22	106,837	149,811	97,538
87	96	96	- Infrastructure System	22	87	96	96
297,434	329,941	283,340	Total Property, Plant and Equipment		297,434	329,941	283,340
112,563	63,349	71,908	Intangible Assets	23	112,563	63,349	71,908
434,891	414,592	365,621	Total Non-Current Assets		434,891	414,592	365,621
682,387	587,676	486,434	Total Assets		682,387	587,676	486,434
			LIABILITIES				
			Current Liabilities				
137,417	85,742	76,538	Payables	25	137,417	85,742	76,538
17,946	2,218	2,337	Borrowings	26	17,946	2,218	2,337
191,304	192,789	137,155	Provisions	27	191,304	192,789	137,155
11,457	5,408	1,007	Other	28	11,457	5,408	1,007
358,124	286,157	217,037	Total Current Liabilities		358,124	286,157	217,037
			Non-Current Liabilities				
12,392	6,812	4,483	Provisions	27	12,392	6,812	4,483
283	10,480	6,812	Borrowings	26	283	10,480	6,812
107	-	-	Other	28	107	-	-
12,782	17,292	11,295	Total Non-Current Liabilities		12,782	17,292	11,295
370,906	303,449	228,332	Total Liabilities		370,906	303,449	228,332
311,481	284,227	258,102	Net Assets		311,481	284,227	258,102
			EQUITY				
58,988	48,250	48,250	Reserves	29	58,988	48,250	48,250
252,493	235,977	209,852	Accumulated Funds	29	252,493	235,977	209,852
311,481	284,227	258,102	Total Equity		311,481	284,227	258,102

The accompanying notes form part of these Financial Statements

Cash Flow Statement

FOR THE YEAR ENDED 30 JUNE 2009
HEALTH ADMINISTRATION CORPORATION (HAC)

PARENT				Notes	CONSOLIDATED		
Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000			Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
-	-	-	Employee Related		(523,504)	(527,829)	(408,506)
(20,133)	(18,471)	(18,043)	Grants and Subsidies		(20,133)	(18,471)	(18,043)
-	-	(278)	Finance Costs		-	-	(278)
(832,074)	(827,435)	(651,445)	Other		(308,570)	(299,606)	(242,939)
(852,207)	(845,906)	(669,766)	Total Payments		(852,207)	(845,906)	(669,766)
			Receipts				
393,573	435,422	296,340	Sale of Goods and Services		393,573	435,422	296,340
4,541	1,296	2,996	Interest Received		4,541	1,296	2,996
28,129	15,503	18,851	Other		28,129	15,503	18,851
426,243	452,221	318,187	Total Receipts		426,243	452,221	318,187
			Cash Flows From Government				
430,061	430,061	359,667	NSW Department of Health Recurrent Allocations		430,061	430,061	359,667
99,574	108,837	66,175	NSW Department of Health Capital Allocations		99,574	108,837	66,175
(1,347)	-	-	Asset Sale Proceeds transferred to Parent		(1,347)	-	-
528,288	538,898	425,842	Net Cash Flows From Government		528,288	538,898	425,842
102,324	145,213	74,263	NET CASH FLOWS FROM OPERATING ACTIVITIES	32	102,324	145,213	74,263
			CASH FLOWS FROM INVESTING ACTIVITIES				
3,394	-	1,397	Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		3,394	-	1,397
(14,578)	(88,885)	(19,949)	Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(14,578)	(88,885)	(19,949)
-	(23,331)	(1,399)	Purchase of Investments		-	(23,331)	(1,399)
(48,462)	-	(32,317)	Purchases of Intangibles		(48,462)	-	(32,317)
(59,646)	(112,216)	(52,268)	NET CASH FLOWS FROM INVESTING ACTIVITIES		(59,646)	(112,216)	(52,268)
			CASH FLOWS FROM FINANCING ACTIVITIES				
10,080	-	59,276	Proceeds from Borrowings and Advances		10,080	-	59,276
(883)	(2,485)	(60,506)	Repayment of Borrowings and Advances		(883)	(2,485)	(60,506)
9,197	(2,485)	(1,230)	NET CASH FLOWS FROM FINANCING ACTIVITIES		9,197	(2,485)	(1,230)
51,875	30,512	20,765	NET INCREASE / (DECREASE) IN CASH		51,875	30,512	20,765
50,222	50,222	29,457	Opening Cash and Cash Equivalents		50,222	50,222	29,457
102,097	80,734	50,222	CLOSING CASH AND CASH EQUIVALENTS	17	102,097	80,734	50,222

The accompanying notes form part of these Financial Statements

Service Group Statement

FOR THE YEAR ENDED 30 JUNE 2009
HEALTH ADMINISTRATION CORPORATION (HAC)

SUPPLEMENTARY FINANCIAL STATEMENTS

SERVICE'S EXPENSES AND INCOME	Service Group 1.1*		Service Group 1.2*		Service Group 1.3*		Service Group 2.1*		Service Group 2.2*		Service Group 2.3*		Service Group 3.1*		Service Group 4.1*		Service Group 5.1*		Service Group 6.1*		Non Attributable		TOTAL				
	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000		
Expenses excluding losses																											
Operating Expenses																											
Employee Related	1,800	3,238	-	58	18,307	9,819	416,664	360,189	78,892	37,241	13,188	4,922	29,013	10,269	12,750	8,328	251	495	10,376	9,364	-	-	-	-	581,232	443,923	
Other Operating Expenses	138	3,589	-	196	12,843	9,190	174,539	147,295	84,297	42,190	12,263	6,563	15,742	6,212	13,098	4,557	357	1,012	3,471	4,684	-	-	-	-	316,749	225,488	
Depreciation and Amortisation	-	1,190	-	48	3,061	4,186	23,127	25,209	14,044	13,368	2,166	2,047	2,399	1,845	2,469	2,348	2	309	224	790	-	-	-	-	47,492	51,340	
Grants and Subsidies	-	17,312	-	-	500	-	1,964	-	4,403	-	1,617	-	10,524	-	871	-	-	-	253	311	-	-	-	-	20,133	17,623	
Finance Costs	-	-	-	-	288	-	326	-	2,117	727	204	113	212	-	232	-	-	-	-	-	-	-	-	-	3,377	840	
Total Expenses excluding losses	1,938	25,329	-	302	34,999	23,195	616,610	532,693	183,753	93,526	29,438	13,645	57,891	18,326	29,420	15,233	610	1,816	14,324	15,149	-	-	-	-	968,983	739,214	
Revenue																											
Sale of Goods and Services	-	20,017	-	215	15,734	17,223	204,240	161,465	94,131	68,121	54,009	10,038	38,828	13,605	69,344	12,155	-	1,111	7	1,878	-	-	-	-	476,293	305,828	
Investment Revenue	-	38	-	2	250	142	2,674	1,800	1,560	577	177	88	183	106	136	93	66	13	147	137	-	-	-	-	5,193	2,996	
Grants and Contributions	-	-	-	-	63	-	723	644	288	-	44	-	102	-	91	4,100	-	-	-	1	-	-	-	-	-	1,311	4,745
Other Revenue	-	14	-	1	188	251	5,324	8,503	861	1,083	133	133	138	222	151	203	-	5	201	142	-	-	-	-	6,996	10,557	
Total Revenue	-	20,069	-	218	16,235	17,616	212,961	172,412	96,840	69,781	54,363	10,259	39,251	13,933	69,722	16,551	66	1,129	355	2,158	-	-	-	-	489,793	324,126	
Gain / (Loss) on Disposal	-	(13)	-	(1)	(200)	(272)	(295)	(921)	(916)	(1,013)	(141)	(142)	(151)	(241)	(161)	(222)	-	(4)	(45)	(17)	-	-	-	-	(1,909)	(2,846)	
Other Gains / (Losses)	-	-	-	-	(84)	(138)	(21,019)	(16,366)	(366)	(542)	(60)	(69)	(62)	(126)	(68)	(117)	-	-	-	-	-	-	-	-	(21,679)	(17,358)	
Net Cost of Services	1,938	5,273	-	85	19,048	5,989	424,963	377,568	88,215	25,300	(24,724)	3,597	18,853	4,760	(40,073)	(979)	544	691	14,014	13,008	-	-	-	-	502,778	435,292	
Government Contributions **																										542,000	435,108
RESULT FOR THE YEAR																										39,222	(184)

** Appropriations are made on an agency basis and not to individual service groups. Consequently, government contributions must be included in the "Net Attributable column."
NSW Budget Paper 3 has replaced program statements with Service Group Statements. Service Group Statements focus on the key measures of service delivery performance.

* The name and purpose of each Service Group is summarised in Note 16. There has been no need to amend comparative data for 2008.

The Service Group Statement uses statistical data to 31 December 2008 to allocate the current period's financial information on Expenses and Income to each Service Group. No changes have occurred during the period between 1 January 2009 and 30 June 2009 which would materially impact this allocation.

Service Group Statement

FOR THE YEAR ENDED 30 JUNE 2009 – HEALTH ADMINISTRATION CORPORATION (HAC)

SUPPLEMENTARY FINANCIAL STATEMENTS

Services's Assets and Liabilities	Service Group 1.1**		Service Group 1.2**		Service Group 1.3**		Service Group 2.1**		Service Group 2.2**		Service Group 2.3**		Service Group 3.1**		Service Group 4.1**		Service Group 5.1**		Service Group 6.1**		TOTAL		
	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000
ASSETS																							
Current Assets																							
Cash and Cash Equivalents	166	2,479	31	441	2,367	50,702	28,101	47,439	10,326	392	1,393	818	2,023	141	1,556	254	185	1,744	1,878	1,744	1,878	102,097	50,339
Receivables	-	5,739	61	8,025	5,038	28,691	18,925	50,868	19,770	13,273	2,934	12,656	4,068	15,833	3,561	2,037	315	1,247	885	1,247	885	132,631	61,295
Inventories	5	1	-	-	-	5,426	3,439	-	-	-	-	3	8	-	-	-	-	66	42	66	42	5,499	3,490
Financial Assets at Fair Value	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Financial Assets	-	321	4	16	309	22	306	4,953	1,205	16	182	39	214	16	203	-	24	-	41	-	41	5,062	2,809
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non Current Assets Held for Sale	-	-	-	-	-	2,186	2,854	-	-	-	-	1	1	-	-	-	-	-	20	25	-	2,207	2,880
Total Current Assets	171	8,540	96	8,482	7,714	87,027	53,625	103,260	31,301	13,681	4,509	13,516	6,314	15,990	5,320	2,292	524	3,077	2,871	3,077	2,871	247,496	120,813
Non-Current Assets																							
Receivables	-	398	4	258	350	581	927	623	1,387	330	204	298	276	439	247	-	22	1	32	1	32	25,330	3,847
Financial Assets at Fair Value	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Financial Assets	-	746	9	72	717	98	712	21,881	2,800	72	422	172	498	69	471	-	56	-	95	-	95	22,364	6,526
Property, Plant and Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Land and Buildings	-	-	-	2,600	3,978	167,818	162,853	12,377	11,979	1,777	1,945	2,083	1,791	2,168	898	-	258	1,687	2,004	1,687	2,004	190,510	185,706
- Plant and Equipment	-	-	-	7,373	9,136	48,539	48,067	34,049	27,518	5,758	4,468	4,684	4,026	5,870	2,062	30	593	534	1,668	534	1,668	106,837	97,538
- Infrastructure Systems	-	-	-	10	16	11	12	44	49	7	8	8	7	8	1	-	1	-	2	-	2	87	96
Intangible Assets	-	-	-	12,167	11,726	14,109	9,202	57,809	35,303	9,074	5,734	9,608	5,152	9,797	2,647	-	761	-	1,382	-	1,382	112,563	71,908
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Non-Current Assets	-	1,144	14	22,480	25,923	231,156	221,772	126,783	79,035	17,018	12,781	16,853	11,750	18,351	6,326	30	1,692	2,222	5,184	2,222	5,184	434,891	365,621
Total Assets	171	9,684	109	30,962	33,637	318,183	275,398	230,043	110,336	30,699	17,289	30,369	18,064	34,341	11,646	2,322	2,216	5,299	8,055	5,299	8,055	682,387	486,434
LIABILITIES																							
Current Liabilities																							
Payables	38	924	26	7,306	4,884	53,037	38,207	51,279	21,688	6,966	3,488	8,927	3,222	5,221	1,728	2,429	505	2,214	1,865	2,214	1,865	137,417	76,538
Borrowings	-	264	3	58	254	80	370	17,553	899	58	150	140	177	57	167	-	19	-	34	-	34	17,946	2,337
Provisions	597	1,074	20	6,656	3,316	132,715	110,154	28,685	12,302	4,795	1,662	10,532	3,356	4,699	2,813	28	167	2,597	2,290	2,597	2,290	191,304	137,165
Other	2	-	-	25	-	541	-	10,767	1,007	26	-	63	-	25	-	1	-	8	-	8	-	11,457	1,007
Total Current Liabilities	637	2,262	49	14,045	8,454	186,373	148,732	108,284	35,896	11,845	5,300	19,661	6,755	10,002	4,708	2,458	692	4,819	4,189	4,819	4,189	358,124	217,037
Non-Current Liabilities																							
Borrowings	-	767	10	-	738	-	732	283	2,975	-	434	-	513	-	485	-	59	-	99	-	99	283	6,812
Provisions	37	68	-	425	239	8,668	2,637	1,829	894	306	120	671	228	300	203	1	12	155	80	155	80	12,392	4,483
Other	-	-	-	10	-	12	-	51	-	8	-	13	-	-	-	8	-	5	-	5	-	107	-
Total Non-Current Liabilities	37	835	-	434	977	8,680	3,369	2,164	3,869	314	554	685	741	300	688	10	71	159	179	159	179	12,782	11,295
Total Liabilities	674	3,097	60	14,479	9,431	195,053	152,101	110,448	39,765	12,159	5,854	20,346	7,497	10,302	5,396	2,467	763	4,979	4,368	4,979	4,368	370,906	228,332
Net Assets	(503)	6,587	49	16,483	24,206	123,130	123,297	119,596	70,571	18,540	11,436	10,023	10,567	24,039	6,250	(146)	1,454	320	3,687	320	3,687	311,481	258,102

NSW Budget Paper No. 3 has replaced program statements with service group statements. Service group statements focus on the key measures of service delivery performance.

* The name and purpose of each service group is summarised in Note 16. The statistical data collected to 31 December 2008 to apportion Service Group expenses and revenues is also used to attribute assets and liabilities to each Service Group.

Notes to and forming part of the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2009
HEALTH ADMINISTRATION CORPORATION (HAC)

1. The Health Administration Corporation Reporting Entity

From 17 March 2006 the Director General became responsible for providing health support services. Under Section 8A of the *Health Administration Act 1982* she has determined that Health Administration Corporation (HAC) may exercise this function.

HAC consists of a number of units established under the Public Health System Support Division of Health Administration Corporation in accordance with the provisions of the *Health Services Act 1997*. These divisions are as follows:

- Health Support Services established on 24 April 2008 from the merger of the former Health Technology and Health Support units to provide financial, payroll, linen, food, information and other health support services to the health sector;
- The NSW Institute of Medical Education and Training established 1 September 2005 to provide educational support to the health sector;
- The Ambulance Service of NSW transferred to HAC on 17 March 2006 after the *Ambulance Service Act 1990* was repealed;
- Health Infrastructure established on 1 July 2007 to provide a broad range of asset services in connection with public health organisations, eg the management and coordination of Government approved capital works projects.

HAC as a reporting entity also encompasses the Special Purposes and Trust Funds of these units which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by HAC. HAC is a not for profit entity.

HAC Special Purpose Service Entity was established as a Division of the Government Service on 17 March 2006 in accordance with the *Public Sector Employment and Management Act 2002* and the *Health Services Act 1977*. The Division provides personnel services to enable HAC to exercise its functions and, in accordance with Accounting Standards, is consolidated with the financial report.

As a consequence the values in the annual financial statements presented herein consist of HAC (as the parent entity), the financial report of the special purpose service

entity and the consolidated financial report of the economic entity. Notes capture both the Parent and Consolidated values with Notes 3, 4, 25, 27 and 32 being especially relevant.

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.

The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

The Consolidated Financial report for the year ended 30 June 2009 has been authorised for issue by the Chief Financial Officer and Director General on 7 October 2009.

2. Summary of Significant Accounting Policies

HAC's financial report is a general purpose financial report which has been prepared in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the *Health Services Act 1997* and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

The consolidated entity has a deficiency of working capital of \$121.320M (2008 \$95.128M). Notwithstanding this deficiency the financial report has been prepared on a going concern basis because the entity has the support of the New South Wales Department of Health.

Property, plant and equipment, assets held for sale (or disposal groups) and financial assets at "fair value through profit or loss" and available for sale are measured at fair value. Other financial report items 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.

Judgements, key assumptions and estimations made by management are disclosed in the relevant notes to the financial report.

Comparative figures are, where appropriate, reclassified to give a meaningful comparison with the current year.



No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. Set out below are changes to be effected, their date of application and the possible impact on the financial report of HAC.

Accounting Standard/Interpretation

AASB 127 and AASB 2008-3, Business Combinations, has application in reporting periods beginning on or after 1 July 2009 and determines information to be disclosed in respect of business acquisitions. Its applicability to not for profit entities is yet to be determined.

AASB 8 and AASB 2007-3 Operating Segments, has application in reporting periods beginning on or after 1 January 2009. It relates to for profit entities specifically and is therefore not applicable to HAC.

AASB 101, Presentation of Financial Statements, effective for reporting periods beginning on 1 July 2009, has reduced the disclosure requirements for various reporting entities. However, in not for profit entities such as HAC there is no change required.

AASB 123 Borrowing Costs, has application in reporting periods beginning on or after 1 January 2009. The Standard, which requires capitalisation of borrowing costs, has not been adopted in 2008-09 nor is adoption expected prior to 2009/10.

AASB 1039, Concise Financial Reports, responds to changes in Section 314 of the Corporations Law. It is not applicable to HAC.

AASB 2008-1, Share Based Payments has no applicability to HAC.

AASB 2008-2, Puttable Financial Instruments and Obligations Arising on Liquidation, effective from 1 July 2009 has no application to HAC.

AASB 2008-5 and AASB 2008-6, Annual Improvements Project, has application from 1 July 2009 and comprises changes for presentation, recognition or measurement purposes which are currently assessed as having no material impact on HAC.

AASB 2008-7 Investment in a Subsidiary, Jointly Controlled Entity or Associate, has no impact on HAC.

AASB 2008-8 Eligible Hedged Items, has application from 1 July 2009 but has no current applicability to HAC.

AASB 2008-9 Amendments to AASB 1049 for Consistency with AASB 101, has mandatory application from 1 July 2009 and will not be early adopted by HAC.

AASB 2008-11 Business Combinations Among Not for Profit, has application from 1 July 2009 and focuses largely on Local Government.

AASB 2008-13, Distribution of Non Cash Assets to Owners, has application in reporting periods beginning on or after 1 July 2009 but is assessed as having no applicability to HAC.

AASB 2009-2, Improving Disclosures about Financial Instruments, has mandatory application from 1 July 2009. Changes to be advised by NSW Treasury concerning fair value measurement and liquidity risk will be adopted by HAC.

Interpretation 15 Construction of Real Estate, applies from 1 July 2009 but has no impact on HAC which is not involved in the construction of real estate for sale.

Interpretation 16, Agreements for the Hedges of a Net Investment in a Foreign Operation, has application from 1 July 2009 but has no relevance to HAC.

Interpretation 17 & AASB 2008-13 Distributions of Non Cash Assets to Owners, applies from 1 July 2009 and principally addresses share holder distributions. It is not applicable to HAC.

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

a) Employee Benefits

i) Salaries & Wages, Annual Leave, Sick Leave and On-costs

At the consolidated level of reporting, liabilities for salaries and wages (including non monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All annual leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term". On-costs of 17% are applied to the value of leave payable at 30 June 2009, such on costs being consistent with actuarial assessment. (Comparable on-costs for 30 June 2008 were also 17%).

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 workers' compensation insurance premiums and fringe benefits 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

At the consolidated level of reporting, long service leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next twelve

months. This in turn is based on past trends and known resignations and retirements.

Long service leave provisions are measured on a short hand basis at an escalated rate of 9.8% above the salary rate immediately payable at 30 June 2009 (8.1% at 30 June 2008) for all employees with five or more years of service. The escalation applied is consistent with the actuarial assessment and is affected in the main by the fall in the Commonwealth Government 10 year bond yield which is used as the discount rate.

HAC's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. HAC 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 Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 25, "Payables".

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Department of Health. 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.

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions are recognised by the Parent Entity beyond that date.

iii) Death and Disability Scheme

In February 2008 the Ambulance Service Death and Disability Award (the Award) was established. The Award provided death and disability benefits for eligible employees including:

- A partial and permanent disability benefit
- A total and permanent disability benefit
- A death benefit payable to the family or estate
- On and off duty and disability benefit.

The Award provides that the eligible employees are required to contribute a percentage of salary. Funds are administered by Pillar Administration in respect of death and total permanent disability from February 2008 whilst death and total permanent disability for the period November 2006 to February 2008 and partial permanent disability are managed within Special Purpose and Trust Fund moneys dedicated for this purpose. Actuarial advice obtained indicates inter alia that, in the absence of a significant claims history, the present cash backing is deemed appropriate.

iv) Other Provisions

Other provisions exist when the agency has a present legal or constructive obligation as a result of a past event; it is

probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

b) Insurance

HAC'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) Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred in accordance with Treasury's mandate for general government sector agencies.

d) Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

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 service is provided or by reference to the stage of completion.

Investment Revenue

Interest revenue is recognised using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and Measurement". Rental revenue is recognised in accordance with AASB117 "Leases" on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 "Revenue" when HAC's right to receive payment is established.

Debt Forgiveness

Debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability.

Grants and Contributions

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

NSW Department of Health Allocations

Payments are made by the NSW Department of Health on the basis of the allocation for HAC as adjusted for approved supplementations mostly for salary agreements, computer hardware/software acquisitions and approved enhancement projects. e.g for rescue services. This allocation is included in the Operating Statement before arriving at the "Result for the Year" on the basis that the allocation is earned in return for the health services

provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

e) Accounting for the Goods & Services Tax (GST)

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

- the amount of GST incurred by HAC 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; and
- receivables and payables are stated with the amount of GST included.

Cash flows are included in the cash flow statement on a gross basis. However, the GST components of cash flows arising from investing and financing activities which is recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

f) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by HAC. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

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 (see also assets transferred as a result of an equity transfer- Note 2(w)).

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

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

Land and Buildings which are owned by HAC or the State and administered by the Health Service (other than Health Infrastructure, Health Support Services, the NSW Institute of Medical Education and Training and the Ambulance Service of NSW) are deemed to be controlled by the Health Service and are reflected as such in their financial statements.

Health Infrastructure manages all major works in progress on behalf of Health Services. The value of works in progress managed by Health Infrastructure during the year has been transferred to Health Services at year end. This is because Health Services will receive the future economic benefit from the asset constructed.

g) Capitalisation Thresholds

Individual items of property, plant & equipment, intangibles and infrastructure systems are capitalised where their cost is \$10,000 or above.

h) 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 HAC. Land is not a depreciable asset.

Details of depreciation rates initially applied 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%
Infrastructure Systems	2.5%
Passenger Motor Vehicles	12.5%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	25.0%
Furniture, Fittings and Furnishings	5.0%
Ambulance Vehicles	11.75%
Trucks and Vans	20.0%

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported.

“Infrastructure Systems” means assets that comprise public facilities which provide essential services and enhance the productive capacity of the economy including roads.

i) Revaluation of Non-Current Assets

Physical non-current assets are valued in accordance with the NSW Department of Health’s “Valuation of Physical Non-Current Assets at Fair Value” policy. This policy adopts fair value in accordance with AASB116, “Property, Plant & Equipment” and AASB140, “Investment Property”.

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence the asset’s fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

HAC revalues its Land and Buildings at minimum every three 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. To ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date, indices provided in expert advice from the Department of Lands are applied for assets not valued by independent valuation in the current year. The indices reflect an assessment of movements in the period between revaluations. Values assigned to Land & Buildings and Infrastructure have been modified accordingly.

Non-specialised 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.

For other assets, 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, the increment is recognised immediately as revenue in the Result for the Year.

Revaluation decrements are recognised immediately as expenses in the Result for the Year, 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.

As a not-for-profit entity, 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.

j) Impairment of Property, Plant and Equipment

As a not-for-profit entity, HAC is effectively exempted from AASB 136 "Impairment of Assets" and impairment testing. This is because AASB136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are regarded as material. Selling costs are regarded as immaterial.

k) Non-Current Assets (or disposal groups) Held for Sale

HAC has certain non-current assets (or disposal groups) classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

l) Intangible Assets

HAC recognises intangible assets only if it is probable that future economic benefits will flow to HAC and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful life of intangible assets are assessed to be finite. Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for HAC's intangible assets, the assets are carried at cost less any accumulated amortisation. HAC's intangible assets are tested for impairment where an indicator of impairment exists. However, as not-for-profit entity HAC is effectively exempted from impairment testing (see Note 2(j)).

m) Maintenance

Day to day servicing costs or 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.

n) 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 commencement of the lease term. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

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

o) Inventories Held for Distribution

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



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

p) Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are accounted for in the operating statement when impaired, derecognised or through the amortisation process.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

q) Investments

Investments are initially recognised at fair value plus, in the case of investments not at fair value through profit or loss, transaction costs.

HAC determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

Fair value through profit or loss - HAC subsequently measures investments classified as "held for trading" or designated upon initial recognition "at fair value through profit or loss" at fair value. Financial assets are classified as "held for trading" if they are acquired for the purpose of selling in the near term. Derivatives are also classified as held for trading. Gains or losses of these assets are recognised in the operating statement.

The Hour-Glass Investment facilities are designed at fair value through profit or loss using the second leg of the fair value option i.e. these financial assets are managed and their performance is evaluated on a fair value basis, in accordance with a documented risk management strategy, and information about these assets is provided internally on that basis to the agency's key management personnel.

The risk management strategy of HAC has been developed consistent with the investment powers granted under the provision of Public Authorities (Financial Arrangements) Act. T Corp investments are permissible in an effort to improve interest returns on cash balances otherwise available whilst also providing secure investments guaranteed by the State market exposure.

r) Impairment of financial assets

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the entity will not be able to collect all amounts due.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the operating statement.

When an available for sale financial asset is impaired, the amount of the cumulative loss is removed from equity and recognised in the operating statement, based on the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss previously recognised in the operating statement.

Any reversals of impairment losses are reversed through the operating statement, where there is objective evidence, except reversals of impairment losses on an investment in an equity instrument classified as "available for sale" must be made through the reserve. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

s) De-recognition of Financial Assets and Financial Liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire; or if HAC transfers the financial asset:

- where substantially all the risks and rewards have been transferred; or
- where HAC has not transferred substantially all the risks and rewards if the entity has not retained control.

Where HAC has neither transferred nor retained substantially all the risks and rewards or transferred control the asset is recognised to the extent of the HAC's continuing involvement in the asset.

A financial liability is de-recognised when the obligation specified in the contract is discharged or cancelled or expires.

t) Payables

These amounts represent liabilities for goods and services provided to HAC and its controlled entities and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

u) Borrowings

Loans are not held for trading or designated at fair value through profit or loss and are recognised at amortised cost using the effective interest rate method. Gains or losses are recognised in the operating statement on derecognition.

v) Budgeted Amounts

The budgeted amounts are drawn from budgets agreed with the NSW Department of Health at the beginning of the financial year and with any adjustments for the effects of additional supplementation provided

w) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/ functions and parts thereof between NSW public sector agencies is designated or required by Accounting Standards to be treated as contributions by owners and is recognised as an adjustment to "Accumulated Funds".

Transfers arising from an administrative restructure involving not-for profit entities and for-profit government departments are recognised at the amount at which the asset was recognised by the transferor immediately prior to the restructure. Subject to below, in most instances this will approximate fair value.

All other equity transfers are recognised at fair value except for intangibles. Where an intangible has been recognised at amortised cost by the transferor because there is no active market, the agency recognises the asset at the transferor's carrying amount. Where the transferor is prohibited from recognising internally generated intangibles, the agency does not recognise the asset.

x) Trust Funds

HAC receives monies in a trustee capacity for various trusts as set out in Note 36. As HAC performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of HAC's own objectives, they are not brought to account in the financial statements.

y) Service Group Statements Allocation Methodology

Expenses and revenues are assigned to service groups in accordance with statistical data for the twelve months ended 31 December 2008 which is then applied to the current period's financial information. In respect of Assets and Liabilities the Department requires that all HAC units take action to identify those components that can be specifically identified and reported by service groups. Remaining values are attributed to service groups in accordance with values advised by the NSW Department of Health, eg. depreciation/ amortisation charges form the basis of apportioning the values for Intangibles and Property, Plant & Equipment.

3. Employee Related

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Employee related expenses comprise the following:		
-	-	Salaries and Wages	437,374	342,277
-	-	Superannuation – defined benefit plans	13,712	11,006
-	-	Superannuation – defined contribution plans	28,236	20,219
-	-	Long Service Leave	22,129	12,373
-	-	Annual Leave	55,386	35,717
-	-	Redundancies	854	21
-	-	Workers Compensation Insurance	16,722	21,928
-	-	Other Employee Related Expense	6,421	-
-	-	Fringe Benefits Tax	398	382
-	-		581,232	443,923
		The following additional information is provided:		
-	-	Employee Related Expenses Capitalised – Plant and Equipment	7,168	6,022

4. Personnel Services

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Personnel Services comprise the purchase of the following:		
437,374	342,277	Salaries and Wages	–	–
13,712	11,006	Superannuation – defined benefit plans	–	–
28,236	20,219	Superannuation – defined contributions	–	–
22,129	12,373	Long Service Leave	–	–
55,386	35,717	Annual Leave	–	–
854	21	Redundancies	–	–
16,722	21,928	Workers Compensation Insurance	–	–
6,421	–	Other Employee Related Expense	–	–
398	382	Fringe Benefits Tax	–	–
581,232	443,923		–	–
		The following additional information is provided:		
7,168	6,022	Employee Related Expenses Capitalised – Plant and Equipment	–	–

5. Other Operating Expenses

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
12,210	10,740	Domestic Supplies and Services	12,210	10,740
25,481	724	Food Supplies	25,481	724
41	–	Drug Supplies	41	–
5,505	4,901	Fuel, Light and Power	5,505	4,901
74,865	50,261	General Expenses (See (a) below)	74,865	50,261
35,588	46,875	Information Management Expenses	35,588	46,875
2,512	2,557	Insurance	2,512	2,557
		Maintenance (See (b) below)		
3,543	3,129	– Maintenance Contracts	3,543	3,129
27,232	8,826	– New/Replacement Equipment under Capitalisation threshold	27,232	8,826
19,362	15,452	– Repairs	19,362	15,452
59	1	– Maintenance/Non Contract	59	1
4,901	2,016	– Other	4,901	2,016
15,936	8,501	Medical and Surgical Supplies	15,936	8,501
9,021	8,172	Postal and Telephone Costs	9,021	8,172
2,517	1,716	Printing and Stationery	2,517	1,716
4,682	1,642	Rates and Charges	4,682	1,642
3,301	4,209	Rental	3,301	4,209
6,884	1,512	Staff Related Costs	6,884	1,512
56,502	50,011	Ambulance Aircraft Expenses	56,502	50,011
5,481	3,981	Travel Related Costs	5,481	3,981
1,126	262	Special Service Departments	1,126	262
316,749	225,488		316,749	225,488

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		(a) General Expenses include:		
837	553	Advertising	837	553
373	278	Auditor's Remuneration – Audit of financial reports	373	278
426	207	Books, Magazines and Journals	426	207
–	53	Catering Costs	–	53
4,414	1,452	Consultancies, Operating Activities	4,414	1,452
1,737	1,207	Courier and Freight	1,737	1,207
339	203	Data Recording and Storage	339	203
479	736	Legal Expenses	479	736
24,690	22,608	Motor Vehicle Operating Lease Expense – minimum lease payments	24,690	22,608
922	391	Other Operating Lease Expense – minimum lease payments	922	391
42	22	Payroll Services	42	22
402	450	Security Services	402	450
7,226	7,094	Vehicle Registration/Other Motor Vehicle Expenses	7,226	7,094
		(b) Reconciliation Total Maintenance		
55,097	29,424	Maintenance expense – contracted labour and other (non employee related), included in Note 5	55,097	29,424
6,822	5,141	Employee related/Personnel Services maintenance expense included in Notes 3 and 4	6,822	5,141
61,919	34,565	Total maintenance expenses included in Notes 3, 4 and 5	61,919	34,565

6. Depreciation and Amortisation

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
6,593	6,777	Depreciation – Buildings	6,593	6,777
31,870	32,741	Depreciation – Plant and Equipment	31,870	32,741
27	20	Amortisation – Leasehold Buildings	27	20
9,002	11,802	Amortisation – Intangible Assets	9,002	11,802
47,492	51,340		47,492	51,340

7. Grants and Subsidies

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
557	588	Non Government Voluntary Organisations	557	588
19,576	17,035	Other	19,576	17,035
20,133	17,623		20,133	17,623

8. Finance Costs

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
3,377	840	Interest	3,377	840
3,377	840		3,377	840

9. Sale of Goods and Services

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
20,361	21,196	Commercial Activities	20,361	21,196
234	246	Fees for Medical Records	234	246
164,312	144,128	Patient Transport Fees	164,312	144,128
2,949	2,489	Use of Ambulance Facilities	2,949	2,489
317	250	Salary Packaging Fee	317	250
117,056	58,993	Shared Corporate Services	117,056	58,993
85,411	78,526	Linen Service Revenues	85,411	78,526
82,256	–	Food/Hotel Services	82,256	–
3,397	–	Other	3,397	–
476,293	305,828		476,293	305,828

10. Investment Revenue

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
4,541	2,330	Interest from financial assets not at fair value through profit or loss	4,541	2,330
652	666	Lease and Rental Revenue	652	666
5,193	2,996		5,193	2,996

11. Grants and Contributions

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
681	102	Industry Contributions/Donations	681	102
14,342	15,649	Other Grants	630	4,643
15,023	15,751		1,311	4,745

12. Other Revenue

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Other Revenue comprises the following:		
53	–	Bad Debts recovered	53	–
–	49	Conference and Training Fees	–	49
–	35	Sale of Merchandise	–	35
1,150	5,352	Treasury Managed Fund Hindsight Adjustment	1,150	5,352
5,793	5,121	Other	5,793	5,121
6,996	10,557		6,996	10,557

13. Gain/(Loss) on Disposal of Non Current Assets

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
25,994	28,633	Property, Plant and Equipment	25,994	28,633
(21,926)	(25,321)	Less Accumulated Depreciation	(21,926)	(25,321)
4,068	3,312	Written Down Value	4,068	3,312
(2,286)	(1,098)	Less Proceeds from Disposal	(2,286)	(1,098)
(1,782)	(2,214)	Loss on Disposal of Property, Plant and Equipment	(1,782)	(2,214)
-	226	Intangibles	-	226
-	-	Less Proceeds from Disposal	-	-
-	(226)	Loss on disposal of Intangible Assets	-	(226)
1,235	705	Assets Held for Sale	1,235	705
(1,108)	(299)	Less Proceeds from Disposal	(1,108)	(299)
(127)	(406)	Loss on Disposal of Assets Held for Sale	(127)	(406)
(1,909)	(2,846)	Loss on Disposal	(1,909)	(2,846)

14. Other Losses

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
(21,679)	(17,358)	Impairment of Receivables	(21,679)	(17,358)
(21,679)	(17,358)		(21,679)	(17,358)

15. Conditions on Contributions

	PARENT AND CONSOLIDATED		
	Purchase of Assets \$000	Other \$000	Total \$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	15	10,544	10,559
Contributions recognised in previous years which were not expended in the current financial year	228	3,392	3,620
Total amount of unexpended contributions as at balance date	243	13,936	14,179

Comment on restricted assets appears in Note 24.

16. Service Groups of the Health Administration Corporation

Service Group 1.1 - Primary and Community Based Services

Service Description: This service group covers the provision of health services to persons attending community health centres or in the home, including health promotion activities, community based women's health, dental, drug and alcohol and HIV/AIDS services. It also covers the provision of grants to non-Government organisations for community health purposes.

Objective: This service group contributes to making prevention everybody's business and strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:

- improved access to early intervention, assessment, therapy and treatment services for claims in a home or community setting
- reduced rate of avoidable hospital admissions for conditions identified in the State Plan that can be appropriately treated in the community and
- reduced rate of hospitalisation from fall-related injury for people aged 65 years and over.

Service Group 1.2 - Aboriginal Health Services

Service Description: This service group covers the provision of supplementary health services to Aboriginal people,

particularly in the areas of health promotion, health education and disease prevention. (Note: This Service Group excludes most services for Aboriginal people provided directly by Area Health Services and other general health services which are used by all members of the community).

Objective: This service group contributes to ensuring a fair and sustainable health system by working towards a range of intermediate results that include the following:

- the building of regional partnerships for the provision of health services
- raising the health status of Aboriginal people and
- promoting a healthy lifestyle.

Service Group 1.3 - Outpatient Services

Service Description: This service group covers the provision of services provided in outpatient clinics including low level emergency care, diagnostic and pharmacy services and radiotherapy treatment.

Objective: This service group contributes to creating better experiences for people using health services and ensuring a fair and sustainable health system by working towards a range of intermediate results including improving, maintaining or restoring the health of ambulant patients in a hospital setting through diagnosis, therapy, education and treatment services.

Service Group 2.1 - Emergency Services

Service Description: This service group covers the provision of emergency ambulance services and treatment of patients in designated emergency departments of public hospitals.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results including reduced risk of premature death or disability by providing timely emergency diagnostic treatment and transport services.

Service Group 2.2 - Overnight Acute Inpatient Services

Service Description: This service group covers the provision of health care to patients admitted to public hospitals with the intention that their stay will be overnight, including elective surgery and maternity services.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results that include the following:

- timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and patient satisfaction and
- reduced rate of unplanned and unexpected hospital readmissions.

Service Group 2.3 - Same Day Acute Inpatient Services

Service Description: This service group covers the provision of health care to patients who are admitted to public hospitals with the intention that they will be admitted, treated and discharged on the same day.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results that include the following:

- timely treatment of booked surgical patients resulting in improved clinical outcomes, quality of life and patient satisfaction and
- reduced rate of unplanned and unexpected hospital readmissions.

Service Group 3.1 - Mental Health Services

Service Description: This service group covers the provision of an integrated and comprehensive network of services by Area Health Services and community based organisations for people seriously affected by mental illness and mental health problems. It also includes the development of preventative programs which meet the needs of specific client groups.

Objective: This service group contributes to strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:

- improving the health, wellbeing and social functioning of people with disabling mental disorders and
- reducing the incidence of suicide, mental health problems and mental disorders in the community.

Service Group 4.1 - Rehabilitation and Extended Care Services

Service Description: This service group covers the provision of appropriate health care services for persons with long-term physical and psycho-physical disabilities and for the frail-aged. It also includes the coordination of the Department's services for the aged and disabled, with those provided by other agencies and individuals.

Objective: This service group contributes to strengthening primary health and continuing care in the community and creating better experiences for people using the health system by working towards a range of intermediate results including improving or maintaining the wellbeing and independent functioning of people with disabilities or chronic conditions, the frail and terminally ill.

Service Group 5.1 - Population Health Services

Service Description: This service group covers the provision of health services targeted at broad population groups including environmental health protection, food and poisons regulation and monitoring of communicable diseases.

Objective: This service group contributes to making prevention everybody's business by working towards a range of intermediate results that include the following:

- reduced incidence of preventable disease and disability and
- improved access to opportunities and prerequisites for good health.

Service Group 6.1 - Teaching and Research

Service Description: This service group covers the provision of professional training for the needs of the New South Wales health system. It also includes strategic investment in research and development to improve the health and wellbeing of the people of New South Wales.

Objective: This service group contributes to ensuring a fair and sustainable health system by working towards a range of intermediate results that include the following:

- developing the skills and knowledge of the health workforce to support patient care and population health and
- extending knowledge through scientific enquiry and applied research aimed at improving the health and wellbeing of the people of New South Wales.

17. Cash and Cash Equivalents

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
43,711	10,890	Cash at bank and on hand	43,711	10,890
58,386	39,449	Short Term Deposits	58,386	39,449
102,097	50,339		102,097	50,339
		Cash and cash equivalent assets recognised in the Balance Sheet are reconciled to cash at the end of the financial year to the Cash Flow Statement as follows:		
102,097	50,339	Cash and cash equivalents (per Balance Sheet)	102,097	50,339
-	(117)	Bank overdraft *	-	(117)
102,097	50,222	Closing Cash and Cash Equivalents (per Cash Flow Statement)	102,097	50,222

* HAC divisions are not allowed to operate bank overdraft facilities. The amounts disclosed as "bank overdrafts" meet Australian Accounting Standards reporting requirements, however the relevant controlled divisions of HAC are in effect utilising and operating commercially available banking facility arrangements to their best advantage. The total of these facilities is a credit balance which is inclusive of cash at bank and investments.

Refer to Note 37 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

18. Receivables

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
8,297	5,627	(a) Sale of Goods and Services	8,297	5,627
29,744	28,745	Patient Transport fee	29,744	28,745
143	2,726	Leave Mobility	143	2,726
15,461	6,139	Goods and Services Tax	15,461	6,139
27,543	6,088	NSW Department of Health	27,543	6,088
50,412	18,616	Intra Health	50,412	18,616
4,501	2,437	Other Debtors	4,501	2,437
136,101	70,378	Sub Total	136,101	70,378
(22,951)	(20,680)	Less Allowance for impairment	(22,951)	(20,680)
113,150	49,698	Sub Total	113,150	49,698
19,481	11,597	Prepayments	19,481	11,597
132,631	61,295		132,631	61,295

18. Receivables (continued)

		(b) Movement in the allowance for impairment Sale of Goods & Services		
(20,680)	(15,629)	Balance at 1 July	(20,680)	(15,629)
19,408	12,307	Amounts written off during the year	19,408	12,307
437	–	Amounts recovered during the year	437	–
(22,116)	(17,358)	(Increase)/decrease in allowance recognised in Results for the Year	(22,116)	(17,358)
(22,951)	(20,680)	Balance at 30 June	(22,951)	(20,680)
		Non Current		
2,530	3,847	Prepayments	2,530	3,847
2,530	3,847		2,530	3,847

Details regarding credit risk, liquidity risk including financial assets that are either past due or impaired are disclosed in Note 37.

19. Inventories

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current – at cost (Held for Distribution)		
789	702	Medical and Surgical Supplies	789	702
4,710	2,788	Motor Vehicle Parts and Other	4,710	2,788
5,499	3,490		5,499	3,490

20. Non-Current Assets or Disposal Groups Held for Sale

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
2,207	2,880	Assets Held for Sale Land and Buildings	2,207	2,880
2,207	2,880		2,207	2,880

21. Other Financial Assets

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
5,062	2,809	Advances Receivable – Intra Health	5,062	2,809
		Non Current		
22,364	6,526	Advances Receivable – Intra Health	22,364	6,526

Refer Note 37 for further information regarding credit risk, liquidity risk and market risk arising from financial instruments.

22. Property, Plant and Equipment

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Land and Buildings- Fair value		
392,315	359,396	Gross Carrying Amount	392,315	359,396
(201,805)	(173,690)	Less Accumulated depreciation and impairment	(201,805)	(173,690)
190,510	185,706	Net Carrying Amount	190,510	185,706
		Plant and Equipment- Fair value		
246,944	215,042	Gross Carrying Amount	246,944	215,042
(140,107)	(117,504)	Less Accumulated depreciation and impairment	(140,107)	(117,504)
106,837	97,538	Net Carrying Amount	106,837	97,538
		Infrastructure Systems- Fair value		
180	180	Gross Carrying Amount	180	180
(93)	(84)	Less Accumulated depreciation and impairment	(93)	(84)
87	96	Net Carrying Amount	87	96
297,434	283,340	Total Property, Plant and Equipment Net Carrying Amount at Fair Value	297,434	283,340

PARENT AND CONSOLIDATED						
	Land \$000	Buildings \$000	Leasehold Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
2009						
Net Carrying amount at start of year	67,230	118,321	155	97,538	96	283,340
Additions	–	15,614	–	26,638	–	42,252
Asset Held for Sale	(459)	(103)	–	–	–	(562)
Net Revaluation Increment Less Revaluation Decrements Recognised In Reserves	1,477	10,323	–	–	–	11,800
Disposals	–	(1,233)	–	(2,835)	–	(4,068)
Administrative restructures – transfers in (out)	–	326	–	2,836	–	3,162
Reclassifications	571	(15,101)	–	14,530	–	–
Depreciation expense	–	(6,593)	(18)	(31,870)	(9)	(38,490)
Net Carrying amount at end of year	68,819	121,554	137	106,837	87	297,434

PARENT AND CONSOLIDATED						
	Land \$000	Buildings \$000	Leasehold Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
2008						
Net Carrying amount at start of year	67,329	116,034	–	109,974	96	293,433
Additions	–	10,115	–	16,848	–	26,963
Asset Held for Sale	457	6,497	–	–	–	6,954
Disposals	(533)	(628)	–	–	–	(1,161)
Administrative restructures – transfers (out)	–	–	–	(3,311)	–	(3,311)
Reclassifications	(23)	(6,921)	175	6,769	–	–
Depreciation expense	–	(6,776)	(20)	(32,742)	–	(39,538)
Net Carrying amount at end of year	67,230	118,321	155	97,538	96	283,340

Land and Buildings for the Ambulance Service of NSW were revalued by the Department of Lands on 31 March 2009.

Land and Buildings for Health Support Services were revalued by the Department of Lands on 31 March 2008.

23. Intangible Assets

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Software		
167,487	116,717	Cost (Gross Carrying Amount)	167,487	116,717
(54,924)	(44,809)	Less Accumulated Amortisation and Impairment	(54,924)	(44,809)
112,563	71,908	Total Intangible Assets	112,563	71,908

23. Intangibles – Reconciliation

PARENT AND CONSOLIDATED		
2009	Software \$000	Total \$000
Net Carrying amount at start of year	71,908	71,908
Additions (from internal development)	48,462	48,462
Disposals	–	–
Acquisitions through administrative restructures	1,195	1,195
Amortisation (recognised in depreciation and amortisation)	(9,002)	(9,002)
Net Carrying amount at end of year	112,563	112,563

PARENT AND CONSOLIDATED		
2008	Software \$000	Total \$000
Net Carrying amount at start of year	51,619	51,619
Additions (from internal development)	32,317	32,317
Disposals	(226)	(226)
Amortisation (recognised in depreciation and amortisation)	(11,802)	(11,802)
Net Carrying amount at end of year	71,908	71,908

24. Restricted Assets

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Category		
14,179	9,967	Specific Purposes	14,179	9,967
14,179	9,967		14,179	9,967

The assets are only available for application in accordance with the terms and conditions of the donor restrictions.

25. Payables

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
–	–	Accrued Salaries, Wages and On-Costs	12,604	9,178
–	–	Taxation and Payroll Deductions	10,945	6,705
62,993	30,256	Creditors	62,993	30,256
		Other Creditors		
36,718	7,044	– Capital Works	36,718	7,044
1,178	4,044	– Intra Health Liability	1,178	4,044
12,979	19,311	– Other	12,979	19,311
23,549	15,883	Personnel Service Liability	–	–
137,417	76,538		137,417	76,538

Details regarding credit risk, liquidity risk and market risk including a maturity analysis of the above payables are disclosed in Note 37.

26. Borrowings

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
–	117	Bank Overdraft	–	117
17,946	2,220	Loans and Deposits – NSW Department of Health	17,946	2,220
17,946	2,337		17,946	2,337
		Non Current		
283	6,812	Loans and Deposits – NSW Department of Health	283	6,812
283	6,812		283	6,812
		Repayment of Borrowings - (excluding Finance Leases)		
17,946	1,360	Not later than one year	17,946	1,360
283	977	Between one and five years	283	977
–	6,812	Later than five years	–	6,812
18,229	9,149	Total Borrowings at face value	18,229	9,149

Details regarding credit risk, liquidity risk and market risk including a maturity analysis of the above borrowings are disclosed in Note 37.

27. Provisions

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current Employee benefits and related on-costs		
–	–	Annual Leave – Short Term Benefit	44,920	34,509
–	–	Annual Leave – Long Term Benefit	41,983	25,488
–	–	Long Service Leave – Short Term Benefit	9,493	7,936
–	–	Long Service Leave – Long Term Benefit	89,458	64,217
–	–	Death and Disability Award (Ambulance Service of NSW)	5,450	5,005
191,304	137,155	Provision for Personnel Services Liability	–	–
191,304	137,155	Total Current Provisions	191,304	137,155
		Non Current Employee benefits and related on-costs		
–	–	Long Service Leave – Conditional	12,258	4,433
–	–	Sick Leave	54	50
–	–	Death and Disability Award (Ambulance Service of NSW)	80	–
12,392	4,483	Provision for Personnel Services Liability	–	–
12,392	4,483	Total Non Current Provisions	12,392	4,483
		Aggregate Employee Benefits and Related on-costs		
191,304	137,155	Provisions – current	191,304	137,155
12,392	4,483	Provisions – non-current	12,392	4,483
–	–	Accrued Salaries and Wages and on-costs (Note 25)	23,549	15,883
23,549	15,883	Accrued Liability – Purchase of Personnel Services (Note 25)	–	–
227,245	157,521		227,245	157,521

As indicated in Note 2 a) (i) and (ii) leave is classified as current if the employee has an unconditional right to payment. Short Term/ Long Term Classification is dependent on whether or not payment is anticipated within the next twelve months.

28. Other Liabilities

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		Current		
11,457	1,007	Income in Advance	11,457	1,007
11,457	1,007		11,457	1,007
		Non-Current		
107	–	Income in Advance	107	–
107	–		107	–

29. Parent and Consolidated

CHANGES IN EQUITY	Notes	ACCUMULATED FUNDS		ASSET REVALUATION RESERVE		TOTAL EQUITY	
		2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000
Balance at the beginning of the Financial Year		209,852	208,947	48,250	41,296	258,102	250,243
Changes in equity – transactions with owners as owners							
Increase in Net Assets from Administrative Restructure	38	2,357	1,089	–	–	2,357	1,089
Total		212,209	210,036	48,250	41,296	260,459	251,332
Changes in equity – other than transactions with owners as owners							
Result for the year		39,222	(184)	–	–	39,222	(184)
Other transfers		1,062	–	(1,062)	–	–	–
Increment/(Decrement) on Revaluation of: Land and Buildings	22	–	–	11,800	6,954	11,800	6,954
Total		40,284	(184)	10,738	6,954	51,022	6,770
Balance at the end of the Financial Year		252,493	209,852	58,988	48,250	311,481	258,102

The asset revaluation reserve is used to record increments and decrements on the revaluation of non current assets. This accords with the NSW Department of Health's policy on the "Revaluation of Physical Non Current Assets" and "Investments", as discussed in Note 2(i).

30. Commitments for Expenditure

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		(a) Capital Commitments		
		Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment, infrastructure and intangible assets contracted for at balance date and not provided for :		
29,417	34,962	Not later than one year	29,417	34,962
–	34,265	Later than one year and not later than five years	–	34,265
29,417	69,227	Total Capital Expenditure Commitments (including GST)	29,417	69,227
		(b) Other Expenditure Commitments		
		Aggregate other expenditure contracted for the acquisition of ambulance transports and information technology supplies at balance date but not provided for in the accounts:		
109,534	33,859	Not later than one year	109,534	33,859
84,279	84,039	Later than one year and not later than five years	84,279	84,039
–	19,259	Later than five years	–	19,259
193,813	137,157	Total Other Expenditure Commitments (including GST)	193,813	137,157

30. Commitments for Expenditure (continued)

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
		(c) Operating Lease Commitments		
		Commitments in relation to non-cancellable operating leases are payable as follows:		
		Not later than one year	35,460	28,974
35,460	28,974	Later than one year and not later than five years	74,291	61,911
74,291	61,911	Later than five years	6,676	1,383
6,676	1,383	Total Operating Lease Commitments (including GST)	116,427	92,268
116,427	92,268			

The above leases predominantly relate to motor vehicles and premises of the Ambulance Service of NSW.

(d) Contingent Asset related to Commitments for Expenditure

The total Commitments for Expenditure above includes input tax credits of \$30.878 million for 2008-09 in relation to both Parent and Consolidated entities that are expected to be recoverable from the Australian Taxation Office. The comparatives for 2007/08 are \$25.895 million for both the Parent and Consolidated entities.

(e) Capital Commitments

The capital commitments above exclude commitments to the value of \$281.904 million that are managed by the Health Infrastructure unit on behalf of Health Services. As the commitments relate to work in progress recognised in Health Services financial reports, the commitments have similarly been disclosed in the Health Services financial reports.

31. Contingent Liabilities

a) Claims on Managed Fund

Since 1 July 1989, the Ambulance Service of NSW (established as a division of HAC with effect from 17 March 2006) has been a member of the NSW Treasury Managed Fund. Other divisions of HAC are also covered from the time of their inception. The Fund will pay to or on behalf of HAC 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 HAC. As such, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against HAC. 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 HAC.

b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 2002/03 fund year and an interim adjustment for the 2004/05 fund year were not calculated until 2008-09. As a result, the 2003/04 final and 2005/06 interim hindsight calculations applicable to the Ambulance Service of NSW will be paid in 2009/10.

c) Contractual Dispute. Health Support Service

Health Support Services, a unit of the Health Administration Corporation, currently carries a contractual dispute for which the estimated total contingent liability is within the range of \$0.5 Million to \$2 Million.

However, legal advice to hand indicates that HAC has no contractual liability in this matter.

32. Reconciliation Of Net Cash Flows from Operating Activities to Net Cost Of Services

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
102,324	74,263	Net Cash Flows from Operating Activities	102,324	74,263
(47,492)	(51,340)	Depreciation	(47,492)	(51,340)
(21,679)	(17,358)	Allowance for Impairment	(21,679)	(17,358)
–	–	Acceptance by the Crown Entity of Employee Superannuation Benefits	(13,712)	(11,006)
(62,058)	(16,408)	(Increase) in Provisions	(62,058)	(16,408)
2,009	1,692	Increase/ (Decrease) in Inventories	2,009	1,692
85,131	18,437	Increase/ (Decrease) in Receivables	85,131	18,437
24,658	8,669	Increase / (Decrease) in Prepayments and Other Assets	24,658	8,669
(41,762)	(15,293)	(Increase) /Decrease in Creditors	(41,762)	(15,293)
(430,061)	(359,667)	NSW Department of Health Recurrent Allocations	(430,061)	(359,667)
(99,574)	(64,435)	NSW Department of Health Capital Allocations	(99,574)	(64,435)
1,347	–	Asset Sales Proceeds Transferred to Department	1,347	–
(1,909)	(2,846)	Net Gain/ (Loss) on Disposal of Non-Current Assets	(1,909)	(2,846)
(489,066)	(424,286)	Net Cost of Services	(502,778)	(435,292)

33. Non Cash Financing and Investing Activities

PARENT			CONSOLIDATED	
2009 \$000	2008 \$000		2009 \$000	2008 \$000
2,357	1,089	Assets Received by Administrative Transfer	2,357	1,089

34. Unclaimed Moneys - Parent and Consolidated

Unclaimed salaries and wages are paid to the credit of Treasury in accordance with the provisions of the *Industrial Relations Act 1996*, as amended.

35. Budget Review - Parent and Consolidated

Net Cost of Services

The actual Net Cost of Services was \$503 million which was 4% less than the budget of \$524 million after offsets between expenses and revenue. Sale of Goods and Services revenue was \$11 million favourable to budget whilst Employee Related Expenses was favourable by \$7 million due to less than expected movements in leave provisions.

Result for the Year

The variation from budget was \$13 million and largely resulted from the reduction in leave provisions against budget expectations.

Assets and Liabilities

Net assets were \$27 million in excess of budget expectation and included an increase of \$57 million in Receivables offset almost entirely by an increase in Payables of \$52 million. This largely reflects the role of Health Infrastructure, a unit of HAC, to effect capital transactions on behalf of Health Services and the year end accrual of monies to be paid to Health Services based on work completed but either not invoiced or not yet due for payment. Cash also increased by \$21 million.

Cash Flows

Cash increased by \$21 million reflecting a combination of Net Cashflows from Operating Activities (\$4 million), Net Cashflows from Financing Activities \$15 million and Net Cashflows from Investing Activities \$10 million.

36. Trust Funds - Parent and Consolidated

HAC holds trust fund moneys of \$0.267million which relate to refundable deposits received for future course attendances. These monies are excluded from the financial statements as

HAC cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

REFUNDABLE DEPOSITS		
	2009 \$000	2008 \$000
Cash Balance at the beginning of the financial reporting period	301	-
Receipts	27	301
Expenditure	(61)	-
Cash Balance at the end of the financial reporting period	267	301

37. Financial Instruments

HAC's principal financial instruments are outlined below. These financial instruments arise directly from HAC operations or are required to finance its operations. HAC does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

HAC's main risks arising from financial instruments are outlined below, together with HAC's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout this financial report.

The Director-General has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced to set risk limits and controls and monitor risks. Compliance with policies is reviewed by Audit Committees/ Internal auditors on a continuous basis.

(a) Financial Instrument Categories

		Total Carrying Amounts as per the Balance Sheet	
		2009 \$000	2008 \$000
PARENT			
Financial Assets			
CLASS	CATEGORY		
Cash and Cash Equivalents (Note 17)	N/A	102,097	50,222
Receivables (Note 18) ¹	Loans & Receivables (at amortised costs)	97,689	43,559
Other Financial Assets (Note 21)	Loans & Receivables (at amortised costs)	27,426	9,335
Total Financial Assets		227,212	103,116
Financial Liabilities			
Borrowings (Note 26)	Financial liability measured at amortised cost	18,229	9,149
Payables (Note 25) ²	Financial liability measured at amortised cost	132,807	75,399
Total Financial Liabilities		151,036	84,548

Notes: 1 Excludes statutory receivables and prepayments (ie not within scope of AASB 7).
2 Excludes statutory payables and unearned revenue (ie not within scope of AASB 7)

CONSOLIDATED		Total Carrying Amounts as per the Balance Sheet	
		2009 \$000	2008 \$000
Financial Assets	CLASS	CATEGORY	
	Cash and Cash Equivalents (note 17)	N/A	102,097
	Receivables (note 18) ¹	Loans & Receivables (at amortised cost)	97,689
	Other Financial Assets (Note 21)	Loans & Receivables (at amortised cost)	27,426
Total Financial Assets			227,212
			103,116
Financial Liabilities			
	Borrowings (Note 26)	Financial liability measured at amortised cost	18,229
	Payables (Note 25) ²	Financial liability measured at amortised cost	132,807
Total Financial Liabilities			151,036
			84,548

Notes: 1 Excludes statutory receivables and prepayments (ie not within scope of AASB 7).

2 Excludes statutory payables and unearned revenue (ie not within scope of AASB 7)

(b) Credit Risk

Credit risk arises when there is the possibility of the Entity’s debtors defaulting on their contractual obligations, resulting in a financial loss to the Entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Entity i.e receivables. No collateral is held by HAC nor has it granted any financial guarantees.

Credit risk associated with HAC’s financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW TCorp are guaranteed by the State.

Cash

Cash comprises cash on hand and bank balance deposited in accordance with Public Authorities (Financial Arrangements) Act approvals. Interest is earned on daily bank balances at rates between 4.38 and 5.33% in 2008-09 compared to 6.58 to 7.86% in the previous year. The TCorp Hour Glass cash facility is discussed in para (d) below.

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at

balance date. Collectibility of trade debtors is reviewed on an ongoing basis. Procedures as established in the NSW Department of Health Accounting Manual and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect the amounts due. The evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned in trade debtors.

HAC is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2009: \$68.238M; 2008: \$17.830M) are not considered impaired and these represent 56.6% (33.6% for 2008) of the total trade debtors. In addition Compensables charges are frequently not settled within 6 months of the date of the service provision due to the length of time it takes to settle legal claims. Most of the debtors relate to Ambulance Transport of private individuals. Ambulance invoices are generally issued under 21 day payment terms.

The only financial assets that are past due or impaired are ‘sales of goods and services’ in the ‘receivables’ category of the balance category of the balance sheet. Ambulance Transports represent the majority of financial assets that are past due or impaired.

2009	TOTAL	PAST DUE BUT NOT IMPAIRED \$000	CONSIDERED IMPAIRED \$000
<3 months overdue	30,865	16,611	14,254
3 months - 6 months overdue	10,725	4,618	6,107
> 6 months overdue	10,813	8,223	2,590
2008			
<3 months overdue	20,370	6,782	13,588
3 months - 6 months overdue	10,343	4,890	5,453
> 6 months overdue	4,445	2,806	1,639

The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7.

Authority Deposits

HAC has placed funds on deposit with TCorp, which has been rated "AAA" by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed "at call" or for a fixed term. For fixed term deposits, the interest rate payable by TCorp is negotiated initially and is fixed for the term of the deposit, while the interest rate payable on at call deposits vary. The deposits at balance date were earning an average interest rate of 4.8% (2008- 7.7%), while over the year the weighted average interest rate was 4.48% (2008- 7.3%) on a weighted average balance during the year of \$14.2 million (2008 - \$8.513 million). None of these assets are past due or impaired.

(c) Liquidity Risk

Liquidity risk is the risk that HAC will be unable to meet its payment obligations when they fall due. HAC through its constituent units continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

HAC has negotiated no loan outside of arrangements with the NSW Department of Health or the Sustainable Energy Development Authority.

During the current and prior year, there were no defaults or breaches on any loans or payable. No assets have been pledged as collateral. HAC's exposure to liquidity risk is considered significant. However the risk is minimised as the NSW Department of Health has indicated its ongoing financial support to HAC (Refer Note 2).

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the NSW Department of Health. If trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received.

The table below summarises the maturity profile of HAC financial liabilities together with the interest rate exposure.

Maturity Analysis and interest rate exposure of financial liabilities

	INTEREST RATE EXPOSURE				MATURITY DATES		Weighted Average Effective Interest Rate (%)
	Fixed Interest Rate (%)	Variable Interest Rate (%)	Fixed Interest Rate \$000	Non-Interest Bearing \$000	< 1 Yr \$000	1-5 Yrs \$000	
2009							
Payables:							
Accrued Salaries, Wages			-	12,604	12,604	-	
Payroll Deductions			-	6,335	6,335	-	
Creditors			-	113,868	113,868	-	
Borrowings:							
Other Loans and Deposits			-	18,229	17,946	283	-
Total			-	151,036	150,753	283	
2008							
Payables:							
Accrued Salaries, Wages			-	9,178	9,178	-	
Payroll Deductions			-	5,566	5,566	-	
Creditors				60,655	60,655	-	
Borrowings:							
Overdraft			-	117	117	-	
Other Loans and Deposits			-	9,032	2,220	6,812	
Total			-	84,548	77,736	6,812	

Notes: 1 The bank overdraft of \$0.117M was only a cash book overdraft and not an overdraft in the bank account. No interest charge is therefore applicable.



(d) Market Risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. HAC'S exposures to market risk are primarily through interest rate risk on its borrowings and other price risk associated with the movement in the unit price of the Hour Glass Investment facilities. HAC has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which HAC operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based

on risk exposures in existence at the balance sheet date. The analysis is performed on the same basis for 2008. The analysis assumes that all other variables remain constant.

Interest rate risk

Exposure to interest rate risk arises primarily through HAC's cash and cash equivalents.

HAC is not permitted to borrow external to the NSW Department of Health (Sustainable Energy Development Authority(SEDA) loans which are negotiated through Treasury excepted). Both SEDA and NSW Department of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. For financial instruments a reasonably possible change of +/-1% is consistent with trends in interest. HAC's exposure to interest rate risk is set out below.

	Carrying Amount \$000	-1%		+1%	
		Result \$000	Equity \$000	Result \$000	Equity \$000
2009					
Financial assets					
Cash and cash equivalents	102,097	(1,021)	(1,021)	1,021	1,021
Receivables	97,689	-	-	-	-
Other financial assets	27,426	(274)	(274)	274	274
Financial liabilities					
Payables	132,807	-	-	-	-
Borrowings	18,229	182	182	(182)	(182)
2008					
Financial assets					
Cash and cash equivalents	50,222	(502)	(502)	502	502
Receivables	43,559	-	-	-	-
Other financial assets	9,335	(93)	(93)	93	93
Financial liabilities					
Payables	75,399	-	-	-	-
Borrowings	9,149	-	-	-	-

Other price risk - TCorp Hour Glass facilities

Exposure to 'other price risk' primarily arises through the investment in the TCorp Hour Glass Investment facilities, which are held for strategic rather than trading purposes.

HAC has no direct equity investments. HAC holds units in the following Hour-Glass investment trusts:

Facility	Investment Sectors	Investment Horizon	2009 \$000	2008 \$000
Cash facility	Cash, money market instruments		14,315	13,533

The unit price is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily.

NSW TCorp as trustee for the facility is required to act in the best interest of the unitholders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and

risk of the facility in accordance with a mandate agreed by the parties. However, TCorp, acts as manager for part of the Cash facility. A significant portion of the administration of the facility is outsourced to an external custodian.

Investment in the Hour Glass facilities limits HAC's exposure to risk, as it allows diversification across a pool of funds, with different investment horizons and a mix of investments.

NSW TCorp provides sensitivity analysis information for the facility, using historically based volatility information. The TCorp Hour Glass Investments are designated at fair value through profit or loss and therefore any change in unit price impacts directly on profit (rather than equity).

A reasonable possible change is based on the percentage change in unit price multiplied by the redemption price as at 30 June each year. The amount advised by TCorp is 1% thereby not impacting on profit/loss for 2008-09 (\$143,000) and \$135,000 for 2007/08.

38. Increase in Assets from Equity Transfer

In 2008-09 HAC has received the benefit of \$2.357 million in net assets following the transfer of food (\$0.836) million and warehouse services (\$0.326) million from several Health Services. HAC also received the benefit of \$1.195 million in intangible assets transferred from the Department of Health.

Fair Value

Financial instruments are generally recognised at cost, with the exception of the TCorp Hour Glass facilities, which are measured at fair value. As discussed, the value of the Hour Glass Investments is based on HAC's share of the value of the underlying assets of the facility, based on the market value. All of the Hour Glass facilities are valued using 'redemption' pricing.

The amortised cost of financial instruments recognised in the balance sheet approximates the fair value because of the short term nature of many of the financial instruments.

In 2007/08 HAC received the benefit of \$1.089 million in intangible assets transferred from Sydney West Area Health Service

Details are as follows:

	2008-09 \$000	2007/08 \$000
Assets		
Current Assets		
Inventory	635	
Total Current assets	635	
Non Current Assets		
Buildings	326	
Plant and Equipment	2,836	
Intangibles	1,195	1,089
Total Non-Current assets	4,357	1,089
Total Assets	4,992	1,089
Liabilities		
Current liabilities		
Leave Provisions	1,631	
Long Service Leave	1,004	
Total Liabilities	2,635	
Net Assets	2,357	1,089

39. Post Balance Date Events

No post balance date events have occurred which warrant inclusion in this report.

END OF AUDITED FINANCIAL STATEMENTS

Independent Audit Report

FOR THE YEAR ENDED 30 JUNE 2009

HEALTH ADMINISTRATION CORPORATION SPECIAL PURPOSE SERVICE ENTITY



GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Health Administration Corporation Special Purpose Service Entity

To Members of the New South Wales Parliament

I have audited the accompanying financial report of Health Administration Corporation Special Purpose Service Entity (the Entity), which comprises the balance sheet as at 30 June 2009, the income statement, statement of recognised income and expense, and cash flow statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Entity as at 30 June 2009, and its financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005.

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

Director-General's Responsibility for the Financial Report

The Director-General of the Department of Health is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the Entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Director-General, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

My opinion does *not* provide assurance:

- about the future viability of the Entity,
- that it has carried out its activities effectively, efficiently and economically, or
- about the effectiveness of its internal controls.

Independence

In conducting this audit, the Audit Office of New South Wales has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A 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 of New South Wales are not compromised in their role by the possibility of losing clients or income.



A T Whitfield
Deputy Auditor-General

8 October 2009
SYDNEY



Certification of Accounts

FOR THE YEAR ENDED 30 JUNE 2009

HEALTH ADMINISTRATION CORPORATION SPECIAL PURPOSE SERVICE ENTITY

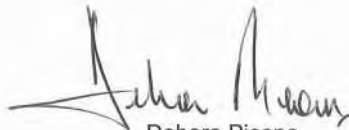
CERTIFICATE OF ACCOUNTS

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

- (i) The attached financial statements of the Health Administration Corporation Special Purpose Service Entity for the year ended 30 June 2009 have been prepared in accordance with the requirements of applicable Australian Accounting Standards, 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.
- (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.



John Roach
Chief Financial Officer



Debora Picone
Director-General
7 October 2009

Income Statement

FOR THE YEAR ENDED 30 JUNE 2009

HEALTH ADMINISTRATION CORPORATION SPECIAL PURPOSE SERVICE ENTITY

	2009 \$000	2008 \$000
INCOME		
Personnel Services	567,520	432,917
Acceptance by the Crown Entity of Employee Superannuation Benefits	13,712	11,006
Total Income	581,232	443,923
EXPENSES		
Salaries & Wages	437,374	342,277
Superannuation – Defined Benefit Plans	13,712	11,006
Superannuation – Defined Contributions	28,236	20,219
Long Service Leave	22,129	12,373
Annual Leave	55,386	35,717
Redundancy	854	21
Workers Compensation Insurance	16,722	21,928
Other Employee Related Expenses	6,421	-
Fringe Benefits Tax	398	382
Total Expenses	581,232	443,923
RESULT FOR THE YEAR	-	-

The accompanying notes form part of these Financial Statements.



Statement of Recognised Income and Expense

FOR THE YEAR ENDED 30 JUNE 2009

HEALTH ADMINISTRATION CORPORATION SPECIAL PURPOSE SERVICE ENTITY

	2009 \$000	2008 \$000
Total Income and Expense Recognised Directly in Equity	-	-
Result for the year	-	-
TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR	-	-

The accompanying notes form part of these Financial Statements.

Balance Sheet

AS AT 30 JUNE 2009

HEALTH ADMINISTRATION CORPORATION SPECIAL PURPOSE SERVICE ENTITY

ASSETS	Notes	2009 \$000	2008 \$000
Current Assets			
Receivables	2	214,853	153,038
Total Current Assets		214,853	153,038
Non-Current Assets			
Receivables	2	12,392	4,483
Total Non-Current Assets		12,392	4,483
Total Assets		227,245	157,521
LIABILITIES			
Current Liabilities			
Payables	3	23,549	15,883
Provisions	4	191,304	137,155
Total Current Liabilities		214,853	153,038
Non-Current Liabilities			
Provisions	4	12,392	4,483
Total Non-Current Liabilities		12,392	4,483
Total Liabilities		227,245	157,521
Net Assets		-	-
EQUITY			
Accumulated Funds		-	-
Total Equity		-	-

The accompanying notes form part of these Financial Statements.



Cash Flow Statement

FOR THE YEAR ENDED 30 JUNE 2009

HEALTH ADMINISTRATION CORPORATION SPECIAL PURPOSE SERVICE ENTITY

	2009 \$000	2008 \$000
Net Cash Flows from operating activities	-	-
Net Cash Flows from investing activities	-	-
Net Cash Flows from financing activities	-	-
NET INCREASE/(DECREASE) IN CASH	-	-
CLOSING CASH AND CASH EQUIVALENTS	-	-

The Health Administration Corporation Special Purpose Service Entity does not hold any cash or cash equivalent assets and therefore there are nil cash flows.

The accompanying notes form part of these Financial Statements.

Notes to and forming part of the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2009

HEALTH ADMINISTRATION CORPORATION SPECIAL PURPOSE SERVICE ENTITY

1. Summary of Significant Accounting Policies

(a) Health Administration Corporation Special Purpose Service Entity

The Health Administration Corporation (HAC) Special Purpose Service Entity "the Entity" is a Division of the Government Service, established pursuant to Part 2 of Schedule 1 to the *Public Sector Employment and Management Act 2002* and amendment of the *Health Services Act 1997* in respect of the Ambulance Service of NSW, Health Support Services, the NSW Institute of Medical Education and Training and Health Infrastructure. The Entity is a not-for-profit entity as profit is not its principal objective. It is consolidated as part of the NSW Total State Sector Accounts.

The Entity's objective is to provide personnel services to HAC.

The Entity commenced operations on 17 March 2006 when it assumed responsibility for the employees and employee-related liabilities of HAC.

The financial report was authorised for issue by the Chief Financial Officer and Director General on 7 October 2009.

(b) Basis of Preparation

This is a general purpose financial report prepared in accordance with the requirements of Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the *Health Services Act 1997* and its regulations including observation of the Accounts and Audit Determination.

Generally, the historical cost basis of accounting has been adopted and the financial report does not take into account changing money values or current valuations. However, certain provisions are measured at fair value. See Note 1(j).

The accrual basis of accounting has been adopted in the preparation of the financial report, except for cash flow information.

Management's judgements, key assumptions and estimates are disclosed in the relevant notes to the financial report.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

(c) Comparative information

Comparative figures are, where appropriate, reclassified to give meaningful comparison with the current year.

(d) New Australian Accounting Standards Issued But Not Effected

No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. Set out below are changes to be effected, their date of application and the possible impact on the financial report of the Entity.

Accounting Standard/Interpretation

AASB 127 and AASB 2008-3, Business Combinations, has application in reporting periods beginning on or after 1 July 2009 and determines information to be disclosed in respect of business acquisitions. Its applicability to not for profit entities is yet to be determined.

AASB 8 and AASB 2007-3 Operating Segments, has application in reporting periods beginning on or after 1 January 2009. It relates to for profit entities specifically and is therefore not applicable to the Entity.

AASB 101, Presentation of Financial Statements, effective for reporting periods beginning on 1 July 2009, has reduced the disclosure requirements for various reporting entities. However, in not for profit entities there is no change required.

AASB 123 Borrowing Costs, has application in reporting periods beginning on or after 1 January 2009. The Standard, which requires capitalisation of borrowing costs, has not been adopted in 2008-09 nor is adoption expected prior to 2009/10.

AASB 1039, Concise Financial Reports, responds to changes in Section 314 of the Corporations Law. It is not applicable to the Entity.

AASB 2008-1, Share Based Payments has no applicability to the Entity.

AASB 2008-2, Puttable Financial Instruments and Obligations Arising on Liquidation, effective from 1 July 2009 has no application to the Entity.



AASB 2008-5 and AASB 2008-6, Annual Improvements Project, has application from 1 July 2009 and comprises changes for presentation, recognition or measurement purposes which are currently assessed as having no material impact on the Entity.

AASB 2008-7 Investment in a Subsidiary, Jointly Controlled Entity or Associate, has no impact on the Entity.

AASB 2008-8 Eligible Hedged Items, has application from 1 July 2009 but has no current applicability to the Entity.

AASB 2008-9 Amendments to AASB 1049 for Consistency with AASB 101, has mandatory application from 1 July 2009 and will not be early adopted by the Entity.

AASB 2008-11 Business Combinations Among Not for Profit, has application from 1 July 2009 and focuses largely on Local Government.

AASB 2008-13, Distribution of Non Cash Assets to Owners, has application in reporting periods beginning on or after 1 July 2009 but is assessed as having no applicability to the Entity.

AASB 2009-2, Improving Disclosures about Financial Instruments, has mandatory application from 1 July 2009. Changes to be advised by NSW Treasury concerning fair value measurement and liquidity risk will be adopted by the Entity.

Interpretation 15 Construction of Real Estate, applies from 1 July 2009 but has no impact on the Entity which is not involved in the construction of real estate for sale.

Interpretation 16, Agreements for the Hedges of a Net Investment in a Foreign Operation, has application from 1 July 2009 but has no relevance to the Entity.

Interpretation 17 & AASB 2008-13 Distributions of Non Cash Assets to Owners, applies from 1 July 2009 and principally addresses share holder distributions. It is not applicable to the Entity.

(e) Income

Income is measured at the fair value of the consideration received or receivable. Revenue from the rendering of personnel services is recognised when the service is provided and only to the extent that the associated recoverable expenses are recognised.

(f) Receivables

A receivable is recognised when it is probable that the future cash inflows associated with it will be realised and it has a value that can be measured reliably. It is derecognised when the contractual or other rights to future cash flows from it expire or are transferred.

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair

value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are accounted for in the income statement when impaired, derecognised or through the amortisation process.

Short term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

If there is objective evidence at year end that a receivable may not be collectable, its carrying amount is reduced by means of an allowance for impairment and the resulting loss is recognised in the income statement. Receivables are monitored during the year and bad debts are written off against the allowance when they are determined to be irrecoverable. Any other loss or gain arising when a receivable is derecognised is also recognised in the income statement.

(g) Impairment of Financial Assets

As both receivables and payables are measured at fair value through profit and loss there is no need for annual reviews for impairment.

(h) De-recognition of Financial Assets and Financial Liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the agency transfers the financial asset:

- where substantially all the risks and rewards have been transferred; or
- where the Entity has not transferred substantially all the risks and rewards, if the Entity has not retained control.

Where the Entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Entity's continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires.

(i) Payables

Payables include accrued wages, salaries, and related on costs (such as payroll tax, fringe benefits tax and workers' compensation insurance) where there is certainty as to the amount and timing of settlement.

A payable is recognised when a present obligation arises under a contract or otherwise. It is derecognised when the obligation expires or is discharged, cancelled or substituted.

Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short

term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Entity.

(j) Employee Benefits

i) Salaries and Wages, Annual Leave, Sick Leave and On-costs

Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then classified as "Short Term" and "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next 12 months are reported as "Short Term". On-costs of 17% are applied to the value of leave payable at 30 June 2009, such on-costs being consistent with actuarial assessment (comparable on-costs for 30 June 2008 were also 17%).

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

Long Service Leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non-Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next 12 months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 9.8% above the salary rates immediately payable at 30 June 2009 (8.1% at 30 June 2008) for all employees with five or more years of service. The escalation applied is consistent with the actuarial assessment and is affected in the main by the fall in the Commonwealth Government 10 year bond yield which is used as the discount rate.

The Entity's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Entity 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 Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 3, "Payables".

The superannuation expense for the financial year is determined by using the formulae specified in the NSW Department of Health Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and Superannuation Guarantee Charge) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

2. Receivables

	2009 \$000	2008 \$000
Current		
Accrued Income - Personnel Services Provided	214,853	153,038
Non Current		
Accrued Income - Personnel Services Provided	12,392	4,483
Total Receivables	227,245	157,521

Details regarding credit risk, liquidity risk and market risk are disclosed in Note 5.

3. Payables

	2009 \$000	2008 \$000
Current		
Accrued Salaries and Wages and On-costs	12,604	9,178
Payroll Deductions	10,945	6,705
Total Payables	23,549	15,883

Details regarding credit risk, liquidity risk and market risk are disclosed in Note 5.

4. Provisions

	2009 \$000	2008 \$000
Current Employee Benefits and Related On-costs		
Annual Leave - Short Term Benefit	44,920	34,509
Annual Leave - Long Term Benefit	41,983	25,488
Long Service Leave - Short Term Benefit	9,493	7,936
Long Service Leave - Long Term Benefit	89,458	64,217
Death and Disability Award (Ambulance Service of NSW)	5,450	5,005
Total Current Provisions	191,304	137,155
Non Current Employee Benefits and Related On-costs		
Long Service Leave - Conditional	12,258	4,433
Sick leave	54	50
Death and Disability Award (Ambulance Service of NSW)	80	-
Total Non Current Provisions	12,392	4,483
Aggregate Employee Benefits and Related On-costs		
Provisions - Current	191,304	137,155
Provisions - Non-Current	12,392	4,483
Accrued Salaries, Wages and On-costs	23,549	15,883
Total Provisions	227,245	157,521

5. Financial instruments

The Entity's financial instruments are outlined below. These financial instruments arise directly from the Entity's operations or are required to finance its operations. The Entity does not enter into or trade financial instruments, including derivative financial instruments for speculative purposes.

The Director-General has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies

for managing each of these risks. The Entity carries minimal risks within its operation as it carries only the value of employee provisions and accrued salaries and wages offset in full by accounts receivable from the Parent Entity. Risk management policies are established by the Parent Entity to identify and analyse the risk faced by the Entity, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit Committee/ Internal auditors of the Parent Entity on a continuous basis.

(a) Financial Instruments Categories

		Total carrying amounts as per the Balance Sheet	
		2009 \$000	2008 \$000
Financial Assets			
CLASS	CATEGORY		
Receivables at Amortised Cost ¹ (Note 2)	Receivables measured at amortised cost	227,245	157,521
Total Financial Assets		227,245	157,521
Financial Liabilities			
Payables (Note 3) ²	Financial Liabilities measured at amortised cost	23,549	15,883
Total Financial Liabilities		23,549	15,883

1 Excludes statutory receivables and prepayments (ie not within the scope of AASB 7).

2 Excludes unearned revenue (i.e. not within the scope of AASB 7).

b) Credit Risk

Credit risk arises when there is the possibility of the Entity's debtors defaulting on their contractual obligations, resulting in a financial loss to the Entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Entity i.e receivables. No collateral is held by the Entity nor has it granted any financial guarantees.

Receivables - trade debtors

Receivables are restricted to accrued income for personnel services provided and employee leave provisions and are recognised as amounts receivable at balance date. The parent entity of the Entity is the sole debtor of the Entity and it is assessed that there is no risk of default. No accounts receivables are classified as "Past Due but not Impaired" or "Considered Impaired".

c) Liquidity Risk

Liquidity risk is the risk that the Entity will be unable to meet its payment obligations when they fall due. No such risk exists with the Entity not having any cash flows. All movements that occur in Payables are fully offset by an increase in Receivables from the Parent Entity.

d) Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The Entity's exposures to market risk are considered to be minimal and the Entity has no exposure to foreign currency risk and does not enter into commodity contracts.

Interest rate risk

Exposure to interest rate risk arises primarily through interest bearing liabilities. However the Entity has no such liabilities and the interest rate is assessed as Nil. Similarly it is considered that the Entity is not exposed to other price risks.

e) Fair Value

Financial instruments are generally recognised at cost.

The amortised cost of financial instruments recognised in the balance sheet approximates fair value because of the short term nature of the financial instruments.

6. Related Parties

The Health Administration Corporation (HAC) is deemed to control the Entity in accordance with Australian Accounting Standards. The controlling entity is incorporated under the *Health Services Act 1997*. Transactions and balances in this financial report relate only to the Entity's function as provider of personnel services to the controlling entity. The Entity's total income is sourced from the HAC. Cash receipts and payments are effected by HAC on the Entity's behalf.

7. Post Balance Date Events

No post balance date events have occurred which warrant inclusion in this report.

END OF AUDITED FINANCIAL STATEMENTS



Administration

APPENDIX 1

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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 the public health system as an Australian resident, no matter who you are, or where you live in NSW.

Standards of service

NSW Health will:

- | Respect your 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. Eligibility criteria apply to some services
- | Offer health care based on individual health needs, irrespective of financial situation or health insurance status.

Medical records

Generally, people can apply for access to personal health information or other personal information relating to them. Access should be requested from the clinical information department or manager of the health service the person attended, or the head of the organisation that collected the personal information.

A Freedom of Information (FOI) application may also be lodged, requesting access to records. Access may not be granted in special circumstances, as determined by the *Freedom of Information Act 1989*.

Records are kept confidential and are only seen by staff involved in the care and treatment of the person, except where disclosure to third parties is required or allowed by law.

Treatment services

NSW Health will:

- | Allow for and explain public and private patient treatment choices in a public hospital
- | 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 people to decide whether or not to take part in medical research and health student education (although in some circumstances, information may be used or disclosed without consent, for public interest research projects. Strict conditions apply, including privacy legislation).
- | Respect a person's right to receive visitors, with full acknowledgement of culture, religious beliefs, conscientious convictions, sexual orientation, disability issues and right to privacy.
- | Inform a person of his or her rights under the *NSW Mental Health Act 2007*, if admitted to a mental health facility.

Applications for financial assistance towards travel and accommodation costs, incurred by patients who are disadvantaged by distance and who have to travel more than 100 km (one way) to access specialist medical treatment not available locally, can be made to the Transport for Health program in the area health service where they live. Contact details for the Transport for Health offices can be accessed via the NSW Health web site.

Consumer participation

NSW Health Care Advisory Council

The NSW Health Care Advisory Council (HCAC) is the peak community and clinical advisory body providing advice to the Minister for Health and the Director-General. It is co-chaired by Rt Hon Ian Sinclair, AC and Professor Judith Whitworth, AC.

The council met five times in 2008-09 and provided advice on the following priority issues:

- | Special Commission of Inquiry into Acute Care Services NSW Public Hospitals
- | Clinical Service Redesign Program evaluation second report
- | National registration and accreditation scheme
- | NSW Health Obesity Strategy and NSW Government Plan for Preventing Obesity in Children, Young People and their Families 2008-2011
- | Population Health Strategies for Aboriginal Communities in NSW
- | The NSW Mini-budget
- | Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals
- | Australian Health Care Agreement - Council of Australian Governments
- | Final Report of the Special Commission of Inquiry into Child Protection Services in NSW
- | Addendum paper addressing primary and community care for children and young people with chronic disease and their transition to adult services
- | NSW Government Response to the Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals
- | NSW Government Response to the Final Report of the Special

Commission of Inquiry into Child Protection Services in NSW

- | Community Health Review
- | Interim report from the National Health and Hospital Reform Commission.

The HCAC newsletter promotes the outcomes and achievements from the health priority taskforces and the HCAC to their membership and broader health networks. Produced as a quarterly publication in print and electronic form, the first issue was published March 2008.

Each edition profiles one of the taskforces in-depth, as the "In Focus" segment to highlight important issues relevant to them, promote resources developed and advise on future projects. Taskforces also contribute with guest editorials and updates on key activities. The four newsletters published in 2008-09 contained the following articles:

September 2008

Editorial: Rt Hon Ian Sinclair, AC & Professor Judith Whitworth, AC

In Focus: Sustainable Access Health Priority Taskforce

Guest editorial: Chronic, Aged and Community Health Priority Taskforce

December 2008

Editorial: Minister for Health, Hon John Della Bosca MLC

In Focus: Critical Care Health Priority Taskforce

Guest editorials: NSW General Practice Council, Maternal and Perinatal Health Priority Taskforce

March 2009

Editorial: Director-General NSW Health, Professor Debora Picone, AM

In Focus: Rural and Remote Health Priority Taskforce

Guest editorial: Population Health Priority Taskforce

June 2009

Editorial: NSW Minister for Health, Hon John Della Bosca MLC

In Focus: Children & Young People's Health Priority Taskforce

Guest editorials: *Keep Them Safe: A Shared Approach to Child Wellbeing,*
Caring Together: The Health Action Plan for NSW



Health Priority Taskforces

Health priority taskforces (HPTs) provide advice to the Director-General on policy directions and service improvements in each of the high-priority areas of the NSW health system.

There were ten HPTs operating in 2008-09:

- | *Aboriginal Health* - Provides direction and leadership and develops agreed positions relating to Aboriginal health policy, strategic planning and broad resource allocation issues.
- | *Children and Young People's Health* - Facilitates provider and consumer leadership of children and young people's health services.
- | *Chronic Aged & Community Health* - Provides access to information on patient/carer/clinician/population, access to and implementation of appropriate integrated care, funding and workforce.
- | *Critical Care* - Responsible for critical care services planning.
- | *Greater Metropolitan Clinical Taskforce* - Supports the clinical service network and evolving groups such as acute aged care and gynaecological oncology.
- | *Maternal & Perinatal* - Provides direction and leadership for NSW maternal and perinatal services.
- | *Mental Health* - Responsible for prevention, early recognition, early intervention and promotion and acute care.
- | *Population Health* - Focuses on strategies and actions that support ten new directions for population health gain in NSW.
- | *Rural and Remote Health* - Monitors the implementation of the NSW Rural Health Report and NSW Rural Health Plan.
- | *Sustainable Access* - Responsible for the review of the waiting list policy, predictable surgery program, patient journeys and emergency department performance targets.

Information Management & Technology changed its name to Information, Communications and Technology HPT in 2007. It did not meet in 2008, pending HCAC & HPT review recommendations. A health priority taskforce for Workforce has not been convened.

Area Health Advisory Councils

There are eight area health advisory councils (AHACs), one for each area health service and one for the Children's Hospital at Westmead. They advise chief executives on policy, planning and delivery of health services.

Each council includes people who have experience in the provision of health services, representing the interests of consumers, health services and the local community. At least one member must also have knowledge, expertise or experience of Aboriginal health.

Councils submit an annual report to the Minister for tabling in Parliament. Council chairs and chief executives also participated in two area health advisory council forums, to discuss common issues and challenges, including consumer and clinician engagement.

In May 2009, a convention further supported the work of the councils. AHACs have a lead role in the implementation of the Government Response to the Special Commission of Inquiry into Acute Services in NSW Public Hospitals, *Caring Together: The Health Action Plan for NSW*. The convention provided an opportunity for NSW Health to outline this enhanced function and to assist council members in their role of developing and monitoring local implementation plans. The program was designed to:

- | Consult AHACs on the implementation of *Caring Together*
- | Identify new ways to support and facilitate relationships between AHACs, clinicians, consumers and area health service executives for improved performance.



Disability action plan

Disability action plan

The Department of Health aims to create an inclusive workplace and harness the contribution and potential of all people, including those with a disability. To this end its Disability Action Plan is being reviewed and will focus on enhanced strategies to achieve these objectives.

Some current initiatives to facilitate the experience of people with a disability within the department are listed below:

- | The learning and development (L&D) program plays an important role in raising disability awareness, by providing information on anti-discrimination concepts and guidelines and by fostering an inclusive workplace culture. Courses that address these issues include induction/orientation, staff selection techniques and various management and leadership programs. Disability awareness training has also been scheduled for August 2009.
- | The department's coaching and performance system (CAPS) assists managers and employees to identify learning and development needs and opportunities to access professional development programs. This is an important development tool for employees with a disability.
- | People with a disability and their carers may access flexible work arrangements provided through the department's flexible working hours agreement.
- | A workplace adjustments process is available for employees requiring modifications to their workstation or surrounding environment.



Equal employment opportunity

The Department of Health has a strong commitment to equal employment opportunity (EEO) and recruits and employs staff on the basis of merit. This provides a diverse workforce and a workplace culture where people are treated with respect.

Significant EEO outcomes for 2008-09 appear below:

- | A positive statistical representation of women. Currently 62 per cent of the department's employees are women, including representation on its management board and among its senior officers.
- | Journey of Healing activities organised by a department-wide team, including a traditional smoking ceremony, accompanied by singing and didgeridoo playing.
- | Disability awareness training for employees of the department and allied health organisations.
- | A well-attended International Women's Day function, with presentations by key female employees, including:
 - | a NSW Public Sector Fast-track graduate
 - | an experienced and valued employee commenting on her positive experience in accessing the department's flexible working arrangements for maternity leave and child care

- | the recipient of the 2009 Margaret Samuel Memorial Scholarship for Women.

UNIFEM ribbons were also available, with funds raised donated to their Pacific Market project.

Equal Employment Opportunity Management Plan 2009-10

The following activities are proposed for the 2009-10 EEO management plan:

- | Review and consolidate existing relevant policies and processes across the Department of Health to achieve improved employment access and participation by EEO groups
- | Collect accurate EEO data to monitor benchmarking and performance improvement activities
- | Using the department's computerised human resource information system as an effective tool for EEO reporting
- | Promoting the employment of people from diverse equity groups.

A. TRENDS IN THE REPRESENTATION OF EEO GROUPS

EEO GROUP	BENCHMARK OR TARGET	PERCENTAGE OF TOTAL STAFF							
		2002	2003	2004	2005	2006	2007	2008	2009
Women	50	59	59	60	63	62	61	63	62
Aboriginal people and Torres Strait Islanders	2	1.5	2	2	2.8	1.6	1.1	1.08	1.26
People whose first language was not English	20	19	20	20	19	20	19.8	18.17	19.5
People with a disability	12	3	4	4	4	3	3.4	2.96	2.99

B. TRENDS IN THE DISTRIBUTION OF EEO GROUPS

EEO GROUP	BENCHMARK OR TARGET	PERCENTAGE OF TOTAL STAFF							
		2002	2003	2004	2005	2006	2007	2008	2009
Women	100	90	90	95	95	96	93	93	93
Aboriginal people and Torres Strait Islanders	100	94	n/a	n/a	n/a	n/a	n/a	96	95
People whose first language was not English	100	89	92	91	90	90	93	93	91
People with a disability	100	102	100	101	98	97	105	119	118

NOTE: Staff numbers are at 30 June, and exclude casual staff.

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 calculated by software provided by the Office of the Director of Equal Opportunity in Public Employment on Equal Employment Opportunity (ODEOPE).

Ethnic affairs priority statement

ACHIEVEMENTS 2008-09

GOAL	AREA HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2008-09
Keep people healthy	Greater Western	Transcultural Mental Health – well-being workshops	Workshops for Cantonese, Italian, Mandarin and Filipino communities provided education about well-being, awareness of mental health and access to mental health services.
	Hunter New England	Towards a Healthy Life – a CALD community health education project	<i>Towards a Healthy Life</i> is a health information and education project for people from culturally and linguistically diverse (CALD) backgrounds. It links them with health professionals who provide information they may not otherwise access. New groups for Thai and Mauritanian women and the Vietnamese community were established. Topics included family relationships (domestic violence), use of interpreters, use of medications, cervical health, stroke prevention, exercise and arthritis.
	North Coast	Rural and Remote Mental Health outreach project 2006-2009	A collaborative access and equity initiative for CALD communities in rural, regional and remote NSW, involving the Transcultural Mental Health Centre (TMHC), the Service for Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Refugee Health and Health Care Interpreter Services (HCIS) and the Centre for Rural and Remote Mental Health. It included mental health education and information, delivered in a range of languages and a spiritual leaders' mental health information session.
	Northern Sydney Central Coast	Refugee check-up program	A comprehensive check-up program for newly-arrived Tibetan humanitarian entrants continued. It is co-ordinated by the Multicultural Health Service, in partnership with Oral Health, Child and Family Health, Chest Clinic, STARTTS and local GPs and optometrists in the Northern Beaches area. 100 per cent participation rate in 2008-09.
	South Eastern Sydney Illawarra	Health information for newly-arrived refugees and migrants	Information about the Australian health system and services for refugee new arrivals, including Medicare, bulk-billing and Health Care card, medical appointments, immunisation, public hospitals.
		Multicultural men's health project	Provided a comfortable setting for long-term unemployed and retrenched men over 55 years from CALD (including Portuguese, Spanish, Greek and Serbian) backgrounds to meet and to develop employment skills, reduce isolation and improve knowledge about men's health issues.
	Sydney South West	Waterpipe tobacco awareness campaign	Raised awareness in the community of the harms of waterpipe tobacco smoking, as well as the legal requirements for waterpipe tobacco retailers. The campaign targeted Arabic-speaking health and welfare professionals and was supported by fact sheets and newspaper and radio advertising.
		Cycling Connecting Communities – Vietnamese cycling	A family cycling adventure for the Vietnamese community, in partnership with Fairfield Council, Canley Heights Community Health Centre and Western Sydney Cycling Network. A Vietnamese language promotional flier went to all Vietnamese shops/businesses in Cabramatta, Canley Vale and Fairfield. A cycling education session targeted members of the Vietnamese Women's Association.
	Sydney West	Midnight Basketball program	Collaboration between the area's youth health services, Midnight Basketball Australia and Auburn City Council provided drug and alcohol and nutrition education and related messages to young people. A large proportion of the audience was from CALD, particularly African, backgrounds, living in the Auburn area.
		CALD Communities Eat Smart – Go for 2 & 5 project	A 'CALD Communities Eat Smart – Go for 2 & 5' event in August 2008, promoted good nutrition and other healthy lifestyle messages for protection against heart disease, some cancers, diabetes and obesity. Over 100 people from CALD backgrounds, including Chinese, Korean, Arabic, Indian and Iranian, attended.

ACHIEVEMENTS 2008-09

GOAL	AREA HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2008-09
Keep people healthy	Sydney West	Multicultural Problem Gambling Service poster	Partnership between the Multicultural Problem Gambling Service and the Australian Hotels Association (NSW) developed a large multilingual poster display in hotel gaming rooms across NSW. In 20 languages it promotes free treatment services. They include a facility to enable problem gamblers to exclude themselves from hotels in their area and the offer of face-to-face counselling in more than 40 different languages.
Deliver high quality services	Greater Western	Interpreter services	An information package 'How to Access the Health Care Interpreter Services' was distributed across the health service. Health Care Interpreter Service training for clinical staff continued across the area. Contact details for the interpreter service are on the health service's web page.
	Hunter New England	Inpatient visits to people from CALD backgrounds: John Hunter, Royal Newcastle and Belmont hospitals	CALD inpatients in these hospitals increased by 786 during 2008-09. The multicultural health liaison officer visited 63 per cent of the patients, exceeding the benchmark of 60 per cent. Visits include audit of medical charts to check staff compliance with NSW Health procedures. There was 99 per cent compliance. Visits also assessed patients' on-going needs after discharge. Support was offered where needed.
	North Coast	Refugee health clinic	Delivers comprehensive health assessment for newly-arrived humanitarian entrants and provides ongoing health care for refugees unable to access mainstream services.
	Northern Sydney Central Coast	Healthy Restaurant - Healthy Workers project	Raised awareness among restaurant workers about tobacco-related harm and quit smoking programs. It included messages for the community, restaurant owners, service providers, Chinese Quitline, scripts for radio interviews and advertisements and a marketing campaign with Chinese newspapers and local media.
	South Eastern Sydney Illawarra	Cultural competence workshops	Delivered to four HIV/STI services the HIV community team, Albion Street Centre, Sydney Sexual Health Centre and Kirketon Road Centre to promote better access to these services by people from CALD backgrounds.
	Sydney South West	Breastfeeding support services	An audit of breastfeeding support services available for groups at risk of low breastfeeding rates, including women from CALD backgrounds, was conducted.
	Sydney West	"Having a Baby in Australia"	The "Having a Baby in Australia, We Speak Your Language" CD was played to CALD women from 36 weeks gestation onward, in the women's health clinic and birth units at Westmead and Auburn. It has been distributed to all SWAHS maternity services and been widely promoted nationally.
"Myths of Gaming Machines"		A fact sheet, "Myths of Gaming Machines", developed for people from CALD backgrounds, was translated into Arabic, Bosnian, Chinese, Croatian, Farsi, Greek, Indonesian, Italian, Korean, Macedonian, Maltese, Polish, Portuguese, Serbian, Spanish, Tagalog, Turkish and Vietnamese.	
Provide the health care people need	Greater Western	Transcultural Mental Health forum – "Connecting with our Communities"	Promoted improved inter-sectoral links, strengthened agencies' knowledge of CALD-related issues and the system's capacity to meet the special service needs of this population.
	Hunter New England	MOMS (Mums, Obstetrics & Multicultural Service) Maitland Hospital	Provided support to CALD pregnant women by phone, email and home visits. Midwives offer the program to women who attend the clinic. It aims to reduce women's isolation and improve their understanding of obstetric and postnatal care and early parenting skills. It also links women with other mothers from similar backgrounds and with other agencies.
	North Coast	Transcultural Rural and Remote outreach project 2006-2009	A collaborative access and equity initiative for CALD communities in rural, regional and remote NSW, involving the Transcultural Mental Health Centre (TMHC), the Service for Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Refugee Health and Health Care Interpreter Services (HCIS) and the Centre for Rural and Remote Mental Health. It provides workforce development for mental health clinicians and local service providers on the needs of CALD clients and education and information on mental health, including well-being workshops to CALD communities.
	Northern Sydney Central Coast	Outreach clinic	Provided at Dee Why Primary School by Northern Beaches Child and Family Health Services. Improved access to services for large number of parents and children from CALD backgrounds in the Dee Why area.
	South Eastern Sydney Illawarra	Well women's health program	Clinics offered breast and cervical screening and education and information on a range of women's health topics. Routine screening for domestic violence for all women. Over 40 per cent were from CALD or refugee backgrounds. Clinics connect women with services providing longer-term management and care. Community education sessions linked with other initiatives, including Macedonian/Arabic cross-cultural work, Spanish women's project and TAFE community college English language classes, community organisations and St George Migrant Resource centre.

ACHIEVEMENTS 2008-09

GOAL	AREA HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2008-09
Provide the health care people need	Sydney South West	Food security project - Warwick Farm, Villawood	Collaboration between the health service, Fairfield Council, STARTTS and TAFE involved extensive range of activities to raise awareness about good nutrition and food security. They included workshops on healthy eating and exercise for parents at Warwick Farm Primary School and quarterly community newsletter and other health information in major community languages. Courses at TAFE colleges and local community centres, community events and community kitchens to promote healthy eating skills. Other events included a breakfast club at Villawood East Public School and the New Life New Land project that teaches refugees horticultural skills.
	Sydney West	Clinical pathways for women who experience adverse health impacts from female genital mutilation (FGM)	Education program has established clinical pathways, involving two uro-gynaecologists and two psychosexual counsellors, for women who experience adverse health outcomes from FGM.
		Celebration of Culture – cultural days for women from communities which practise FGM	Over 350 women from seven communities, who had not previously had contact with the NSW FGM Program, responded to invitation to attend “A day of celebration and commitment to change”. They examined cultural practices across the globe which impact on women’s mental and physical health. They also examined teachings from two faith groups on the traditional practice of FGM and the NSW law prohibiting it.
Manage health services better	Greater Western	Community engagement	Greater Western Area Health Advisory Council has established a formal process to involve Bila Muuji Incorporated in service planning relevant to its members.
	Hunter New England	Better interpreter services in Royal Newcastle Hospital ambulatory care centre (ACC) and John Hunter Hospital Emergency Department (ED)	New protocols at Royal Newcastle Hospital ensure that patients needing an interpreter are identified more efficiently. Interpreters are now booked when appointment is made and patients given priority. Interpreters wait no more than 20 minutes. ACC displays multilingual signs and promotional material for multicultural events, campaigns, or health initiatives. John Hunter Hospital ED also ensures interpreters for clients who need them. Hands-free portables assist ED telephone interpreting.
	North Coast	Education and information for health professionals	Education for community, health professionals, medical students, GPs and school children, provided information tailored to each audience on a wide range of topics. They covered recovery from mental illness, refugee health care and services and interpreter services. Sexual safety, cross-cultural communication, translation for specialists, GPs and other health professionals were included, together with a presentation from the Drug and Alcohol Multicultural Education Centre.
	Northern Sydney Central Coast	ACHS accreditation	Northern Beaches Health Service received accreditation from the Australian Council on Health Care Standards (ACHS) to 2013. The service was commended for its approach to multicultural health issues.
	South Eastern Sydney Illawarra	Diversity walk-arounds program at St George Hospital	Diversity walk-arounds across 34 wards of St George Hospital over eight months during 2008-09 aimed to improve access to and use of interpreters, staff communications with people from CALD backgrounds and cultural awareness among staff. Knowledge of the implications that rules about visitors and visiting hours may have for particular cultural groups was stressed. Improvements include hands-free phones for interpreting, promotion of interpreter services among visiting medical officers, enhanced protocols to ensure that staff use interpreters whenever needed and know how to access relevant resources over the intranet.
	Sydney South West	NSW AIDS Program Statewide services review	Merger of the Transfusion-related AIDS Service with Multicultural HIV/AIDS and Hepatitis and relocation within Sydney South West Area Health Service, will provide better services to priority CALD populations.
	Sydney West	Multilingual signs	Interpreter service and multilingual signs have been installed in all entrances and waiting rooms across all facilities in SWAHS.



PLANNED INITIATIVES 2009-2010

GOAL	AREA HEALTH SERVICE	PROJECT/INITIATIVE	PLANNED FOR 2009/10
Keep people healthy	Greater Western	Health services for the Sudanese community in Orange	Examine the special health care needs of the Sudanese community in Orange.
	Hunter New England	Bringing health services to the abattoirs	Collaboration between Tamworth abattoirs, Transcultural Rural Mental Health Service, Hunter New England Mental Health and Multicultural Health services and the "Pit Stop" men's health program, will provide outreach health promotion and basic health checks for workers at Tamworth abattoirs.
	Northern Sydney Central Coast	Resource production	Tibetan language DVD on how to access local health services, produced by Multicultural Health Service, will include information on emergency services, oral health, child and family health, women's health and lifestyle issues, such as healthy eating and physical activity.
	South Eastern Sydney Illawarra	Antenatal education for refugee women	Antenatal education sessions using interpreters, will help pregnant refugee women understand birthing options and procedures, so they can exercise informed choices for birthing and early childhood.
		Multicultural youth project "Talking Tactics Together"	A school-based drug and alcohol prevention program will focus on young people from Arabic, Macedonian and Serbian backgrounds. It will train bilingual facilitators to organise specific-language workshops for parents and young people.
	Sydney South West	Pilot playground markings in primary school in Fairfield	Playground markings will be used to increase physical activity of primary school students in Fairfield, which has a high proportion of children from CALD backgrounds.
		Healthy eating and physical activity at supported playgroup	Pilot project will establish a supported playgroup in inner western Sydney - which has a high proportion of CALD clients - to promote healthy eating and physical activity.
	Sydney West	Antenatal classes for southern Sudanese	Classes will target isolated and hard-to-engage Sudanese women who attend antenatal clinic.
Deliver high quality services	Greater Western	Interpreter services	E-learning tool for 'How to Access Health Care Interpreter Services' education package, will improve staff access to training material and compliance with interpreter procedures.
	Hunter New England	Rewriting the ED pathways at John Hunter Hospital	Clinical nurse specialist will review and revise ED pathways and all documentation about use of interpreters and CALD patients. This will increase onus on staff to ensure that interpreters are used when required.
	Northern Sydney Central Coast	Discharge process	Discharge/transfer protocol at Royal North Shore and Ryde Health Service will be reviewed to identify patients who require interpreter service.
	South Eastern Sydney Illawarra	'Quickscreen' falls-risk assessment	Community health staff will be trained to use 'Quickscreen' falls-risk assessment tool to identify and refer for assessment, older CALD people at risk of falling. Falls-risk assessment tests will be adapted to suit clients who may not have good literacy in their native language. An example is converting the written English visual acuity test to a pictorial version and using interpreters.
	Sydney South West	Hepatitis C – Vietnamese DVD	Existing audiovisual resource that informs people with low, or poor literacy, about hepatitis C treatment and care, will be translated into Vietnamese.
	Sydney West	Introduction of e-orders for interpreters bookings	Health Care Interpreter Service will continue to develop capacity for all outpatient departments to place e-orders for interpreters.

PLANNED INITIATIVES 2009-2010

GOAL	AREA HEALTH SERVICE	PROJECT/INITIATIVE	PLANNED FOR 2009/10
Provide the health care people need	Greater Western	Health newsletter	Bathurst Neighbourhood Centre will be assisted to produce a health newsletter for the CALD community in Bathurst.
	Hunter New England	Telephone interpreting	Digital cordless answering systems with two handsets, will be set-up in emergency departments, day clinics and delivery suite to facilitate telephone interpreting.
	North Coast	Carers support program	Information and assistance on health services and hospital system will be provided to Sudanese community.
	Northern Sydney Central Coast	Access to telephone interpreter service	Hands-free dual handset telephones for emergency and maternity departments and community health services will improve access to telephone interpreting services.
	South Eastern Sydney Illawarra	Cordless speaker phones for interpreter use	Launch and set-up portable cordless speaker telephone handsets for interpreter service throughout facilities.
	Sydney South West	Oral health pilot project - High Street Youth Health Service	Dedicated oral health clinic for Afghan women and children in collaboration with Auburn Youth Centre.
Manage health services better	Greater Western	Review of Greater Western Strategic Plan	Review and update strategic plan to strengthen health of CALD populations.
	Hunter New England	End-of-life planning	Research into end-of-life decision-making among CALD communities will complement similar study for English-speaking community.
	Northern Sydney Central Coast	Promotion of health care interpreters	Effective use of interpreters will be promoted by newsletters and promotional material, including stickers denoting patient's need and monitoring uptake of Health Care Interpreter Service training by clinicians.
	South Eastern Sydney Illawarra	Diversity management leadership training	Training at Royal Hospital for Women will make staff aware of cross-cultural communication and issues. Diversity plan will be developed to integrate cultural awareness within services.
	Sydney South West	Identify emerging priority CALD community needs for HIV and hepatitis C services	Monitoring infection rates and trends of HIV and hepatitis C among CALD populations, including humanitarian efforts to improve service delivery to these groups.
	Sydney West	Web page for chest clinic clients	Dedicated web site will enable chest clinic to post information and educational material in all languages online. Improve community access to information and linkages with other related sites.



Human resources

The Corporate Personnel Services Unit (CPS) within Workplace Relations and Management Branch is responsible for developing, implementing and evaluating a broad range of human resource initiatives.

NSW Health requires a workforce that is highly qualified, flexible, innovative and effective. CPS works toward positioning the department as an employer of choice and successful in attracting, developing and retaining the quality staff it needs to fulfil its function for the wider public health system.

CPS provides comprehensive human resource management services, including expert advice on organisational design, staffing needs and conditions of employment, staffing issues such as equity, professional development, performance management, grievance resolution and industrial relations issues. CPS provides a range of services to management and staff, including recruitment, learning and development, salaries, occupational health and safety, workers compensation and rehabilitation, job evaluation and establishment.

CPS also provided extensive organisational development support throughout the department, including:

- | Training and coaching services to management and staff
- | Managing restructuring consultations and negotiations with employee representative organisations
- | Advising management on structures and transitional processes
- | Providing advice and assistance in developing and evaluating new position descriptions
- | Managing redeployment and recruitment processes
- | Information for managers and staff on new award conditions.

Seven joint consultative committee (JCC) meetings were held throughout the year. These are a productive forum for consultation between management, staff and unions on a wide range of matters affecting the department's employees.

Achievements

- | Contributed to the *NSW Public Sector Workforce Strategy 2008-2012*, by employing three Fast-track graduates in the Department of Premier and Cabinet's 2009 program, adding to the two graduates employed in the previous year. This initiative contributes to diversifying the age and skills mix of the organisation and helps increase the number of young people within the NSW public sector.
- | Partnered with managers and staff to raise awareness of the department's Coaching and Performance System (CAPS). This has a positive flow-on effect for CPS, reducing grievances and building a stronger workplace culture based on goal alignment, work plans, professional development and coaching.
- | Effective management of workers compensation claims, with less work time being lost.
- | Initiatives to achieve savings of 1.5 per cent from the Savings Implementation Plan.
- | NSW Health achieved accreditation as a breastfeeding-friendly workplace.

Industrial relations policies and practices

The department has maintained a harmonious industrial relationship with staff and unions throughout the year. There have been no industrial disputes.

The joint consultative committee (JCC) has adopted the principles of the Department of Premier and Cabinet's Consultative Arrangement Policy and guidelines. The JCC, consisting of department staff, officials and delegates of both the NSW Public Service Association and the NSW Nurses' Association, met seven times throughout the year. Department representatives and each of the unions in turn, chaired the meetings.

Matters discussed included restructuring of divisions and branches, devolution and realignment of branch functions, OH&S issues and the Cutting Red Tape Review.

Policies are regularly reviewed to ensure they remain current and relevant.

Learning and development

A comprehensive range of learning and development programs and services was provided to assist staff in achieving organisation goals and priorities and in developing their individual careers.

Approximately 30 course programs were available to employees each quarter, with the addition of new courses, including Accelerating Implementation Methodology, to help staff improve the success rate of their projects by overcoming personal and cultural barriers to change, Writing Cabinet Minutes and High Performance Memory.

NSW Health also participates in the NSW sector-wide executive development programs co-ordinated by the Department of Premier and Cabinet.

Awards and Scholarships

The department conducted staff awards and scholarships in 2008-09, including:

- | Quarterly staff awards for excellence
- | Margaret Samuel Memorial Scholarship for Women
- | Peter Clark Memorial Scholarship for Men

In 2008-09, departmental employees were recognised across the public sector, with both the NSW Service Medallion and the Public Service Medal.

Significant HR and OHS initiatives in the public health system

To support the implementation of the NSW Health Occupational Health, Safety and Injury Management Profile, the NSW Health Registered Training Organisation, in consultation with health services, the NSW Nurses' Association and WorkCover NSW, released a training package titled "Conducting an Audit using the NSW Health Occupational Health, Safety and Injury Management Profile". The aim is to ensure that there are sufficient numbers of adequately qualified OHS profilers to meet the NSW Health auditing requirements.

Code of Conduct

NSW Health has published a code of conduct to assist staff by providing a framework for day-to-day decisions and actions while working in health services. Specifically, it:

- | States the standards expected of staff within health services in relation to conduct in their employment
- | Assists in the prevention of corruption, maladministration and serious and substantial waste, by alerting staff to behaviour that could potentially be corrupt or involve maladministration or waste
- | Provides a resources list to assist staff to gain further information or more detailed guidance

The Code of Conduct was published in 2005. There were no amendments or additions in the reporting period.

Further information on the NSW Health Code of Conduct is available from the Corporate Personnel Services Branch. The complete document is available on the NSW Health web site.



NSW Health workforce

Significant Workplace Relations Matters

During the early part of the 2008-09 reporting period, the major focus was on the conclusion of memorandums of understanding (MOUs) with the main health unions and the implementation of agreed changes, through variations to industrial awards and related policies.

During the reporting period the Health Services Union's work value and special case claim for ambulance officer awards proceeded before the Industrial Relations Commission (IRC). On 12 September 2008, the IRC brought down its decision, adopting the department's proposed classification structure, but also creating a third additional pay point for paramedic specialists. The IRC awarded increases in the range of 8.5 per cent to paramedics (the largest classification, formerly called ambulance officers), through to 15 per cent for clinical training officers, district officers and superintendents. There were numerous and extensive changes to conditions of employment of ambulance officers, particularly relating to rosters and meal penalties.

Under the 2008-10 MOU with the NSW Nurses' Association, the association was provided with leave to make application to the IRC for increases to night shift penalties and salary increases for experienced nurses (registered nurse year 8 and above). The nurses' claim was heard by a full bench of the IRC in the first two weeks of May 2009. The decision remains reserved.

In settlement of a dispute before the IRC, an agreement was reached between the department and the Australian Salaried Medical Officers' Federation (ASMOF) about emergency physicians. In line with a recommendation of the IRC, emergency physicians were provided with a 25 per cent allowance for three years, from the first full pay period on or after 15 May 2009. The allowance is subject to meeting specified conditions about working arrangements and participation in initiatives arising from the report of the Garling Special Commission of Inquiry.

Other ongoing work is being undertaken to give full effect to the Government's response to the Garling Inquiry, through the creation of new job roles, including the employment of clinical support officers.

Statewide Human Resource Policies released in 2008-09

Minimum Requirements for the Engagement of Overseas Funded International Medical Graduates (PD2009_036)

Sets out the minimum requirements for the engagement of overseas funded international medical graduates in the NSW public health system, including assessment of competence, employment screening, checks, letters of offer, written agreements with the overseas funding body, supervision and record-keeping. It also provides guidance on indemnity and insurance, professional registration and visa matters.

Staff Specialist/Visiting Practitioners Appointments (including clinical academics): Critical Actions Compliance Declaration (PD2008_060)

Outlines responsibilities for ensuring that particular critical actions are completed during the selection and appointment process and signed-off as completed, prior to start of work.

Cytotoxic Drugs and Related Waste: Safe Handling in the NSW Public Health System (PD2008_059)

Outlines safe handling of cytotoxic drugs and related waste, agreed WorkCover notification requirements for the use of cyclophosphamide and the requirement to ensure that the WorkCover guideline is to be its primary source of guidance when implementing this policy directive.

ChemAlert Chemical Information Management System – Implementation (PD2009_006)

Outlines the requirement for the public health system to use the ChemAlert system as its chemical register and to ensure that all hazardous substances and dangerous goods are entered onto the system. It also outlines requirements for system governance, administration, staff access and use and the management of information on the system.

Occupational health and safety

NSW Health is committed to ensuring the health, welfare and safety of staff and visitors to the workplace.

Highlights

The following occupational health and safety (OH&S) initiatives were implemented during 2008-09:

- | Review and audit of workplace safety and injury management systems took place as per *Working Together – The Public Sector OH&S and Injury Management Strategy for 2005-2008*
- | Review of first aid personnel ensured that their certificates are current and in compliance with OH&S legislation
- | The OH&S committee met bi-monthly to consult managers and union representatives on behalf of staff, on strategies for managing and improving workplace health and safety.
- | New members of the committee obtained certification in OH&S consultation
- | The OH&S co-ordinator provided training for staff in ergonomic workstation set-up during Safe Work Australia Week and promoted involvement in healthy initiatives, such as Walk to Work and Ride to Work
- | The department's induction program provided an opportunity for the OH&S co-ordinator and the chair of the OH&S committee to inform staff and managers of workplace health and safety and risk management initiatives and to advocate the department's OH&S mission statement, promoting health and safety as *"Everybody's Responsibility"*.

Strategies to improve occupational health and safety include:

- | Ongoing commitment to achieving the objectives of the department's OH&S mission statement
- | Implementation of a healthy lifestyle program for employees to promote general health and well-being
- | Ongoing consultation with staff on issues affecting and promoting health and safety in the workplace
- | Ongoing commitment to promoting risk management and injury prevention strategies
- | Promotion of the department's employee assistance program and other resources available to employees.

Workers compensation

In accordance with *Workers Compensation Act 1987* and *Workplace Injury Management and Workers Compensation Act 1998*, the NSW Department of Health provides access to compensation, medical assistance and rehabilitation for an employee who has sustained a work-related injury.

The department's injury management process delivers effective return-to-work programs, with a view to returning staff to pre-injury duties as quickly as possible. The capacity to provide suitable duties and gradual return-to-work programs is reflected in the reduction/minimisation of work time lost. Ongoing consultation with stakeholders takes place, to review the management of existing claims.

The department continued to participate in *Working Together – The Public Sector OH&S and Injury Management Strategy for 2005-2008*, conducting a review and audit of workplace safety and injury management systems.

The department managed 21 new workers compensation claims during 2008-09. Two were declined by the insurer. The greatest number was for falls, slips and trips - a total of nine (one of nine in 2007/2008).

While the number increased, 10 of the 21 (48 per cent) occurred outside the department's building and consisted of journey and recess claims.

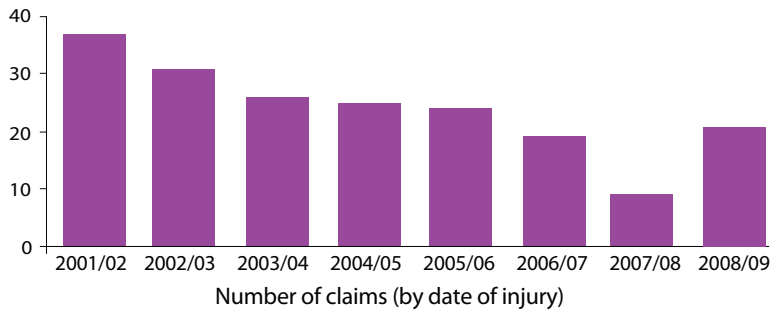
Strategies to improve workers compensation and return-to-work performance include:

- | Implementation of strategies in line with *Working Together*, to reduce workplace injuries
- | Ongoing commitment to providing meaningful suitable duties to employees who sustain a workplace injury and provision of effective return-to-work programs
- | A focus on injury management strategies to aid timely return to work, maintaining regular contact with stakeholders throughout their claims
- | Regular review meetings between the department and the insurer to monitor claim activity and costs.



NSW Department of Health data

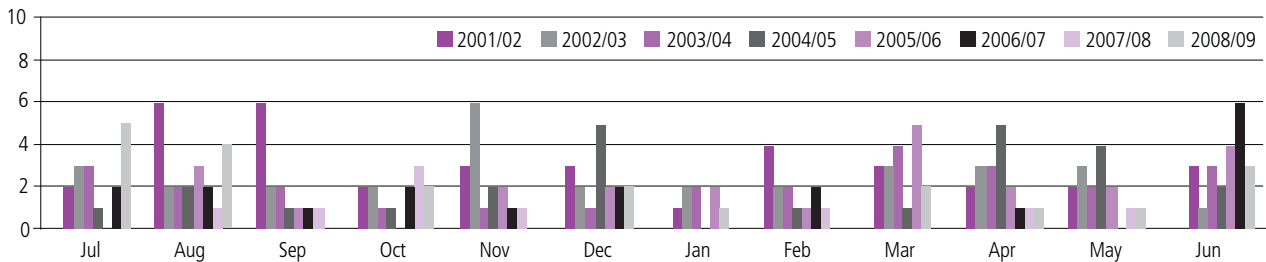
Number of new claims each year from 2001/02 to 2008-09 financial years



Year	Claims
2001-02	33
2002-03	31
2003-04	26
2004-05	25
2005-06	23
2006-07	19
2007-08	9
2008-09	21

(Claims data based on accepted claims as at 2007/08 financial year)

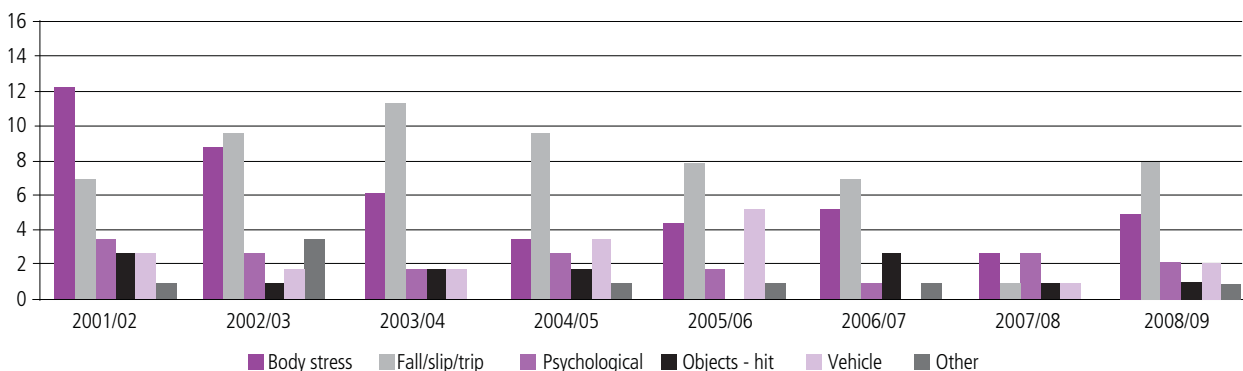
Claims each month from 2001/02 to 2008-09 financial years



Categories of workers compensation claims each month 2008-09 financial year

Injury/illness	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	TOTAL
Body stress	3	2	-	-	-	-	-	-	-	-	-	-	5
Fall/slip/trip	1	2	-	-	-	-	-	-	2	1	1	1	8
Psychological	-	-	-	1	-	-	1	-	-	-	-	-	2
Objects - hit	1	-	-	-	-	-	-	-	-	-	-	-	1
Vehicle	-	-	-	1	-	1	-	-	-	-	-	2	4
Other	-	-	-	-	-	-	-	-	-	-	-	-	1
Total	5	4	0	2	0	2	1	0	2	1	1	3	21

Categories of workers compensation claims from 2001-02 to 2008-09 financial years



Categories of workers compensation claims from 2001-02 to 2008-09

YEAR	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Body stress	14	10	7	4	5	6	3	5
Fall/slip/trip	8	11	13	11	9	8	1	8
Psychological	4	3	2	3	2	1	3	2
Objects - hit	3	1	2	2	0	3	1	1
Vehicle	3	2	2	4	6	0	1	2
Other	1	4	0	1	1	1	0	1
Total	33	31	26	25	23	19	9	21

Overseas visits

BY DEPARTMENT OF HEALTH STAFF 2008-09

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.

Christie, Louis – Director, Emergency, Greater Western AHS
Contract management & support of overseas recruitment services for health professionals
London, England
General Funds

Fellows, Lorraine – JMO Manager, South Eastern Sydney Illawarra AHS
Inaugural conference of the College of Emergency Medicine & British Medical Journal Careers Fair. Interviews
London / Berlin / Amsterdam - Europe
General Funds

Gavel, Paul – Director, Workforce Planning, Sydney South West AHS
Contract management & support of overseas recruitment services for health professionals
Ireland / England
General Funds

James, Greg – President, Mental Health Review Tribunal
International Society for the Reform of Criminal Law conference
Dublin, Ireland
General Funds

Machiraju, Rama – Project Officer, Cancer Institute NSW
Sixth Australasian Conference on Safety and Quality in Health Care
Christchurch, New Zealand
General Funds

Morrison, Moira – JMO Manager, Nepean Hospital
Contract management & support of overseas recruitment services for health professionals
Ireland / England
General Funds

Musto, Jennie – Manager, Population Health
NZ Food Safety Authority and NSW Food Authority meeting
Wellington, New Zealand
General Funds

O'Callaghan, Emer – Manager, Workforce Planning Hunter New England AHS
Attend career expos, conferences. Interview candidates
London / Berlin / Amsterdam – Europe
General Funds

Ramin, Geoffrey – Director, Emergency North Coast AHS
Contract management & support of overseas recruitment services for health professionals
London, England
General Funds

Taitz, Jonny – Director, Clinical Operations South Eastern Sydney Illawarra AHS
Contract management & support of overseas recruitment services for health professionals
London, England
General Funds

Taylor, Lee – Manager, Population Health, NSW Health
Inaugural meeting of the International Data Linkage Consortium & visit Oxford Record Linkage Study
London, England
General Funds

Thoms, Debra – Chief Nursing & Midwifery Officer
Attend conference of Australia & New Zealand Council of Chief Nurses
Keri Keri, Auckland, New Zealand
General Funds

Ward, Kate – Manager Population Health, NSW Health
Attend the Epidemic Intelligence Service conference & meetings
Atlanta, USA
General Funds



Privacy management plan

The department provides ongoing privacy information and support to the NSW public health system. The NSW Health Privacy Contact Officers network group met twice in 2008/ 2009 and has had input into:

- | The five-year statutory review of the *Health Records and Information Privacy Act 2002*
- | The start of the Health Records and Information Privacy (Accredited Chaplains) Regulation 2008 in October 2008. Publication of the Chaplaincy Services and Privacy Law Information Bulletin (IB2008_044)
- | Development of the NSW Health Online Privacy Training Program
- | The departmental review of privacy training in orientation for health service staff and agreement within the network group of a minimum standard for this training
- | The NSW Health Patient Rights and Responsibilities leaflet
- | Development of a privacy information leaflet for NSW Health staff.

The department's privacy contact officer has attended or presented to various groups or committees in 2008-09, including:

- | Presentation to the Combined Familial Cancer Clinic Meeting in November 2008
- | Presentation to the NSW Health Freedom of Information Officers' network meeting in March 2009
- | Presentation to Justice Health staff in April 2009
- | Attendance at the Electronic Health Record (EHR) Steering Committee meetings
- | Participation in the Health Care Records Policy Consultation Group and assistance in development of the Health Care Records Policy.

Internal review

Three applications for internal review were received by the department in 2008-09.

1. One was received in June 2008 and completed in August 2008. It related to the department's conduct about the *Health Records and Information Privacy Act 2002*.

The application was about a lack of information provided to the applicant regarding the electronic health record pilot program *Healthelink*. The findings of the internal review concluded that, while there was no breach of the requirements of the HRIP Act, more could have been done at the time of consultation to inform the applicant of the *Healthelink* program.

2. An application was received in December 2008 and completed in February 2009 relating to the department's conduct about to the *Privacy and Personal Information Protection Act 1998*.

The applicant had requested a copy of an investigation report held by the department into a recent grievance relating to the applicant. This was withheld. The applicant complained that her right to access information about herself under Information Privacy Principle 14 had been breached.

The internal review found that no breach had occurred. Reasons for withholding access were that department policies do not require a report of this nature be provided and PPIPA allows for information to be withheld, where the report contains personal information relating to other people, such as in this case. It was recommended that the applicant apply for access under the FOI Act.

3. A further privacy complaint relating to *Healthelink* was received in April 2009, but was later withdrawn.

Senior executive service

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

SES Level	At 30 June 2009	At 30 June 2008
8	1	1
7	3	4
6	3	2
5	2	2
4	7	8
3	13	15
2	6	8
1	2	4
Total positions	37	44

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

At 30 June 2009	At 30 June 2008
17	18



Senior executive performance statements

Professor Debora Picone, AM

Position Title: Director-General

SES Level: 8

Remuneration: \$411,770

Period in position: 2 years

Professor Picone achieved the performance criteria contained in her performance agreement.

Significant achievements in 2008-09

- | Ensured appropriate support and response to a range of reviews of and by NSW Health, including:
 - | The Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals
 - | The Special Commission of Inquiry into Child Protection Services in NSW
 - | The Joint Parliamentary Committee on the Health Care Complaints Commission's investigation into the factual circumstances surrounding the appointment of Dr Graeme Reeves
 - | Legislative Council Inquiry into the Program of Appliances for Disabled People (PADP)
 - | Legislative Council Inquiry into the management and operations of the Ambulance Service of NSW
 - | Legislative Council Inquiry into the Radium Hill uranium smelter site in Nelson Parade, Hunter's Hill
 - | Legislative Council Inquiry into overcoming Indigenous disadvantage in NSW.
- | Undertook extensive consultation required to inform the development of *Caring Together: The Health Action Plan for NSW*, the Government's response to the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals. This involved a close analysis of the report and recommendations. Around 12,000 people provided input, either face-to-face, via the web, in workshops or submissions. The Government accepted 134 of the 139 recommendations. Professor Picone has established clear accountabilities for implementation and continues to listen actively to local views, to inform real and sustainable change to improve patient care. She has established processes to ensure that staff from across NSW Health are being engaged in planning and delivery of strategies to deliver safe, high quality and compassionate health care for NSW communities.

- | Provided leadership through financial management of the \$13.2b health budget. Professor Picone is managing significant demand and budget issues, particularly as a result of wages pressure. She is working with Treasury and the Department of Premier and Cabinet on efficiency measures and with health services, to manage resources in light of continued increases in demand. Innovative and flexible solutions continue to be explored to improve business performance and cost management.

- | Continued to develop and implement models of care to provide safe and cost efficient services to be delivered both in the community and hospital-based. The Chronic Disease Management Office was established, to develop policy and Statewide plans for chronic and complex care, to guide action and decision-making across NSW Health.

- | Led five NSW State Plan priorities - meeting the majority of performance targets. There were over 2.4 million attendances at emergency departments. Triage benchmarks were achieved for categories 1, 2, 4 and 5. Significant effort is being made to improve the category 3 benchmark. The Director-General has also led strategies under the State Plan, to improve survival rates and quality of life for those suffering from chronic disease, through strategies that target common lifestyle risk factors. These include development of the *NSW Government Plan for Preventing Overweight and Obesity in Children, Young People and their Families 2009-2011* and the *Get Healthy Information and Coaching Service*.

- | Represented NSW Health and provided strategic direction and input into a range of high-level cross-jurisdictional and inter-agency forums, including the Australian Health Ministers' Advisory Council, which she chaired. An improved financial outcome for NSW was achieved under the National Healthcare Agreement and National Partnership Agreements.

Dr Richard Matthews

Position Title: Deputy Director-General, Strategic Development

SES level: 7

Remuneration: \$366,250

Period in position: 5 years

The Director-General has expressed satisfaction with Dr Matthews' performance throughout 2008-09.

Dr Matthews achieved the performance criteria contained in his performance agreements.

Significant achievements in 2008-09

- | Led the NSW Health response to the NSW Special Commission of Inquiry into Child Protection Services, including development and implementation of *Keep Them Safe: a shared approach to child wellbeing 2009-2014*.
- | Implementation of the new episode funding policy to drive improved efficiency in NSW public hospitals.
- | Led Health reform for NSW through the Council of Australian Governments' health reform process.
- | Led the renegotiation and implementation of the next Australian Health Care Agreement (2008/09-2012/13) for NSW.
- | Continued support to the Health Care Advisory Council, health priority taskforces, area health advisory councils and other key advisory bodies, including the General Practice Council, Ministerial Council on Hearing (MSC-H) and NGO Advisory Committee.
- | Provided strategic direction to the implementation of the Integrated Primary Health and Community Care Policy, including the establishment of after-hours GP clinics and the HealthOne NSW program.
- | Led development of the NSW Trauma Services Plan and Radiation Oncology Strategic Plan.
- | Established five new multi-purpose services at Bingara, Tingha, Merriwa, Warialda and Batlow.
- | Completed and published the Community Health Review, to stimulate consideration of the future of community health services in NSW.
- | Expanded the Aboriginal Maternal and Infant Health Service (AMIHS). There are 25 existing services and at 30 June 2009, 11 of these are newly-established.
- | Continued to drive the implementation of national mental health policy and the NSW mental health policy (Inter-agency Action Plan on Better Mental Health, New Directions in Mental Health).
- | Implementation of the *Mental Health Act 2007* and *Mental Health (Forensic Provisions) Act 1990*.
- | Continued leadership and management of the NSW Institute of Rural Clinical Services and Teaching.
- | Establishment of a new chronic disease management program to provide co-ordinated and enhanced care for older people with chronic and complex disease.

Dr Tim Smyth

Position Title: Deputy Director-General, Health Service Quality, Performance and Innovation

SES Level: 7

Remuneration: \$347,700

Period in position: 8 months

Dr Smyth achieved the performance criteria contained in his performance agreement.

Significant achievements in 2008-09

- | Successfully integrated three new branches into the division.
- | Led consolidation of multiple performance agreements for health services into integrated performance management framework, starting July 2009.
- | Co-ordinated health service operational planning and response to influenza pandemic.
- | Project-managed establishment of Bureau of Health Information.
- | Developed new funding model for planned surgery.
- | Appointed by Australian Health Ministers' Advisory Council as Commissioner, Australian Commission on Safety and Quality in Health Care.

Karen Crawshaw

Position Title: Deputy Director-General, Health System Support

SES Level: 7

Remuneration: \$358,830

Period in Position: 2 years

Ms Crawshaw has achieved the performance criteria contained in her performance agreement, which focus on strategic leadership in the areas of workforce, corporate and business services, assets and procurement, corporate governance, risk management, legal services and the Health legislative program.

The Director-General has expressed satisfaction with Ms Crawshaw's performance throughout this period.

Significant achievements in 2008-09

- | Led NSW's participation in development of the National Accreditation and Registration Scheme for Health Professionals.
- | Implementation of the new service check register, to improve pre-employment screening within NSW Health.
- | Promulgation of the NSW Health enterprise-wide risk management policy and framework.



- | Negotiation of wages agreements with health unions within Government policy parameters.
- | Oversight of the Health legislative program, including *Mental Health (Forensic Procedures) Act 2009* and the *Public Health (Tobacco Control) Act 2008*.
- | Led a program of Statewide improvements in financial management and procurement reform.
- | As executive sponsor of NSW Health's corporate IT systems program, oversaw substantial progress of a new payroll and employee services system.
- | Oversight of timely responses by NSW Health and its entities to summonses and requests issued by the Special Commission of Inquiry into Acute Care in NSW Public Hospitals.
- | Oversaw the provision of appropriate guidance to NSW Government departments regarding the response to pandemic (H1N1) 2009 influenza.
- | Oversaw the development of the *Public Health (Tobacco) Act 2008*, which started 1 July 2009.
- | Oversaw the inclusion of ambulance despatch information into PHREDSS. This system continues to provide the most up-to-date information on issues of public health concern.
- | Established the NSW Get Healthy Information and Coaching Service, the first of its kind in Australia.
- | Progressed planning for the first NSW Teen Dental Survey of 14 and 15 year olds.
- | Increased the percentage of NSW population with access to water fluoridation.
- | Implemented the Early Childhood Oral Health (ECOH) Program.

Dr Kerry Chant

Position Title: Deputy Director-General, Population Health and Chief Health Officer

SES Level: SES Level 6

Remuneration: \$309,788

Period in position: 5 months

The Director-General has expressed satisfaction with Dr Chant's performance in 2009 in the position of Deputy Director-General, Population Health and Chief Health Officer. Dr Chant achieved the performance criteria contained in her performance agreement.

Dr Chant had been acting in the position of Deputy Director-General, Population Health and Chief Health Officer since 3 May 2008.

Significant achievements in 2008-09

- | Participated in strategic initiatives and policy development within the Australian Health Ministers' Advisory Council sub-committees - the Australian Health Protection Committee and the Australian Population Health Development Principal Committee.
- | Chairs the National Oral Health Plan Monitoring Group.
- | Represented NSW on the National Health and Medical Research Council.
- | Led preparation for and response to public health issues during World Youth Day 09.
- | Led the NSW Health response to pandemic (H1N1) 2009 influenza.
- | Oversaw public health planning for response to a radiation emergency within NSW.
- | Supported the development of the business case which led to the inaugural National Preventive Health Partnership Agreement between NSW and the Commonwealth.
- | Oversaw the development of the NSW Implementation Plan for the National Partnerships Agreement on Closing the Gap in Indigenous Health Outcomes, with \$180.38M of new investment over four years.
- | Progressed the release and implementation of the Aboriginal Family Health Worker Operational Guidelines.
- | Implemented the recommendations of the NSW Review of Hepatitis Treatment and Care Services, including an 80 per cent increase in the dedicated hepatitis C investment in area health services (AHSs), expansion of treatment capacity within AHSs, piloted the expansion of community-based prescribing of antiviral treatment and established partnership mechanisms in each AHS, bringing together clinical leaders, affected communities and other key stakeholders.
- | Strengthened the management of chronic hepatitis B in the community, via the establishment of a Statewide training program for general practitioners, practice nurses and other community-based clinicians.
- | Provided ongoing training to AHS public health personnel in epidemiology, disease investigation and control.
- | Released a new-look *Health of the People of NSW: Report of the NSW Chief Health Officer*.

- | Oversaw the roll-out of single ethical review across NSW Health, which has seen substantial improvements in the timeliness of ethical and scientific review of multi-centre research since its introduction in July 2007. In the 2008-09 financial year, 609 multi-centre projects were reviewed by a lead HREC. A further 802 single centre research projects were reviewed by a NSW Health HREC.
- | Supported the Centre for Health Record Linkage (CHeReL) in collaboration with the Cancer Institute NSW. CHeReL now hosts a master linkage key of over 25 million records, the largest infrastructure of its kind in Australia. During 2008-09, 35 record linkage projects were conducted, covering topics such as provision of information on numbers of people with coronary heart disease, diabetes and asthma.
- | Establishment of Statewide management for the NSW Anaphylaxis Education program at CHW.
- | Establishment of Statewide organ tissue transplantation service based at SESIAHS and implementation of Commonwealth initiatives for organ and tissue transplantation.
- | Introduction of universal pre-storage leuco-depletion of the blood supply.
- | Introduction of bacterial testing for platelets.
- | Successfully conducted the mid-term review of the NSW HIV/AIDS Strategy 2006-2010, the NSW Sexually Transmissible Infections Strategy 2006-2010, the NSW Hepatitis C Strategy 2007-2010 and the Implementation Plan for Aboriginal People 2006-2010.
- | Completed a review of 22 AIDS Program funded Statewide services and initiated implementation of the review recommendations.
- | Reviewed and strengthened policy on the management of people with HIV infection who place others at risk.
- | Organised a pilot program through the AH&MRC Aboriginal Health College for a competency-based education package specific for needle and syringe program (NSP) workers on Aboriginal cultural sensitivity. The package will be delivered to all NSP workers across NSW during 2009/10.
- | Funded the AH&MRC to develop and implement an Aboriginal HIV/STI social marketing campaign 'Use Condoms & Enjoy Your Freedom', which was conducted in January and February 2009.
- | Worked in partnership with the Department of Education and Training (DET) on a project to implement training of school teachers across NSW on teaching sexual health and related issues.



Ken Barker

Position Title: Chief Financial Officer, Health System Support

SES Level: 6

Remuneration: \$292,050

Period in Position: 15 years (22 years in this, or similar position)

The Deputy Director-General, Health System Support has expressed satisfaction with Mr Barker's performance throughout 2008-09. Mr Barker achieved the performance criteria contained in his performance agreement.

Significant achievements in 2008-09

- | Provided effective financial management and control of the NSW Health budget, with the result within tolerances established by Treasury.
- | Provided financial leadership and direction to assist a number of health services to better align expenditure and revenues to performance.
- | Pro-active leadership in improving creditor results at 30 June 2009 and liaison between creditors and health services throughout the year.
- | Oversaw the costing exercise of recommendations relating to the Government's response to the Special Inquiry into Public Hospitals.
- | Initiated processes that allowed for 2009-10 health service allocation letters to issue on State Budget day (16 June 2009) and for health services to issue their allocation letters four weeks later (14 July 2009) including, where appropriate, a clear linkage between budget, activity (including case weighted separations) and staff, with such information publicly available, consistent with "Caring for Health – The Way Forward".

- | Implementation of the Capital Resource Distribution Adjustment policy across the eight area health services to reflect the cost of capital and make transparent the capital share.
- | Provision of advice to protect NSW Health's financial interest in respect of Albury Wodonga Health and Sydney Cancer Centre (proposed).
- | Co-ordination of implementation of five pathology clusters across NSW Health under a business platform structure.
- | Developed models for standardised licensing arrangements for visiting medical officers providing outpatient services in public hospitals.

David Gates

Position Title: Chief Procurement Officer

SES Level: 6

Remuneration: \$282,390

Period in Position: 13 Years

Significant achievements in 2008-09

- | Directed the capital investment of \$819M within three per cent of full achievement against the Budget Paper target.
- | Managed the development and endorsement of the 2008 NSW Health Total Asset Management Plan, including the co-ordination of revised area health service asset strategies and the ten-year Capital Investment Strategic Plan.

- | Directed strategic procurement initiatives, including the achievement of targeted savings for transfer to front-line services, the development of nine new Health-specific contracts and the overarching five-year procurement plan, the transition of the departmental Procurement Implementation Unit into the Health Support Services Procurement Hub and the submission to the State Contracts Control Board for Health to become an accredited procurement agency.
- | Directed the procurement advisory service and managed specialist procurement tenders in ambulance rotary and fixed-wing services and in pharmaceuticals and other clinical services.
- | Directed the development of capacity sharing projects aimed at increased efficiency and effectiveness in health care delivery, with initial focus on non-emergency transport, Lifehouse at RPA, the Chris O'Brien Cancer Centre, Medical Equipment Managed Services and the Medical Imaging Reform Program.
- | Directed the promulgation of the NSW Health Sustainability Strategy and the adoption of the Sustainability Advantage Program to confirm priority actions towards the Government target of carbon-neutral by 2020.
- | Managed the renewal of the department's lease at 73 Miller Street North Sydney, ongoing facility management services and the development of crisis and business continuity plans.
- | Managed support services to the department in knowledge, records and electronic data management and information technology network and services.



Michael Rillstone

Position Title: Chief Information Officer

SES Level: 5

Remuneration: \$259,850

Period in position: 3 years

Mr Rillstone achieved the performance criteria contained in his performance agreement. During 2008-09, he provided leadership in the areas of information and technology, with a focus on strategy, management, governance and advice on information and technology programs.

Significant achievements in 2008-09

- | Leadership in the roll-out of the information management and technology program, which has been a major focus of activity across the State, providing new and improved information and technology capability across the health system.

- | Supported the development of the national e-health agenda, with programs underway in support of National e-Health Transition Authority, National Health CIO Forum and National Health Information Regulatory Framework.
- | Implemented effective governance and leadership forums with area health service chief information officers, clinicians and directors of corporate services.
- | Improved monitoring of Finance's realisation of benefits and management reporting from investment in information technology.
- | Established a highly-skilled information and management technology team, which has significantly contributed to improved advice and management of information technology programs.
- | Negotiated Statewide contracts for information and management technology capability, resulting in significant savings in ongoing maintenance and software costs.
- | Completed business cases in support of the ICT Strategy.
- | Completed feasibility studies of proposed State initiatives.
- | Led development and deployment of ICT policy.
- | Initiated key programs in the areas of bills, rosters, payroll, infrastructure and community health.
- | Negotiated new wages memorandum of understanding with the Health Services Union for the ambulance paramedic workforce.
- | Oversight of major special case in the Ambulance Service, resulting in a new classification system and better management of fatigue, breaks and overtime for ambulance officers. Established the first health and wellness program in an award, to support death and disability provisions for paramedics.
- | Development of new awards, incorporating a new classification system for the oral health workforce, including additional benefits to address workforce shortages.
- | Management of major arbitration for nurses' nightshift claim, with no increase in nightshift payments or penalties awarded.
- | Managed successful appeal of Industrial Relations Commission decision, to confirm 50/50 share of salary packaging benefits in relation to meal entertainment claims for staff specialists.
- | Developed structures to support *Caring Together* recommendations on grievance handling and management of bullying complaints and provided leadership on initiatives such as identification of staff, hand washing, grievance handling and the assistant workforce.
- | Support and advice to area health services on workforce initiatives in relation to budget alignment.
- | Managed implementation of the Premier's Directive on the wages freeze and SES/HES reductions.
- | Provided leadership on workforce aspects of management of the H1N1 Influenza epidemic.

Annie Owens

Position Title: Director Workplace Relations and Management

SES Level: 5

Remuneration: \$235,596

Period in position: 10 months

Ms Owens achieved the performance criteria contained in her performance agreement.

Significant achievements in 2008-09

- | Managed progressive implementation of 2008 wages memorandums of understanding with NSW Nurses' Association and the Health Services Union, including the making of new awards and the monitoring of wages offsets.
- | Negotiated a memorandum of understanding for senior salaried doctors and settlement of emergency physician claims, including a package of reforms to better support implementation of *Caring Together* in emergency departments.



Significant publications

Books/Booklets

- | Actioning Strategies for Curbing Chronic Disease
- | Get Healthy Information & Coaching Service booklet
- | Medicare Teen Dental Plan 'what you need to know'
- | My Pregnancy Record
- | NSW Health Home and Community Care (HACC) minimum data set version 2 workbook
- | Physical Health for Mental Health handbook
- | Public Oral Health Directions 2008
- | Quality of Healthcare in NSW Chartbook 2007
- | "Take the Lead" Strengthening the Nursing/Midwifery Unit Manager role
- | Vocational Education, Training and Employment (VETE) pilot project

Brochures and flyers

- | BMJ Careers Fair - handout
- | Get Healthy Information & Coaching Service brochure
- | Good for kids, good for life brochures
- | Graduate Rural Incentive Scheme flyer
- | Opportunities for Emergency Physicians flyer
- | Physical Health for Mental Health campaign brochure
- | Smoking and your oral health
- | STEPS information brochure
- | Vocational Education, Training and Employment Service (VETE) information pack

- | Youth Alcohol Action Plan 2006 to 2010
- | Welcome to Emergency - brochure
- | Workforce recruitment material 2008 - flyer for SARRAH conference

Fact sheets

- | Skin Cancer
- | Tobacco and health fact sheet: Waterpipe tobacco

Manuals and information kits

- | Capacity Building Infrastructure Grant (CBIG) information kit - round 3
- | Essentials of Care manual
- | Mental Health for Emergency Departments - a reference guide 2008 - A4 and A6 versions



Newsletters

- | HCAC quarterly newsletter

Policies/guidelines

- | Cardiac Monitoring in Adult Patients
- | Clinical guidelines for Nursing and Midwifery Practice in NSW: identifying and responding to Drug and Alcohol Issues
- | Medical Locum Agency Audit guidelines
- | NSW clinical guidelines for the Care of Persons with Comorbid Illness and Substance Use Disorders in Acute Care Settings
- | Operational guidelines for Aboriginal Family Health Workers
- | Paediatric clinical guidelines - Acute management of fever in infants and children: revised 2009
- | Supporting Families Early (SFE) package: Maternal and Child Health Home Visiting Policy Primary Health Care

Posters/postcards

- | Aboriginal nations maps in NSW area health services
- | Actioning Strategies for Curbing Chronic Disease
- | Cardiac Monitoring in Adult Patients poster
- | Good for kids, good for life posters
- | Pieces of the puzzle
- | Physical Health for Mental Health campaign posters
- | Solid Oral Oxycodone Products for Pain Relief posters
- | STEPS A3 and A4 posters
- | Welcome to Emergency posters



Reports

- | NSW Health Annual Report 2007-08
- | Caring Together: The Health Action Plan for NSW - Garling Response
- | Decisions relating to no resuscitation (CPR) orders
- | Guidance for Implementing Smoke-free Mental Health Facilities in NSW
- | Issues in the Costing of Large Projects in Health and Healthcare
- | NSW Mothers and Babies 2006
- | NSW Multicultural Mental Health Plan 2008-2012
- | NSW Supplement NHMRC National Statement on Ethical Conduct in Human Research
- | NSW Tobacco Action Plan 2005-2009 Evaluation Framework
- | 2008 Report on Adult Health from the New South Wales Population Health Survey
- | Soft Drinks, Weight Status and Health Report
- | Report from the Medication Safety Self-assessment Program (MSSA)
- | Review of Hepatitis C treatment and care services
- | Report of the Chief Health Officer 2008
- | Report on the Aboriginal students' residential workshop KATCH 2008





Funding & Expenditure

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Accounts age analysis

In 2008-09 the significant receivable balance in over 90 days is represented by \$3.03M receivable from area health services (AHSs), which includes Fringe Benefits Tax of \$2.039M.

In 2007-08 the significant receivable balance in over 90 days is represented by \$1.13M for AusHealth as interest payable to the department. The balance also includes \$1.3M receivable from Health Infrastructure and Fringe Benefits Tax of \$1.0M receivable from AHSs.

Accounts receivable ageing at 30 June 2009

Category	2008-09		2007-08	
	\$000	%	\$000	%
< 30 Days	38,869	90	62,336	90
30/60 Days	658	2	856	1
60/90 Days	334	1	505	1
>90 Days	3,167	7	5,926	8
Total	43,028		69,926	

Accounts payable ageing at 30 June 2009

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	65,197	0	1	0	0
December	159,135	1	0	0	0
March	56,448	2	0	0	1
June	108,484	4	1	0	3

Quarter	Total accounts paid on time		Total amount paid
	%	\$000	\$000
September 2008	99.6	3,659,588	3,674,285
December 2008	99.4	2,982,770	3,000,775
March 2009	99.3	2,985,519	3,006,565
June 2009	99.3	2,969,557	2,990,490

Capital works and asset management

Strategic asset management achievements

- Capital expenditure \$819.4M achieved against approved BP4 program \$839.5M - 8.2 per cent increase over 2007-08.
- Approx. \$21.9M construction contracts awarded for projects with value less than \$10M.
- Forward 10-year Capital Investment Strategic Plan endorsed, with excess \$2.3b (2008-09 to 2011-12) in committed funding over next four years.
- Twenty-one properties disposed of, gross sales proceeds \$18.2M, in accordance with government policy. Properties value more than \$5M by public auction or tender.
- Australasian Health Facilities Guidelines further developed with other Health jurisdictions, as part of Australasian Health Infrastructure Alliance.



Major priorities for 2009-10

- Full expenditure of 2009-10 asset acquisition program \$692.9M.
- Investment to focus on:
 - Major hospital redevelopments (> \$10M managed by Health Infrastructure)
 - Other major building projects with value greater than \$0.25M
 - Statewide programs including:
 - Information, communication, technology (ICT)
 - Ambulance, radiotherapy, health technology
 - Mental health, rural health, HealthOne
 - Repairs, maintenance, renewals.
- Contractually commit approx. \$49M to new capital projects, individually less than \$10M.
- Continue refine asset strategic plans with health services to better determine future asset-related requirements.
- Review NSW Health process of facility planning.

NSW Health Heritage Management

Movable Heritage policy reviewed, to be incorporated in Heritage Asset Management Strategy and part of update of Heritage Guidelines.

The following table outlining capital works completed during 2008-09 represents NSW Health's asset acquisitions for the year. NSW Health's major assets are listed under the profiles of each area health service.

Capital works completed during 2008-09

Project	Total cost \$M	Completion date
Ambulance Service NSW		
Ryde Ambulance Service	2,374	Oct-08
Ambulance Upgrade Equipment	1,000	Jun-09
Deniliquin Ambulance Station	1,140	Jun-09
Children's Hospital at Westmead		
CHW Replacement Fluoroscopy Equipment	700	Jun-09
Greater Southern Area Health Service		
Queanbeyan Hospital Redevelopment	51,957	Jan-09
Greater Western Area Health Service		
Mudgee Laboratory Works	590	May-09
GWAHS Imaging & Monitoring System	900	Jun-09
Hunter New England Area Health Service		
Tingha Health Service	5,280	Nov-08
Tamworth Hospital Pathways Home	1,136	Jun-09
Bingara Hospital Redevelopment	10,588	May-09
Merriwa Hospital Redevelopment	10,168	May-09
Belmont Hospital Upgrading	31,298	Jun-09
HNEAHS Clinical Outreach Program	3,900	Jun-09
HNEAHS Remote Digital Reporting System	1,000	Jun-09
James Fletcher Hospital Asbestos Removal	650	Jun-09
John Hunter Children's Hospital Upgrade Equipment	1,000	Jun-09
Newcastle Mater Hospital	40,300	Jun-09
Tamworth PACS Introduction	600	Jun-09
Justice Health Service		
Forensic Hospital	81,575	Nov-08
Justice Health Service PAS Implementation Phase 2	700	Mar-09
North Coast Area Health Service		
Coraki Aboriginal Outreach Clinic - Box Ridge Outpost	718	Sep-08
Ballina Hospital Rehabilitation Unit Redevelopment	7,710	Nov-08
Coffs Harbour Base Hospital - 20-bed Unit	7,414	Nov-08
Port Macquarie Operating Theatre Equipment	800	Dec-08
Kempsey Hospital CT Scanner	1,000	Apr-09
Lismore Patient Monitoring Equipment Upgrade	500	May-09
IM&T NCAHS Electronic Medical Record (MP86)	1,196	Jun-09

Capital works completed during 2008-09

Project	Total cost \$M	Completion date
Northern Sydney Central Coast Area Health Service		
Manly Hospital Psychogeriatric Unit	600	Aug-08
Byrnes Trust Building Dalwood	1,390	Sep-08
Ryde Hospital Upgrade	4,500	Sep-08
Mona Vale Hospital Renal Dialysis Service	935	May-09
Gosford Hospital Carpark and Main Access	11,501	Jun-09
Manly Hospital Sterilising Equipment	550	Jun-09
RNSH Replace Brachytherapy Unit	799	Jun-09
South Eastern Sydney Illawarra Area Health Service		
Shellharbour Hospital - 20-bed Mental Health Unit	6,653	Sep-08
Shellharbour Hospital Child and Adolescent Unit	1,320	Sep-08
Sutherland Hospital Non-acute Mental Health Unit	8,180	Feb 2009
IM&T NCAHS Electronic Medical Record (MP86)	2,493	Jun-09
POWH Linear Accelerator	3,519	Jun-09
St George Hospital 3T MRI Replacement	3,512	Jun-09
St George Hospital Chiller Replacement	707	Jun-09
SESI AHS - Randwick PACS	1,711	Jun-09
Sydney Children's Hospital Upgrade Equipment	2,000	Jun-09
Wollongong Hospital Gamma Camera	715	Jun-09
Wollongong Hospital Operating Theatre Equipment	1,000	Jun-09
Sydney South West Area Health Service		
Campbelltown PACS Equipment	900	Jun-09
Sydney West Area Health Service		
Nepean Cardiac Catheterisation Laboratory Roof	900	Sep 2008
Nepean Hospital Imaging Suite	1,943	Sep 2008
Nepean Hospital Allied Health Relocation	6,658	Apr-09
SWAHS PACS/RIS	4,795	May-09
Nepean Hospital Pathways Home	4,459	Jun-09
SWAHS Cerner PAS Implementation (MP56)	1,575	Jun-09
Sydney West Area Health Service Energy Performance Contract	3,858	Jun-09
SWAHS PACS/RIS	4,795	Jun-09
Baulkham Hills Fixed Screen & Assessment Site	1,000	Jun-09
Total estimated cost of works completed	211024	

Note: includes projects only with an estimated total cost over \$0.5M

Credit card certification

It is affirmed that for the 2008-09 financial year, credit card use within NSW Health was in accordance with Premier's memoranda and Treasurer's directions.

Credit card use

Credit card use within the department is largely limited to:

- reimbursement of travel and subsistence expenses
- purchase of books and publications
- seminar and conference deposits
- official business use while engaged in overseas travel.

Documenting credit card use

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

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

Procurement cards

The department has also encouraged the use of procurement cards across all areas, 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.

Use of the cards benefits all health services by reduction of purchase orders generated, invoices received, cheques processed and delays in goods delivery.

The controls applied to credit cards are also applied to procurement cards.



Non-government organisations funded

Program: 36.1 Ambulatory, Primary and (General) Community-based Services 36.1.2 Aboriginal Health Services

ABORIGINAL HEALTH	AMOUNT \$	
Aboriginal Health and Medical Research Council of NSW	1,146,300	Peak body advising State and federal governments on Aboriginal health and advocacy and support for Aboriginal community-controlled health services
Aboriginal Medical Service Co-op Ltd	215,900	Preventative health care, drug and alcohol and maternal health services for the Aboriginal community in Sydney inner city
Aboriginal Medical Service Western Sydney Co-op Ltd	311,600	Preventative health care and drug and alcohol services for the Aboriginal community in western Sydney metropolitan area, a deceased person van service for NSW and assistance with financial arrangements
Awabakal Newcastle Aboriginal Co-op Ltd	283,300	Preventative health care, drug and alcohol, otitis media program and family health services for the Aboriginal community in Newcastle area
Biripi Aboriginal Corporation Medical Centre	268,550	Preventative health care, drug and alcohol, family health services and vascular health program for the Aboriginal community in Taree area
Bourke Aboriginal Health Service Ltd	139,300	Public health programs and drug and alcohol services for the Aboriginal community in Bourke and surrounding areas
Centacare Wilcannia-Forbes	136,900	Family health services grant for the prevention of violence and supporting positive family relationships in Narromine and Bourke
Cummeragunja Housing & Development Aboriginal Corporation	76,500	Preventative health services for Aboriginal communities in Cummeragunja, Moama and surrounding areas
Durri Aboriginal Corporation Medical Service	139,300	Preventative health, drug and alcohol services and vascular health program for Aboriginal communities in the area
Forster Local Aboriginal Lands Council	115,750	Family health services for the prevention and management of violence within Aboriginal families
Goorie Galbans Aboriginal Corporation	115,600	Family health services to reduce family violence, sexual assault and child abuse
Grace Cottage Inc	83,600	Family health services involving individual and group support, educational workshops and training to reduce family violence, sexual assault and child abuse in Dubbo
Illaroo Co-operative Aboriginal Corporation	49,600	Personal care worker for the Rose Mumbler retirement village
Illawarra Aboriginal Medical Service	229,400	Preventative health care, drug and alcohol services, youth health and welfare services and a childhood nurse for the Aboriginal community in Illawarra area
Intereach NSW Inc	82,800	Family health best practice model to increase access by the Aboriginal community to services dealing with family violence, child protection and sexual assault services and preventative health projects in Deniliquin area
Katungul Aboriginal Corporation Community & Medical Services	68,000	Otitis media co-ordinator for Aboriginal communities of Far South Coast region
Maari Ma Health Aboriginal Corporation	180,000	Well persons health checks for the Aboriginal community
MDEA & Nureen Aboriginal Women's Co-operative	48,700	Counselling and support service for Koori women and children in stress from domestic violence
Ngadrri Ngalli (My Mother's Way) Inc	18,675	Family health services providing emotional and practical support to families with dependent children experiencing difficulty in their lives
Ngaimpe Aboriginal Corporation	151,300	Residential drug and alcohol treatment for men in Central Coast area
The Oolong Aboriginal Corporation	166,200	A residential drug and alcohol treatment and referral service for Aboriginal people in Nowra
Orana Haven Aboriginal Corporation (drug & alcohol rehabilitation centre)	125,600	Residential drug and alcohol rehabilitation service for Aboriginal and non-Aboriginal people
Riverina Medical & Dental Aboriginal Corporation	1,410,400	Preventative health care, drug and alcohol, otitis media program and co-ordinator and family health services, to develop and implement family health education programs for the Aboriginal community in Riverina

ABORIGINAL HEALTH	AMOUNT \$	
South Coast Medical Service Aboriginal Corporation	140,400	Preventative health care and drug and alcohol services for the Aboriginal community in Nowra area
Tharawal Aboriginal Corporation	139,300	Preventative health care and drug and alcohol services for the Aboriginal community in Campbelltown area
Dubbo Aboriginal Medical Co-operative	25,000	Anti-smoking project - Butt Out - for the Aboriginal community in Dubbo
Walgett Aboriginal Medical Service Co-op Ltd	263,400	Preventative health care, drug and alcohol and family health services for the Aboriginal community in Walgett and surrounding areas
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	77,200	Family health services grant to develop education and training program for Aboriginal community workers, covering family violence, sexual assault and child abuse issues
Weigelli Centre Aboriginal Corporation	68,600	Residential drug and alcohol counselling, retraining and education programs for Aboriginal people in Cowra area
Wellington Aboriginal Corporation Health Service	187,600	Drug and alcohol services, youth and family health services for the Aboriginal community in Wellington
Yerin Aboriginal Health Services Inc	322,500	Health and medical services both centrally and outreach, administration support, otitis media program and family health services for Aboriginal people in Wyong area
Yoorana Gunya Aboriginal Family Violence Healing Centre Aboriginal Corporation	146,200	Family health services for the Aboriginal community in Forbes and surrounding areas
TOTAL	\$6,933,475	

Program: 36.1 Ambulatory, Primary and (General) Community-based Services
36.1.1 Primary and Community-based Services

AIDS	AMOUNT \$	
Aboriginal Health and Medical Research Council of NSW	346,517	Implementation of HIV/AIDS, hepatitis C and sexually transmissible infections projects for Aboriginal communities in NSW. Implementation of the Diploma of Community Services (case management), with focus on Aboriginal sexual health distance learning package. Includes project funding for harm-minimisation officer and funding for hepatitis C prevention resource development and training
Aboriginal Medical Service Co-operative Ltd	174,000	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections education and prevention programs for local Aboriginal communities. Statewide distribution of condoms via Aboriginal community-controlled health organisations
Aboriginal Medical Service Western Sydney Co-op Ltd	43,575	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
AIDS Council of NSW (ACON) Inc	7,935,956	Peak Statewide community-based organisation providing 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; treatment 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
Australasian Society for HIV Medicine Inc	1,048,400	Provision of training for accreditation of general practitioners (GPs) prescribing HIV or hepatitis C treatments under s 100 of the <i>National Health Act</i> and training, education and support for GPs involved in the management and care of HIV, HCV and HBV. Provision of HIV, hepatitis B and hepatitis C training, targeting other health care providers, including nurses and Aboriginal health workers
Awabakal Newcastle Aboriginal Co-op Ltd	48,427	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Biripi Aboriginal Corporation Medical Centre	72,275	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Bourke Aboriginal Health Service Ltd	36,311	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Bulgarr Ngaru Medical Aboriginal Corporation	58,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Coomealla Health Aboriginal Corporation	58,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Diabetes Australia - NSW	1,819,680	Provision of free needles and syringes to registrants of the National Diabetes Services Scheme, resident in NSW



AIDS	AMOUNT \$	
Durri Aboriginal Corporation Medical Service	58,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Hepatitis C Council of NSW (HCCNSW)	1,303,289	Statewide community-based organisation providing information, support, referral, education, prevention and advocacy services for all people affected by hepatitis C. Active partnerships with other organisations and affected communities, to improve quality of life, information, support and treatment and to prevent hepatitis C transmission
Illawarra Aboriginal Medical Service	58,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Katungul Aboriginal Corporation Community & Medical Services	58,600	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
National Centre in HIV Epidemiology and Clinical Research	1,053,251	Analysis and reporting of HIV, sexually transmissible infections and viral hepatitis surveillance data. Monitoring of prevalence, incidence and risk factors among populations at risk of HIV, sexually transmissible infections and viral hepatitis
National Centre in HIV Social Research	343,173	Analysis and reporting of HIV, sexually transmissible infections and viral hepatitis social/behavioural data. Monitoring risk behaviour among populations at risk of HIV and sexually transmissible infections and provision of research into living with HIV and related diseases
NSW Users & AIDS Association Inc (NUAA)	1,229,200	Statewide community-based organisation providing HIV/AIDS and hepatitis C prevention education, harm reduction, advocacy, referral and support services for people who inject drugs
Pharmacy Guild of Australia (NSW Branch)	1,125,050	Co-ordination of needle and syringe exchange scheme in retail pharmacies throughout NSW
Pius X Aboriginal Corporation	14,175	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Positive Life NSW	717,800	Statewide community-based education, information and referral support services for people living with HIV/AIDS
South Coast Medical Service Aboriginal Corporation	58,600	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Tharawal Aboriginal Corporation	14,175	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
University of NSW (Social Policy Research Centre)	57,837	Project for improving collaborative shared care between hepatitis C antiviral therapy services and methadone treatment services in NSW
Walgett Aboriginal Medical Service Co-op Ltd	97,700	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Wellington Aboriginal Corporation Health Service	58,100	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
TOTAL	\$17,888,491	

ALTERNATIVE BIRTHING	AMOUNT \$	
Durri Aboriginal Corporation Medical Service	170,800	Provision of outreach ante/postnatal services to Aboriginal women in Kempsey area
Walgett Aboriginal Medical Service Co-op Ltd	170,800	Provision of outreach ante/postnatal services to Aboriginal women in Walgett area
TOTAL	\$341,600	

ARTIFICIAL LIMBS	AMOUNT \$	
Amputee Association of NSW Inc	\$23,200	Support of amputees in NSW
TOTAL	\$23,200	

CARERS	AMOUNT \$	
Association of Genetic Support of Australasia (AGSA)	105,900	'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	29,596	Program supporting family and carers of people with Huntington's disease
Autism Spectrum Australia	211,800	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
Carers NSW Inc	599,600	Grant for peak body role, including health professional training, biennial conference, information and advice and e-bulletin
Disability and Aged Information Service Inc	106,700	'Working Carers Support Gateway' - providing internet-based information and support service for low-income employed carers
Down Syndrome Association of NSW Inc	103,300	'All the Way' program - supporting carers of people with Down Syndrome via information and peer support

CARERS	AMOUNT \$	
Multiple Sclerosis Society Ltd	31,800	'Family Matters' information, education and support program - providing tailored workshops and resources to carers and family of people with MS
Muscular Dystrophy Association of NSW (MDANSW)	82,400	Care for carers program - providing information and support to carers of people with muscular dystrophy and other neuromuscular disorders
The Cancer Council NSW	53,600	Cancer carers support online - providing a Statewide education program using facilitator-led online delivery and telegroup support
The Spastic Centre	105,900	'Carers Link' program - supporting parents and carers of people with cerebral palsy and other significant physical disability, via mutual support and education initiatives
TOTAL	\$1,430,596	

CHRONIC CARE FOR ABORIGINAL PEOPLE	AMOUNT \$	
Aboriginal Medical Service Co-op Ltd	73,100	Preventative vascular health program for Aboriginal community in Sydney inner city
Biripi Aboriginal Corporation Medical Centre	83,850	Preventative vascular health program for Aboriginal community in Taree area
Durri Aboriginal Corporation Medical Service	67,500	Preventative vascular health program for Aboriginal community in Kempsey area
Galambila Aboriginal Health Service Inc.	67,500	Preventative vascular health program for Aboriginal community in Coffs Harbour area
TOTAL	\$291,950	

COMMUNITY SERVICES	AMOUNT \$	
Association for the Wellbeing of Children in Healthcare Ltd	148,400	Information and advice on non-medical needs of children and adolescents in health care system for families, parents and health professionals
AMA (NSW) Charitable Foundation	25,000	Grant to support health of rural Australians via charity "Aussie Helpers"
Council of Social Service NSW	197,700	Grant to support development of management support unit, with aim of developing management capacity of Health-funded NGOs and to employ health policy officer to address effective policy development, communication, co-ordination and advocacy work
Day of Difference Foundation	200,000	Grant to employ research fellow in burn injuries and to develop rural mobile simulation centre to provide experience in dealing with emergencies
Humpty Dumpty Foundation Inc	100,000	Raises money to purchase life-saving medical equipment for children's wards in hospitals across NSW
Kids of Macarthur Health Foundation	30,000	Matching grant for fundraising effort for children's health services
NSW Association for Adolescent Health Inc	105,700	Peak body committed to working with and advocating for youth health sector in NSW, to promote health and well-being of people aged 15 to 25
QMS (Quality Management Services) Inc	301,800	Co-ordination and implementation of quality improvement program for health NGOs funded under grant program
United Hospital Auxiliaries of NSW Inc	163,100	Co-ordination and central administration of United Hospital Auxiliaries located in NSW Health
Women's Health NSW	166,100	Peak body for co-ordination of policy, planning, service delivery, staff development, training, education and consultation between non-government women's health services, NSW Health and other government and non-government services
TOTAL	\$1,437,800	

DRUGS AND ALCOHOL	AMOUNT \$	
Aboriginal Health and Medical Research Council of NSW	150,000	Grant to continue policy/project officer position and Aboriginal drug and alcohol network projects
Aboriginal Medical Service Co-op Ltd	241,300	Multi-purpose drug and alcohol centre
Australian Red Cross (NSW Division)	250,000	Four-year project funding to deliver alcohol and other drug overdose prevention education program for families and carers of users in NSW
DAMEC (Drug and Alcohol Multicultural Education Centre)	548,200	Statewide program targeting health & related professionals to assist them to appropriately service NESB customers
Life Education NSW Ltd	1,674,900	Registered training organisation providing health-oriented educational program for primary school children
Macquarie University Department of Psychology	57,700	Project funding for drug and alcohol education curriculum content in Master of Social Health course
Metro Screen	140,000	One-off grant for 'Play Now Act Now' project
Network of Alcohol & Other Drugs Agencies Inc	648,610	Peak body for non-government organisations providing alcohol and other drug services
Pharmacy Guild of Australia (NSW Branch)	1,215,531	Scheme involving incentives to encourage pharmacists to participate in NSW methadone/buprenorphine program

DRUGS AND ALCOHOL		AMOUNT \$
The Construction Industry Drug and Alcohol Foundation - Foundation House	200,000	Treatment centre providing inpatient and outpatient support for building and construction industry personnel, their families and the general public
The Oolong Aboriginal Corporation	260,355	Residential drug and alcohol treatment and referral service for Aboriginal people
Uniting Care NSW.ACT	2,839,300	Medically supervised injecting centre trial
University of Sydney	150,000	Committee on Alcohol and Drug Education in Medical Schools project
TOTAL	\$8,375,896	

EXTERNAL HEALTH		AMOUNT \$
Aboriginal Health and Medical Research Council of NSW	80,000	Peak body advising State and federal governments on Aboriginal health matters and to provide advocacy and support for Aboriginal community-controlled health services. Provision of funding to support operation of Human Research Ethics Committee
TOTAL	\$80,000	

HEALTH PROMOTION		AMOUNT \$
KIDSAFE NSW Inc	62,175	Prevention of deaths and injuries to children under fifteen
National Heart Foundation of Australia (NSW Division)	382,800	Prevention in Practice program aims to increase awareness of benefits of addressing lifestyle risk factors and to support effective intervention within general practice
TOTAL	\$444,975	

ORAL HEALTH		AMOUNT \$
Aboriginal Medical Service Co-op Ltd	102,500	Aboriginal oral health services
Aboriginal Medical Service Western Sydney Co-op Ltd	375,500	Aboriginal oral health services and computer with ISOH and vouchers for pain relief and emergency dental care
Awabakal Newcastle Aboriginal Co-op Ltd	149,400	Aboriginal oral health services
Biripi Aboriginal Corporation Medical Centre	149,400	Aboriginal oral health services
Bulgarr Ngaru Medical Aboriginal Corporation	361,500	Aboriginal oral health services
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	208,000	Aboriginal oral health services
Durri Aboriginal Corporation Medical Service	361,500	Aboriginal oral health services
Hunter New England Area Health Service	398,300	Dental services and education for Aboriginal communities in New England and north west NSW
Illawarra Aboriginal Medical Service	260,900	Dental services for Aboriginal community in Illawarra area
Katungul Aboriginal Corporation Community & Medical Services	271,800	Aboriginal oral health services
Maari Ma Aboriginal Corporation	164,000	Aboriginal oral health services
Pius X Aboriginal Corporation	148,900	Aboriginal oral health services
Riverina Medical & Dental Aboriginal Corporation	393,700	Aboriginal oral health services
South Coast Medical Service Aboriginal Corporation	226,300	Aboriginal oral health services
Tharawal Aboriginal Corporation	260,900	Aboriginal oral health services
Walgett Aboriginal Medical Service Co-op Ltd	102,500	Aboriginal oral health services
TOTAL	\$3,935,100	

RURAL DOCTORS SERVICES		AMOUNT \$
NSW Rural Doctors Network Ltd	\$1,268,400	Core funding applies to programs aimed at ensuring that sufficient numbers of suitably trained and experienced general practitioners are available to meet health care needs of rural NSW communities. Funding also for NSW rural medical undergraduates initiatives program, focussed on financial and other support to medical students undertaking rural NSW placements, rural resident medical officer cadetship program supporting students in final two years of study, who commit to completing two of first three postgraduate years in a NSW rural allocation centre
TOTAL	\$1,268,400	

Program: 36.1 Ambulatory, Primary and (General) Community-based Services
36.3.1 Mental Health Services

MENTAL HEALTH	AMOUNT \$	
Aboriginal Health and Medical Research Council of NSW	155,596	Peak body advising State and federal governments on Aboriginal health and advocacy and support for Aboriginal community-controlled health services
Aboriginal Medical Service Co-op Ltd	246,100	Mental health workers and mental health youth project for Aboriginal community in Sydney inner city
Aboriginal Medical Service Western Sydney Co-op Ltd	18,750	Mental health worker project for Aboriginal community
Albury Wodonga Aboriginal Health Service Inc	18,750	Mental health worker project for Aboriginal community
ARAFMI NSW Inc	941,400	Five-year family and carer mental health projects
Awabakal Newcastle Aboriginal Co-op Ltd	84,300	Mental health worker project for Aboriginal community in Newcastle area
Black Dog Institute	1,565,700	Programs to advance understanding, diagnosis and management of mood disorders through research, education, training and population health approaches
Bulgarr Ngaru Medical Aboriginal Corporation	86,000	Mental health worker project for Aboriginal community
Carers NSW Inc	1,845,000	Three five-year family and carer mental health projects
Centre for Developmental Disability Studies	170,000	Provision of medical and health consultant service for people with developmental disabilities
Coomealla Health Aboriginal Corporation	84,300	Mental health worker project for Aboriginal community
Cummeragunja Housing & Development Aboriginal Corporation	84,300	Mental health worker project for Aboriginal community
Frederic House	168,600	Project grant for mental health services at aged care facility
Galambila Aboriginal Health Service Inc.	18,750	Mental health worker project for Aboriginal community
Katungul Aboriginal Corporation Community & Medical Services	79,500	Mental health worker project for Aboriginal community
Maitland Grossman High School	6,000	Preventative mental health initiative "Friends for Life"
Mental Health Co-ordinating Council NSW	1,205,800	Peak organisation funded to support NGO sector efforts to provide efficient and effective delivery of mental health services, plus three-year project funding for NGO development officers strategy project and one-off grant for NGO infrastructure
Mission Australia	640,000	Specialist outreach support program for people with mental health issues
Neami Ltd	600,000	Community-based outreach service offering structured, strength-based assessment and support process where consumer aspirations and goals shape context for interventions offered
Network of Alcohol & Other Drugs Agencies Inc	305,909	Peak body for non-government organisations providing alcohol and other drug services
New Horizons Enterprises Ltd	540,000	Recovery and resource services program providing individualised rehabilitation and recovery services for people with mental illness, utilising community, social, leisure and vocational services
NSW Consumer Advisory Group – Mental Health Inc (NSW CAG)	1,539,100	Contribution to consumer and carer input into mental health policy-making process and one-off for M H Copes project
Parramatta Mission	615,000	Five-year family and carer mental health projects
Peer Support Foundation Ltd	219,500	Social skills development program providing education and training for youth, parents, teachers, undertaken in schools across NSW
PRA	860,000	Support and access to quality community social, leisure, recreation and vocational and educational services for people with mental illness
Riverina Medical & Dental Aboriginal Corporation	18,750	Mental health worker project for Aboriginal community
Schizophrenia Fellowship of NSW Inc	2,025,000	Three five-year family and carer mental health projects
Schizophrenia Research Institute	490,000	Support for prevention and cure of schizophrenia by establishing a Chair of Schizophrenia Epidemiology and Population Health and a schizophrenia evidence library
South Coast Medical Service Aboriginal Corporation	105,450	Mental health worker for local Aboriginal community
St Luke's Anglicare Ltd	180,000	Recovery and resource services supporting people with mental illness to access quality mainstream community social, leisure and recreation opportunities and vocational and educational services
Tharawal Aboriginal Corporation	75,000	Mental health worker project for Aboriginal community
Walgett Aboriginal Medical Service Co-op Ltd	37,500	Mental health worker project for Aboriginal community
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	18,750	Mental health worker project for Aboriginal community
Weigelli Centre Aboriginal Corporation	18,750	Mental health worker project for Aboriginal community
Wellington Aboriginal Corporation Health Service	82,100	Project grant for employment of clinical team leader (psychologist) with Aboriginal mental health focus
Yerin Aboriginal Health Services Inc	18,750	Mental health worker project for Aboriginal community
TOTAL	\$15,168,405	



Operating consultants

Table 1: Consultancies equal to or more than \$30,000

CONSULTANT	COST \$	TITLE / DESCRIPTION
MANAGEMENT SERVICES		
Deloitte Touche Tohmatsu P/L	60,414	Review of Emergency Department Triage KPI Data
Deloitte Touche Tohmatsu P/L	121,939	National Co-ordination Blood Collection Network Financial Analysis Consultancy
Growing Your Knowledge	70,000	Review of External Research Funding Program
Health Outcomes International P/L	29,000	Evaluation of Mental Health Aged Care Partnerships Service Pilot Programs
HealthConsult P/L	54,160	Review of Alcohol and Other Drug Non-government Organisations
Independent Pricing and Regulatory Tribunal (IPART)	150,000	Review of Health Service Performance Management and Health Funding Framework
Ipsos - Eureka Social Research Institute	54,998	Evaluation of Live Life Well @ School Program
Jan McClelland and Associates	58,500	Review of Institute of Medical Education & Training (IMET)
Jan McClelland and Associates	27,085	Review of NSW Health Policies, Programs, Services and Other Activities Related to Child Protection
Mercury Consulting	68,163	Review of Department of Ageing, Disability and Home Care (DADHC) Palliative Care Policy
Newcastle Innovation Ltd	93,031	Review of Base Hospitals
University of Wollongong	83,278	Review of Community Services in NSW
Sub-total	\$870,568	
ORGANISATIONAL REVIEW		
Communio Consultancy	51,033	State Mental Health Telephone Access Line (SMHTAL) Program
Jacq Hackett Consulting	27,195	Review of Rural Placement Public Health Officer Program
Newcastle Innovation Ltd	29,900	Review of NSW Health Registered Training Organisation (RTO)
O'Connor Consulting Services	27,540	Provide Strategic Planning Advice and Workforce Modelling
Sub-total	\$135,668	
TRAINING		
NSW Institute of Psychiatry	51,000	Review Education and Training Needs for the Youth Mental Health Services Workforce
RPR Consulting	42,232	Review of Aboriginal Trainee Environmental Health Officer (ATEHO) Program
Sub-total	93,232	
TOTAL	\$1,099,468	

Table 2: Consultancies less than \$30,000

During the year 82 other consultants were engaged in the following areas:	
Capital Works	3,020
Legal	13,110
Management Services	472,172
Operating Environment	8,400
Organisational Review	109,282
Training	55,176
Consultancies less than \$30,000	661,160
Total Consultancies used during 2008-09	\$1,760,628

Other funding grants

Grant Recipient	Amount \$	Purpose
Aboriginal Health & Medical Research Council	45,909	Aboriginal Men's Health Project
Adelaide Research & Innovation P/L	36,314	Public Health Classification Project
Adele Dundas Inc	167,893	Community-based residential rehabilitation services for drug dependent offenders
AFL (NSW-ACT)	197,500	Smoking Don't be a Sucker Program
Aged & Community Services	102,056	Mental Health Promotion Project in Residential Aged Care Facilities
Albury Wodonga Aboriginal Health Service	1,577,000	Capital Works Grant
Alcohol & Other Drugs Council	10,000	Sponsorship for Drug and Alcohol Awards
Anxiety Disorders Association	5,000	Contribution to Consumer and Carers Day for the Australian Anxiety Disorder Conference
ANZAC Health & Medical Research Foundation	400,000	Maintenance and Development of Concord Centre for Cardiometabolic Health in Psychosis
ARCS Australia	58,504	Research Training Program development and implementation
ARTD P/L	4,391	Child Protection Interagency Guidelines
Attorney-General's Department	334,526	Merit Infrastructure Project Management Program
Australian and New Zealand Intensive Care Society	237,540	Contribution towards ANZICS Patient Database
Australian Association for Quality in Health Care	45,000	Sponsorship as Key Partner of the 7th Australian Association for Quality in Health Care Forum, Sept 2009
Australian College of Health Service Executives	138,216	Management Development Program Grant
Australian Health Management	90,340	Evaluation of NSW Healthy Information Coaching Service
Australian Hearing Services	60,564	National Acoustics Laboratory Longitudinal Outcomes of Children with Hearing Impairment Study
Australian Medical Association	10,000	AMA Expo
Blue Moon Unit Trust	8,045	Early Pregnancy Care Project & Pregnancy Record Project
Bogong Regional Training Network Ltd	20,000	GP Procedural Training Program
Broken Hill University Department of Rural Health	81,128	Clinical Practice Project
Cabonne Council	1,982,000	Contribution for Yawarra Community Centre, Molong
Cancer Institute NSW	50,000	Contribution to Joint NSW Population & Health Services Research Ethics Committee
Children's Hospital	4,545	Grant - Child Health Conference
Coast City Country Training Ltd	75,000	GP Procedural Training Program
Community Health Education Groups (CHEGS) Inc	50,000	Falls Prevention Project
Creative Festival Entertainment	21,000	Sponsorship Big Day Out 2009
Department of Community Services	1,871	Child Protection Inter-agency Guidelines
Department of Community Services	181,900	Funding for Youth Drug and Alcohol Court - S&W of Assessment worker and accommodation
Department of Education and Training	291,161	Funding for Live Life Well @ School Project
Department of Education and Training	50,000	Teaching Sexual Health Project
Department of Education and Training	155,303	Funding for Youth Drug and Alcohol Court - S&W of Assessment worker and TAFE course
Department of Education and Training	99,000	Funding for school and Aboriginal community alcohol project
Department of Education and Training	148,905	Schools as Community Projects
Department of Health and Ageing	1,782,880	2006-07 clawback Australian Immunisation Agreement
Department of Health and Ageing	417,200	Organ and Tissue Donation & Transplantation
Department of Health and Ageing	673,559	National Cord Blood Collection Network
Department of Health and Ageing	1,639,000	NSW contribution to the Australian Commission on Quality in Health Care
Department of Health, South Australia	2,823,292	NSW cost share contribution towards Australian Health Ministers' Advisory Council funding
Department of Health, Western Australia	9,091	Critical Review of Outreach Programs and Home Visiting Services for Aboriginal and Torres Strait Islander Families with Young Children
Department of Human Services	60,873	Contribution to Web-based Professional Education Project for Mental Health Workforce



Grant Recipient	Amount \$	Purpose
Department of Juvenile Justice	241,586	Rural Alcohol and other Drugs Counsellors
Department of Juvenile Justice	284,219	Young Offenders - Residential Rehabilitation Units
Department of Juvenile Justice	59,746	NSW Young People in Custody Health Survey 2009
Department of Juvenile Justice	1,577,413	Funding for Youth Drug Court/ Rural Alcohol and other drugs counsellors and Young offenders - Residential Rehabilitation Units
Department of Juvenile Justice	230,410	Youth Drug and Alcohol Court
Department of Sport and Recreation	73,900	Healthy Kids Website
Diabetes Australia	30,058	Funding for local activities in support of the "Measure Up" social marketing campaign
Durri Aboriginal Corporation Medical Service	160,000	Capital Works Grant, Darrimba Maara Health Clinic, Nambucca Heads
Early Childhood Intervention Australia	1,818	Biennial National Early Intervention Australia Conference "Where is the Proof?"
Event Planners Australia P/L	20,000	Support Asia Pacific Association for the Control of Tobacco Conference, Sydney
Fitness Australia Inc	64,950	NSW Health Management Policy to Reduce Fall Injury among Older People
Flinders Partners P/L	41,675	Develop National Falls in Residential Aged Care Data Standards
General Practice NSW Ltd	30,200	Funding for development of an education plan for GPs in Falls
General Practice NSW Ltd	425,000	Early Pregnancy Care Initiatives
Genesis Ed P/L	27,273	The piloting of GP training in Behavioural Health Care currently called "The ABC of Managing Difficult Consultations"
GN Resound P/L	12,701	Service and maintenance to AABR machines
GP Logic	50,000	GP Procedural Training Program
GP Synergy Ltd	42,000	GP Procedural Training Program
GP Synergy Ltd	40,000	HealthOne Canterbury Project
Guthrie House Co-operative Limited	40,300	Community-based residential rehabilitation services for drug dependent offenders
Housing NSW	136,364	Carers Action Plan Project
Housing NSW	90,909	Housing and Support Initiative (HASI) Project
Hunter New England Area Health Service	2,905	Funding NSW Institute of Rural Clinical Services and Teaching (IRCST)
Hunter Council Inc	113,024	Working with Local Government to Create Liveable Communities in the Lower Hunter Region
Jarra House	14,040	Community-based residential rehabilitation services for drug-dependent offenders
Kidney Health Australia	27,727	Funding for local activities in support of the "Measure Up" social marketing campaign
Kidsafe NSW Inc	126,050	Infrastructure grant to support child injury prevention activities
Local Government and Shires Association	5,000	Fund Community Sharps Management
Local Government and Shires Association	904,500	Support for Healthy Local Government Grants Program
Mental Health Association of NSW	70,000	Co-ordination of Mental Health Week 2008
Mental Health Association of NSW	138,327	Grant to NSW Consumer Advisory Group and Association of Relatives and Friends of the Mentally Ill
Mental Health Co-ordinating Council	60,000	Mental Health Conference
Mental Health Council	14,671	National Mental Health Consumer and Carer Forum
Ministry of Transport	93,993	Community Transport Improvement Plan
Ministry of Transport	100,000	Funding Accreditation Project
National Call Centre Network Ltd	286,884	Funding to National Call Network. Nurse-based telephone triage and provision of health advice.
National Call Centre Network Ltd	9,379,759	Mental Health Governance and Operating Costs
National Heart Foundation of Australia	2,000	Facilitate NSW Rural Hospital Stroke Project
National Heart Foundation of Australia	20,350	Funding to support the Australian Physical Activity Network
National Heart Foundation of Australia	35,964	Funding for local activities in support of the "Measure Up" social marketing campaign
New England Division of General Practice	50,000	Memory Assessment Program - assessment and support program for people with dementia
North Coast Area Health Service	20,000	2009 Research Colloquium Sponsorship
North Coast Area Health Service	147,975	2008 Rural Capacity Building Project
North Coast NSW GP Training	76,830	GP Procedural Training Program
NSW Cancer Council	60,000	Food Marketing to Children's Research Project
NSW Cancer Council	25,000	Promotion of Environmental Tobacco Smoke Campaign to Reduce Exposure to Children.
NSW Cancer Council	28,636	Funding for local activities in support of the "Measure Up" social marketing campaign
NSW Commission for Children & Young People	50,000	Injury Prevention Project
NSW Department of Aboriginal Affairs	30,000	Croc Eisteddfod Festival
NSW Department of Community Services	12,000	Sponsorship of 2009 Youth Festival, Sydney Royal Easter Show
NSW Department of Education	250,000	Department of Education and Training Smoking Project

Grant Recipient	Amount \$	Purpose
NSW Police Service	45,475	Cannabis Cautioning Scheme 2008-2009
NSW Police Service	111,757	Diversion Training 2008-2009
NSW School Canteen Association	13,750	Food Marketing Research Support
NSW School Canteen Association	24,000	2009 School Fruit & Vegetable Campaign
NSW School Canteen Association	375,000	Healthy Kids School Canteen Association - Fresh Tastes @ School Strategy
NSW School Canteen Association	102,600	Payment to Healthy Kids School Canteen Association for Crunch and Sip
NSW Therapeutic Advisory Group	274,700	Funding Agreement for Therapeutic Advisory Group activities
Odyssey House	9,100	Community-based residential rehabilitation services for drug dependent offenders
On Track Community Programs Inc	300,000	Housing and Support Initiative (HASI) 5A Pilot Project
Palliative Care Association, NSW	10,000	Sponsorship of the Palliative Care Association Conference
Parkinson's NSW Inc	5,000	Sponsorship for the Parkinson's Conference
Pedestrian Council of Australia	20,000	Seven Bridges Walk
Phil Bates Sports Promotion	40,000	Sponsorship fee towards the major rights of the Cronulla International Grand Prix
Prince of Wales Medical Research Institute	177,583	Provision of NSW Falls Prevention Network
Reed Exhibitions	5,000	Sponsorship of Workshop
Rock Eisteddfod Challenge	150,000	Sponsorship of 2009 Rock Eisteddfod
Royal Australasian College of Physicians	142,290	Physician Education Training
Royal Australasian College of Physicians	700,000	Funding for Rural Psychiatry Training Projects
Sax Institute	55,000	Creating knowledge through the implementation of Policy Intervention Project
Sax Institute	447,975	Population Health Research Funding
Sax Institute	3,000	Support for lecture series
Sax Institute	1,841,400	The Sax Institute - Primary funding agreement
Schizophrenia Research Institute	1,208,841	Schizophrenia Research Institute Core Budget
Schizophrenia Research Institute	235,000	Raise Awareness of Schizophrenia in the Workplace and Broader Community
Schizophrenia Research Institute	221,906	Funding to Conduct Clinical Trial
Schizophrenia Research Institute	500,000	Funding for Chair of Schizophrenia Research
South Eastern Sydney Illawarra Area Health Service	6,700	2008 Rural Capacity Building Project
South Eastern Sydney Illawarra Area Health Service	909	Sponsorship for the Mental Health and the Law Public Seminar
State Library of NSW	150,000	Develop the capacity of NSW public libraries to provide quality drug and alcohol information to the community
Sydney South West Area Health Service	9,000	Conference Sponsorship - Diversity in Health 2008
Sydney South West Area Health Service	20,338	Evaluation of Families NSW Universal Home Visiting
Sydney South West Area Health Service	94,259	National Poisons Register
Sydney South West Area Health Service	29,000	Influenza Season - Viral Isolation and Transport
The Hammond Care Group	10,000	Sponsorship of the Hammond Care Dementia Conference
Tweed Shire Council	204,545	Grant in Aid of Fluoridation System
University of Adelaide	20,000	Support ARC Linkage Project
University of New South Wales	120,909	Payment to University of New South Wales for Prison Smoking Cessation Project
University of New South Wales	8,000	DV Routine Screening Research Project
University of New South Wales	133,000	Funding of NSW Injury Risk Management Research Centre
University of New South Wales	5,324	Cost saving of reduced crime while on methadone
University of New South Wales	18,524	University of NSW - Substance-abusing Women and their Babies
University of New South Wales	19,024	University of NSW - Emerging trends in drug use and risk behaviours among the homeless
University of New South Wales	220,000	NSW Injury Risk Management Research Centre
University of New South Wales	200,000	Mood Disorder Project
University of New South Wales	72,428	Funding for the Whole of Housing Accommodation Support Initiative Evaluation
University of New South Wales	5,000	Water Re-use Contribution
University of New South Wales	22,203	HIV/AIDS and Hepatitis C Social and Behavioural Research
University of New South Wales	65,077	Evaluate and Monitor NSW Falls Policy Implementation
University of New South Wales	129,115	Development of the evaluation framework by Social Policy Research Centre for the NSW Carers Action Plan
University of New South Wales	25,000	ARC LP Partner
University of New South Wales	40,501	Postgraduate Research Scholarship/Carer Forum
University of New South Wales	9,091	Sponsorship of the National Dementia Forum
University of New South Wales	12,500	ARC Linkage Project
University of New South Wales	31,000	Australian Chronic Hepatitis C Study



Grant Recipient	Amount \$	Purpose
University of New South Wales	29,428	Smoking Cessation in Prisons Project
University of New South Wales	138,250	Community Health Risk Factor Management Trial
University of Newcastle	677,500	Funding for the Centre for Rural and Remote Mental Health
University of Newcastle	9,060	Improving parenting risk assessment in a high-risk drug and alcohol abusing antenatal population
University of Newcastle	54,000	An attachment-based group parenting intervention for substance dependent mothers and infants
University of Newcastle	63,000	Funding to Support Early Psychosis Education and Training
University of Newcastle	752,500	Funding for the Centre for Rural and Remote Mental Health
University of Sydney	725,000	Funding for Physical Activity, Nutrition and Obesity Research Group
University of Sydney	143,400	Evaluation of NSW Healthy Information Coaching Service
University of Sydney	250,000	Clinical Ethics Research Project
University of Sydney	29,530	Pre-vocational Workforce Workshop
University of Sydney	150,000	Chair, Geriatric Medicine Funding
University of Sydney	140,000	NSW SmokeCheck Aboriginal Tobacco Prevention Project
University of Sydney	499,500	SmokeCheck Grant
University of Sydney	37,273	SmokeCheck Grant
University of Sydney	90,909	Pharmacotherapy Accreditation Courses (Opioid Treatment Accreditation Course)
University of Tasmania	10,000	Wood smoke ARC Link grant
University of Technology, Sydney	41,744	Chair of Nursing in Clinical Practice Development and Policy Research
University of Technology, Sydney	163,876	Establishment of Chair of Nursing in Clinical Practice Development and Policy Research
University of Western Sydney	366,136	Mental Health Disaster Planning
University of Western Sydney	236,326	Men's Health Information and Resource Centre
University of Western Sydney	250,000	Research Grant for Examining the Impact of the Global Financial Crisis on Vulnerable Families
University of Wollongong	12,260	Dementia Training Scoping Study
Various	68,450	Australian Better Health Initiative, National social marketing campaign
Various	3,525	The NSW Radiation Oncology Medical Physicists (ROMP) Scholarship Program to medical physicists currently employed in radiation oncology within NSW area health services
Various - mainly councils	220,381	Community Drug Action Teams to implement projects that minimise harm associated with drug and alcohol mis-use
Various councils	864,023	Water Fluoridation Program - Minor Capital Works
Wayback Committee Ltd	87,165	Community-based residential rehabilitation services for drug dependent offenders
We Help Ourselves	188,370	Community-based residential rehabilitation services for drug dependent offenders
Weigelli Centre Aboriginal	27,487	Capital Works Grant
Wellington Aboriginal Corporation Health Service	83,762	Aboriginal Minor Capital Works Program
Will Organise	6,818	Sponsorship of Association of Emergency Medicine (ACEM) Winter Symposium
Wodonga Regional Health Service	107,568	GP Procedural Training Program
Womensport and Recreation NSW Inc	20,000	Schoolgirls Breakfast with the Stars sponsorship support
TOTAL	45,220,728	

Public health outcome

FUNDING AGREEMENT

Health Services	[1]		[2]		[3]		[4]		[5]		[6]		[7]		[8]		[9]		Grand Total				
	HIV/AIDS		Women's Health		Alternative Birthing		Female Genital Mutilation		Family Planning		Cervical Cancer		Breast Cancer		National Drug Strategy		National Immunisation Program		2008	2007			
	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	
	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s	-\$000s
Sydney South West	3,189	3,111	1,212	1,329	0	0	0	0	5,550	5,442	0	0	1,335	753	0	0	0	0	11,286	10,635	11,286	10,635	
South Eastern Sydney Illawarra	6,411	6,422	342	382	160	160	0	0	0	0	0	0	1,853	709	0	0	0	0	8,766	7,673	8,766	7,673	
Sydney West	1,372	1,322	552	540	0	222	222	0	0	0	0	0	395	362	0	0	0	0	2,541	2,446	2,541	2,446	
Northern Sydney Central Coast	773	756	130	145	0	0	0	0	0	0	0	0	364	551	0	0	0	0	A1,267	1,452	A1,267	1,452	
Hunter New England	883	832	263	264	0	0	0	0	0	0	0	0	253	76	0	0	0	0	1,399	1,172	1,399	1,172	
North Coast	713	653	181	230	160	160	0	0	0	0	0	0	362	156	0	0	0	0	1,416	1,199	1,416	1,199	
Greater Southern	260	276	100	112	301	320	0	0	0	0	0	0	285	10	0	0	0	0	946	718	946	718	
Greater Western	325	314	108	179	0	0	0	0	0	0	0	0	35	276	0	0	0	0	468	769	468	769	
Justice Health	334	297	34	38	0	0	0	0	0	0	0	0	415	706	0	0	0	0	783	1,041	783	1,041	
Children's Hospital at Westmead	5	0	0	0	0	0	0	0	0	0	0	0	3	5	0	0	0	0	8	5	8	5	
Department of Health	0	0	0	0	418	114	12	7	0	0	0	0	5,103	6,595	0	0	0	0	147,879	189,932	147,879	189,932	
Total Commonwealth Contribution	14,265	13,985	2,921	3,219	1,162	784	234	229	5,550	5,442	2,518	2,469	10,403	10,199	142,346	183,216	142,346	183,216	196,235	236,050	196,235	236,050	
State Contribution	14,265	13,985	2,448	2,388	0	0	0	0	0	0	0	0	17,390	17,457	7,581	6,824	0	0	41,684	40,654	41,684	40,654	
Grand Total	28,530	27,970	5,369	5,607	1,162	784	234	229	5,550	5,442	2,518	2,469	17,984	17,023	142,346	183,216	142,346	183,216	237,919	276,704	237,919	276,704	

Note:

- Figures above do not include the use of rollovers.
- NGO payments are not shown separately and form part of the State contribution values.
- Women's Health figures exclude contributions made by the health services.

Comments:

- HIV/AIDS - The amounts reported under Public Funding Health Outcome Agreement (PHOFA) represent only the extent of previous cost sharing arrangements with the Commonwealth AIDS allocations for 2008-09 approximated \$99.4M.
- Women's Health - The Women's Health allocation does not include contributions made by the health services to this program.
- Alternative Birthing - Program fully funded by Commonwealth.
- Female Genital Mutilation - Program fully funded by Commonwealth. Statewide service administered through Sydney West AHS.
- Family Planning - Statewide service administered through Sydney South West AHS.
- & [7] Cervical Cancer and Breast Cancer - Funding is provided to Cancer Institute NSW, which administers the breast & cervical screening programs.
- National Drugs Strategy - Funds were utilised to administer drug, alcohol & tobacco programs.
- National Immunisation Program - Commonwealth funding is for purchase of vaccines on the National Health and Medical Research Council (NHMRC) immunisation schedule. The reduction in AIA expenditure was due to the winding-back of the HVP Program and an increase in vaccines stock levels.

Capacity Building

INFRASTRUCTURE GRANTS PROGRAM

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

It aims to build these strengths in priority areas of importance to the health of the NSW population. Under the first two rounds of the program, grants of up to \$500,000 per year were available to successful applicants.

A review in late 2008 found that the program had increased the success of funded organisations in attracting research funding and in the translation of research into policy and practice. Applications are being invited for round three in July 2009.

The objectives for round two were:

- Encourage a robust and vibrant research community in NSW, conducting high quality and internationally recognised research in the key areas of public health, primary health care and the provision of health services.
- Direct capacity towards generating research findings which address the areas of highest priority for improving and maintaining the health of the people of NSW.
- Where possible, ensure that research findings are adopted in the policies and practices of health providers and health services, resulting in improvements in the provision of services to the community.

Grants paid under this program for 2008-09 are as follows:

Grant Recipient	Amount \$	Purpose
Hunter Medical Research Institute	499,966	Newcastle Institute of Public Health
Sydney West Area Health Service	500,000	Centre for Infectious Diseases and Microbiology - Public Health
University of New South Wales	443,475	Centre for Health Informatics
University of New South Wales	355,790	Consortium for Social and Policy Research on HIV, Hepatitis C and Related Diseases
University of New South Wales	489,838	Centre for Primary Health Care and Equity
University of Sydney	500,000	Australian Rural Health Research Collaboration
University of Wollongong	100,000	Centre for Health Service Development
TOTAL	2,889,069	

Risk management and insurance activities

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

The following tables detail frequency and total claims cost, dissected into occupation groups and mechanism of injury group, for the three financial years 2006-07 to 2008-09. An analysis follows the tables.

Table 1: Workers compensation – frequency and total claims cost

Occupation Group	2008-09				2007-08				2006-07			
	Frequency		Claims Cost		Frequency		Claims Cost		Frequency		Claims Cost	
	No.	%	\$M	%	No.	%	\$M	%	No.	%	\$M	%
Nurses	2,460	37	17.7	38	2,426	37	17.4	41	2,432	36	16.0	38
Hotel Services	1,156	17	8.0	17	1,341	20	8.9	21	1,326	20	7.9	19
Medical/Medical Support	799	12	5.2	11	743	11	5.1	11	818	12	5.7	14
General Administration	486	7	3.7	8	480	7	3.1	7	468	7	2.7	6
Ambulance	598	9	6.0	13	487	7	3.4	8	570	9	3.5	8
Maintenance	154	2	1.2	3	175	3	1.4	3	174	3	2.3	6
Linen Services	114	2	1.0	2	75	1	0.3	1	120	2	0.7	2
Not grouped	933	14	3.7	8	865	14	3.3	8	761	11	2.8	7
Total	6,700	100	46.5	100	6,592	100	42.9	100	6,669	100	41.6	100

Mechanism of Injury Group	2008-09				2007-08				2006-07			
	Frequency		Claims Cost		Frequency		Claims Cost		Frequency		Claims Cost	
	No.	%	\$M	%	No.	%	\$M	%	No.	%	\$M	%
Body Stress	2,821	42	21.8	47	2,744	42	18.8	44	2,694	41	20.8	50
Slips and Falls	1,092	16	7.8	17	1,094	16	8.5	20	1,169	18	7.3	17
Mental Stress	369	6	5.9	13	383	6	5.9	14	355	5	5.5	13
Hit by Objects	990	15	4.6	10	1,001	15	4.3	10	1,019	15	3.9	10
Motor Vehicle	544	8	3.4	7	510	8	2.6	6	500	7	1.7	4
Other causes	884	13	3.0	6	860	13	2.8	6	932	14	2.4	6
Total	6,700	100	46.5	100	6,592	100	42.9	100	6,669	100	41.6	100

Table 2: Analysis

	2008-09	2007-08	2006-07
Number of Employees FTE	102,867	99,815	97,824
Salaries and Wages \$M	8,521	7,912	7,359
Number of Claims per 100 FTE	6.51	6.60	6.82
Average Claims Cost	\$6,934.00	\$6,508.21	\$6,242.41
Cost of Claims per FTE	\$451.63	\$429.82	\$425.57
Cost of Claims as % S and W	0.55	0.54	0.57

Footnote: Full-time equivalents (FTEs) are based on the wage declarations at 29 September 2008, provided by the Department of Health and public health organisations and submitted to the Treasury Managed Fund.

Table 3: Average cost of:

	2008-09	2007-08	2006-07
Nurses	7,180.97	7,183.03	6,581.73
Hotel Services	6,884.37	6,606.81	5,948.41
Medical/Medical Support	6,516.89	6,862.81	6,940.40
Body Stress	7,734.30	6,838.60	7,288.12
Slips and Falls	7,164.12	7,757.79	6,222.15
Mental Stress	15,951.14	15,321.83	15,365.08

Legal liability

This covers actions of employees, health services and incidents involving members of the public. Legal liability claims are long-tail, meaning they may extend over many years. Data covering a 20-year period from 1 July 1989 to 30 June 2009 is presented below in two parts - from 1 July 1989 to 31 December 2001 and from 1 January 2002 to 30 June 2009.

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

Statistics at 30 June 2009 reveal that legal liability claims are dissected as follows:

- 1 July 1989 to 31 December 2001 (at 30 June 2009)
 - Treatment non-surgical 40% (33), Treatment Surgical 31% (26), Hepatitis C 4% (3), Slipping and Falling 7% (6) and Other 18% (32).
- 1 January 2002 to 30 June 2009 - Anaesthetic 2% (2), Antenatal neonatal 7% (7), Consent 3% (1), Diagnosis 17% (18), Infection Control 1% (1), Misplaced/lost 15% (15) non-procedural Surgical 12% (10), Procedural Surgical 11% (13), Slips/trips 6% (7), Treatment Failure 16% (13), and Other 10% (13).

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

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

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

For the period ending 30 June 2009, 3495 (2995) incidents had been notified, thus allowing early management as applicable. Of these, 439 (336) had converted to claims.

Retrospective cover for VMOs and HMOs for incidents prior to 1 January 2002

With the announcement of the Visiting Medical Officers and Honorary Medical Officers Public Patient Indemnity Cover, the NSW Government also announced that it would provide coverage for all unreported claims from VMOs and HMOs from

treating public patients in public hospitals for 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. At 30 June 2009, the department had granted indemnity in respect of 349 (342) cases.

Specialist Sessional Visiting Medical Officers

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 Visiting Medical Officers and Honorary Medical Officers Public Patient Indemnity Cover.

Property

While property is not a significant risk, statistics at 30 June 2009 on property claims since 1 July 1989 identify 9,098 (8,712) claims at a cost of \$92.5m (\$80.2M). Claims costs are Storm and Water 40% (30), Fire/Arson 20% (23), Theft/Burglary 10% (10), Accidental Damage 5% (6), Fusion/Electrical 10% (11) Earthquake 11% (12), and Other 4% (8).

Claims excesses

Claims excesses apply to liability and property claims and equate to 50 per cent of the cost of the claim, capped at \$10,000 and \$6,000 respectively. These financial excesses are to encourage local risk management practices.

NSW Treasury Managed Fund

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

Hindsight declared and adjusted during 2008-09 were for:

- Motor Vehicle – 2006-07 – surplus \$0.2M
- Workers Compensation – 2002-03 final five years and 2004-05 interim three years were declared and adjusted in 2008-09, with the department receiving surpluses of \$18.6m and \$10.5M respectively. In all, NSW Health received a total surplus of \$29.1M hindsight adjustments.

Financial responsibility for workers compensation and motor vehicle was devolved to health services from 1 July 1989, while liability, property and miscellaneous are held centrally as master managed funds.

The cost of insurance in 2008-09 for NSW Health is identified under Premium. Benchmarks are the budget allocation.

	Premium \$M	Benchmark \$M	Variation \$M
Workers Compensation	125.5	144.2	18.7
Motor Vehicle	7.9	6.9	(1.0)
Property	8.7	8.3	(0.4)
Liability	147.2	145.7	(1.5)
Miscellaneous	0.3	0.3	0.0
Total TMF	289.6	305.4	15.8
VMO	39.1	-	n/a
Total	\$328.6	-	n/a

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. Improvement is expected. The level of property funding reflects the need for more effective risk management to reduce the smaller claims.

Risk Management Initiatives

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

- Ongoing commitment to and participation in the whole-of-government occupational health and safety (OHS) and injury management improvement strategy. Ongoing participation in the NSW WorkCover occupational stress management steering group, to develop prevention and intervention strategies for occupational stress in the health and community services sectors. Ongoing development and support of the NSW Health OHS audit tool, the OHS Profile. NSW Health, in conjunction with the Independent Commission Against Corruption, has developed a new training resource 'Managing the risk of corruption - A training kit for the NSW public health sector'.
- Continued promotion of the 'Clinicians' toolkit for improving patient care', which is directed at VMOs and other clinicians.
- The ongoing development of the Visiting Medical Officers Incident Reporting System (an early incident reporting system that allows VMOs to report any incident that may trigger a medical liability claim).

- Ongoing support and refinement of an extensive information collection and management process that records all incidents electronically - the Incident Information Management System. It encompasses clinical and corporate incidents and is guided by a reissued incident management policy that ensures a consistent, systematic and co-ordinated approach to incident management.
- Release of policy and framework on NSW Health enterprise risk management (PD 2009_039). This is the initial phase in the four-year plan for implementation of a NSW Health-wide comprehensive risk management and monitoring system.
- Release of disaster preparedness education strategic framework 2008-2011 (GL 2009_005) and disaster risk management guidelines (GL2009_004).
- Release of Healthplan (PD2009_008).
- Release of policy on ChemAlert chemical information management system (PD2009_006).
- Release of policy on safe handling of cytotoxic drugs and related waste in NSW public health system (PD2008_059).
- Release of policy on improving the health and well-being of public sector employees (PD2008_042).



Three-year comparison

OF KEY ITEMS OF EXPENDITURE

Employee-Related Expenses	2009		2008		2007		Increase/decrease (%) compared to previous year	
	\$000	% Total Expense	\$000	% Total Expense	\$000	% Total Expense	2009	2008
Salaries and wages	6,741,560	48.71	6,362,731	48.51	5,889,279	48.91	5.95	8.04
Long service leave	265,690	1.92	213,600	1.63	194,184	1.61	24.39	10.00
Annual leave	731,189	5.28	603,635	4.60	584,464	4.85	21.13	3.28
Workers comp. Insurance	119,454	0.86	124,741	0.95	126,048	1.05	-4.24	-1.04
Superannuation	688,666	4.98	654,717	4.99	600,353	4.99	5.19	9.06
Sub-total	8,546,559	61.75	7,959,424	60.68	7,394,328	61.41	7.38	7.64
Other Operating Expenses								
Food supplies	87,483	0.63	88,564	0.68	81,562	0.68	-1.22	8.58
Drug supplies	615,745	4.45	622,876	4.75	516,901	4.29	-1.14	20.50
Medical & surgical supplies	541,965	3.92	541,965	4.13	522,867	4.34	0.00	3.65
Special service departments	271,476	1.96	256,868	1.96	216,157	1.80	5.69	18.83
Fuel, light and power	91,649	0.66	81,207	0.62	78,264	0.65	12.86	3.76
Domestic charges	89,227	0.64	83,652	0.64	82,472	0.68	6.66	1.43
Other sundry/general operating expenses *	1,260,687	9.11	1,158,706	8.83	1,068,291	8.87	8.80	8.46
Visiting medical officers	535,023	3.87	520,309	3.97	467,943	3.89	2.83	11.19
Maintenance	341,489	2.47	320,618	2.44	330,858	2.75	6.51	-3.09
Depreciation	479,689	3.47	448,619	3.42	418,171	3.47	6.93	7.28
Grants and subsidies								
Payments to Third Schedule and other contracted hospitals	568,441	4.11	603,849	4.60	502,219	4.17	-5.86	20.24
Other grant payments	389,539	2.81	423,096	3.23	353,279	2.93	-7.93	19.76
Finance costs	22,458	0.16	7,629	0.06	6,870	0.06	194.38	11.05
TOTAL EXPENSES	13,841,430		13,117,382		12,040,182		5.52	8.95

* Includes cross-border charges, insurance, rental expenses, rates and charges and motor vehicle expenses.

Source: Audited Financial Statements, 2008-09 and 2007-08

Service delivery

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Information management

AND ELECTRONIC SERVICE DELIVERY

The Strategic Information Management (SIM) Branch is responsible for setting the framework to deliver ICT systems to enhance patient safety and quality of care. The ICT Strategy provides health professionals with IT systems and capabilities to support their work and deliver significant benefits to patients.

The work program underway will provide access to systems that enhance patient safety, improve patient flow, provide decision support tools for clinicians and access to information needed to support the most effective management of resources. This will mean that clinicians will have easy access to critical clinical information, to make sure that the right decisions are made for patients. A combination of rules built into clinical systems and better communication between staff in the department, will mean a better and safer health service.

By the completion of the current work plan, NSW Health will have established the core ICT clinical and corporate systems that support a patient's journey through the health system and provide both clinical and corporate management with the right information to manage the health system effectively. NSW Health's integrated approach also ensures that the State has a health system that is alert to changes and can respond to new trends that emerge.

Key achievements

Clinical Strategy

Electronic Medical Record (eMR)

The electronic medical record (eMR) is an online record which tracks and details a patient's care during the time spent in hospital. The eMR is replacing paper-based records and integrating patient information into a consolidated electronic record. This allows authorised clinicians to access a patient's records from any location, at any time, to make rapid assessments and co-ordinate care. Ultimately, the eMR will improve the quality, safety and efficiency of care, by providing an integrated view of patient information to their clinicians.

The eMR has a set of up to five applications, which have been implemented in hospitals across South Eastern Sydney Illawarra, North Coast and Sydney West area health services, while preparation and planning is underway for the eMR roll-out to Greater Southern, Greater Western and Northern Sydney

Central Coast and The Children's Hospital at Westmead. Sydney South West and Hunter New England have already implemented an eMR.

A governance structure is in place to guide the future development of the eMR, to ensure its ongoing alignment with the clinical requirements of good health care and positive patient outcomes.

Electronic Health Record Pilot

The electronic health record (eHR) pilot, which has been operating since 2006, is an integrated health record, containing summary level information from public hospitals, community health providers, outpatient clinics, diagnostic services and general practitioners. The data, collected with patient consent, is made available as an electronic health record through a web-based application called Healthelink to authorised participating clinicians, GPs and individuals.

The primary aim of the system is to provide the key information needed to support the co-ordination of health services, ensure effective transfer of care and provide clinicians with accurate, timely information to inform treatment.

A summary evaluation of the Healthelink pilot found that it provides an effective means of transmitting and storing health-related information that has the potential to provide clinicians with improved access.

NSW Health continues to support the eHR pilot, pending the outcome of the national individual electronic health record (IEHR) business case. It was developed by all jurisdictions, in collaboration with the National eHealth Transition Authority (NEHTA) and the Commonwealth Department of Health and Ageing.

Community Health

Community health and outpatient care are large and expanding components of the NSW health system. More than 20 million patient services are delivered each year in these areas, which accounts for 20 per cent of NSW Health's total budget. A business case submitted to NSW Treasury in January 2009 was accepted. This year NSW Health has started to implement an integrated electronic health record system for community health and outpatient care.

Community health services are provided through a network of centres, GPs and hospital outpatient clinics. An integrated system will support the sharing of information across the continuum of care. This will mean improved clinical management, better risk assessment, greater use of alternatives to hospitalisation and better information for health planning and public accountability.

Planning has started, to deliver a community health and outpatient care system to be rolled-out across the State over the next six years. It will enable authorised health professionals to access electronic patient records from different locations. Clinicians will be able to access a comprehensive electronic record that includes hospital discharge summaries and health assessments, together with the ability to order and view test results and medical images.

Medical Imaging

The integrated picture archiving and communications system (PACS) and radiology information system (RIS) allows diagnostic images, such as x-rays, MRI, ultrasounds and CT scans, to be captured, transmitted and stored digitally and made available to clinicians, regardless of where they are located, or where the test was conducted. It will also improve efficiencies, by reducing report turn-around time.

The PACS/RIS system, already in place in Hunter New England Area Health Service, has been rolled-out to four others - Sydney West, North Coast, Northern Sydney Central Coast and Sydney South West. Preparation and planning is well advanced for implementation to the rest of the State.

The PACS/RIS system provides a sustainable solution to meet the medical imaging needs of the State. It will support universal availability of images to authorised practitioners, remote reporting, efficient work practices and reduced costs.

Infrastructure and Telecommunications

A Treasury business case, for the NSW Health ICT infrastructure program for 2009-10 to 2011/12, was developed and approved for the first phase. The purpose is to establish a comprehensive, robust, clinical-grade ICT infrastructure platform and associated best practice operating framework. The principal components of the program involve server hardware and facilities upgrades.

Corporate Strategy

The new integrated suite of corporate information systems will meet the increasing demands and complexity of information required to run the health system. The implementation of a Statewide corporate infrastructure will ensure a reliable, consistent enterprise-wide foundation, upon which business reform and better management of NSW Health can occur.



Corporate System Stage I

Stage I of the program focuses on implementation of a human resource information system. The almost complete design phase will include Statewide payroll and human resource systems. It will cater for award conditions and become an important source of information about NSW Health and its workforce.

Corporate System Stage II

NSW Health provides a human resource intensive service. Effective planning and management of its human resources is an essential element of making better use of available health care staff in an environment of growing demand. Following approval of a NSW Treasury business case, stage II will focus on the implementation of a new rostering program to support clinical managers.

Patient Billing Program

The patient billing program is critical to ensure efficient invoicing, claiming and debtor management, to maximise the system's revenue stream and to resolve a number of challenges caused by variability in billing processes across the State.

The Platypus 2 solution, to be implemented in the patient billing program, covers the provision of invoicing, debtor management and account reconciliation for chargeable health services across NSW. It includes integration of the patient billing system with revenue-generating clinical and patient administrative and financial systems.

The project schedule has started, with development and piloting of a State-based build version, followed by planning of the staged Statewide roll-out.



Business Information Strategy

Data Warehouses, Reporting Tools and Dashboards

The primary purpose of the business information (BI) strategy is to make reliable, timely, relevant and high quality information available to front-line service providers, clinical unit and health service managers.

The four-year program, in its third year, is split into two main streams of work. Decision support tools is the development of front-line information solutions with roll-out to area health services and implementation of a new BI warehouse to replace the ailing Health Information Exchange (HIE).

The technical infrastructure for both streams is in place. A first release of tools has been deployed Statewide, with development of a next release well advanced. The application build of the first release of the data warehouse, which focuses on surgery and community health information, is progressing, with deployment planned for the last quarter of 2010.



Future Initiatives

Implementation of the NSW Health ICT Strategy's core programs will continue with the Statewide roll-out of the electronic medical record, imaging system and corporate systems phase 2. Design, development and implementation of the community health system and the infrastructure program will start.

NSW Health is an active participant in the national e-health agenda and supporting National e-Health Transition Authority (NeHTA) initiatives, to ensure that national standards and directions are integrated into the NSW Health future ICT portfolio.

Response to NSW Government:

WASTE REDUCTION AND PURCHASING POLICY

Sustainability

In 2008-09 NSW Health has continued its proactive approach to sustainability. Initiatives for the year include:

Fleet management

- Consistently exceeded cleaner NSW Government fleet targets set by Premier's Department
- Reduction petrol and increase hybrid vehicles to meet Department of Commerce targets

Water and energy

- Implementation water action plans by each area health service
- Participation NABERS (National Australian Built Environment Ratings System) performance benchmarks for hospitals
- Investigating cost neutrality options to run facilities in sustainable manner
- Participate community events raising awareness and promoting behaviour change, to reduce water, energy and resource consumption
- Integrate sustainability into risk management framework
- Annual savings \$4.88M energy usage and estimated reduction 46,000 tonnes p.a. CO2 emissions
- Replacing coal/oil fired boilers with high-efficiency gas, lighting upgrades, control upgrades
- Procurement of energy management system to log all data and provide holistic strategic overview energy usage, where reductions can be made.

NSW Health participated in Sustainable Advantage Program with Department of Environment and Climate Change and Water. Enabled key area health service representatives work together on strategy for sustainable direction. Includes education and stakeholder involvement.

Waste reduction and recycling

The 2008-09 audit on waste is currently being finalised, therefore no result. One of largest initiatives undertaken, however, has been transfer of corporate governance circulars from paper to intranet.

Procurement Unit

Significant Achievements 2008-09

- Successfully completed the tender for sole supply of volumetric pumps and associated consumables to the NSW Health system, valued at \$100M.
- Successfully completed a renal services price per treatment tender for a group of three area health services. This contract provided new equipment and associated services and consumables for home- and hospital-based renal dialysis services in these areas.
- Completed a range of Department of Commerce Health specific contract renewals.
- Participated in a range of Department of Commerce whole-of-government contracts with major impacts on the health system, such as contingent workforce, workplace supplies, electricity supply, travel management.

Major Priorities for 2009-10

- Form one Procurement Unit by combining the Strategic Procurement & Business Development Branch Procurement Unit, Health Support Services Procurement and Department of Commerce units servicing the health system.
- Significantly advance the re-tendering of the health system pharmaceuticals contract within the strategic review of pharmacy procurement.
- Put in place the Project Manager for the implementation of the volumetric pumps and associated consumables contract and ensure that the audit of existing pumps and implementation of the new pumps is commenced.
- Develop and implement a 2009-10 work program for the renewal of relevant whole-of-government and whole-of-health contracts.



Shared services program

Health Support Services

NSW Health has embarked on an extensive shared services program which is being delivered to public health organisations by Health Support Services (HSS).

HSS aims to improve the delivery of goods and services to public health organisations and provide efficiencies to support the delivery of front-line clinical services.

HSS is delivering corporate, business and information technology services to its customers across NSW Health by making use of efficient, effective and innovative business practices.

By the end of 2008-09, a number of milestones had been achieved. HSS has made good progress implementing the recommendations contained in findings of the Garling Special Commission of Inquiry relating to food, linen, warehousing and ICT programs.

Project Management Office (PMO)

The PMO supports HSS through the delivery of high quality, timely, cost-effective ICT solutions for customers. The team works with the Department of Health's Strategic Information Management (SIM) Branch and other stakeholder groups to maximise the contribution ICT makes to high quality health care.

A number of the ICT programs align with the Garling Report.

Highlights from PMO's work in 2008-09 are listed.

- | **Electronic Medical Record (eMR) Program** - successful implementations completed in 34 hospitals in SESIAHS, NCAHS and SWAHS. The eMR program is in a solid position for the remaining scheduled roll-outs during 2009-10.
- | **Picture Archiving and Communication System/ Radiology Information System (PACS/RIS) Program** - successful implementations completed at a number of SWAHS, SSWAHS and HNEAHS hospitals since the program was transferred to the PMO in November 2008. Further implementations are scheduled before December 2009 for a range of hospitals in SWAHS, SSWAHS, HNEAHS and NCAHS.

- | **Business Information Program** - delivered front-line tools to support business decisions at both management and ward level, including:

- | The WAND (Ward Activity and Nursing Display) rolled out to SWAHS and NSCCAHS
- | The area executive dashboard delivers 30 standard reports and views of area and hospital level performance on key performance indicators (KPIs). Delivered to NSCCAHS, SSWAHS, GWAHS and CHW
- | The Critical Care Resource System will assist in better managing resources and beds across the intensive care network.

- | The **Statewide Management Reporting Tool (SMRT)** will replace the aging DOHRS (financial performance reporting system), improving cash control around the staff establishment and recruitment cycle. The development phase is well underway.

- | **Healthelink Electronic Health Record (EHR) Program** - The pilot EHR is successfully operating in the Maitland region and parts of greater western Sydney. It now holds the health information of over 70,000 individuals. The pilot program has been extended to June 2010.



Other projects to be undertaken include:

- | **Community Health Information Management Enterprise (CHIME) Medical Record Number (MRN) Enhancements** project will integrate CHIME into the wider enterprise Unique Patient Identifier (UPI) strategy
- | The **Patient Billing Program** which will deliver a Statewide patient billing solution. Initiated within the PMO at the end of June 2009, its benefits include increasing NSW Health revenue by ensuring maximum invoices for all chargeable services and a reduction in bad debt
- | The **Rostering Program** is part of a broader corporate systems program. The business case has been approved by Treasury and the program is being initiated into the PMO. It will develop a Statewide rostering solution that will be rolled-out across NSW Health.

Corporate IT Program

The Human Resources Information System (HRIS) project is being implemented as part of stage 1 of the Corporate IT Program. It is designed to transform the way in which NSW Health provides HR and payroll services to its employees, replacing current systems.

The new system will provide for increased standardisation across the State, improved business processes and automation of previously manual tasks.

Over the past year, the Corporate IT Program has focused on establishing the appropriate technology components required and consulted with stakeholders to scope detailed system requirements and complete the design/build.

Project activities for next year include testing the system from technical and functional perspectives, to ensure it meets business requirements.

Roll-out to pilot sites (HNEAHS and NCAHS) is planned for early 2010.

Health Support Services Operations

The two HSS centres at Parramatta and Newcastle now manage payroll for approximately 120,000 public health employees. Justice Health will switch payroll services in 2009/2010.

Service Centre Parramatta

The Parramatta centre provides transactional corporate services to SWAHS, GWAHS and GSAHS, as well as the Children's Hospital at Westmead, Justice Health and Tresillian Family Care centres. It also provides support to HSS linen and food services, EnableNSW and the Institute for Medical Education and Training (IMET).

Service Centre Newcastle

The Newcastle centre provides services to HNEAHS, NCAHS, NSCCAHS and SESIAHS.

In the reporting period, a range of successful transitions included:

- | Payroll services for SESIAHS and SSWAHS
- | Finance and supply functions for NSCCAHS and SESIAHS
- | Recruitment and employee services for HNEAHS, NCAHS and NSCCAHS
- | Justice Health finance and VMO payment processing.

In addition, as part of HSS's commitment to customer service, service user networks for customers of each of the service centres were established, along with the Interim State Build Oracle Financial Management Information System (FMIS) which has gone live at both service centres.

Shared Business Services (Food and Linen Services)

HSS has consolidated the nine linen services into one business unit. With the closure of Concord in October 2009, there will be eight linen production sites under one management structure, meeting the linen needs of all NSW Health facilities.

The introduction of customer service co-ordinators focusing on the linen management program will assist area health services to reduce inventory costs in their hospitals.

Food services from NCAHS, NSCCAHS, SESIAHS and the GSAHS Hotel Service Business Unit have now switched to HSS. The remaining area-based food services are planned to move by June 2010.

As detailed in the *Caring Together Action Plan*, the NSW Government's response to the Garling Report, HSS is reviewing the consistency of food services in public hospitals and is also reviewing packaging and containers to ensure that meals are easy to access for frail, aged and unwell patients and delivered to each patient in optimum condition.

A multi-disciplinary food and nutrition steering committee, chaired by the Chief Health Officer, has been established to develop an improved approach to maintaining nutritional standards in our hospitals. It will ensure that a nutritionally appropriate, safe, equitable and cost-effective food service is delivered to all public hospitals in NSW.

Technology And Systems Support

Technology Shared Services (TSS) manages in excess of 50 projects centered on the management and provision of support and operational services to NSW Health and Health Services Information Communication Technology (ICT) programs and projects.



It does this through enterprise integration, support services (including application support and software development), technology centre operations, technical services (including LAN, database administration, networks, telecommunications, systems, data storage, security and change management) and ICT infrastructure design and planning.

The number of physical sites across NSW receiving technology support from TSS more than doubled in 2008-09 and is expected to grow significantly in the coming year.

Streamlining Health Procurement

The Health Item Master File (HIMF) continues to transform Health procurement, with more than 36,000 items now in the HIMF covering medical and surgical, pharmaceutical, food, engineering and pathology products.

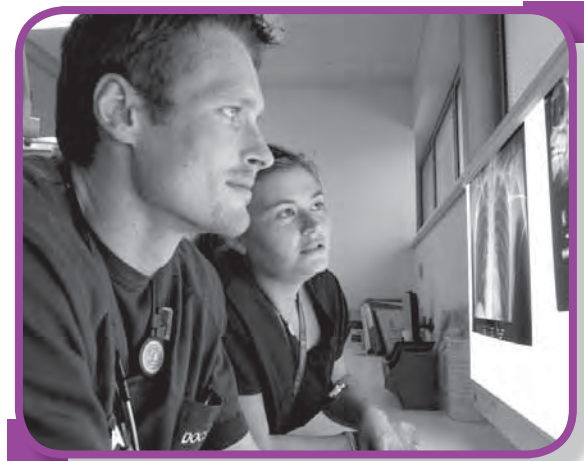
EnableNSW

EnableNSW is responsible for the administration and reform of six NSW Health disability support programs:

- | Program of Appliances for Disabled People (PADP)
- | Artificial Limb Service (ALS)
- | Home Respiratory Programs (HRP)
- | Home Oxygen Service (HOS)
- | Ventilator Dependant Quadriplegia Program (VDQP)
- | Children's Home Ventilation Program (CHVP).

Achievements during the reporting period include:

- | Piloting and Statewide implementation of new PADP equipment request processes and professional prescriber criteria
- | Improved access to information about the programs, including the development of the EnableNSW website and consumer fact sheets, which have been translated into six community languages
- | Development of an educational program for clinicians about the use of rigid dressings for trans-tibial amputees, including a DVD and fact sheets
- | Start of PADP/HOS lodgement centre transitions
- | Appointment of the EnableNSW Advisory Council, including consumers and clinicians
- | Expenditure of a non-recurrent \$11M enhancement to address disability equipment waiting lists.



Corporate Services

Among the responsibilities for the HSS Corporate Services team are the ICT Statewide service desk (SWSD) operations and client relations services for customer health services. In the past year, most area health services have begun using the service.

Workforce

Change management has been a key activity for the HSS Workforce team. Support for health services transitions in payroll, finance, recruitment, IT service desks and data centres across NSW and the change to a common pay cycle and pay date, were key workforce projects.

Major work was undertaken for the transition of food/hotel services and its impact on the large number of support staff in these business units in four health services.

In 2008-09, Workforce launched the *Opening the Door Program* - a three-year organisational development initiative designed to support the establishment of HSS. One result is the participation of 400 staff in customer-facing roles in the Certificate III/IV in Customer Contact training.

The way forward

HSS is now firmly established as the shared services provider for NSW Health and other public health organisations. The challenge for HSS is to progressively review its services to ensure that they meet the requirements of health services, provide good value for money and continue to return funds to front-line clinical services.

The NSW Institute of Medical Education and Training

The NSW Institute of Medical Education and Training (IMET) was established in 2005 to support and co-ordinate post-graduate medical education and training.

In 2008-09, the following were notable achievements.

- | Six hundred and sixty-eight interns and Australian Medical Council graduates successfully placed to start work in 2009 clinical year, five more than 2008.
- | On-line Pre-vocational Training Allocation Program fully implemented.
- | IMET pre-employment program held for 57 Australian Medical Council graduates prior to start of training in NSW and ACT hospital networks.
- | Rural preferential recruitment program, 12 hospitals participating and 53 post-graduate year one trainees (interns) directly recruited to rural hospitals for 2010.
- | Four Pre-vocational General Practice Placement Program (PGPPP) placements accredited. PGPPP provides trainees with experience in general practice to encourage them to pursue a career in this specialty.
- | In 2009, 36 facility surveys conducted and 66 new pre-vocational terms provisionally accredited. Represents significant expansion in output for IMET accreditation program, in response to increasing numbers of medical graduates.
- | Resource for supervisors - *Trainee in difficulty: a handbook for Directors of Prevocational Education and Training* published.
- | New mid-term and end-term assessment forms for junior doctors implemented, in line with Australian Curriculum Framework for Junior Doctors. Forms build self-assessment skills and provide more detailed information to trainers and trainees.
- | New basic physician training positions approved for 2009 at Liverpool, Royal North Shore, Gosford, Manly and Westmead hospitals, to be incorporated into training networks, with expanded settings position at Campbelltown/Camden.
- | New paediatric training sites and positions approved for inclusion in paediatric physician network from 2009: Nepean Neonatal Unit, Bathurst Base, Manning Base (Taree), The Tweed and Wyong hospitals and Royal Far West.
- | New education resources in acute psychiatric management and psychiatric ethics published.
- | Psychiatry supervisors' forum held to support and engage clinical educators.
- | External evaluation of networked psychiatry training program completed.
- | Review of oncology training conducted, encompassing medical and radiation oncology and palliative medicine. Recommendations submitted to Cancer Institute NSW.
- | Implementation of networked training for emergency medicine.

- | Review of current IMET networked structures undertaken and optimal model for networked training developed.
- | Education programs including:
 - | Statewide course for cardiology trainees. Monthly lectures and access to continuing professional development website for cardiologists
 - | Statewide surgical courses to support exam preparation, including microbiology and physiology, pathology, pharmacology and anatomy.
- | Future Leaders Development Program, created and successfully delivered in 2009, to develop leadership skills of next generation of medical practitioners.
- | Curricula developed for Hospital Skills Program, encompassing emergency departments, mental health, aged care and general program. Aims to improve quality and safety of patient care, by recognising and enhancing skills of non-specialist medical staff in these departments. Work has started on curricula for obstetrics and gynaecology, paediatrics and hospital medicine.
- | On-line platform developed for Hospital Skills Program, to gather learning resources and make them available Statewide.

Future directions

- | Continued work in conjunction with AHSs and NSW Health, for management of increasing number of medical graduates.
- | Increased focus on closing identified gaps in post-graduate medical education. Strategies to enhance access to Statewide education include:
 - | facilitating development of on-line learning platforms, particularly for pre-vocational training and the Hospital Skills Program
 - | education support funds to develop learning resources for all IMET networked training programs
 - | continued delivery of Statewide face-to-face education programs
 - | further development and roll-out of Future Leaders Development Program.
- | Improving linkages with and support for area health services, in ensuring that structures for training and educating medical personnel meet strategic workforce directions.
- | Continued support for development of PGPPP, in particular ensuring that accreditation process meets this need.
- | Completion of on-line accreditation system that aims to streamline administrative processes for facilities, surveyors and IMET.



Significant committees

Governance committees

Senior Executive Advisory Board

Chair: Director-General

Responsible Branch: Executive and Ministerial Support

The key meeting of NSW Health chief executives and the department's Management Board, the Senior Executive Advisory Board is responsible for:

- | Providing advice to the Management Board on system-wide matters, including budget management, major strategies and policies
- | Statewide planning, direction setting and guidance of NSW Health
- | Providing leadership on Statewide health issues, including population and community health and health promotion
- | Improving executive communication within the NSW health system
- | Ensuring that all health care services work collaboratively to deliver equitable and effective integrated services to the NSW community.

Department of Health Management Board

Chair: Director-General

Responsible Branch: Office of the Director-General

The NSW Department of Health Management Board is the key management meeting and forum for NSW Health. It considers and makes decisions on issues of department and system-wide interest, including the NSW Health budget, development of policy and monitoring of health system performance.

Finance, Risk and Performance Committee

Chair: Director-General

Responsible Branch: Finance and Business Management

Advises the Director-General, Minister for Health and the budget committee of Cabinet on the financial, risk and performance management of NSW Health.

Area health services and statutory health corporations are also required to establish their own finance committee, as a condition of subsidy.

Risk Management and Audit Committee

Chair: Jon Isaacs (independent chair)

Responsible Branch: Internal Audit

This committee assists the Director-General to perform her duties under the relevant legislation, particularly in relation to the Department of Health internal control, risk management and internal and external audit functions.

Area health services and statutory health corporations are also required to establish their own audit committee, as a condition of subsidy.

Reportable Incident Review Committee

Chair: Deputy Director-General, Health System Quality, Performance and Innovation

Responsible Branch: Clinical Safety, Quality and Governance

Examines and monitors serious clinical adverse events reported to the department via reportable incident briefs and ensures that appropriate action is taken.

Identifies issues relating to morbidity and mortality that may have Statewide implications. Provides advice on policy development to effect health care system improvement.

Independent Monitoring Panel

Chair: John Walsh, PricewaterhouseCoopers

The panel monitors the progress of the implementation of *Caring Together: The Health Action Plan for NSW*.

Independent Community and Clinicians Expert Advisory Council

Chair: Dr Michael Keating

Provides advice directly to the Minister for Health and the Director-General on the new and existing initiatives for the implementation of *Caring Together: The Health Action Plan for NSW*.

NSW Health Care Advisory Council

Co-chairs: Rt Hon Ian Sinclair, AC,
Professor Judith Whitworth, AC

Responsible Branch: Primary Health and Community Partnerships

The Health Care Advisory Council is the peak clinical and community advisory body for the Minister for Health and the Director-General on clinical services, innovative service delivery models and health care standards.

Health Priority Taskforces

Health priority taskforces (HPTs) are part of the reporting structure for the Health Care Advisory Council. They provide advice to the Director-General and the Minister for Health on policy directions and service improvements for high-priority areas.

Aboriginal and Population Health Priority Taskforce

Co-chairs: Professor Bruce Armstrong, Sandra Bailey & Professor Louise Baur

Responsible Branch: Aboriginal Health

Provides advice to the Director-General on Aboriginal and population health.

Children and Young People's Health Priority Taskforce

Co-chairs: Irene Hancock & Professor Graham Vimpani

Responsible Branch: Statewide Services Development

A relatively new group. Future activities will include leadership across child and young people's health services and strategic advice to the Minister and NSW Health.

Chronic, Aged and Community Health Priority Taskforce

Co-chairs: Kath Brewster & Professor Ron Penny

Responsible Branch: Inter-government and Funding Strategies

Provides direction and leadership to achieve highly integrated chronic, aged and community health services, which reflect best national and international standards.

Maternal and Perinatal Health Priority Taskforce

Co-chairs: Natasha Donnelly & Professor William Walters

Responsible Branch: Primary Health and Community Partnerships

Provides direction and leadership for NSW maternal and perinatal services to ensure that they reflect best national and international standards.

Critical Care Health Priority Taskforce

Co-chairs: Dr Tony Burrell & Barbara Daly

Responsible Branch: Statewide Services Development

Provides direction and leadership to achieve highly integrated critical care services which reflect best national and international standards. It also advises the department on co-ordination, planning and development of critical care services at a Statewide level and on strategic directions for models of care.

It advises on the implications of planning initiatives, monitors and evaluates clinical effectiveness and outcome measures, resource utilisation and current research trends in relation to critical care service delivery. It supports and guides clinicians and area health services about critical care service management, planning and implementation.



Mental Health Priority Taskforce

Co-chairs: Scientia Professor Philip Mitchell & Laraine Toms

Responsible Branch: Mental Health and Drug and Alcohol

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

Rural and Remote Health Priority Taskforce

Co-chairs: Dr Peter Davis & Liz Rummery

Responsible Branch: Statewide Services Development

Works with rural area health services to monitor the implementation of recommendations in the *NSW Rural Health Report* and *NSW Rural Health Plan*. Advises the Minister and the Director-General on rural and remote health issues.

Sustainable Access Health Priority Taskforce

Chair: Professor Brian McCaughan

Responsible Branch: Health Service Performance Improvement

Monitors and provides advice on improving and sustaining access to quality services within the public health system, through a focus on the patient journey. The Surgical Services, Emergency Care and Acute Care taskforces report to this HPT.

Ministerial Advisory Committees

Ministerial Advisory Committee on Hepatitis

Chair: Professor Geoffrey W McCaughan

Responsible Branch: AIDS/Infectious Diseases

Provides expert advice to the Minister on all aspects of the strategic response to blood-borne hepatitis (i.e., hepatitis B and hepatitis C).

Ministerial Advisory Committee on HIV and Sexually Transmitted Infections

Chair: Dr Roger J Garsia

Responsible Branch: AIDS/Infectious Diseases

Provides the Minister with expert advice on all aspects of the strategic response to HIV and sexually transmitted infections (STIs).

Ministerial Standing Committee on Hearing

Chair: Professor Jennie Brand-Miller

Responsible Branch: Primary Health and Community Partnerships

Provides advice to the Minister on hearing services and setting of strategic directions for both government and non-government hearing services.

NSW General Practice Council

Chair: Dr Diane O'Halloran

Responsible Branch: Primary Health and Community Partnerships

Provides expert and strategic advice to the Minister and department. It also provides formal liaison and consultation mechanisms between NSW Health and general practice and facilitates the involvement of general practitioners in development of health policies and initiatives to benefit the community.

Maternal and Perinatal Committee

Chair: Professor William Walters

Responsible Branch: Primary Health and Community Partnerships

Principal function is to review maternal and perinatal morbidity and mortality in NSW and advise on the health of mothers and newborn infants. The committee is privileged under section 23(7) of the *Health Administration Act 1982*.

Ministerial Taskforce on Emergency Care

Co-chairs: Rod Bishop & Sue Strachan

Responsible Branch: Health Service Performance Improvement

Established in November 2007, to advise the Minister and the Director-General on the key issues of emergency demand and workforce.

Area Health Advisory Councils

Area health advisory councils facilitate the involvement of health service providers, consumers and community members in the development of policies, plans and initiatives at the local level.

They are established in all area health services. The Children's Hospital at Westmead has an advisory council similar to those in area health services. The Ambulance Service Advisory Council advises the Director-General on provision of services - as required under the *Health Services Act 1997*.

Statistics

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Health workforce

NSW Department of Health, Ambulance Service of NSW, health services, Health Administration Corporation and other NSW Health organisations clinical staff ratio to all staff at June 2009

	June 2003	June 2004	June 2005	June 2006	June 2007	June 2008	June 2009
Medical, nursing, allied health, other health professionals, scientific and technical staff, oral health practitioners & ambulance clinicians as a proportion of all staff %	69.3	69.7	70.3	71.5	71.8	72.0	72.3

Source: Health Information Exchange & health service local data.

Notes: 1. From 2008, the clinical staff ratio is also inclusive of scientific and technical officers. Previous years' data has been recast to reflect this change and may show a variation from previous annual reports.
2. It should be noted that data for clinical staff does not currently include all those engaged in face-to-face care, e.g., ward clerks, wardsmen, surgical dressers. It is expected that further refinement of employment data in future years will allow inclusion of these categories where relevant.

Number of full-time equivalent staff (FTE) employed in other NSW Health organisations at June 2009

	June 2003	June 2004	June 2005	June 2006	June 2007	June 2008	June 2009
Health professional registration boards	56	53	46	57	56	59	60
Institute of Medical Education & Training	0	0	0	25	26	26	26
HealthQuest	21	21	22	24	20	13	1
Mental Health Review Tribunal	14	13	14	17	20	21	26
Clinical Excellence Commission	0	0	12	22	23	31	31
Total	91	88	94	144	145	150	144

Rounding errors are included in this table.

Source: Health Information Exchange & health service local data.



Number of full-time equivalent staff (FTE) employed in NSW Department of Health, Health Support Services, Ambulance Service of NSW and health services at June 2009

	June 2003	June 2004	June 2005	June 2006	June 2007	June 2008	June 2009
Medical	6,112	6,357	6,462	6,826	7,318	7,866	8,140
Nursing	32,550	33,488	35,523	36,920	38,101	39,043	39,142
Allied health	6,323	6,563	6,848	7,122	7,387	7,487	7,936
Other professionals & para-professionals	4,222	4,036	3,431	3,383	3,351	3,329	3,227
Scientific & technical clinical support staff	4,703	4,727	5,484	5,581	5,763	5,727	5,618
Oral health practitioners & therapists	988	976	990	1,008	998	1,098	1,133
Ambulance clinicians	2,816	2,936	3,020	3,156	3,308	3,370	3,587
Corporate services	5,441	5,421	5,038	4,667	4,593	4,476	4,176
Hospital support workers	9,933	10,085	10,723	10,709	11,244	11,649	12,430
Hotel services	8,550	8,472	8,674	8,605	8,550	8,551	8,284
Maintenance & trades	1,311	1,281	1,246	1,221	1,192	1,164	1,123
Other	322	385	350	353	388	512	369
Total	83,271	84,728	87,788	89,551	92,194	94,270	95,166

Source: Health Information Exchange & health service local data.

Notes: 1. FTE calculated as average for month of June, paid productive & paid unproductive hours.

2. At March 2006, employment entity of NSW Health service staff transferred from respective health service to State of NSW (the Crown). Third Schedule facilities have not transferred to the Crown and are therefore not reported in Department of Health's annual report as employees.

3. Includes salaried (FTE) staff employed with health services, Ambulance Service of NSW and NSW Department of Health. All non-salaried staff, such as visiting medical officer (VMO) and other contracted staff, are excluded.

4. 'Medical' includes staff specialists and junior medical officers. 'Nursing' includes registered nurses, enrolled nurses and midwives. 'Allied health' includes audiologists, pharmacists, social workers, radiographers and podiatrists. 'Oral health practitioners & therapists' includes dental assistants, officers, therapists and hygienists. 'Other professionals & para-professionals' includes health education officers and interpreters. 'Ambulance clinicians' includes on-road and support staff. 'Corporate services' includes hospital executive, IT, human resources and finance staff. 'Scientific & technical clinical support staff' includes hospital scientists & cardiac technicians. 'Hotel services' includes food services, cleaning and security. 'Maintenance & trades' includes trade workers, gardeners and grounds management. 'Hospital support workers' includes ward clerks, public health officers, patient enquiries and other clinical support staff etc. 'Other' covers employees not grouped elsewhere.

5. FTE staff associated with the following health organisations are reported separately: Institute of Medical Education and Training, Clinical Excellence Commission and health professional registration boards. HealthQuest closed 30 June 2009.

6. Prior to 2008, FTE staff associated with Health Support Services were reported separately. Information has been recast to reflect this change and will show variations from previous annual reports. Health Support Services includes Health Support, Health Technology and Health Infrastructure.

7. Rounding errors are included in this table.

8. Health executive service staff were not consistently included in previous annual reports. Figures for 2008 and 2009 have been adjusted to include these staff.

9. The award code for health and security assistants was coded incorrectly as 'Scientific & technical clinical support staff'. The FTE for these employees has been moved into the correct group, 'Hotel services', for all years 2003 to 2009.



Acts administered

BY THE NSW MINISTER FOR HEALTH, WITH LEGISLATIVE CHANGES

Acts administered:

- | Anatomy Act 1977 No 126
- | *Assisted Reproductive Technology Act 2007 No 69
- | Cancer Institute (NSW) Act 2003 No 14
(jointly allocated with Minister Assisting the Minister for Health (Cancer))
- | Chiropractors Act 2001 No 15 (except part, Attorney-General)
- | Dental Practice Act 2001 No 64 (except part, Attorney-General)
- | Dental Technicians Registration Act 1975 No 40
- | Drug and Alcohol Treatment Act 2007 No 7
- | Drug Misuse and Trafficking Act 1985 No 226, Part 2A only (jointly with Minister for Police, remainder, Attorney-General)
- | Fluoridation of Public Water Supplies Act 1957 No 58
- | Gladesville Mental Hospital Cemetery Act 1960 No 45
- | Health Administration Act 1982 No 135
- | Health Care Complaints Act 1993 No 105
- | Health Care Liability Act 2001 No 42
- | Health Professionals (Special Events Exemption) Act 1997 No 90
- | Health Records and Information Privacy Act 2002 No 71
- | Health Services Act 1997 No 154
- | Human Tissue Act 1983 No 164
- | Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 No 37
- | Lunacy (Norfolk Island) Agreement Ratification Act 1943 No 32
- | Medical Practice Act 1992 No 94 (except part, Attorney-General)
- | Mental Health Act 2007 No 8
- | Mental Health (Forensic Provisions) Act 1990 No 10, Part 5 (remainder, Attorney-General)
- | New South Wales Institute of Psychiatry Act 1964 No 44
- | Nurses and Midwives Act 1991 No 9 (except part, Attorney-General)
- | Optical Dispensers Act 1963 No 35
- | Optometrists Act 2002 No 30 (except part, Attorney-General)
- | Osteopaths Act 2001 No 16 (except part, Attorney-General)
- | Pharmacy Practice Act 2006 No 59 (except part, Attorney-General)
- | Physiotherapists Act 2001 No 67 (except part, Attorney-General)
- | Podiatrists Act 2003 No 69 (except part, Attorney-General)
- | Poisons and Therapeutic Goods Act 1966 No 31
- | *Private Health Facilities Act 2007 No. 9
- | Private Hospitals and Day Procedure Centres Act 1988 No. 123
- | Psychologists Act 2001 No 69 (except part, Attorney-General)
- | Public Health Act 1991 No 10
- | Public Health (Tobacco) Act 2008 No 94
- | Smoke-free Environment Act 2000 No 69
- | Sydney Hospital (Trust Property) Act 1984 No 133
- | Tuberculosis Act 1970 No 18

* Uncommenced.

Legislative changes (July 2008 – June 2009):

New Acts

- | *Public Health (Tobacco) Act 2008*

Amending Acts

- | *Health Legislation Amendment Act 2009*
- | *Mental Health Legislation Amendment (Forensic Provisions) Act 2008*

Acts repealed

- | Nil

Orders

- | *Health Services Amendment (Albury Base Hospital) Order 2009*
- | *Health Services Amendment (Stewart House) Order 2008*

Subordinate legislation

Principal Regulations made

- | *Drug and Alcohol Treatment Regulation 2009*
- | *Health Services Regulation 2008*
- | *Medical Practice Regulation 2008*
- | *Mental Health (Forensic Provisions) Regulation 2009*
- | *Nurses and Midwives Regulation 2008*
- | *Physiotherapists Regulation 2008*
- | *Poisons and Therapeutic Goods Regulation 2008*
- | *Public Health (Tobacco) Regulation 2009*

Amending Regulations made

- | *Health Records and Information Privacy Amendment (Accredited Chaplains) Regulation 2008*
- | *Health Records and Information Privacy Amendment (Pilot Program) Regulation 2009*
- | *Human Tissue Amendment (Donor Certificate) Regulation 2008*

- | *Mental Health Amendment Regulation 2009*
- | *Mental Health Amendment (Interstate Patients) Regulation 2009*
- | *Nurses and Midwives Amendment (Fees) Regulation 2009*
- | *Public Health Amendment (Swine Influenza) Regulation 2009*
- | *Public Health (General) Amendment (Health Practitioners) Regulation 2009*
- | *Public Health (Tobacco) Repeal Regulation 2009*

Regulations repealed

- | *Public Health (Tobacco) Regulation 1999*

Significant judicial decisions

On 19 September 2008, Justice McClellan, Chief Judge in Common Law of the Supreme Court of NSW, found in favour of the department in the matter of Dubbo RSL Memorial Club Ltd Anor v. Steppat Ors [2008] NSWSC 965.

The matter was a test case for the *Smoke-free Environment Act*, legislation designed to promote public health by reducing exposure to tobacco and other smoke in enclosed public places. The legislation makes it an offence for an occupier of an enclosed public place, such as a cinema or sporting club, to allow patrons and visitors to smoke in that area.

In 2007, Dubbo RSL applied to the Supreme Court for an injunction to prevent departmental officers from inspecting its premises. The club also applied for a declaration from the court that its two gaming machine rooms were not enclosed for the purposes of the Act, thereby allowing patrons to legally smoke in those areas.

Justice McClellan ruled that the two gaming rooms in question were in fact enclosed, making it illegal for patrons to smoke in those areas. Of issue was the application of the Act, where the department submitted that the gaming rooms were defined by walls, doors and a roof. Dubbo RSL's legal representatives submitted that both gaming rooms included large uncovered terraces adjacent to the rooms.

In handing down his decision, Justice McClellan said "when the relevant place has a roof, the smoke may only escape laterally, and the extent of lateral openings becomes the critical issue affecting the healthiness of the premises".

The Dubbo RSL case was an important precedent that assists in the application and interpretation of a complex body of legislation. The court's findings are now being used by the lower courts for this purpose.



Freedom of Information Report

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

During the 2008-09 financial year, NSW Health received 101 new requests for information under the FOI Act, compared to 86 in the previous financial year, an increase of 17.5 per cent. Since 2005-06 the number of applications has increased by 172 per cent.

The department carried-over 13 applications from the 2007-08 reporting period. Of the 95 applications processed, 47 were granted full access, 21 partial access and 12 were refused access. A total of 15 were 'no documents held'. Two applications were transferred to other agencies, four applicants failed to pay an advance deposit and four failed to amend their request, which was an unreasonable diversion of resources to complete. Nine applications have been carried forward to the next reporting period.

During the past financial year, most FOI applications concerned public health issues. These continued to be multi-dimensional and of significant complexity. Some of the FOI work involved third-party consultations - particularly those from central NSW Government agencies and seeking data across the public health sector. The department also provided considerable assistance to applicants, including the re-scoping of a significant number of applications.

NSW Health received 15 personal FOI applications, the same number as the previous financial year. Non-personal applications totalled 86, compared to 71 in 2007-08. Thirty-four were from Members of Parliament, two more than in 2007-08. Twenty-four were from the media, compared to 20 in 2007-08.

The department received one application for an internal review. The original determination was varied by releasing the documents.

Thirteen applications required consultations with outside parties, most with more than one, involving a total of 136 third parties. In addition, the department dealt with 22 third-party consultations from other agencies.

During 2008-09 NSW Health estimated its FOI processing charges to be \$8,702, partly offset by \$5,340 fees. Annual operating costs were far in excess of these amounts, comprising the wages and administration costs for FOI within the Executive and Ministerial Service, Branch.

No applications were received for the amendment or notation of records, nor were any Ministerial certificates issued.

FOI applications received, discontinued or completed	Number of FOI Applications					
	Personal		Other		Total	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
A1 New	15	15	71	86	86	101
A2 Brought forward	3	0	2	13	5	13
A3 Total to be processed	18	15	73	99	91	114
A4 Completed	11	14	43	81	54	95
A5 Discontinued	5	1	16	9	21	10
A6 Total processed	16	15	59	90	75	105
A7 Unfinished (carried forward)	2	0	14	9	16	9

Applications discontinued	Personal		Other		Total	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
B1 Request transferred out to another agency (s.20)	3	1	3	1	6	2
B2 Applicant withdrew request	1	0	4	0	5	0
B3 Applicant failed to pay advance deposit (s.22)	0	0	4	4	4	4
B4 Applicant failed to amend a request that would have been an unreasonable diversion of resources to complete (s.25(1)(a1))	1	0	5	4	6	4
B5 Total discontinued	5	1	16	9	21	10

Completed FOI applications	Number of Completed FOI Applications					
	Personal		Other		Total	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
C1 Granted or otherwise available in full	0	4	13	43	13	47
C2 Granted or otherwise available in part	4	2	12	19	16	21
C3 Refused	4	2	5	10	9	12
C4 No documents held	3	6	13	9	16	15
C5 Total completed	11	14	43	81	54	95

Documents made available to the applicant were:	Number of FOI Applications (granted or otherwise available in full)					
	Personal		Other		Total	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
D1 Provided to the applicant	0	4	13	41	13	45
D2 Provided to the applicant's medical practitioner	0	0	0	0	0	0
D3 Available for inspection	0	0	0	0	0	0
D4 Available for purchase	0	0	0	0	0	0
D5 Library material	0	0	0	0	0	0
D6 Subject to deferred access	0	0	0	2	0	2
D7 Available by a combination of any of the reasons listed in D1-D6 above	0	0	0	0	0	0
D8 Total granted or otherwise available in full	0	4	13	43	13	47

Documents made available to the applicant were:	Number of FOI Applications (granted or otherwise available in part)					
	Personal		Other		Total	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
E1 Provided to the applicant	4	2	12	19	16	21
E2 Provided to the applicant's medical practitioner	0	0	0	0	0	0
E3 Available for inspection	0	0	0	0	0	0
E4 Available for purchase	0	0	0	0	0	0
E5 Library material	0	0	0	0	0	0
E6 Subject to deferred access	0	0	0	0	0	0
E7 Available by a combination of any of the reasons listed in E1-E6 above	0	0	0	0	0	0
E8 Total granted or otherwise available in part	4	2	12	19	16	21

Access to the documents refused	Number of Refused FOI Applications					
	Personal		Other		Total	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
F1 Exempt	2	1	1	7	3	8
F2 Deemed refused	2	1	4	3	6	4
F3 Total refused	4	2	5	10	9	12

Documents classified as exempt	Number of FOI Applications (refused or access granted or otherwise available in part only)					
	Personal		Other		Total	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
Restricted documents:						
G1 Cabinet documents (Clause 1)	0	0	2	2	2	2
G2 Executive Council documents (Clause 2)	0	0	0	0	0	0
G3 Documents affecting law enforcement and public safety (Clause 4)	1	0	0	0	1	0
G4 Documents affecting counter-terrorism measures (Clause 4A)	0	0	0	0	0	0
Documents requiring consultation:						
G5 Documents affecting inter-governmental relations (Clause 5)	0	0	0	0	0	0
G6 Documents affecting personal affairs (Clause 6)	4	1	9	4	13	5
G7 Documents affecting business affairs (Clause 7)	0	0	2	12	2	12
G8 Documents affecting the conduct of research (Clause 8)	0	1	0	0	0	1
Documents otherwise exempt:						
G9 Schedule 2 exempt agency	0	0	0	0	0	0
G10 Documents containing information confidential to Olympic committees (Clause 22)	0	0	0	0	0	0
G11 Documents relating to threatened species, Aboriginal objects or Aboriginal places (Clause 23)	0	0	0	0	0	0
G12 Documents relating to threatened species conservation (Clause 24)	0	0	0	0	0	0
G13 Plans of management containing information of Aboriginal significance (Clause 25)	0	0	0	0	0	0
G14 Private documents in public library collections (Clause 19)	0	0	0	0	0	0
G15 Documents relating to judicial functions (Clause 11)	0	0	0	0	0	0
G16 Documents subject to contempt (Clause 17)	0	1	0	0	0	1
G17 Documents arising out of companies and securities legislation (Clause 18)	0	0	0	0	0	0
G18 Exempt documents under interstate FOI legislation (Clause 21)	0	0	0	0	0	0
G19 Documents subject to legal professional privilege (Clause 10)	0	0	0	2	0	2
G20 Documents containing confidential material (Clause 13)	1	0	0	0	1	0
G21 Documents subject to secrecy provisions (Clause 12)	0	0	0	3	0	3
G22 Documents affecting the economy of the State (Clause 14)	0	0	0	0	0	0
G23 Documents affecting financial or property interests of the State or an agency (Clause 15)	0	0	0	0	0	0
G24 Documents concerning operations of agencies (Clause 16)	0	0	0	1	0	1
G25 Internal working documents (Clause 9)	0	0	0	1	0	1
G26 Other exemptions (e.g., Clauses 20, 22A and 26)	0	0	0	1	0	1
G27 Total applications including exempt documents	6	3	13	26	19	29

Ministerial certificates were issued	Number of Ministerial Certificates	
	2007-08	2008-09
H1 Ministerial certificates issued	0	0

Formal consultations	Number	
	2007-08	2008-09
I1 Number of applications requiring formal consultation	13	28
I2 Number of persons formally consulted	56	136

Applications for amendment of personal records	Number of applications for amendment of personal records	
	2007-08	2008-09
J1 Agreed in full	0	0
J2 Agreed in part	0	0
J3 Refused	0	0
J4 Total	0	0

Applications for notation of personal records	Number of applications for notation	
	2007-08	2008-09
K1 Applications for notation	0	0

Fees assessed and received for FOI applications processed (excluding applications transferred out)	Assessed Costs		Fees Received	
	2007-08	2008-09	2007-08	2008-09
L1 All completed applications	\$39,305.00	\$8702.50	\$4,448.00	\$5,340.00

Fee waivers or discounts allowed	Number of FOI Applications (where fees were waived or discounted)					
	Personal		Other		Total	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
M1 Processing fees waived in full	0	0	0	0	0	0
M2 Public interest discount	0	0	2	0	2	0
M3 Financial hardship discount – pensioner or child	0	3	0	0	0	3
M4 Financial hardship discount – non-profit organisation	0	0	0	0	0	0
M5 Total	0	3	0	0	0	3

Fee refunds granted as a result of significant correction of personal records	Number of refunds	
	2007-08	2008-09
N1 Number of fee refunds granted as a result of significant correction of personal records	0	0



Time taken to process completed applications (calendar days)	Number of Completed FOI Applications					
	Personal		Other		Total	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
O1 0-21 days – statutory determination period	7	7	23	23	30	30
O2 22-35 days – extended statutory determination period for consultation or retrieval of archived records (S.59B)	2	0	9	12	11	12
O3 Over 21 days – deemed refusal where no extended determination period applies	0	0	0	2	0	2
O4 Over 35 days – deemed refusal where extended determination period applies	2	7	11	44	13	51
O5 Total	11	14	43	81	54	95

Time taken to process completed applications	Number of Completed FOI Applications					
	Personal		Other		Total	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
P1 0-10 hours	8	8	25	39	33	47
P2 11-20 hours	2	6	18	29	20	35
P3 21-40 hours	0	0	0	10	0	10
P4 Over 40 hours	1	0	0	3	1	3
P5 Total	11	14	43	81	54	95

Reviews were finalised	Number of Completed Reviews	
	2007-08	2008-09
Q1 Internal reviews	7	1
Q2 Ombudsman reviews	0	0
Q3 ADT reviews	0	0

Results of internal reviews finalised Grounds on which internal review was requested	Number of internal reviews					
	Personal		Other		Total	
	Original agency decision Upheld	Original agency decision Varied	Original agency decision Upheld	Original agency decision Varied	Original agency decision Upheld	Original agency decision Varied
R1 Access refused	0	0	0	0	0	0
R2 Access deferred	0	0	0	1	0	1
R3 Exempt matter deleted from documents	0	0	0	0	0	0
R4 Unreasonable charges	0	0	0	0	0	0
R5 Failure to consult with third parties	0	0	0	0	0	0
R6 Third parties' views disregarded	0	0	0	0	0	0
R7 Amendment of personal records refused	0	0	0	0	0	0
R8 Total	0	0	0	1	0	1

Infectious disease

NOTIFICATIONS IN NSW

Disease notifications by area health service of residence (2005 AHS boundaries), crude rates per 100,000 population, NSW, 2008

Condition	Greater Southern ^f		Greater Western ^f			Hunter New England ^f		North Coast ^f		Northern Sydney Central Coast ^f		South Eastern Syd. Illawarra ^f		Sydney South West ^f		Sydney West ^f		Total	
	Albury	Goulburn	Broken Hill	Dubbo	Bathurst	Newcastle	Tamworth	Pt Macquarie	Lismore	Gosford	Hornsby	Wollongong	Randwick	Camperdown	Liverpool	Penrith	Parramatta		Justice Health
Adverse event after immunisation	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	69.4
Anthrax	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Arboviral infection	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	65.5	782.3
Barmah Forest virus ^b	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	190.7
Ross River virus ^b	61.8	61.8	61.8	61.8	61.8	61.8	61.8	61.8	61.8	61.8	61.8	61.8	61.8	61.8	61.8	61.8	61.8	61.8	560.2
Other ^b	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	31.3
Blood lead level >= 15ug/dL ^b	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	148.7
Botulism	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Brucellosis ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Chancroid ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Chlamydia trachomatis infection	184.6	184.6	184.6	184.6	184.6	184.6	184.6	184.6	184.6	184.6	184.6	184.6	184.6	184.6	184.6	184.6	184.6	184.6	
Congenital chlamydia ^b	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	8.3
Chlamydia - other ^b	183.1	183.1	183.1	183.1	183.1	183.1	183.1	183.1	183.1	183.1	183.1	183.1	183.1	183.1	183.1	183.1	183.1	183.1	
Cholera ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5
Creutzfeldt-Jakob disease ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2
Cryptosporidiosis ^b	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	111.4
Foodborne illness (NOS) ^a	20.6	20.6	20.6	20.6	20.6	20.6	20.6	20.6	20.6	20.6	20.6	20.6	20.6	20.6	20.6	20.6	20.6	20.6	358.7
Gastroenteritis (institutional)	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6	72.6	
Giardiasis ^b	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	411.9
Gonorrhoea ^b	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	294.1
Haemolytic uraemic syndrome	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.3
H.influenzae serotype ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4
Hib epiglottitis ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Hib meningitis ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7
Hib septicaemia ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
Hib infection NOS ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8
Hepatitis A ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.7
Hepatitis B	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	
Hepatitis B - acute viral ^b	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	30.1
Hepatitis B - other ^b	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	
Hepatitis C	52.8	52.8	52.8	52.8	52.8	52.8	52.8	52.8	52.8	52.8	52.8	52.8	52.8	52.8	52.8	52.8	52.8	52.8	
Hepatitis C - acute viral ^b	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	69.7
Hepatitis C - other ^b	52.1	52.1	52.1	52.1	52.1	52.1	52.1	52.1	52.1	52.1	52.1	52.1	52.1	52.1	52.1	52.1	52.1	52.1	
Hepatitis D ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	39.9
Hepatitis E ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.2
HIV infection ^b	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	53.8
Influenza	31.5	31.5	31.5	31.5	31.5	31.5	31.5	31.5	31.5	31.5	31.5	31.5	31.5	31.5	31.5	31.5	31.5	31.5	485.0
Influenza-Type A ^b	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	13.5	209.8
Influenza-Type B ^b	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	17.2	248.9



Condition	Greater Southern ^f		Greater Western ^f			Hunter New England ^f		North Coast ^f		Northern Sydney Central Coast ^f		South Eastern Syd. Illawarra ^f		Sydney South West ^f		Sydney West ^f		Justice Health	Total
	Albury	Goulburn	Broken Hill	Dubbo	Bathurst	Newcastle	Tamworth	Pt Macquarie	Lismore	Gosford	Hornsby	Wollongong	Randwick	Camperdown	Liverpool	Penrith	Parramatta		
Influenza-Type A&B ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.9
Influenza-Type NOS ^b	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	5.5
Legionellosis	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	20.7
L. longbeachae ^b	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	13.0
L. pneumophila ^b	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	7.6
Legionnaires' disease other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Leprosy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
Leptospirosis ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.5
Listeriosis ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.7
Lymphogranuloma venereum (LGV) ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Malaria ^b	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	22.7
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.1
Measles laboratory-confirmed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.4
Measles - other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7
Meningococcal disease	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	21.1
Meningococcal - serogroup B ^b	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	13.0
Meningococcal - serogroup C ^b	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	2.6
Meningococcal - serogroup W135 ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1
Meningococcal - serogroup Y ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8
Meningococcal - other	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	3.6
Mumps ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.5
Pertussis	114.6	114.6	114.6	114.6	114.6	114.6	114.6	114.6	114.6	114.6	114.6	114.6	114.6	114.6	114.6	114.6	114.6	114.6	2202.5
Pneumococcal disease (invasive) ^b	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	144.8
Psittacosis ^b	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	13.8
Q fever ^b	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	100.5
Rubella	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	2.7
Congenital rubella ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Rubella - other ^b	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	2.7
Salmonella infection ^{b,d}	28.1	28.1	28.1	28.1	28.1	28.1	28.1	28.1	28.1	28.1	28.1	28.1	28.1	28.1	28.1	28.1	28.1	28.1	543.0
Shigellosis ^b	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	18.4
Syphilis	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	435.6
Congenital syphilis	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Infectious syphilis ^{b,c}	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	79.9
Syphilis - other ^b	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	355.5
Tetanus	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Tuberculosis ^b	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	76.0
Typhoid ^b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.3
Verotoxin - producing Escherichia coli infections ^b	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	5.8

a Year of onset: the earlier of patient reported onset date, specimen date or date of notification

b Laboratory-confirmed cases only

c Includes syphilis primary, syphilis secondary, syphilis < 1 yr duration and syphilis newly-acquired

d Includes all paratyphoid cases

f AHSs further divided into the geographical region covered by their component public health unit

g Rate is based on a denominator of 8000 persons

h Includes cases with unknown PHU

NOS: Not otherwise specified

No cases of the following diseases have been notified since 1991: plague^b, diphtheria^b, granuloma inguinale^b, lyssavirus^b, poliomyelitis^b, rabies, smallpox, typhus^b, viral haemorrhagic fever, yellow fever.

Private hospital activity levels

Private hospital activity levels for the year ended 30 June 2009

Area Health Service	Licensed Beds ¹		Total Admissions				Same-day admissions				Daily Average		Bed Occupancy	
	Number	Number	Variation on last year	Market share % ²	Market share variation ³	Number	Variation on last year	Market share % ²	Market share variation ³	Number	Variation on last year	%	Variation on last year ³	%
Sydney South West	572	98,544	2.6	24.4	-0.1	73,774	2.7	35.4	-0.5	564	3.4	84.0	3.6	
South Eastern Sydney Illawarra	1,421	238,229	3.8	45.2	0.8	159,201	3.6	55.1	1.1	1,499	2.1	92.3	0.8	
Sydney West	897	123,774	-0.4	37.0	-1.2	78,282	-1.6	48.2	-2.8	850	0.3	89.1	0.4	
Central Coast	1,774	267,177	7.5	60.6	2.3	180,956	10.5	73.3	2.9	1,917	1.8	101.8	0.9	
Hunter New England	860	108,049	5.6	36.6	1.2	68,849	9.4	48.1	1.9	744	1.6	83.9	1.9	
North Coast	290	43,495	13.7	21.9	1.7	34,020	16.2	31.8	2.3	243	12.5	69.1	-9.9	
Greater Southern	201	39,970	6.9	25.6	0.1	27,622	7.0	35.2	-1.3	205	3.9	77.1	3.0	
Greater Western	144	15,500	2.8	15.1	0.5	10,466	2.5	21.8	0.3	92	-1.7	58.7	-0.6	
Total NSW	6,159	934,738	4.8	37.5	0.2	633,170	6.0	48.9	0.2	6,114	2.2	90.3	0.6	

1. Licensed beds at 30 June 2009.

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

3. Market share variation on total admissions and same-day admissions and bed occupancy variance on last year are percentage point variance from 2007-08.

Source: Licensed Beds – Private Health Care Branch, others – Health Information Exchange.



Public hospital activity levels

TABLE 1: Selected data for the year ended June 2009 Part 1^{1,2}

Area Health Service	Separations	Planned Sep %	Same-day Sep %	Total Bed Days	Average Length of Stay (acute) ^{3, 6}	Daily Average of Inpatients ⁴
Children's Hospital at Westmead	27,347	52.5	44.1	89,418	3.3	245
Justice Health	2,763	68.7	6.0	61,038	21.5	167
Sydney South West	305,874	44.2	44.1	1,222,644	3.7	3,350
South Eastern Sydney Illawarra	289,254	42.2	44.9	1,175,067	3.6	3,219
Sydney West	210,645	36.6	39.9	860,514	3.5	2,358
Northern Sydney Central Coast	173,834	40.6	37.8	837,376	4.4	2,294
Hunter New England	187,276	43.4	39.7	778,516	3.8	2,133
North Coast	155,044	45.3	47.0	591,164	3.7	1,620
Greater Southern	116,235	33.6	43.8	417,589	2.7	1,144
Greater Western	87,208	37.5	43.1	334,972	3.0	918
Total NSW	1,555,480	41.4	42.6	6,368,298	3.7	17,447
2007-08 Total	1,527,382	41.1	42.0	6,417,358	3.7	17,534
Percentage change (%) ⁵	1.8	0.3	0.6	-0.8	-1.3	-0.5
2006/07 Total	1,523,369	40.2	42.4	6,310,334	3.6	17,289
2005/06 Total	1,481,632	40.1	42.6	6,205,835	3.6	17,002
2004/05 Total	1,415,422	41.0	42.0	6,212,216	3.5	17,020
2003/04 Total	1,387,944	40.6	41.5	6,231,213	3.6	17,025
2002/03 Total	1,365,042	33.0	41.4	5,984,960	3.5	16,397
2001/02 Total	1,336,147	39.4	40.4	5,887,535	3.5	16,130

TABLE 2: Selected data for the year ended June 2009 Part 2^{1,2}

Area Health Service	Occupancy Rate ⁵ June 09	Acute Bed Days ⁶	Acute Overnight Bed Days ⁶	Non-admitted Patient Services ⁷	Emergency Dept. Attendances ⁸	Expenses - all Program (\$'000)
Children's Hospital at Westmead	89.1	89,418	77,355	607,596	50,047	n/a
Justice Health		59,163	58,998	3,667,765	0	n/a
Sydney South West	90.7	1,099,847	967,240	4,397,248	350,957	n/a
South Eastern Sydney Illawarra	93.3	1,002,743	876,342	4,992,668	379,402	n/a
Sydney West	92.8	724,673	641,537	3,642,359	247,001	n/a
Northern Sydney Central Coast	88.3	735,358	670,365	3,061,910	250,398	n/a
Hunter New England	81.7	687,883	619,860	2,690,862	355,271	n/a
North Coast	83.8	566,259	493,499	1,983,006	307,730	n/a
Greater Southern	72.8	300,741	249,927	1,459,168	254,297	n/a
Greater Western	70.2	257,233	219,676	1,306,191	221,671	n/a
Total NSW	87.4	5,523,318	4,874,799	27,808,772	2,416,774	n/a
2008-09 Total	85.1	5,506,019	4,872,016	27,426,053	2,417,818	n/a
Percentage change (%) ⁹	2.2	0.3	0.1	1.4	0.0	n/a
2007-08 Total	86.2	5,363,709.0	4,733,362.0	26,695,722.4	2,303,728.0	n/a
2005/06 Total	90.1	5,196,691	4,565,262	26,559,354	2,195,115	n/a
2004/05 Total	90.8	4,658,364	4,087,072	24,540,781	2,004,107	10,146,453
2003/04 Total	91.4	4,661,011	4,110,036	24,836,029	1,999,189	9,613,775
2002/03 Total	91.7	4,473,146	3,928,070	24,194,817	2,005,233	8,821,642
2001/02 Total	97.1	4,395,481	3,874,228	22,629,220	2,003,438	7,969,570

TABLE 3: Average available beds, June 2009^{1,5}

Area Health Service	General Hospital Units ^{3,4}	Nursing Home Units	Community Residential	Other Units
The Children's Hospital at Westmead	276	-	-	-
Justice Health	215	-	-	-
Sydney South West	3,719	194	22	23
South Eastern Sydney Illawarra	3,381	120	-	-
Sydney West	2,407	167	-	314
Northern Sydney Central Coast	2,520	45	-	206
Hunter New England	2,669	318	-	215
North Coast	1,550	76	-	-
Greater Southern	1,578	384	7	54
Greater Western	1,271	375	51	155
Total NSW	19,585	1,679	80	967
2007-08 Total	19,486	1,714	282	915
2006/07 Total	19,170	1,419	412	1,379
2005/06 Total	18,952	1,464	177	1,482
2004/05 Total	18,573	1,032	636	1,232
2003/04 Total ²	17,098	1,306	678	1,289
2002/03 Total ²	16,882	1,381	647	1,237
2001/02 Total ²	16,001	1,497	627	1,389
2000/01 Total ²	16,098	1,580	696	1,346
1999/00 Total ²	17,226	1,682	672	1,674

NOTES FOR TABLES 1 AND 2

1. Health Information Exchange (HIE) data used, except for Children's Hospital at Westmead and Justice Health, where Department of Health Reporting System (DOHRS) applied. The number of separations include care type changes.
2. Activity includes services contracted to private sector. Data reported as of 9/10/2009.
3. Acute average length of stay = (acute bed days/acute separations).
4. Daily average of inpatients = total bed days/366.
5. Bed occupancy rate is based on June data only. Facilities with peer groups other than A1a to C2 are excluded.
The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, recovery wards, residential aged care, community residential and respite activity. Unqualified baby bed days were included from 2002/03.
6. Acute activity is defined by a service category of acute or newborn.
7. Includes services contracted to the private sector. Source: HIE, WebDOHRS.

8. Source: HIE and WebDOHRS. Pathology and radiology services performed in emergency departments have been excluded since 2004/05.

9. Planned separations, same-day separations and occupancy rates are percentage point variance from 2007-08.

NOTES FOR TABLE 3

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

Registered health professionals in NSW

The number of registered health professionals 2008-09 at 30/06/2009 is as follows:

Board	No. of registrants current at 30/06/2009
Chiropractors	1,448
# Dentists	4,636
Dental Hygienists	308
Dental Therapists	320
Oral Therapists	52
Students (both dentists and auxiliaries)	936
Dental Technicians	846
Dental Prosthetists	468
# Medical Practitioners	30,694
General registration - 30,694	
Conditional registration - 3,807	
Nurses and Midwives	
Registered Nurses	86,488
Registered Midwives	17,535
Enrolled Nurses	17,250
Authorised Nurse Practitioners	131
Authorised Midwife Practitioners	2
Optical Dispensers	1,532
Optometrists	1,760
Osteopaths	591
# Pharmacists	8,272
Physiotherapists	6,976
Podiatrists	898
Psychologists (includes 1367 provisional)	10,281

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

Mental Health Act

SECTION 108

In accordance with Section 108 of the NSW *Mental Health Act 2007* the following report details mental health activities for 2008-09 in relation to:

- the care of the patients and people detained in each hospital
- the state and condition of each hospital
- important administrative and policy issues
- matters at the discretion of the Director-General.

Historical tables are presented in this report with the latest updates of 2008-09 data. To review all the revisions and amendments made to this section, please see the NSW Department of Health – Annual Report 2004-05. www.health.nsw.gov.au/pubs/2005/ar_2005.html

Total beds and activity

Under the NSW Government Action Plan for Health (2000-01 to 2002-03), and subsequent enhancements, a significant investment has been made in increasing inpatient capacity.

Changes since 2000-01 are summarised in the table below. Detailed data on beds and activity for individual area health services and facilities is shown in a later table.

From 2000-01 to 2008-09, funded bed capacity increased by 617 beds (33%). Average availability is affected by (i) commissioning periods between the completion of construction and full operation of new units, (ii) temporary closures due to renovation or operational reasons. Average occupancy, derived in this way from aggregate data, is likely to underestimate true occupancy at a unit level.

Performance indicators

National reporting definitions for mental health include a small number of services funded by programs other than mental health (e.g., primary care and rehabilitation and aged care programs). This report includes health service performance agreement (HSPA) indicators only for services directly funded through the mental health program. For interstate comparisons, data in the annual *Report on Government Services* and the *National Mental Health Report* should be used.

Funded Capacity	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Funded beds at 30 June	1,874	1,922	2,004	2,107	2,157	2,219	2,316	2,360	2,491
Increase since 30 June 2001	-	48	130	233	283	345	442	486	617

Average Availability (full year)	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Average available beds	1,814	1,845	1,899	1,985	2,075	2,153	2,261	2,283	2,396
Increase since 30 June 2001	-	31	85	171	261	339	447	469	582
Average Availability (%) – of funded beds	97	96	95	94	96	97	98	97	96

Average Occupancy (full year)	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Average occupied beds	1,572	1,621	1,702	1,773	1,847	1,912	2,056	2,059	2,120
Increase since 30 June 2001	-	48	130	201	274	340	484	487	548
Average Occupancy (%) – of available beds	87	88	90	89	89	89	91	90	88

Acute and non-acute inpatient care utilisation

Mental health inpatient services provide two types of care - acute and non-acute. The next two tables show service utilisation for each, by area health service, since 2000-01.

TABLE 1: AHS Performance Indicator - Mental Health Acute Inpatient Care (Separations from overnight stays)

AREA HEALTH SERVICE Acute Overnight Separations	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Sydney South West	4,545	4,866	5,041	5,058	5,135	6,211	5,997	5,709	5,903
South Eastern Sydney Illawarra	3,577	3,866	3,876	4,609	4,425	4,815	4,692	4,801	4,768
Sydney West	3,309	3,493	3,149	3,124	3,074	3,683	4,613	4,869	4,772
Northern Sydney Central Coast	2,803	2,755	2,628	2,776	3,187	3,472	4,068	3,426	3,858
Hunter New England	3,402	3,511	3,839	4,166	3,969	4,023	4,103	4,210	4,033
North Coast	1,566	1,545	2,034	2,395	2,354	2,421	2,200	2,168	2,425
Greater Southern	1,369	1,373	1,318	1,342	1,348	1,290	1,221	1,636	1,690
Greater Western	877	954	858	1,197	1,505	1,656	1,608	1,510	1,479
Children's Hospital at Westmead	-	-	-	-	94	121	96	116	150
Justice Health Service	161	151	100	92	91	123	699	806	706
NSW total	21,609	22,514	22,843	24,759	25,182	27,815	29,297	29,251	29,784

Source – NSW State HIE: Area health service returns to Department of Health Reporting System (DOHRS). Limitations – Child and adolescent units at CHW were unable to report any bed activity in DOHRS for the current reporting period, due to systems difficulties.

Interpretation - Table 1

In 2008-09 funded acute beds increased by 38. They were: 12 child and adolescent beds in Concord Centre for Mental Health (SSWAHS); two PECC beds at Campbelltown (SSWAHS); four PECC beds in Prince of Wales (SESIAHS); two beds in Long Bay forensic Mental Health Unit (JHS); six beds in Silverwater forensic Mental Health Unit (JHS); two beds in Port Macquarie Base Hospital (NCAHS).

Other changes in 2008-09 involved reclassification of some beds. In Campbelltown (Birunji Youth Unit) 20 non-acute beds were reclassified, as in Bloomfield (GWAHS) four non-acute (Audley Clinic) became acute (observational beds). Conversely, in Liverpool Hospital (SSWAHS) 14 acute beds were reclassified to non-acute in 2008-09.

Amendment to 2007-08 bed numbers – The bed numbers reported in 2007-08 for Liverpool (70) and Wollongong hospitals (39) have been revised to 68 and 34 respectively.

Compared with 2007-08, in 2008-09 average available acute beds increased by 85, from 1,469 to 1,554. Average occupied acute beds increased by 31 from 1,361 to 1,392.

The number of acute overnight separations for 2008-09 (29,784), has remained within the expected range since 2006-07. Acute overnight separations increased steadily between 2004 and 2007, aligned to increased funding, which saw the implementation of psychiatric emergency care centres (PECCs) and a rise in the acute mental health bed base.

Bed availability data shows that a small proportion of the additional beds funded in 2008-09 were still not operational, due to continuing recruitment at the end of the reporting period.

Since 2000-01 there has been a 28 per cent increase in the number of acute beds and a 38 per cent increase in acute overnight separations. New units with short average lengths of stay, such as PECCs and the Justice Health screening unit, contributed significantly to this increased activity.



TABLE 2: AHS Performance Indicator – Mental Health Non-acute Inpatient Care – Occupied Bed-days

AREA HEALTH SERVICE Non-acute O/N OBDS	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Sydney South West	32,260	30,048	28,949	29,467	22,913	16,821	19,030	19,623	16,668
South Eastern Sydney Illawarra	-	-	-	-	-	-	5,002	4,978	8,009
Sydney West	52,580	53,250	56,291	56,123	55,805	56,588	54,898	50,874	63,654
Northern Sydney Central Coast	56,324	56,248	55,820	59,397	62,815	61,707	65,370	62,934	63,612
Hunter New England	42,464	42,913	42,868	43,502	42,450	43,497	39,055	37,826	47,707
North Coast	-	-	-	-	-	-	-	-	-
Greater Southern	14,669	16,680	17,426	17,697	17,959	17,751	17,032	17,269	16,915
Greater Western	30,440	30,741	33,555	38,344	39,978	35,866	37,234	37,540	35,741
Children's Hospital at Westmead	-	-	-	-	-	-	-	-	-
Justice Health Service	21,765	22,396	21,299	21,604	21,769	20,980	20,115	19,677	12,690
NSW total	250,502	252,276	256,208	266,134	263,688	253,210	257,736	250,721	264,996

Source – NSW State HIE: Area health service returns to Department of Health Reporting System (DOHRS). Limitations – DOHRS reporting of overnight occupied bed days was incomplete for child and adolescent units at CHW and for the recently opened 20-bed non-acute unit at Sutherland Hospital.

Interpretation - Table 2

Non-acute bed numbers increased by 93 from 834 in 2007-08, to 927 in 2008-09. This was mainly due to reclassification of aged care (non-mental health-funded) beds to mental health in four T-BASIS units. They are at Mount Druitt, Lottie Stewart (SW), Tamworth and Wingham (HNE) hospitals. Each has 16 beds. Another 40 (20 each) started at Shellharbour and Sutherland hospitals (SES). Two new units, with a combined

total of 59 beds, started at the new forensic hospital at Long Bay (JHS).

The increase in newly-funded non-acute beds was offset by reclassification of 20 in Campbelltown and four in Bloomfield hospitals to acute. The 59 non-acute beds in the new forensic hospital saw 60 closed in Long Bay.

TABLE 3: AHS Performance Indicator – Ambulatory Care (contacts)

AREA HEALTH SERVICE Ambulatory Contacts	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	% 08-09 target met
Sydney South West	57,568	113,802	166,910	195,935	227,012	243,385	179,233	166,276	223,557	60
South Eastern Sydney Illawarra	98,072	159,475	221,264	233,001	291,447	285,580	296,926	265,664	278,491	84
Sydney West	146,494	150,022	125,178	123,872	118,026	164,617	189,429	193,646	164,315	54
Northern Sydney Central Coast	103,928	228,093	282,408	295,704	351,699	373,628	441,085	471,621	455,298	125
Hunter New England	90,365	89,692	111,593	129,721	108,739	163,259	166,140	133,107	129,693	46
North Coast	5,945	69,278	120,586	145,000	123,710	133,427	137,590	153,132	144,318	93
Greater Southern	6,399	82,702	106,753	25,332	88,237	158,486	146,889	155,465	178,631	96
Greater Western	73,557	88,643	102,644	101,994	111,112	120,535	124,491	108,451	146,281	86
Children's Hospital at Westmead	3,183	8,634	10,885	10,055	12,787	16,759	20,900	18,618	16,774	58
Justice Health Service	-	443	4,608	171,115	299,101	50,258	60,388	54,733	59,168	85
NSW total	585,511	990,784	1,252,829	1,431,729	1,731,870	1,709,934	1,763,071	1,720,713	1,796,526	83

Source: NSW Health HIE from area ambulatory source systems in the State data warehouse (HIE).

Targets: Based on target numbers of funded ambulatory full-time equivalent (FTE) staff. Targets are set at 80 per cent of the actual expected number of contacts.

Limitations: Because they use CHIME and Cerner systems, Hunter New England and Sydney South West do not meet mandatory reporting requirements. The data included may therefore represent an under-reporting of ambulatory contacts recorded in local source systems. Reporting is incomplete in a number of AHSs. The total for 2009-10 is likely to increase as area data entry is completed.

Interpretation - Table 3

This indicator has varied little over the last four reporting periods (range: 1,709,934 - 1,796,526, variation: five per cent). There is substantial variability between areas for this indicator (range: 54 - 125 per cent). In 2008-09, overall reporting compliance has increased to 83 per cent of expected contacts (80 per cent in 2007-08). Six area health services (five in

2007-08) showed a reporting compliance above the 80 per cent target.

This may reflect local data system issues, as well as differences in local practice for collection and processing of clinician-reported activity data.



Child/Adolescent beds – 2007-08 to 2008-09

The funded acute beds number (55) remains the same in 2008-09 as in 2007-08. Acute bed activity (separations) increased by 14 per cent from 602 in 2007-08 to 687 in 2008-09.

For non-acute CAMHS services, funded non-acute beds remained unchanged at 56. Availability and occupancy statistics for these units are complicated by the fact that they operate mainly during the week and school term.

Barring the C&A units at CHW, which reported unexpectedly higher number of available, compared to funded, beds and did not report bed activity data for 2008-09, all other C&A units reported similar numbers of average available beds as last year.

Private Hospitals

In 2008-09, 17 private hospitals, authorised under the *Mental Health Act*, provided inpatient psychiatric services in 644 beds.

Changes from 2007-08 to 2008-09

- A new MH unit of 16 authorised beds opened in Brisbane Waters Hospital in 2008.
- Funded beds at Lingard reduced from 39 to 27.
- Funded beds at South Pacific increased from 34 to 37.

There was an increase from 637 in 2007-08 to 645 beds in 2008-09 (1.3%) across all private hospitals. Overnight admissions to private hospitals increased by almost 8 per cent (8,288 in 2007-08 to 8,927 in 2008-09).

For the first time, data on average bed availability and occupancy was collected for authorised beds in private hospitals. Overall in 2008-09, 98 per cent (632) of funded beds were available and 78 per cent (490) of available beds were occupied (490).

Data Sources for the Annual Report

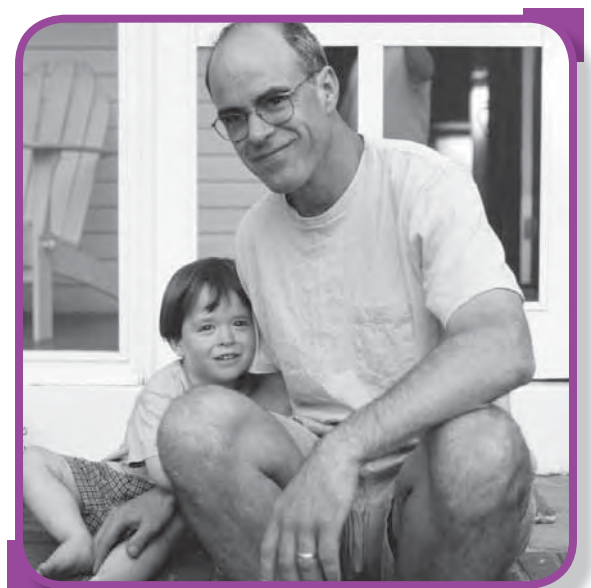
Overnight separations (i.e., admitted and separated on different dates) refers to the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital, or changing type of care.

Historically, funded beds data was compiled from a variety of sources, including Form C returns from area health services, the mental health beds spreadsheets maintained by InforMH on behalf of MHDAAO and direct discussions with area health services.

In 2009, InforMH started a regular survey of beds in MH facilities. The first was in May 2009. It collected data on bed type numbers at ward/unit level. It will be conducted quarterly to maintain accurate and up-to-date information.

Deaths and private provider data is supplied direct from area health services and private providers, via an annual survey (conducted in July 2009).

Ambulatory contact data was extracted in July 2009 from MH-AMB tables in the NSW State HIE.



Public Hospitals Activity Levels

Public psychiatric hospitals and co-located psychiatric units in public hospitals – with beds gazetted under the *Mental Health Act 2007* and other non-gazetted psychiatric units

AREA HEALTH SERVICE / Hospital	Location	Funded ¹ beds at 30 June		Average Available ² beds in year		Average Occupied ³ beds in year		Overnight ⁴ separations in 12 mths	Deaths ⁵ in 12 mths
		2008	2009	2007-08	2008-09	2007-08	2008-09	to 30/6/09	to 30/6/09
X500 SYDNEY SOUTH WEST		393	407	389	381	343	338	6,212	5
ACUTE BEDS - ADULT									
Royal Prince Alfred Hospital	Camperdown	40	40	44	40	36	37	831	1
Rozelle Hospital ⁶	Leichhardt	0	0	107	-	98	-	-	0
Concord Hospital ⁶	Concord	130	142	22	129	18	119	1,928	2
Liverpool Hospital	Liverpool	68	54	68	50	67	52	1,258	1
Campbelltown Hospital ⁷	Campbelltown	34	56	30	51	31	51	1,022	0
Bankstown/Lidcombe HS	Bankstown	30	30	30	30	28	27	707	0
Bowral & District Hospital	Bowral	2	2	2	2	0	0	33	0
ACUTE BEDS - CHILD/ADOLESCENT									
Campbelltown Hos. (GnaKaLun)	Campbelltown	10	10	10	10	7	7	124	0
NON-ACUTE BEDS - ADULT									
Rozelle Hospital ⁶	Leichhardt	0	0	35	-	23	-	-	1
Concord Hospital ⁶	Concord	35	35	6	35	4	24	13	0
Campbelltown Hospital	Campbelltown	20	0	20	0	18	0	-	0
Liverpool Hospital ⁷	Liverpool		14		17		14	39	0
NON-ACUTE BEDS - CHILD/ADOLESCENT									
Thomas Walker Hospital	Concord	24	24	15	17	13	7	257	2
X510 SOUTH EASTERN SYDNEY ILLAWARRA		258	302	243	277	240	271	4,809	2
ACUTE BEDS - ADULT									
Wollongong ⁸ Hospital	Wollongong	34	34	20	33	19	30	403	2
Shellharbour Hospital	Shellharbour	49	49	48	45	48	47	1,155	2
St Vincents Public Hospital	Darlinghurst	33	33	33	33	30	30	934	0
Prince of Wales Hospital	Randwick	58	62	58	64	64	68	1,021	0
St George Hospital	Kogarah	34	34	34	34	31	31	703	1
Sutherland Hospital	Sutherland	28	28	28	28	30	28	493	0
ACUTE BEDS - CHILD/ADOLESCENT									
Sydney Children's Hospital	Randwick	8	8	8	8	4	4	59	0
NON-ACUTE BEDS - ADULT									
Prince of Wales Hospital	Randwick	14	14	14	14	14	14	33	0
Sutherland Hospital ⁹	Sutherland		20		1		8	2	0
Shellharbour Hospital ¹⁰	Shellharbour		20		17		11	6	0
X520 SYDNEY WEST		416	448	418	444	370	398	4,880	5
ACUTE BEDS - ADULT									
Blacktown Hospital ⁹	Blacktown	34	34	33	34	34	37	897	0
St Josephs Hospital	Auburn	15	15	19	19	15	15	93	0
Westmead (adult)	Westmead	26	26	26	25	26	25	298	0
Cumberland Hospital	Westmead	102	102	102	94	102	99	1,710	1
Penrith DHS - Nepean Hosp. ¹²	Penrith	39	39	38	39	34	35	1,416	1
Blue Mountains DH	Katoomba	15	15	15	14	14	13	358	1



AREA HEALTH SERVICE / Hospital	Location	Funded ¹ beds at 30 June		Average Available ² beds in year		Average Occupied ³ beds in year		Overnight ⁴ separations in 12 mths	Deaths ⁵ in 12 mths
		2008	2009	2007-08	2008-09	2007-08	2008-09	to 30/6/09	to 30/6/09
ACUTE BEDS - CHILD/ADOLESCENT									
Westmead (Redbank - AAU)	Westmead	9	9	9	34	4			0
NON-ACUTE BEDS - ADULT									
Cumberland Hospital	Westmead	159	159	159	159	138	169	85	2
Lottie Stewart Hospital ¹²	Dundas		16		10		0	0	0
Mt Druitt Hospital ¹²	Mt Druitt		16		16		5	23	0
NON-ACUTE BEDS - CHILD/ADOLESCENT									
Westmead (Redbank - AFU & CFU)	Westmead	17	17	17		3	-	-	0
X530 NORTHERN SYDNEY/CENTRAL COAST		404	404	384	394	359	349	4,239	11
ACUTE BEDS - ADULT									
Greenwich Home of Peace Hos.	Greenwich	20	20	20	20	22	19	130	0
Hornsby & Ku-Ring-Gai Hos. ¹⁰	Hornsby	41	41	29	38	26	33	855	1
Manly District Hospital	Manly	30	30	29	31	29	29	517	1
Royal North Shore Hospital	St Leonards	24	24	23	24	21	21	403	0
Macquarie Hospital	North Ryde	14	14	14	14	15	15	249	5
Gosford District Hospital	Gosford	25	25	25	25	23	22	512	0
Wyong District Hospital	Wyong	54	54	50	51	47	45	1,192	4
NON-ACUTE BEDS - ADULT									
Macquarie Hospital	North Ryde	181	181	183	181	167	161	47	0
NON-ACUTE BEDS - CHILD/ADOLESCENT									
Coral Tree	North Ryde	15	15	11	10	9	4	334	0
X540 HUNTER NEW ENGLAND		301	333	298	333	267	290	4,150	12
ACUTE BEDS - ADULT									
Maitland Hospital	Maitland	24	24	24	25	25	26	995	1
James Fletcher Hospital	Newcastle	82	82	81	81	78	75	1,632	6
Armidale & New England Hos.	Armidale	8	8	8	8	6	6	216	0
Tamworth Base Hospital	Tamworth	25	25	23	25	20	17	506	0
Manning River Base Hospital	Taree	20	20	20	20	16	17	358	0
Morisett Hospital	Morisett	12	12	12	12	8	8	35	0
ACUTE BEDS - CHILD/ADOLESCENT									
John Hunter Hospital (Nexus)	Newcastle	12	12	12	12	10	9	291	0
NON-ACUTE BEDS - ADULT									
Morisett Hospital	Morisett	118	118	118	118	104	112	58	4
Tamworth Base Hospital ¹²	Tamworth		16		16		11	30	1
Wingham & District Hos. ¹²	Wingham		16		16		9	29	0
X550 NORTH COAST		123	125	98	129	91	109	2,425	2
ACUTE BEDS - ADULT									
Lismore Base Hospital ¹²	Lismore	40	40	23	44	22	35	858	0
Tweed Heads District Hos.	Tweed Heads	25	25	25	25	23	22	509	1
Coffs Harbour & District Hos.	Coffs Harbour	30	30	30	30	29	29	562	1
Kempsey Hospital	Kempsey	10	10	10	10	8	8	241	0
Port Macquarie Base Hos.	Port	10	12	10	12	9	12	192	0
ACUTE BEDS - CHILD/ADOLESCENT									
Lismore Base Hospital ¹²	Lismore	8	8	-	8	-	3	63	0

AREA HEALTH SERVICE / Hospital	Location	Funded ¹ beds at 30 June		Average Available ² beds in year		Average Occupied ³ beds in year		Overnight ⁴ separations in 12 mths	Deaths ⁵ in 12 mths
		2008	2009	2007-08	2008-09	2007-08	2008-09	to 30/6/09	to 30/6/09
X560 GREATER SOUTHERN		118	118	120	120	101	98	2,015	2
ACUTE BEDS - ADULT									
Albury Base Hospital	Albury	24	24	24	24	19	18	628	0
Wagga Wagga Base Hospital	Wagga	20	20	20	20	17	18	458	1
Goulburn Base Hospital	Goulburn	20	20	22	22	18	16	604	0
NON-ACUTE BEDS - ADULT									
Kenmore Hospital	Kenmore	54	54	54	54	47	46	325	1
X570 GREATER WESTERN		191	191	180	179	144	140	1,576	4
ACUTE BEDS - ADULT									
Dubbo Base Hospital	Dubbo	18	18	18	18	13	14	407	0
Mudgee District Hospital	Mudgee	2	2	2	2	0	0	0	0
Bloomfield Hospital	Orange	28	32	29	28	22	23	900	1
Broken Hill Base Hospital ¹⁴	Broken Hill	6	6	6	6	6	5	172	0
NON-ACUTE BEDS - ADULT									
Bloomfield Hospital	Orange	137	133	125	125	103	98	97	3
X160 CHILDREN'S HOSPITAL WESTMEAD		8	8	8	8	6	8	150	0
Children's Hospital Westmead	Westmead	8	8	8	8	6	8	150	0
X170 JUSTICE HEALTH SERVICE		148	155	145	131	138	119	743	0
ACUTE BEDS - ADULT									
Long Bay (Ward D & B) ¹⁴	Malabar	38	40	38	95	34	84	706	0
Mulawa and MRRC ¹⁴	Silverwater	50	56	50		49			0
NON-ACUTE BEDS - ADULT									
Long Bay (MHRH & Ward C) ¹⁴	Malabar	60		57		55			0
Forensic hospital ¹⁵	Malabar		59		36		35	37	0
TOTAL		2,360	2,491	2,283	2,396	2,059	2,120	31,199	46

1 "Funded beds" are those funded by NSW Health.

2 "Average available beds" are the average of 365 nightly census counts as reported in DOHRS. This figure is an overestimate for child and adolescent non-acute units which do not operate for 365 days.

3 "Average occupied beds" are calculated from the total occupied overnight bed days for the year, as reported in DOHRS. Data corrected for non-acute child and adolescent units which are deemed to operate for 231 days.

4 "Overnight separations" exclude same-day separations and are derived from DOHRS.

5 Patients who had been in a MH unit at any time during a stay that ends in death in the period 2008-09.

6 Complete transfer of services from Rozelle to Concord Mental Health Centre in April 2008.

7 Liverpool Hospital - 14 acute beds reclassified as non-acute in 2008-09. The number of beds reported for Liverpool (70) in 2007-08 has been revised to 68.

8 The funded bed base for Wollongong in 2007-08 has been revised down to 34, due to planned redevelopment of the emergency department, which will incorporate four PECC beds that were due to be opened. Funding was released for ED MH staff to provide inpatient/liaison PECC services.

9 Twenty non-acute beds started at Sutherland in March 2009. Only one was reported available in DOHRS.

10 Twenty non-acute beds started at Shellharbour in December 2008.

11 Bed activity data for C&A units at Westmead not available in DOHRS for 2008-09. Remedial measures underway to rectify problem.

12 Non-acute T-BASIS aged care services.

13 Bloomfield declared four non-acute beds in Audley Clinic as observational acute. Previously all 28 beds from Audley were reported as non-acute.

14 Old wards D, B (38 beds) and C & MHRH (60 beds) closed in Long Bay. New wards in 2008-09 (E, F & G) have 40 beds.

14 Additional beds (56) moved to Mulawa and MRRC.

15 MHRH beds transferred to Clovelly (27) and Dee Why (32) at forensic hospital in 2008-09.

Psychiatric hospitals and children and adolescent hospitals/units listed in order of presentation in the table

Psychiatric: Cumberland, Macquarie, Coral Tree, James Fletcher, Morisset, Kenmore, Bloomfield

Children and adolescent: GnaKaLun, Thomas Walker, Sydney Children's, Westmead (Redbank acute/non-acute),

Coral Tree, John Hunter (Nexus), Lismore Base (LCAMHU) and Children's Westmead

Source: Mental Health and Drug and Alcohol Office

Private Hospitals Activity Levels

Private hospitals in NSW authorised under the *Mental Health Act 2007*

Hospital/Unit	Authorised Beds ¹	Available Authorised Beds ²		In residence		Average available beds ³	Average occupied beds ³	Admitted in 12 mths to 30/6/2009		On leave	Deaths in 12 mths
	as at 30/6/09	as at 30/6/08	as at 30/6/09	as at 30/6/08	as at 30/6/09	12 mths to 30/6/09	12 mths to 30/6/09	Over Night	Same Day ³	as at 30/6/09	to 30/6/09
Albury Wodonga Private	12	12	12	4	2	12	3	39	131	0	0
Brisbane Waters ⁵	16		16		14	15	12	73	0	1	0
Dudley Private Hospital	13	13	13	9	6	8	8	179	43	0	0
Lingard ⁶	27	39	27	24	22	27	23	407	11	0	0
Mayo Private Hospital	9	9	9	7	9	9	9	213	0	0	0
Mosman Private	18	17	18	14	13	18	15	315	0	0	0
Northside Clinic ⁷	93	93	92	89	88	93	77	1,395	5,588	0	0
Northside Cremorne Clinic ⁷	36	36	36	31	26	36	29	339	977	0	0
Northside West Clinic ⁷	57	57	52	41	44	52	34	613	3,132	0	0
South Pacific	37	34	37	30	34	35	30	445	3,210	0	0
St John of God Burwood	86	86	84	68	64	86	65	1,430	0	0	2
St John of God Richmond	86	86	86	65	69	86	66	1,213	0	1	0
Sydney Private Clinic	44	44	44	39	38	44	38	765	0	0	1
Sydney Southwest Private	18	18	18	25	15	18	9	268	84	0	0
Wandene	30	30	30	31	30	30	26	431	1,649	0	1
Warners Bay Private	25	25	25	18	24	25	20	412	0	0	0
Wesley Private	38	38	38	12	25	38	26	390	2,264	0	0
Total	645		637		523	632	490	8,927	17,089	2	4
Total 2007-08	–	637	–	507	–	–	–	8,288	17,110	1	0
Total 2006/07	–	653	–	657	–	–	–	8,436	24,310	30	0
Total 2005/06	–	587	–	382	–	–	–	7,958	23,803	52	2
Total 2004/05	–	596	–	382	–	–	–	8,139	20,691	1	5
Total 2003/04	–	560	–	426	–	–	–	9,857	18,339	1	2
Total 2002/03	–	580	–	422	–	–	–	8,048	17,589	2	4
Total 2001/02	–	570	–	377	–	–	–	7,822	18,666	4	1

1 The hospital is licensed to use these beds for psychiatric care including ECT (Source: Private Health Care Branch [PHCB]). Hospitals not licensed to provide ECT are: Mosman Private, Northside Cremorne Clinic, South Pacific and Sydney South West Private.

2 Number of beds available for use at 30/06/09 (includes empty and occupied beds).

3 The average available and occupied bed data is being presented in this report for the first time.

4 Number of clients admitted and discharged on the same day to one of the organisation's 'authorised' beds.

5 Brisbane Waters opened a 12-bed MHU which started admissions on 22 October 2008. Four additional beds opened in December 2008.

6 Authorised beds reduced from 39 in 2008 to 27 in 2009.

7 Same day admissions to all Northside Clinics have increased in the reporting period, due to the increase in number of day-only programs run by the clinics.

Source: Private Hospital manual returns.

Services and Facilities

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Selected services

NSW DEPARTMENT OF HEALTH

NSW Department of Health

North Sydney Office

73 Miller Street
North Sydney NSW 2060
(Locked Mail Bag 961, North Sydney NSW 2059)

Telephone: 9391 9000
Facsimile: 9391 9101
Website: www.health.nsw.gov.au
Email: nswhealth@doh.health.nsw.gov.au
Business hours: 9.00am–5.00pm, Monday to Friday

Director-General: Professor Debora Picone, AM

Centre for Oral Health Strategy

Corner Mons Road and Institute Road
Westmead NSW 2145

Telephone: 8821 4300
Facsimile: 8821 4302
Business hours: 9.00am–5.00pm, Monday to Friday

Chief Dental Officer: Dr Clive Wright

Environmental Health Branch

Building 11
Gladesville Hospital Campus
Victoria Road, Gladesville NSW 2111
(PO Box 798, Gladesville NSW 1675)

Telephone: 9816 0234
Facsimile: 9816 0240
Business hours: 9.00am–5.00pm, Monday to Friday

Director: Dr Wayne Smith

Pharmaceutical Services Branch

Building 20
Gladesville Hospital Campus
Victoria Road, Gladesville NSW 2111
(PO Box 103, Gladesville NSW 1675)

Telephone: 9879 3214
Facsimile: 9859 5165
Business hours: 8.30am–5.30pm, Monday to Friday

Acting Chief Pharmacist
and Associate Director: Bruce Battye

Methadone Program

Telephone: 9879 5246
Facsimile: 9859 5170

Enquiries relating to authorities to prescribe other
drugs of addiction:

Telephone: 9879 5239
Facsimile: 9859 5175

Health Professionals Registration Boards

Level 6
477 Pitt Street
Sydney NSW 2000
(PO Box K599, Haymarket NSW 1238)

Telephone: 9219 0212
Facsimile: 9281 2030
Email: hprb@doh.health.nsw.gov.au

Business hours: 8.30am–5.00pm, Monday to Friday
Cashier service: 8.30am–4.30pm, Monday to Friday

Director: Jim Tzannes

Health Infrastructure Office

Telephone: 8644 2000
Facsimile: 8644 2240
Website: www.hinfra.health.nsw.gov.au
Chief Executive: Robert Rust

The Health Infrastructure Office manages and oversees the delivery of the NSW Government's major hospital works.

Project Value

Health Infrastructure's approved capital program at 30/6/09 was \$2.45billion. In addition, HI has projects in planning, with estimated total capital cost of a further \$2.53billion.

Project	(\$M)
Work in progress projects	1,345
Public private partnership projects	1,105

Capital Spend in 2008/09

Health Infrastructure capital project spend in 08-09 was \$518M

Project	(\$M)
Planning projects	5
Work in progress projects	247
Public private partnership projects	266

New Planning Projects in 2008/09

- Gundagai RH&HS phase 4
- Lidcombe forensic biology / DNA service
- Sydney Children's Hospital, Randwick
- Werris Creek RH&HS phase 4
- Westmead research hub

New Works in Progress Projects in 2008-09

Forecast	(\$M)
Grafton Hospital Emergency Department	20
Lismore Hospital stage 2 – cancer centre	27
Orange radiotherapy.....	19

Projects Completed in 2008-09

Project	(\$M)
Long Bay forensic hospital PPP.....	92 (includes retained)
Newcastle Mater Hospital PPP	157
Batlow Hospital development	12

Berrigan Hospital development	7
Bombala Hospital development	11
Junee Hospital redevelopment	12
Nepean Hospital Allied Health relocation.....	7
Nepean Hospital Pathways Home	4
Queanbeyan Hospital	53
Ryde Ambulance Station.....	2

Other Project Delivery Achievements in 2008-09

Financial close on the \$973m Royal North Shore Hospital PPP

Major Project Delivery Priorities for 2009-10

Delivery of the 2009-10 capital project plan with a current forecast total value of \$609M

Project	(\$M)
Planning	10
Work in progress	327
PPPs	272

New Planning Projects in 2009-10

- Lockhart MPS
- Sydney Ambulance infrastructure reform program

New Works in Progress in 2009-10

- Bathurst Hospital - Ambulatory Care
- Coonamble MPS
- Manilla MPS/HealthOne
- Narrabri Hospital redevelopment
- Nepean Hospital redevelopment stage 3

Federal Government Funding announced in May 2009 Budget

Project	(\$M)
Narrabri	27
Nepean	96.4

Related Activities

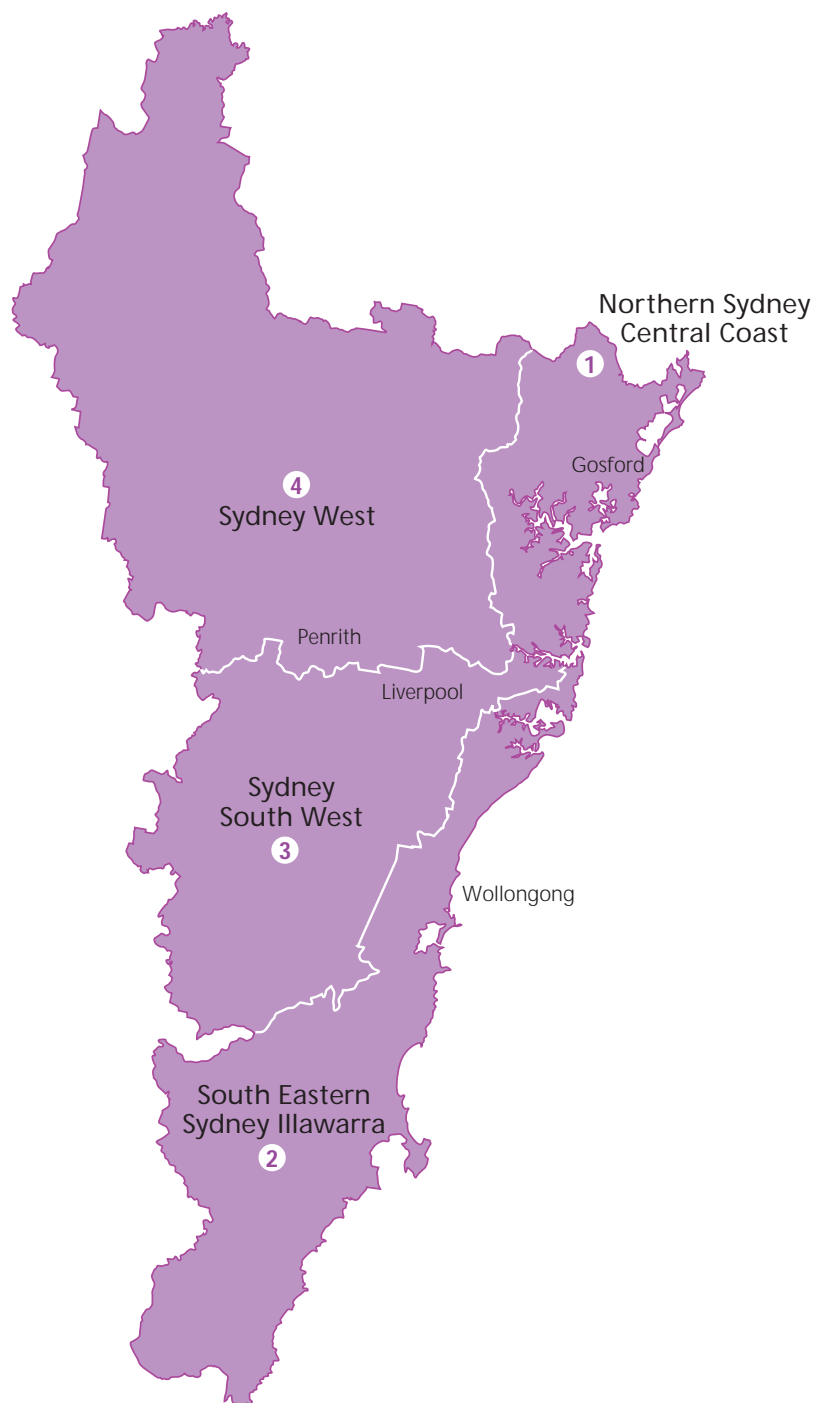
- Divestment of surplus nursing homes
- Structuring arrangements to fund and operate hospital car parks
- Future direction of hospitals – future trends including design functionality and interface with support operations.



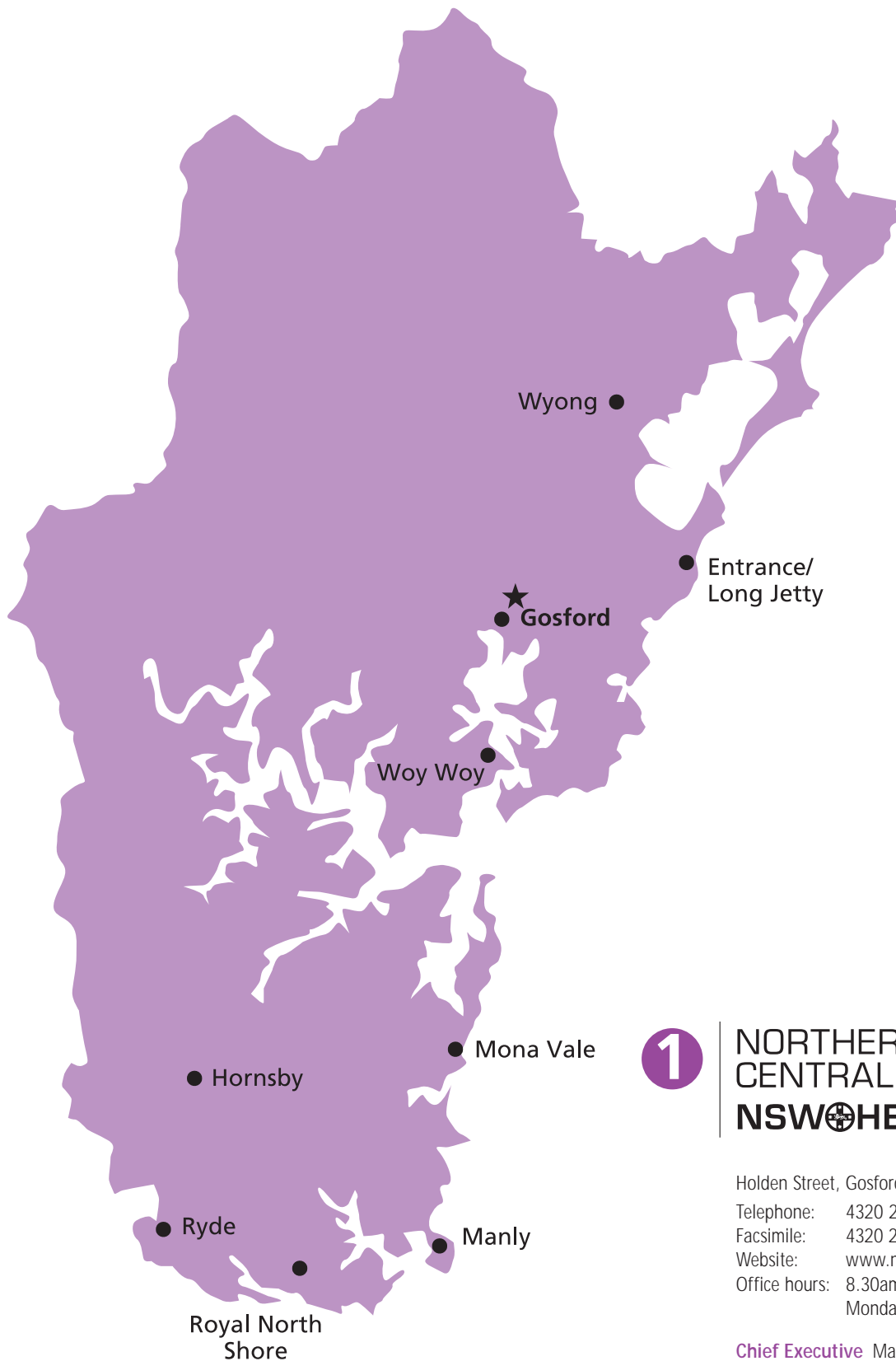


Maps and Profiles:

METROPOLITAN AREA HEALTH SERVICES (AHS)



Northern Sydney Central Coast AHS



1

NORTHERN SYDNEY CENTRAL COAST NSW HEALTH

Holden Street, Gosford 2250

Telephone: 4320 2333

Facsimile: 4320 2477

Website: www.nscchealth.nsw.gov.au

Office hours: 8.30am – 5.00pm,
Monday to Friday

Chief Executive Matthew Daly

Local government areas

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

Public hospitals

Gosford Hospital
Hornsby Ku-ring-gai Hospital
Long Jetty Healthcare Centre
Macquarie Hospital
Manly Hospital
Mona Vale Hospital
Royal North Shore Hospital
Ryde Hospital
Wyong Hospital
Woy Woy Hospital

Public nursing homes

Hope Healthcare - Graythwaite Nursing Home,
Greenwich Hospital, Neringah Hospital,
Royal Rehabilitation Centre Sydney

Community health centres

Kincumber Community Health Centre
Lake Haven Community Health Centre
Long Jetty Community Health Centre
Erina Community Health Centre
Mangrove Mountain Community Health Centre
Toukley Community Health Centre
Woy Woy Community Health Centre
Wyong Community Health Centre
Wyong Central Community Health Centre

Child and family health

Berowra Community Health Centre
Brooklyn Community Health Centre
Galston Community Health Centre
Hillview Community Health Centre
Hornsby Child & Family Health Centre
Pennant Hills Community Health Centre
Richard Geeves Centre – Dementia Day Centre
Wiseman's Ferry Community Health Centre
Brookvale Early Intervention Centre
Dalwood Assessment Centre
Frenchs Forest Community Health Centre
Mona Vale Community Health Centre
Queenscliff Community Health Centre
Ryde Hospital and Community Health Service
Macquarie Hospital
Child and Family Health
North Shore/Ryde Community Health Centre
Ryde Child and Family Health Service

Chief Executive's year in review

A highlight of our year came in October, with the awarding of contracts for the redevelopment of Royal North Shore Hospital. The construction of the new main building and community health centre is part of an overall \$950M redevelopment of the campus and is the largest health capital works project in NSW.

One month later, the NSW Health Minister officially opened the first stage of the redevelopment - the \$99M Kolling Building for research and education, now home to Sydney University's Northern Clinical School. In 2009, the Kolling Building played host to the inaugural nursing and midwifery research and innovation practice conference - "Research for Health" - just one of many events held there since the opening.

Other highlights included the announcement of plans for a state-of-the-art rehabilitation centre at Ryde Hospital, to be built with funds from the sale of the Graythwaite estate at North Sydney.

The 2008-09 year also saw a new stem cell research centre opened in the Kolling Building and an innovative one-stop-shop for young people with mental health issues, launched in the Gosford CBD.

Further highlights were the funding commitment for \$2.1M for a medical assessment unit at Mona Vale Hospital, the launch of lifesaving cardiac treatment on the Central Coast, previously only available to patients living close to metropolitan hospitals and 75th birthday celebrations for both Hornsby and Ryde hospitals.

Achievements during the 2008-09 year included the opening of a \$950k six-chair satellite renal dialysis unit at Mona Vale Hospital, which means patients on the Northern Beaches need no longer travel to Royal North Shore for dialysis and the first patients through Wyong's high-dependency and medical assessment units.

Also during the year, a 20-bed transitional care facility opened at Woy Woy Hospital; the Emergency Department and two inpatient wards were refurbished at Ryde Hospital and an after-hours GP clinic was established in Mona Vale Hospital's Emergency Department. Hornsby and Mona Vale hospitals took delivery of new CT scanners – a 64-slicer for Hornsby and a 32-slicer for Mona Vale.

By far the most impressive achievements over the 08/09 year belong to our magnificent staff, who continued to deliver the highest level of quality health care to the people of the Central Coast and Northern Sydney with a mix of skill, integrity and good humour.

Matthew Daly, Chief Executive
Northern Sydney Central Coast Area Health Service



Demographic summary of the area

Northern Sydney Central Coast Area Health Service (NSCCAHS) provides health services in an area that extends north from Sydney Harbour across the Hawkesbury River, to the southern shore of Lake Macquarie and west to Wiseman's Ferry.

It is estimated that 1,124,250 people lived in the area in 2006. This represents 16.4 per cent of the population of NSW and 19.1 per cent of those aged 75 years or more. The range is significant, because older age groups need considerably more health care than the general population.

By 2011, it is estimated that the population will be more than 1,162,210. The '85 years and over' population in NSCCH will be more than 20 per cent of the NSW population in that age group. It is expected that there will be 28.8 per cent more people in the 85 and over group in 2011 than in 2001.

The other age group expected to grow the most over the period to 2011, is the 'late working age-early retirement' group aged between 60 and 69 years. It is expected that by 2011 there will be 15,700 more people aged 60-64 years (25 per cent increase) and 9,600 more people 65-69 years (19.4 per cent increase).

The Central Coast Health Service (CCH) has a different multicultural profile from the remainder of NSCCH. Only 4.5 per cent of its population was born in a non-English speaking country. In the remainder, 18 per cent of residents were born outside English-speaking countries. The country of birth data is also reflected in the language preferences of residents. In the metropolitan health services 76 per cent of the population speak only English. Cantonese, Italian, Mandarin, Korean, Japanese, Arabic, Greek, German, Spanish, Tagalog and Persian are the most reported languages other than English spoken in NSCCH. Ryde and Willoughby were the local government areas with the highest proportion of residents who reported speaking a language other than English.

The mortality rate for NSCCH residents is significantly lower than for the whole of NSW, indicating a better health status. In 2005, there were 8,129 deaths. Cardiovascular disease was the most common overall cause, accounting for 38.3 per cent of all deaths. Cancers were the second most common cause in 2003, being attributed to 28.2 per cent of deaths. For males, the main sites were lungs, prostate and colon, for females, breast, lungs and colon. This profile remains current.

Highlights and Achievements

- Central Coast residents benefit from lifesaving cardiac treatment previously only available to patients living close to metropolitan hospitals.
- Official opening of \$99m Kolling Building for research and education at Royal North Shore Hospital.
- Opening of \$950k six-chair satellite renal dialysis unit at Mona Vale Hospital.
- Wyong Hospital's high dependency unit (HDU) opens.
- Wyong Hospital medical assessment unit (MAU) opens.
- New after-hours GP clinic established in Mona Vale Hospital's Emergency Department.
- Hornsby Ku-ring-gai Health Service receives EA (extensive achievement) ratings from Australian Council on Healthcare Standards (ACHS) in nine categories.
- ACHS awards Manly and Mona Vale hospitals four-year accreditation for high clinical standards.
- New stem cell research centre officially opened at Kolling Institute of Medical Research.
- Ryde Hospital's Emergency Department refurbishment, including fast-track area to allow timely access to non-urgent treatment.
- 20-bed transition care facility opens at Woy Woy Hospital.
- New 32-slice CT scanner delivered to Mona Vale Hospital.
- One-stop-shop for young people on Central Coast with mental health issues – ycentral – officially opens at Gosford.
- Midwife-led birthing unit begins operating at Wyong Hospital.
- Hornsby Hospital takes delivery of new 64-slice CT scanner.
- Federal funding for Royal North Shore's \$3.6m PET (positron emission tomography) scanner confirmed.
- NSW Government commits \$1.5m over five years for senior academic position in emergency medicine as incentive to attract clinicians to Gosford and Wyong hospitals.
- Contracts awarded for construction of Royal North Shore's new main building and community health centre, part of overall \$950m redevelopment of campus.
- Announcement of \$2.1m NSW Government funding for medical assessment unit (MAU) at Mona Vale Hospital.
- Northern Sydney Central Coast Health announces plans for state-of-the-art rehabilitation centre at Ryde Hospital, to be built with funds from sale of historic Graythwaite building at North Sydney.
- Ryde Hospital celebrates 75th anniversary.
- Northern Beaches APAC (Acute Post Acute Care) GP Shared Care initiative receives NSW Health Award.
- RNSH's Kolling Building plays host to inaugural nursing and midwifery research & innovation practice conference "Research for Health".
- Wyong and Hornsby paediatric and ambulatory care (PAC) teams named finalists in NSW Health Awards.

- Central Coast Mental Health awarded Mental Health Matters award during Mental Health Week.
- Hornsby Hospital celebrates 75 years of caring.

Equal Employment Opportunities

Northern Sydney Central Coast Health (NSCCH) is committed to the development of a culture that is supportive of employment equity and diversity principles. NSCCH promotes management policies and practices that reflect and respect the social and cultural diversity contained within the sector and the community.

The NSCCH Equal Opportunity Workforce Management Plan 2008-2012 facilitates the identification and removal of systemic barriers to the participation and promotion in employment of EEO groups, including:

- Women
- Aboriginal people and Torres Strait Islanders
- People from racial, ethnic and ethno-religious minority groups
- People whose language first spoken language as a child was not English
- People with a disability.

In 2009, an EEO working party was established to support the objectives of the plan. A key component is the improvement in the data provided during employment of these groups. The AHS supports employees who have temporary and permanent disability, through temporary alternate duties and long-term assessment of reasonable adjustment options.

The Northern Sydney Central Coast Area Health Service Aboriginal Workforce Strategy 2008-2012 aims to support the recruitment and retention of Aboriginal people and their career development. The strategy also aims to promote an understanding of Aboriginal culture and to strengthen positive relationships with Aboriginal communities and organisations.

During 2008-2009, there has been a focus on increasing the numbers of participants in the Aboriginal nursing cadetship program, as well as the creation of three specific new Aboriginal positions. They are: (1) Aboriginal mental health worker at Ryde, (2) Aboriginal trainee in business administration and (3) NSW Drug and Alcohol Aboriginal traineeship co-ordinator.

Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation. For a detailed and comparative view of each area health service, please refer to the following contents:

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General creditors > 45 days as at the end of the year	82
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Workforce

Workforce planning – non-casual staff separation rate	72
Ethnic Affairs Priority Statement	189-193

Service Delivery levels

Infectious disease notifications	255
Public hospital activity levels	258
Mental Health Act - Acute and non-acute inpatient care utilisation	262

Staff numbers by employment basis

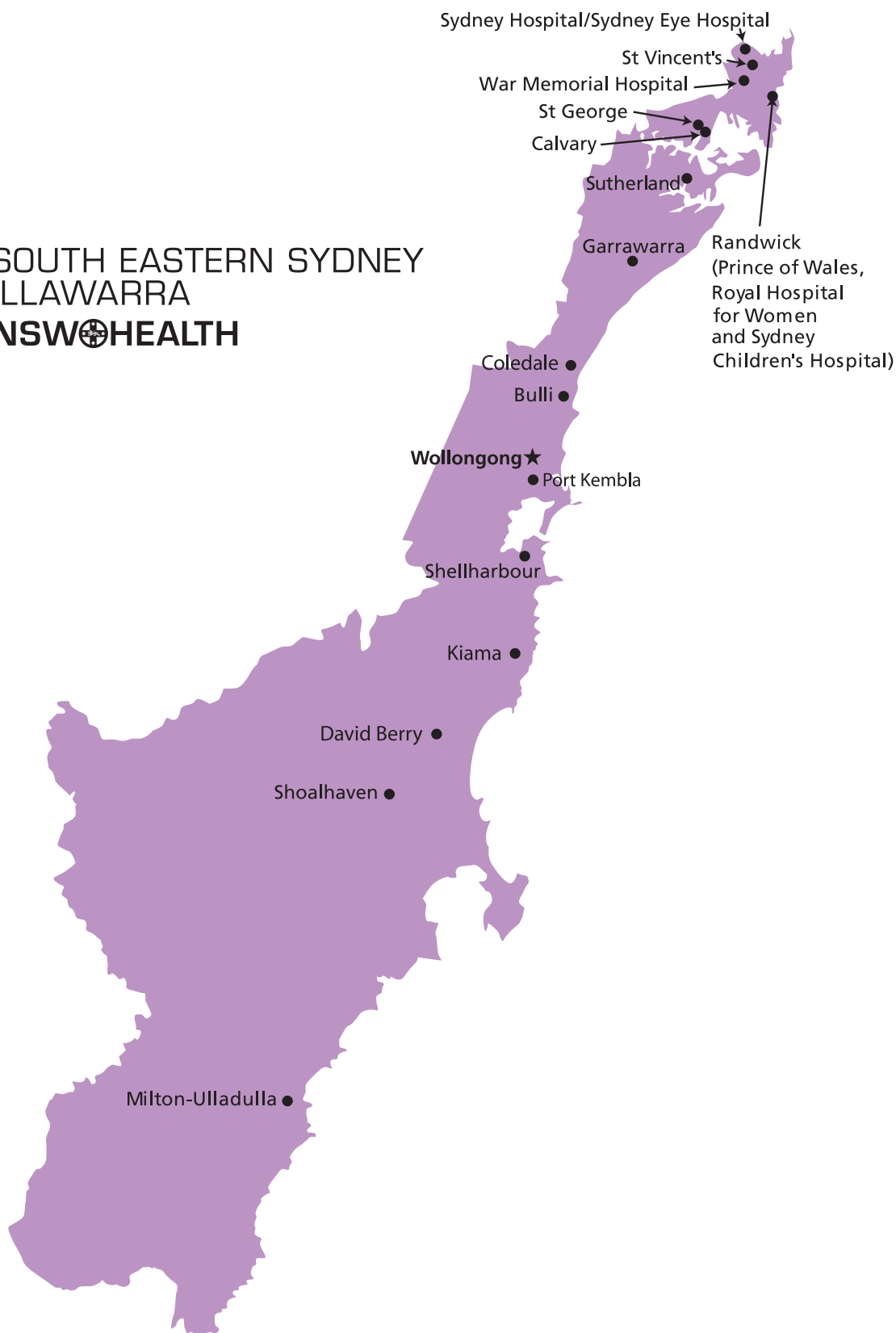
Employment Basis*	Total Staff (number)	Subgroup as per cent of total staff in each category (%)			Subgroup as estimated per cent of total staff in each employment category (%)					
		Respondents	Men	Women	ATSI ¹	Minorities ²	ESL ³	Disabled ⁴	Disabled - work ⁵	
Permanent Full-time	7,608	90	32	68	1.0	10	17	2	0.5	
Permanent Part-time	4,493	92	11	89	0.5	7	10	2	0.5	
Temporary Full-time	698	91	24	76	0.8	9	25	1	0.3	
Temporary Part-time	363	90	17	83	1.2	4	12	1	0.3	
Contract - Non SES	10	–	60	40	–	–	–	–	–	
Training Positions	75	95	15	85	2.8	4	10	1	–	
Casual	2,104	83	23	77	1.0	4	11	1	0.3	
TOTAL	15,351	90	24	76	0.8	8	15	2	0.4	
SUBTOTALS										
Permanent	12,101	91	24	76	0.8	9	15	2	0.5	
Temporary	1,061	90	22	78	0.9	7	21	1	0.3	
Contract	10	–	60	40	–	–	–	–	–	
Full-Time	8,306	90	31	69	1.0	10	18	2	0.5	
Part-Time	4,856	92	12	88	0.5	7	10	2	0.5	

1 Aboriginal and Torres Strait Islander people 2 People from racial, ethnic, and ethno-religious minority groups 3 People for whom English is a second language
4 People with a disability 5 People with a disability requiring work-related adjustment *No figures were available for Contract - SES.

South Eastern Sydney Illawarra AHS

2

SOUTH EASTERN SYDNEY
ILLAWARRA
NSW HEALTH



Level 4, Lawson House, Wollongong Hospital
Loftus Street, Wollongong NSW 2500
Telephone: (02) 4253 4888
Facsimile: (02) 4253 4878
Website: www.sesiahs.health.nsw.gov.au
Office hours: 8.30am – 5.00pm, Monday to Friday

Chief Executive

Terry Clout

Local government areas

Botany Bay, Hurstville, Kiama, Kogarah, Lord Howe Island, Randwick, Rockdale, Shellharbour, Shoalhaven, Sutherland, Sydney (part), Waverley, Wollongong, Woollahra

Public hospitals

Bulli Hospital
Coledale Hospital
David Berry Hospital
Kiama Hospital
Milton Ulladulla Hospital
Port Kembla Hospital
Prince of Wales Hospital and
Community Health Service
Royal Hospital for Women
Shellharbour Hospital
Shoalhaven
St George Hospital and
Community Health Service
Sydney Children's Hospital
Sydney Hospital and Sydney Eye Hospital
The Sutherland Hospital and
Community Health Service
Wollongong Hospital

Third Schedule facilities

Calvary Healthcare
Gower Wilson Memorial Hospital
(Lord Howe Island)
St Vincent's Hospital
War Memorial Hospital (Waverley)

Other Services:

Division of Population Health
HIV/AIDs and Related Programs
Health Promotion Program
Health Promotion Service
Multicultural Health
Public Health Unit
Women's Health and Community Partnerships Program
Falls Prevention Program
Aboriginal Health
BreastScreen NSW South Eastern Sydney Illawarra
Oral Health
Mental Health Service
Drug and Alcohol Program
South Eastern Sydney and Illawarra Medical Imaging (SESAMI)
South Eastern Area Laboratory Services (SEALS)
Nursing and Midwifery Services



Chief Executive's year in review

The past twelve months have brought significant change and opportunity for improvement within South Eastern Sydney Illawarra Area Health Service (SESAHS).

The State Government's announcement and implementation of *Caring Together: The Health Action Plan for NSW*, resulted in our services seeing major improvements, while the nationwide pandemic of swine flu saw them tested, with an influx of patients and huge demands on laboratory services.

It is with tenacity that staff across SESAHS are working to implement *Caring Together*.

Caring Together has provided an opportunity to improve the NSW public health system for our consumers and our staff. I am delighted to see the changes beginning to take shape and anticipate further success in the future.

A significant challenge for SESAHS continues to be the recruitment of medical staff, particularly to our Southern Network. I am encouraged that we have seen major success in this area, with the recruitment of four physicians to Shellharbour Hospital and an orthopaedic surgeon to Shoalhaven Hospital.

All of our emergency departments and many of our hospitals cared for community members affected by swine flu this winter. Despite the influx of patients with complex medical conditions, our staff continued to provide exceptional health care.

I was heartened to see our mental health services and chronic care programs make significant improvements and growth, with new services introduced across the area health service. We will continue to build on these in the coming twelve months.

In response to our ageing population, we are developing plans to match our services to future demands. Over the next twelve months we will be reassessing our clinical and strategic plans, to ensure our services meet the demands of our community.

I am continually humbled by the compassion our staff show to patients, along with their commitment to strive for excellence in the provision of care.

I look forward to the year ahead of working with our staff, community partners and volunteers to improve local health services even further.

Terry Clout, Chief Executive
South Eastern Sydney Illawarra Area Health Service

Demographic summary of the area

SESAHS covers approximately 6,331 square kilometres.

At the 2006 Census, there were an estimated 1.1 million people living in the area, accounting for 20 per cent of the NSW population. There were an additional 750,000 people travelling to the area each day for business, study and recreation.

The Shoalhaven and St George areas had the highest proportion of residents aged 70 years and over, while the Illawarra had the highest proportion of children aged less than five years.

The population is expected to reach 1.4 million by 2031, with people aged 60 years and over projected to grow by 82 per cent from 2001 to 2031.

In 2006 the estimated Aboriginal population was 13,526 – 1.2 per cent of the total. The Shoalhaven cluster had the highest proportion of Aboriginal people, however more Aboriginal people were actually living in the Illawarra.

People born overseas comprised 27 per cent (305,059) of the population in 2006. The major countries of birth for overseas-born residents were the UK, New Zealand, China, Greece and Italy.

The most frequently reported languages spoken at home after English are Chinese (Cantonese and Mandarin 4%), Greek (3.1%), Italian (1.7%), Arabic (1.7%) and Macedonian (1.6%).

A study from the Census estimated that there were 4,000 homeless people in SESAHS in 2001.

Highlights and Achievements

- Milton Ulladulla Community Cancer Services Centre, officially opened on 29 June 2009, built and developed in conjunction with Community Cancer Outpatients Appeal Committee at Milton Ulladulla Hospital.
- Shoalhaven Hospital recruited new orthopaedic surgeon, allowing it to increase orthopaedic services to include some after-hours and less complex trauma treatment.
- Shellharbour Hospital had great success in recruiting four general physicians, at a time when it is particularly difficult to attract doctors to regional centres.
- Chronic respiratory care program started at Shellharbour Hospital, servicing needs of southern Illawarra. Provides specialist services to patients with chronic respiratory disease, aiming to reduce hospital admissions and length of stay.
- Shellharbour Hospital mental health rehabilitation and child and adolescent day units opened, making vast improvement to local services.
- New Midwifery and Family Care Centre opened at Shellharbour Hospital, giving families greater choice in maternity care, including home-birthing.
- Major improvements in infection control, some hospitals halving infection rates by innovative initiatives. Results were sparked from work undertaken at Wollongong Hospital.
- NSW Premier announced major expansion of Wollongong Hospital's Emergency Department and development of psychiatric emergency care centre (PECC).
- New and highly specialised Older People's Mental Health Unit (OPMHU) opened at Wollongong Hospital, responding to ageing population, is first of its kind in region.
- David Berry Hospital and Garrawarra Centre both celebrated 100 years of providing community care.
- SESAHS radiotherapy services improved, following installation of new state-of-the-art linear accelerators at Prince of Wales and Wollongong hospitals.
- Prince of Wales Hospital established four medical assessment units (MAUs) - an eight-bed geriatric, four-bed cardiac, four-bed respiratory and five-bed surgical version, which result in more rapid assessment of patients and faster access to diagnosis and treatment.
- Additional programs for movement of older people between acute and community or residential care facilities helped to address ageing population. Developed through additional transitional aged care programs and ComPacks packages.
- Community Health collaboration with divisions of general practice resulted in improved co-ordination of care for complex patients and development of shared care pathways, in areas such as respiratory, diabetes and mental health.
- Extensive work undertaken with residential care facilities to support clients and carers with end-of-life decision-making through wider use of advance care planning.
- Respiratory co-ordinated care program established at Sutherland Hospital to provide specialist care and health management to patients with chronic lung disease.
- St George Hospital completed stage one of Australia's first fully-integrated and holistic prostate cancer institute, which will provide full range of treatment options and post-treatment care for prostate cancer patients.
- St George Hospital's renal palliative care service established, with patients choosing not to have dialysis now being managed by renal and palliative care clinicians on ambulatory basis.
- Live donor kidney transplantation program at Prince of Wales Hospital expanded to include St Vincent's Hospital. Now incorporates specialised area-wide joint renal transplant service and continues to operate at world-best practice level.



- Sydney Eye Hospital/Sydney Hospital, remains leading public hospital for corneal transplants in NSW, having performed 216 last year, for patients from across NSW. Also celebrated 125 years of ophthalmic research and patient care.
- Sydney Hospital's Hand Unit celebrated 40 years of providing specialist care for treatment of hand trauma, abnormalities and diseases.
- Sydney Sexual Health Centre, Sydney Hospital, celebrated 75th anniversary. NSW's largest sexual health clinic saw more than 20,000 presentations in 2008/2009.
- South Eastern Area Laboratory Services (SEALS) received highest level TGA accreditation for laboratories in Australia, enabling it to provide organ and tissue transplantation donor screening. Testing will take place in conjunction with clinical donor services now located within SESIAHS.
- SEALS microbiology staff central to creation of new national guidelines for HIV testing and use of sensitive nucleic acid detection tests. Chaired committees for National Pathology Accreditation Advisory Council, which sets standard for all Australian diagnostic laboratories.
- SEALS implemented new transfusion laboratory information system as part of eMR project. Result of five years planning, training, data conversion, testing and implementation. SEALS staff contributed enormously, particularly in patient orders (for pathology) and results reporting.
- SEALS received formal acknowledgement of performance excellence, with prestigious NATA Certification Services International chairman's award. Selected from over 3,000 businesses across the globe, for outstanding understanding of business management systems.
- SEALS, in collaboration with Institute of Clinical Pathology and Medical Research at Westmead Hospital and World Health Organisation influenza laboratory in Melbourne, provided invaluable services throughout peak of swine flu pandemic. Combined expertise enabled NSW manage spread of H1N1 flu strain.
- SESIAHS supported NSW Health response to H1N1 influenza pandemic, with team of nurses testing 1,300 passengers and 700 crew aboard Pacific Dawn cruise ship in May. Additionally, 62 nurses and doctors conducted border screening and assessment of passengers arriving at Sydney Airport. Staff also established H1N1 public school screening team.
- Operationally, Public Health Unit and hospitals provided remarkable response to influx of patients with suspected swine flu. Staff in swine flu clinics took pressure off emergency departments, while intensive care and high dependency units catered for seriously ill patients. Staff remained extraordinarily committed and hardworking throughout.
- Significant improvements made across area health service in early detection of vision impairment in pre-school age children, with more than 11,051 screened and 1304 referred for treatment or further testing. Screening was part of NSW Government STEPS program.
- Staff at Sydney Children's Hospital (SCH), Randwick completed 700th successful cord and marrow transplant. March 2009 also marked 30th anniversary of Australia's longest-surviving bone marrow transplant recipient – performed at SCH.
- In NSW Health's 2008 patient survey, parents and carers rated experience at Sydney Children's Hospital as one of best in State and leading NSW paediatric hospital for advocacy for inpatients and parents and carers.
- Royal Hospital for Women co-located all gynaecology services, to establish 'one stop shop' for patients. Re-organisation of services improved continuity of care.
- Midwifery group practice model of care implemented at Royal Hospital for Women, resulting in midwives providing dedicated care from antenatal to postnatal stage, a better experience for mothers, with reduced interventions, caesarean section rates and length of stay.
- Royal Hospital for Women established Pregnancy planning, Lifestyle and Nutrition (PLaN) service. Provides general pre-conception advice, to improve general health and chances of having a healthy pregnancy and baby.
- Work underway on State Government's \$2m redevelopment of newborn care centre. Improvements will increase capacity of neonatal intensive care unit and Statewide neonatal service.
- NSW Fetal Treatment Centre at Royal Hospital for Women recognised by NSW Department of Health as quaternary referral centre for high-risk obstetric women.
- In line with *Caring Together*, introduction of PACE program (Patients with Acute Condition for Escalation), improved recognition of early signs of deterioration of patients and their clinical management.
- SESIAHS implemented award-nominated effective leadership program, designed to build leadership capabilities and develop staff confidence in responding to change. Resulted in improvements in delivery of patient care.
- Started roll-out of Statewide electronic medical record (eMR) system. Replaces many existing paper records and supports clinical information requirements, improving patient safety and hospital care.
- SESIAHS awarded best placement organisation, within Graduate Management Training Program through Australian College of Health Services Executives. Five trainees employed during 2008/2009 for two-year period.

Equal Employment Opportunity

South Eastern Sydney Illawarra Health (SESIH) values the diversity of its employees and is committed to the implementation of practices and processes in employment that ensure fairness and equity.

A range of initiatives has been undertaken in 2008-2009 to develop and implement initiatives to attract and support staff from EEO groups. They include:

- Finalisation of the Aboriginal Workforce Development Strategy
- Targeting of Aboriginal applicants for newly-created clinical support officer roles
- Opportunity provided for 21 Aboriginal health workers to undertake assessment against the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care)
- Review of the collection of EEO statistics
- Inclusion of Aboriginal Health Unit and Multicultural Health Unit presentations at formal mandatory orientation
- Inclusion of employment strategies within the SESIH Disability Action Plan.

In 2009-2010 the planned outcomes for EEO include:

- Implementation of strategies outlined in the Aboriginal Workforce Development Strategy
- Development and implementation of processes to improve EEO data collection and reporting
- Implementation of the Department of Health Cultural Respect Training.

Per cent of total staff by level

Level	Total Staff (number)	Subgroup as percent of total staff at each level (%)			Subgroup as estimated percent of total staff at each level (%)			
		Respondents	Men	Women	ATSI ¹	Minorities ²	ESL ³	Disabled ⁴
<\$36,677	1780	46	46	54	0.45	13.09	12.98	0.51
\$36,677-\$48,172	4808	77	29	71	1.21	9.63	12.00	1.58
\$48,173-\$53,854	1832	61	16	84	1.04	7.86	9.93	0.82
\$53,855-\$68,147	2798	65	18	82	0.64	10.76	10.58	0.75
\$68,148-\$88,127	6978	77	16	84	0.57	11.29	10.62	1.16
\$88,128-\$110,160	2158	83	34	66	0.32	16.59	14.78	0.61
>\$110,160(non-SES)	924	80	59	41	0.22	17.75	13.85	1.19
>\$101,849 (SES)	-	-	-	-	-	-	-	0
TOTAL	21,278	68	25	75	0.71	11.52	11.63	1.07

1 Aboriginal and Torres Strait Islander people
3 People for whom English is a second language

2 People from racial, ethnic, and ethno-religious minority groups
4 People with a disability

Area health service statements and reports

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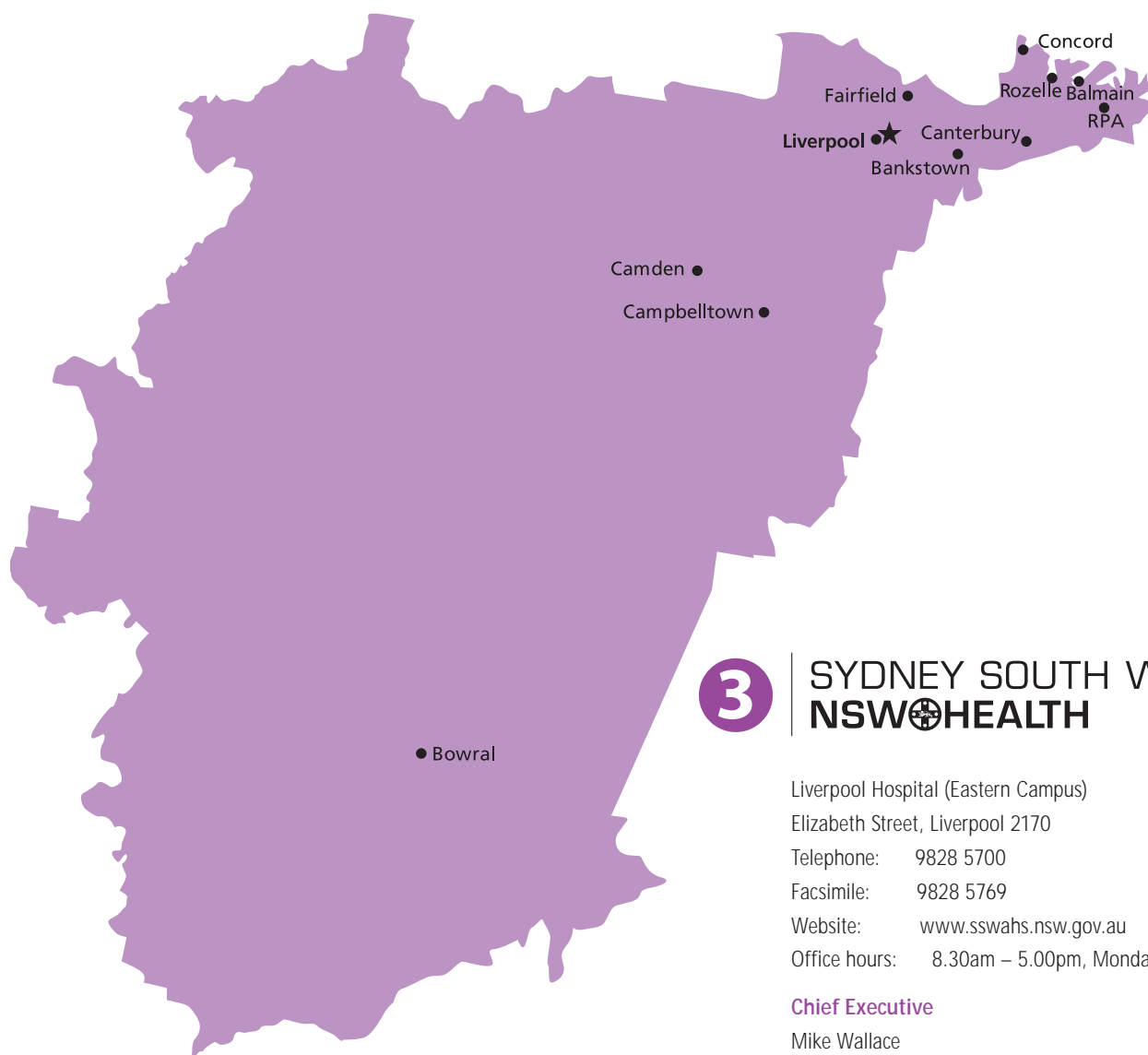
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Infectious disease notifications	255
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Mental Health Act - Acute and non-acute inpatient care utilisation	262



Sydney South West AHS



3

SYDNEY SOUTH WEST NSW HEALTH

Liverpool Hospital (Eastern Campus)
Elizabeth Street, Liverpool 2170
Telephone: 9828 5700
Facsimile: 9828 5769
Website: www.sswahs.nsw.gov.au
Office hours: 8.30am – 5.00pm, Monday to Friday

Chief Executive

Mike Wallace

Local government Areas

Ashfield, Bankstown, Burwood, Camden, Campbelltown, Canada Bay, Canterbury, Fairfield, Leichhardt, Liverpool, Marrickville, Strathfield, City of Sydney (part), Wingecarribee, Wollondilly

Public Hospitals

Balmain Hospital
Bankstown-Lidcombe Hospital
Bowral and District Hospital
Camden Hospital
Campbelltown Hospital
Canterbury Hospital
Concord Centre for Mental Health
Concord Repatriation General Hospital
Fairfield Hospital
Liverpool Hospital
Royal Prince Alfred Hospital
Sydney Dental Hospital
Thomas Walker Hospital

Third schedule facilities

Braeside Hospital
Carrington Centennial Care
Karitane
Queen Victoria Memorial Home
Tresillian Family Care Centres

Other services

Department of Forensic Medicine
Sydney South West Pathology Services

Chief Executive's year in review

2008-09 has been another exciting year for Sydney South West Area Health Service (SSWAHS), with the start and completion of a number of programs, one of the largest of which is the work underway as part of *Caring Together*, the Government's response to Commissioner Garling's inquiry into health care in NSW.

SSWAHS formed four high-level teams to co-ordinate the implementation of the *Caring Together* recommendations. Some key achievements to date include:

- Executive medical directors appointed at each facility
- Best practice induction for overseas-qualified doctors and nurses
- Allied health co-ordinators appointed at each facility
- Enhancement of the pharmacy workforce
- Casual medical staff training and education
- Elimination of mixed gender rooms.

The largest project in the ongoing SSWAHS capital works program is the Liverpool Hospital \$390M stage 2 redevelopment, which has progressed well over the past year and is on schedule. Stage 2 phase 1 involves the construction of a new clinical services building, which will accommodate additional inpatient, critical care, ambulatory care, procedures and diagnostic services. It includes extensions to the education facilities of the hospital. The redevelopment will provide Liverpool Hospital with critical infrastructure to support its growing population base to 2016 and beyond.

Construction started on the Royal Prince Alfred Hospital (RPAH) Stereotactic Unit, with installation and commissioning of the stereotactic machine due early in the new financial year. Completion of the project will provide the vital link between surgical intervention and state-of-the-art radiation treatment, significantly improving outcomes for this cohort of patients.

Construction of the Redfern Community Health Centre continued throughout the year and staff will begin relocating in late 2009. This project will provide an integrated range of community services together in one location.

The refurbishment of the Bowral eight-bed children's ward was completed this year. It has two single isolation rooms for care of children with infectious diseases and an interview and clinic room to accommodate the hospital's paediatric outreach programs. Parents now have designated areas, with good amenities for respite relaxation, to be close to their children.

The area health service welcomed \$46.9m in funding from the federal budget to build the Ingham Health Research Institute (IHRI). It will be a premier research facility for Sydney's south west. The IHRI will not only lead to improvements in the health of the people in the area, it will also contribute more broadly to knowledge about health, medicine and health services in Australia and internationally.

Lifehouse at RPA also received \$100m towards a new cancer centre. It will operate in partnership with SSWAHS, with its strategic directions also aligned with the priorities of The Cancer Institute NSW. It will be an integrated centre where cancer services will be provided by Lifehouse, cancer-specific research undertaken and education delivered, in conjunction with RPAH and the University of Sydney.

To assist in setting the direction of the area health service and to plan the way in which we deliver care into the future, a number of clinical service plans were developed and/or refined throughout the year including:

- The Obesity Plan, which is currently being implemented. One of the initiatives outlined in the plan is bariatric surgery, which is currently being piloted at Concord Hospital. Metabolic clinics are also in operation at RPA, Concord and Campbelltown hospitals.
- The Maternity Services Plan has been finalised and implementation is underway.
- Implementation of the Community Health Plan continues. A central community health intake has been established.
- The SSWAHS Mental Health Service Plan 2007-2016 was endorsed by the NSW Health Mental Health and Drug and Alcohol Office in late 2008.

In 2009, SSWAHS officially launched its Youth Health Plan. It focuses on the health needs of disadvantaged minorities and on improving prevention and early intervention - concentrating on mental health, drug health, tobacco, injury, nutrition, physical activity and sexual health.

The plan aims to improve service access, referral pathways and the quality of care for people with chronic illness, who are Aboriginal, from culturally and linguistically diverse backgrounds, homeless or in out-of-home care.

This financial year, SSWAHS formed a link with Greater Western Area Health Service. It enhanced relationships between clinicians and administrators at the biggest area health service in the State, with the biggest geographic area health service, creating useful links between city and bush.

I would like to take this opportunity to thank all the staff and volunteers for their continuing hard work, dedication and commitment throughout the year.

Mike Wallace, Chief Executive
Sydney South West Area Health Service



Demographic summary of the area

Sydney South West Area Health Service (SSWAHS) was formed as a legal entity on 1 January 2005 and is currently the most populous area health service, with approximately 20 per cent of the NSW population residing within its borders. SSWAHS covers a land area of 6,380 square kilometres and in 2006 had an estimated residential population of 1,342,316 residents.

Its population is projected to increase by 16 per cent over the next ten years, reaching 1.5 million by 2016. In the decade 2010-2020, the population in SSWAHS can be expected to increase by 24,000 people per annum.

Highlights and achievements

The \$390m stage 2 redevelopment of Liverpool Hospital continues to progress. Once complete, it will be the largest tertiary health facility in the State.

The Commonwealth announced \$46.9m in funding to construct a purpose-built, state-of-the-art medical research facility for people living in the south west of Sydney. The Ingham Health Research Institute will provide a platform for world-class research.

- Children living in the Southern Highlands now have access to a state-of-the-art family-friendly paediatric unit at Bowral and District Hospital. It features a designated parents' lounge, separate children's play area, TV at each bed, sofa beds for parents to stay overnight with their children, isolation rooms for children with infectious diseases and an interview and clinic room.
- The world's first stand-alone research facility dedicated to improving the prevention and early diagnosis and treatment of asbestos-related disease opened on the Concord Hospital campus. It is named in honour of the late Bernie Banton, Australia's foremost campaigner in the fight to raise awareness about dust diseases.
- Sydney South West Area Health Service (SSWAHS) became the first AHS in the State to launch its plan to tackle overweight and obesity in the community.
- The SSWAHS Youth Health Plan 2009-2013 highlights some of the enormous challenges faced in improving the health of young people in Sydney's south west. They include mental disorders, binge drinking, obesity, smoking and chronic disease. The plan has 74 strategies for action, including increasing prevention and early interventions and improving access to health services.

- *Clean Hands Save Lives* – SSWAHS has launched a hand hygiene awareness campaign, reminding staff, visitors and patients about the importance of washing their hands. Bacteria can be brought in and out of hospitals unknowingly. While usually harmless, they can sometimes make already sick people even sicker. While visiting someone in hospital, a quick and easy way to avoid spreading germs is by using the gels provided.
- Australia's first intra-operative MRI – the intra-operative MRI scanner enables neurosurgeons at RPA to perform a series of MRI scans during complex brain surgery, without leaving the operating theatre or closing the incision. The new technology allows the neurosurgeon to see in a different way, like wearing infra-red goggles in the dark. The state-of-the-art technology was made possible through a generous bequest to RPA.
- Researchers at Fairfield Hospital's Whitlam Joint Replacement Centre have been able to grow a bone graft into a metal prosthesis. This has the potential to lead to stronger hip replacements in the future.
- Royal Prince Alfred Hospital's transplant team marked an historic milestone, performing their 3,000th transplant. The team has performed 2,000 kidney transplants since 1967 and was the first Australian service to perform 1,000 liver transplants.
- Each year the NSW Minister for Health recognises the outstanding contributions and achievements of workers from across the NSW health system. In 2008, SSWAHS picked up six awards, including the Best Overall Performance by an area health service, as well as the Director-General's Award.

Equal Employment Opportunity

Equal Employment Opportunity (EEO) aims to ensure the workplace is free from all forms of harassment and discrimination. Programs of affirmative action are provided for those employees who are traditionally disadvantaged in the workplace: Aboriginal and Torres Strait Islander people, women, people whose language first spoken as a child was not English, and people with a disability requiring an adjustment.

Sydney South West Area Health Service (SSWAHS) believes equity is a fundamental right of every employee. By applying equal employment opportunity principles to every aspect of work life the Area is supporting good management practice and observing the legislation governing these principles, the *Anti-Discrimination Act, 1977*.

The area continues to promote the principles and practices of EEO in its application of conditions of employment, relationships in the workplace, the evaluation of performance and the opportunity for training and career development.

Achievement of last year's EEO planned outcomes for SSWAHS

Implementation of Aboriginal and Torres Strait Islander workforce strategies is proceeding. The focus is on recruiting increasing numbers of Aboriginal and Torres Strait Islander staff and retaining them in the organisation. The key focus area for the next few years will be increasing employment opportunities through traineeships.

A review and update of our cultural competency training program and support materials has been undertaken.

EEO Planned Outcomes for 2009-10

For SSWAHS the priorities will continue to be working towards achieving our Aboriginal and Torres Strait Islander employment target and implementation of the Aboriginal Health Training Package.

The area will also focus on ongoing implementation of the workforce actions identified in the SSWAHS Disability Action Plan.

Statistics 2008-09

The statistical information for the following tables (salary levels and employment type) was obtained from a report generated by the Premier's Department from the Workforce Profile data, for the period 1 July 2008 to 30 June 2009.

Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each area health service, please refer to the following contents:

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Net cost of service	83
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Workforce

Workforce planning – non-casual staff separation rate	72
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Service Delivery levels

Infectious disease notifications	255
Public hospital activity levels	258
Mental Health Act - Acute and non-acute inpatient care utilisation	262

Table 1: Trends in the representation of EEO target groups (%)

EEO Target Group	Benchmark or target	% of total staff			
		2006	2007	2008	2009
Women	50	74	75	75	75
Aboriginal people and Torres Strait Islanders	2	1.4	1.3	1.4	1.3
People with English as a second language	20	34	35	35	36
People with a disability	12	3	3	3	3
People with a disability requiring work-related adjustment	7	0.7	0.7	0.6	0.6

Table 2: Trends in the distribution of EEO target groups (%)

EEO Target Group	Benchmark or target	% of total staff			
		2006	2007	2008	2009
Women	100	90	89	89	90
Aboriginal people and Torres Strait Islanders	100	75	75	74	72
People with English as a second language	100	92	92	92	92
People with a disability	100	102	101	102	103
People with a disability requiring work-related adjustment	100	97	99	97	99

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 in 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 Office of the Director of Equal Opportunity in Public Employment (ODEOPE).

4. The Distribution Index is not calculated where EEO group or non-EEO group numbers are less than 20.

Sydney West AHS

4

SYDNEY WEST
NSW HEALTH



Sydney West Area Health Service

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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
Lithgow Hospital
Lottie Stewart Hospital
Mt Druitt Hospital
Nepean Hospital
Portland Hospital
Springwood Hospital
St Joseph's Hospital
Westmead Hospital

Community health centres

Auburn, Blacktown, Cranebrook, Doonside, Dundas, Hawkesbury, Katoomba, Kingswood, Lawson, Lithgow, Merrylands, Mt Druitt, Parramatta, Penrith, Portland, Richmond, Springwood, St Clair, St Marys, The Hills.

Other services

Anxiety Clinic
Blue Mountains Access Team
Child and Adolescent Mental Health Team
Consultation Liaison - Emergency Department, Nepean Hospital Early
Psychosis Intervention Borec House
Hawkesbury Mental Health Team
Hornseywood House
Katoomba Mental Health
Lithgow Community Mental Health Team
Mental Health Information Development Unit
PECC Unit - Emergency Department, Nepean Hospital Penrith Access -
Community Assessment and Liaison Centre
Penrith Mental Health
Pialla Unit
Psychological Medicine
Springwood Mental Health
St Marys Mental Health
Westworks

Early childhood clinics

Glenbrook	Tel. (02) 4751 0100
Katoomba	Tel. (02) 4782 8201
Mt Druitt	Tel. (02) 9881 1230
Penrith	Tel. (02) 4732 9400
Richmond	Tel. (02) 4578 1622
Springwood	Tel. (02) 4751 0100
St Marys	Tel. (02) 9623 9942
Windsor	Tel. (02) 4560 5756

Dental clinics

Auburn	Tel. (02) 9563 9500
Blacktown	Tel. (02) 9881 8275
Katoomba	Tel. (02) 4784 6655
Lithgow	Tel. (02) 6350 2790
Mt Druitt	Tel. (02) 9881 1715
Nepean	Tel. (02) 4734 2387
Richmond	Tel. (02) 4560 5756
Springwood	Tel. (02) 4751 0120
St Marys	Tel. (02) 9623 9942

Population health

Nepean Hospital Campus
Cumberland Hospital Campus

Blue Mountains child and adolescent development unit

Blue Mountains Hospital Campus

Nursing homes

Governor Phillip Nursing Home

Other services

Tresillian Wentworth family care centre
Nepean cancer care centre



Chief Executive's year in review

This year has been extremely productive - with excellent results for patients - despite the many challenges thrown our way. So it is with great admiration that I say that this year's results reflect the effort and calibre of the work undertaken by all staff across Sydney West Area Health Service throughout 2008-09.

A testament to this was our exceptional results in this year's Evaluation and Quality Improvement Program (EQuIP) accreditation survey conducted by the Australian Council on Healthcare Standards (ACHS). We were awarded four-year accreditation under the Corporate EQuIP Program. We achieved two outstanding achievement ratings, for information management and population health, 20 extensive and eight moderate achievement ratings. The surveyors also indicated that there were no high-priority recommendations we needed to implement.

The ACHS surveyors made notable mention of our governance, planning and structural processes. They commended how we manage data and information, which includes tools such as DashBoard and BedBoard and virtual systems, such as e-learning and on-line recruitment.

In March 2009, SWAHS was the first service in NSW to launch the roll-out of a digital electronic system to collate, store and view patients' diagnostic images. The Picture Archiving Communications System (PACS) enables clinicians to access patients' x-rays, MRIs, ultrasounds and CT scans from any computer in any SWAHS hospital. This new system will ensure that patients experience shorter waiting times and fewer delays in receiving diagnosis results.

April 2009 saw the opening of the new \$145m Auburn Hospital. The five-level building, with state-of-the-art facilities, has been designed as a centre of excellence for maternity planned surgery, aged, allied health and general rehabilitation, while supporting contemporary models of care.

The H1N1 flu pandemic created huge demand for health services, particularly our public health, emergency and critical care services. Staff commitment to good patient care was unwavering during the most extreme periods of demand.

Across the area health service we met our benchmarks for triage categories one and two. Hospitals are implementing strategies to improve performance for categories three, four and five. Our average off-stretcher time was just below target at 74 per cent.

During the year, SWAHS implemented a number of major clinical improvement projects. One of these is the patient safety handover checklist, implemented across all hospitals. It is an integral part of the nurse-to-nurse or midwife-to-midwife handover at each change of shift. It occurs at the patient's bedside, so they, their family and carers, can be more involved in decisions about care. It also allows any change in the patient's condition to be identified early and escalated when required.

Alongside this work, SWAHS has extensively reviewed and re-aligned corporate and clinical operations during the year. This has led to an improved risk management framework, clinical governance, resource management, workforce planning, local leadership and maximised service capability.

I am delighted to report that the SWAHS Healthcare for Older Persons Earlier (HOPE) strategy won the "Create better experiences for people using health services" category at the NSW Health Awards. Not just content with a category win, it also took out the top accolade for the night by winning the Minister's Excellence Award.

The program aims to provide older people, their families and carers with immediate access to skilled clinicians. It provides responsive and appropriate care designed to restore and maintain a person's optimum level of function and independence. As a result, there have been great improvements in areas such as access block, off-stretcher times and triage performance for Westmead Hospital. The hospital's bed occupancy also reduced by 3 per cent.

On that note, I would like to extend my sincere thank you to all the staff and volunteers who have continued to show dedication and commitment, despite all the highs and lows throughout the year.

Professor Steven Boyages, Chief Executive
Sydney West Area Health Service

Demographic summary of the area

Sydney West Area Health Service (SWAHS) consists of both urban and semi-rural areas, covering almost 9,000 square kilometres. The estimated resident population in 2009 is 1,139,902, which includes a substantial Aboriginal community. The Darug, Gundungarra and Wiradjuri people are acknowledged as traditional owners of land covered by the AHS. The number of people identifying as indigenous in the Census has been increasing in recent years. The official figure of 16,629 in 2006 is widely regarded as an underestimate. The larger indigenous communities live in Blacktown and Penrith. The indigenous population is younger than the wider SWAHS community, with 57 per cent under 25 years of age.

In the LGAs of Blacktown and Auburn, children aged less than five years make up approximately nine per cent of the population. At the other end of the spectrum, Lithgow and Blue Mountains have the highest proportion of older residents aged 70 years and over. In the period 2009 to 2019, the proportion of the population aged less than 10 years will reduce from 15 to 13 per cent, while the proportion of older residents will increase from seven to nine per cent.

Births to existing residents contribute about 16,000 persons per annum, with the highest total fertility rate occurring in Auburn and Blacktown (2.3 per woman in 2005). Continued major land releases, greater density of dwellings in older areas and new arrivals of refugees and other migrants all contribute to population growth. In 2008, SWAHS received 1,156 humanitarian migrants, 27 per cent of whom entered under the refugee visa subclass 200. The majority of them settled in Blacktown, Auburn, Parramatta and Holroyd.

Perhaps not surprisingly, SWAHS is highly culturally diverse. On Census night in 2006, one third of the population reported being born overseas, with the most frequently mentioned countries of birth being UK, Philippines, India, China, New Zealand, Lebanon, Fiji, Sri Lanka, South Korea and Malta.

The increasing sectors of older residents, culturally diverse communities and new arrivals and refugees engender new challenges in health care planning, service delivery and access to specialised care.

Based on the Socio-Economic Indexes for Area (SEIFA) 2006, SWAHS comprises LGAs at either end of the scale. Among the most disadvantaged areas in NSW, scoring well below the 1,000 average, were Lithgow (937) and Auburn (922), characterised by low income and educational attainment and high unemployment. At the opposite end, LGAs receiving a score over 1,000, suggesting least disadvantage, were Baulkham Hills (1,116), Blue Mountains (1,051) and Hawkesbury (1,033).

The age standardised death rates for SWAHS residents for the five-year period 2002 to 2006, were comparable to the State average for males (770.5 and 771.5 per 100,000 respectively) and significantly higher for females (527.7 and 511.8 per 100,000 respectively). The major causes of death were circulatory diseases, cancers, respiratory diseases, injury and

poisoning. A similar pattern existed for premature deaths among residents aged less than 75 years, with rates somewhat lower among males in SWAHS compared to NSW (317.1 and 322.8 per 100,000 respectively), but significantly higher among females than the State average (196.7 and 186.0 per 100,000 respectively).

Highlights and Achievements

- SWAHS attained full, four-year accreditation through Australian Council on Healthcare Standards (ACHS) Corporate EQuIP program.
- Brand-new and colourful \$145m Auburn Hospital opened, ushering in new era in health care delivery – five-level building designed as centre of excellence for planned surgery, aged and general rehabilitation.
- Westmead Hospital officially launched \$4m Interventional Neuroradiology (INR) Unit. Facility allows doctors to repair aneurysms and manage bleeding, without performing invasive open-skull surgery. Clubs NSW contributed \$750,000.
- \$2.5m state-of-the-art helipad on Westmead Hospital rooftop started, providing smoother and quicker transfer of patients to Emergency Department directly below.
- Health Minister officially opened \$300,000 world-class research, simulation and skills centre, FIRST Institute, at Blacktown Hospital. Provides excellence in medical training by simulating real-life clinical situations.
- \$2.1m medical assessment unit (MAU) opened at Nepean Hospital, supporting improved timely access to specialised care for older people and those with a chronic illness, by supporting referral directly to ward, bypassing wait in Emergency Department.
- Sunflower Clinics, providing free digital mammography service to women 50 years and over, opened at Lithgow Hospital, Myer Parramatta and Auburn Hospital, as part of Breast Cancer Institute (BCI) aim to improve access to breast screening programs.
- Headspace, new “one stop shop” for health and mental health services, opened at Mt Druitt. Provided in partnership with Uniting Care Mental Health, Blacktown Youth Services, WentWest, Blacktown Council and Western Sydney Institute of TAFE.
- New falls and fractures clinic at Nepean Hospital, to help curb rising incidence of falls injury among elderly by identifying older adults at risk, with interventions to prevent falls.
- Lithgow Hospital upgraded radiology diagnostic services with installation of latest 64-slice CT machine, combining special x-ray equipment with sophisticated computer program, to produce multiple images inside body.



- Centre for Resuscitation Emergency Simulation Training (CREST) officially opened, offering inter-active courses and education programs for oral health clinicians.
- Healthcare for Older Persons Earlier (HOPE) strategy won NSW Health Minister's Excellence Award and award for category of "Create better experiences for people using health services" at NSW Health Awards.
- NSW dental graduate program, aimed at overcoming shortages of dentists in rural areas, received silver award in Workforce category Alternate Care Clinic, which focuses on children with complex mental health care needs, received commendation in Delivering Locally category, at NSW Premier's Awards.
- SWAHS first in NSW to launch Aboriginal Health Action Plan 2008-2011, aiming to close existing health gap for Aboriginal people.
- SWAHS launched 'Fit & Strong – 65 & Beyond' challenge, to encourage older community members to protect and maintain quality of life by being active and eating well.
- Launched 'Munch & Move' program, promoting healthy eating and active play among preschool-aged children.
- 'Kick the Habit', new program taking quit smoking message to young smokers aged 12-24, launched at High Street Youth Health Service, with 25 young people participating.
- Multicultural Mental Health Australia received \$2.7m funding from Department of Health & Ageing, to enhance mental health and well-being of culturally diverse communities.
- SWAHS launched manual handling program, tailored to address specific risks in each workplace, at Blacktown, Westmead and Nepean hospitals.
- Four-hundred and thirty students, from high schools between Lithgow and Auburn, attended inaugural Healthwise career expos aimed at school students interested in health career.
- Twenty-one nurses from SWAHS Mental Health Network completed cognitive behaviour therapy skills course, an initiative between NSW Health Nursing & Midwifery Office and Charles Sturt University.
- Launched SWAHS infection control link nurse (ICLN) program at Nepean Hospital. Embeds infection control into everyday clinical practice, via link nurses who attend regular monthly sessions on hand hygiene and management of multi-resistant organisms.
- Mental Health Network launched new free call telephone access line, which takes new and emergency referrals from within community and provides access to full range of mental health assessment and treatment services.
- Division of Analytical Laboratories (DAL) celebrate 10,000th successful DNA cold link, linking suspect to crime.

Equal Employment Opportunities

Aboriginal and Torres Strait Islander People

SWAHS has a number of strategies in place to increase its Aboriginal and Torres Strait Islander workforce. During 2008-09, the area employed four people under the NSW Aboriginal Cadetship Program. This brings the total to seven Aboriginal nursing cadets currently employed by SWAHS.

Under the area's new Aboriginal employment strategy, implemented in 2008-09, titled 'Walking Together – Careers for Aboriginal People in SWAHS', people were recruited to permanent full-time positions, including wardsperson, administrative and nursing roles.

Negotiations with NSW Health aimed at enhancing the area's Aboriginal mental health workforce were ongoing through the year. The outcome is the establishment of three Aboriginal mental health traineeships, to be recruited in the second half of 2009.

People with disabilities

SWAHS has progressed implementation of its Disability Action Plan during 2008/09, with a number of initiatives implemented to address employment of people with disabilities. In December 2008, SWAHS for the first time celebrated International Day for People with Disabilities, under the Statewide Don't DIS My Ability campaign. One of the awards went to staff in the Clinical Education Unit and Human Resources, for their role in supporting an employee with a disability to gain entry to the trainee enrolled nurse (TEN) program. Through this experience, the process for assessing the suitability of a person with a disability for the TEN program was reviewed and improvements for future assessments identified.

The Learning and Development staff have led a collaborative planning process to establish a training plan for the AHS. It will provide training for managers and staff, to establish an increased awareness of the needs of employees with a disability. A 'Frequently Asked Questions' information sheet has been drafted for managers and employees, on the concept of 'reasonable adjustment to the workplace'.

SWAHS engaged JobSupport, a non-government training agency specialising in the work placement of young people with disabilities, to provide placements in two departments within Westmead Hospital - Food and Health Information Management Services. This initiative was established to increase the presence of people with a disability in the workplace and to improve the culture of the organisation to better support people with a disability.

Through the continuation of these strategies, it is expected that the proportion of people with a disability in the SWAHS workforce will increase, as will those requesting and achieving workplace adjustments.

People whose first language is not English

SWAHS continues to be above the benchmark for employing people whose first language was not English. In 2008-09, it was estimated that 31 per cent of the workforce spoke a first language other than English (slightly less than the previous year). This is due to a number of reasons, including the diversity of local communities from which employees are recruited. The Australian Bureau of Statistics 2006 Census indicated that 29 per cent of the population speaks a first language other than English, professionals are recruited from overseas and SWAHS has targeted positions for people of non-English speaking background, to improve access to health services (e.g., bilingual community educators).

Women

In 2008/09, 76 per cent of the SWAHS workforce was female, 26 per cent above the NSW 50 per cent benchmark. This is typical of the health care sector in general, where the single largest occupation group is nursing, most of whom are women.

Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each area health service, please refer to the following contents:

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Public hospital activity levels	258
Mental Health Act - Acute and non-acute inpatient care utilisation	262

Table 1: Per cent of total staff by EEO target groups

EEO Target Group	Benchmark or target	% of total staff						
		2003	2004	2005	2006	2007	2008	2009
Women	50	75	74	75	76	76	75	76
Aboriginal people and Torres Strait Islanders	2	1.1	1.2	1.3	1.2	1.2	1.2	1.2
People with English as a second language	19	32	33	29	30	30	32	31
People with a disability	12	4	4	4	4	4	3	3
People with a disability requiring work-related adjustment	7	0.7	0.7	0.6	0.6	0.6	0.5	0.5

Table 2: Per cent of total staff by level

Level	Total Staff (number)	Subgroup as percent of total staff at each level (%)			Subgroup as estimated percent of total staff at each level (%)				
		Respondents	Men	Women	ATSI ¹	Minorities ²	ESL ³	Disabled ⁴	Disabled - work ⁵
< \$36,677	157	41	15	85	6.2	14	17	3	–
\$36,677 - \$48,172	4,912	72	23	77	1.7	18	32	3	0.6
\$48,173 - \$53,854	1,240	69	19	81	0.9	21	35	3	0.4
\$53,855 - \$68,147	4,255	69	16	84	0.9	25	37	3	0.5
\$68,148 - \$88,127	2,894	73	22	78	0.7	21	24	3	0.4
\$88,128 - \$110,160	1,318	52	41	59	1.6	22	21	3	0.4
> \$110,160 (non SES)	756	44	63	37	0.3	28	24	4	0.3
> \$110,160 (SES)	–	–	–	–	–	–	–	–	–
TOTAL	15,532	68	24	76	1.2	22	31	3	0.5
Estimate Range (95% confidence level)	–	–	–	–	1.1 to 1.3	21.1 to 22.0	30.1 to 31.2	2.9 to 3.3	0.4 to 0.6

1 Aboriginal and Torres Strait Islander people

2 People from racial, ethnic, and ethno-religious minority groups

3 People for whom English is a second language

4 People with a disability

5 People with a disability requiring work-related adjustment





WYOMING
HOSPITAL
1000 W. 10TH ST.
LARAMIE, WY 82001

Maps and Profiles:

RURAL AREA HEALTH SERVICES (AHS)



Greater Southern AHS



1

GREATER SOUTHERN NSW HEALTH

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Facsimile: 02 6299 6363

Website: www.gsahs.nsw.gov.au

Office hours: 8.30am – 5.00pm, Monday to Friday

Chief Executive Heather Gray

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, Wagga Wagga, Wakool

Public hospitals

Barham Koondrook Soldiers' Memorial Hospital

Batemans Bay District Hospital

Batlow Multi-purpose Service

Bega District Hospital

Berrigan Multi-purpose Service

Bombala Multi-purpose Service

Boorowa Hospital

Bourke Street Health Service

Braidwood Multi-purpose Service

Coolamon Multi-purpose Service

Cooma Hospital

Cootamundra Hospital

Corowa Hospital

Crookwell Hospital

Culcairn Multi-purpose Service

Delegate Multi-purpose Service

Deniliquin District Hospital

Finley Hospital

Goulburn Hospital

Griffith Base Hospital

Gundagai District Hospital

Hay Hospital and Health Service

Henty Multi-purpose Service

Hillston District Hospital

Holbrook District Hospital

Jerilderie Multi-purpose Service

Junee Multi-purpose Service

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 Multi-purpose Service

Tumut District Hospital

Urana Multi-purpose Service

Wagga Wagga Health Service

West Wyalong Hospital

Yass District Hospital

Young District Hospital

Third Schedule facilities

Mercy Health Service Albury

Mercy Care Centre Young

Chief Executive's year in review

The 2008/2009 year has been one of considerable progress for Greater Southern Area Health Service (GSAHS). It is with great pleasure that I share with you our continuing effort to provide improved health services to the communities which lie within our boundaries.

Our striving to improve the safety within health facilities has seen GSAHS being one of the first health services in NSW to implement all of the strategies recommended from the National Hand Hygiene Initiative.

Preventative and primary health initiatives across the area, in line with the international trends in health care, have included continued training of volunteers for the Physical Activity Leader Network. This support strategy has been implemented to ensure the continuation of low-cost fall-safe physical activity options for older people in rural communities, where there is a limited range of activity options available to older Australians. The GSAHS network has 95 tai chi classes and 30 community exercise classes running across 46 communities on a weekly basis. They are held in community venues, with the highest number of participants being females in the 65-74 years. After two years, the network continues to meet community need and in 2009, training weekends re-accredited 41 existing tai chi leaders and added a further 52.

The ongoing shortage of health professionals in rural Australia has been tackled head-on, with a joint technical and vocational educational training initiative between GSAHS, NSW Department of Education and Training and the Riverina Institute of TAFE, which started this year, as did well over 200 traineeships in GSAHS. The rural Allied Health Assistants Project has seen the start of training for 17 allied health assistants. Eighteen allied health professionals have completed Certificate IV qualifications to assist the training. The Clinical Leadership Program has seen 17 nursing and allied health professionals successfully complete, with 13 subsequently awarded advanced diploma in government qualifications.

GSAHS Mental Health Service successfully established working partnerships with non-government organisations, to provide resource and recovery rehabilitation services in Albury, Wagga, Young, Temora, Cootamundra, Tumut, West Wyalong and Junee. This new initiative for outreach rehabilitation will help people engage in leisure, education and employment activities, with a strong focus on community inclusion and recovery.

Strong working relationships have been established between local mental health services and other key partners, such as general practitioners and non-government organisations, to ensure that people suffering from mental illness have easy access to these services.

In conjunction with agencies such as the Centre for Rural and Remote Mental Health, divisions of general practice, Department of Primary Industry and Centrelink, a range of mental health education activities were conducted. These courses, aimed at mitigating the mental health effects of the ongoing drought, included mental health first aid, youth mental health first aid, short mental health education sessions and agricultural service provider breakfasts. A major innovative project, nominated for the Baxter Awards, was 'Kicking Goals for Rural Mental Health'. Implemented by GSAHS in partnership with the Hume Football League, it aimed to provide mental health education to rural communities. Football clubs delivered approximately 129,000 mental health newsletters to communities and each club was invited to deliver a mental health activity in their local area.

The Mental Health Emergency Care roll-out of videoconference equipment to all 47 emergency departments in the area was completed. This Baxter Award-winning program enables prompt specialist assessment for all mental health presentations to any emergency department in the area. The assessments are conducted by staff located in three mental health support centre hubs, reducing the need for patients to be transported to base hospitals for assessment and enabling their treatment to start quickly in their local environment.

Major capital works finalised over the last 12 months included the opening of Queanbeyan Hospital, Bega Hospital Intensive Care Unit and multi-purpose services at Batlow and Junee. The HealthOne projects at Cootamundra and Corowa are progressing, with approval to start capital works in 2009/10.

The Greater Southern Area Health Advisory Council (AHAC), which aids the development of health planning, has been especially active this year in responding to and supporting *Caring Together: the Health Action Plan for NSW* recommendations. The AHAC has also provided a valuable consumer voice on a range of topics.

Finally, I thank the tireless volunteers and fundraising groups who continue to provide much valued resources for the patients and their families who spend time in our health services.

Heather Gray, Chief Executive
Greater Southern Area Health Service



Demographic summary of the area

GSAHS covers an area of 166,000km² and has a population of approximately 474,000 (2006 Census). The population is expected to grow to around 498,000 by 2016. In 2006, half of all GSAHS residents were aged 39 years or older. Over 15.5 per cent of the population was aged 65 years and over. Projections to 2016 indicate an increase across all age groups over 50 in the coming years.

GSAHS is divided into three clinical sectors around clusters of local government areas. It covers a third of NSW and extends from the south coast, across the Great Dividing Range and the Snowy Mountains, through the south-west slopes, Riverina and Murrumbidgee regions and Murray border areas.

Much of the industry in the area is related to agriculture. There is also a variety of other business and industrial enterprises, including government departments, defence forces, tertiary institutions, forestry and tourism. GSAHS contributes significantly to communities, employing over 5000 full-time equivalent staff in a range of clinical and non-clinical roles.

Highlights and Achievements

- GSAHS winner of NSW Health Award in 'Make smart choices about the costs and benefits of health services' category, with Wagga Wagga Mental Health Emergency Care Support Centre. Innovative technological solution re poor timeliness and access to specialist mental health emergency assessment and support, enables prompt assessment for all mental health presentations to emergency departments in GSAHS.
- Creation of Albury Wodonga Health (AWH) from integration of Wodonga Regional Health Service and Albury Base Hospital. AWH is a Victorian public health service, established under *Health Services Act 1988* (Vic). Will operate from existing sites at Wodonga Hospital and Albury Base Hospital.
- Completion of capital works and official opening of:
 - Queanbeyan Hospital
 - Bega Hospital Intensive Care Unit
 - Batlow Multi-purpose Service
 - Junee Multi-purpose Service
- Formation of ACT Health/GSAHS joint clinical council.
- Cootamundra and Corowa HealthOne projects progressing, at project director planning and procurement stages.
- Rural Allied Health Assistants Project has seen start of training for 17 AH assistants. Eighteen AH professionals completed Certificate IV qualifications in training and assessment, to assist training of AH assistants.
- Palliative care network formalised, with workshop funded externally by Program of Experience in the Palliative Care Approach (PEPA). It provided professional development and

produced action plan for palliative care service development over next twelve months.

- Clinical Leadership Program, offered Statewide by Clinical Excellence Commission, saw 17 nursing and allied health professionals successfully complete twelve-month program, with 13 subsequently being awarded advanced diploma in government qualifications.
- Introduction of all strategies recommended by National Hand Hygiene Initiative:
 - Implementation of forearm dress code policy
 - 100 per cent coverage by hand hygiene auditors in every health care facility
 - Development of comprehensive hand hygiene ward auditor training program.
- Antenatal shared care model implemented across seven sites, increasing options for mothers by offering midwifery-led support, in partnership with obstetricians.
- Foetal welfare Obstetric emergency Neonatal resuscitation Training (FONT) program implemented across GSAHS.
- Adult colour-coded observation chart trial rolled-out across GSAHS, to assess ability to provide clinicians with tool to recognise and respond to patients showing signs of clinical deterioration.
- Physical Activity Leader Network has 95 tai chi classes and 30 community exercise classes running across 46 communities weekly.
- Working partnerships developed with NGOs and GSAHS Mental Health Service to provide resource and rehabilitation services in Albury, Wagga Wagga, Young, Temora, Cootamundra, Tumut, West Wyalong and Junee.
- Range of mental health educational activities conducted across GSAHS, aimed at mitigating mental health effects of ongoing drought. Includes major project 'Kicking Goals for Rural Mental Health', a nominee for NSW Health Awards, implemented in partnership with Hume Football League.

Equal Employment Opportunity

A Greater Southern Area Health Service Equal Employment Opportunity Management Plan (2008-2012) has been developed.

It includes strategies and measurable outcomes providing direction to improve key result areas:

1. Statistical data comprehensive and accurate
2. Employee views heard through consultation
3. EEO outcomes included in planning
4. Fair policies and procedures and workforce culture displaying fair practices and behaviours
5. Needs-based programs and improved employee access and participation by EEO groups

6. Managers and employees informed, trained and accountable for EEO practices and outcomes.

Anticipated outcomes include EEO in recruitment and retention strategies of GSAHS, use of EEO in workforce planning targets, further education of managers in the use of supportive policies and procedures, skill development to support career progression, recruitment strategies and improved accountability for EEO outcomes.

Bachelor of Health Science (Mental Health) – Aboriginal-specific traineeship – Mental Health, Drug and Alcohol trainee program

GSAHS, in partnership with Charles Sturt University, has fully developed the program, with positive outcomes and employment opportunities in a culturally safe environment having been identified. It offers permanent employment to trainees, with transition to generic mental health clinician roles following graduation.

GSAHS is proud to have supported six graduates through the three years of traineeship, to graduate with their Bachelor of Health Science (Mental Health) this year. A further five are completing their third-year requirements prior to graduation. One trainee is completing second year, with newly-recommended applicants for eight traineeship positions to begin in January 2010.

The partnership and program is attracting significant numbers of applicants and career pathways are being identified through the dedication of the GSAHS MHD&A team and Charles Sturt University.

Nursing and Midwifery Office Bachelor of Nursing – Aboriginal cadetship program

GSAHS has proudly supported two cadets to be ready to complete the Bachelor of Nursing degree at the end of 2009. Both will be full-time employees following graduation. A further three cadets are currently undertaking the program within GSAHS.

Aboriginal health worker – trainee program and RPL assessment

GSAHS has developed a partnership with Riverina Institute of TAFE, with an inaugural cohort for a traineeship program participants identified, to progress utilising the Certificate IV Aboriginal and Torres Strait Islander Primary Health (Practice).

Per cent of total staff by EEO target groups

EEO Target Group	Benchmark or target (%)	GSAHS Staff (%)
Women	50	83
Aboriginal people and Torres Strait Islanders	2	2.1
People with English as a second language	19	6
People with a disability	12	5
People with a disability requiring work-related adjustment	7	1.3

TAFE will conduct the Recognition of Prior Learning (RPL) and assessment program of existing Aboriginal health workers, who will be given recognition for their skills and knowledge for the Certificate IV Aboriginal and Torres Strait Islander Primary Health (Community Care). This will provide health workers with a qualification and recognise their many years of work and experience.

Proposed outcomes for next year

Development of GSAHS Aboriginal Employment Strategy 2009-2013

Development of the Aboriginal Employment Strategy to draft stage, including consultation and sign-off of the Aboriginal Impact Statement to support the document, is complete. The strategy will enable GSAHS to fully develop opportunities for:

- Progression of the traineeships model. Allows participants to undertake a generic role to build workplace confidence as preparation for transition into a speciality area job or study program i.e., Aboriginal health, nursing and administration
- Development of pre-employment processes to attract and support potential applicants
- Work with community and specialist Aboriginal employment organisations.

Disability Action Plan

Greater Southern Area Health Service Disability Action Plan 2009 to 2012 has been developed to include priorities for actions including increasing employment participation for people with a disability. Provides opportunity for performance indicators and reporting processes to be developed.

Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation. For a detailed and comparative view of each area health service, please refer to the following contents:

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General creditors > 45 days as at the end of the year	82
Net cost of service	83
Major funding initiatives	84
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Workforce

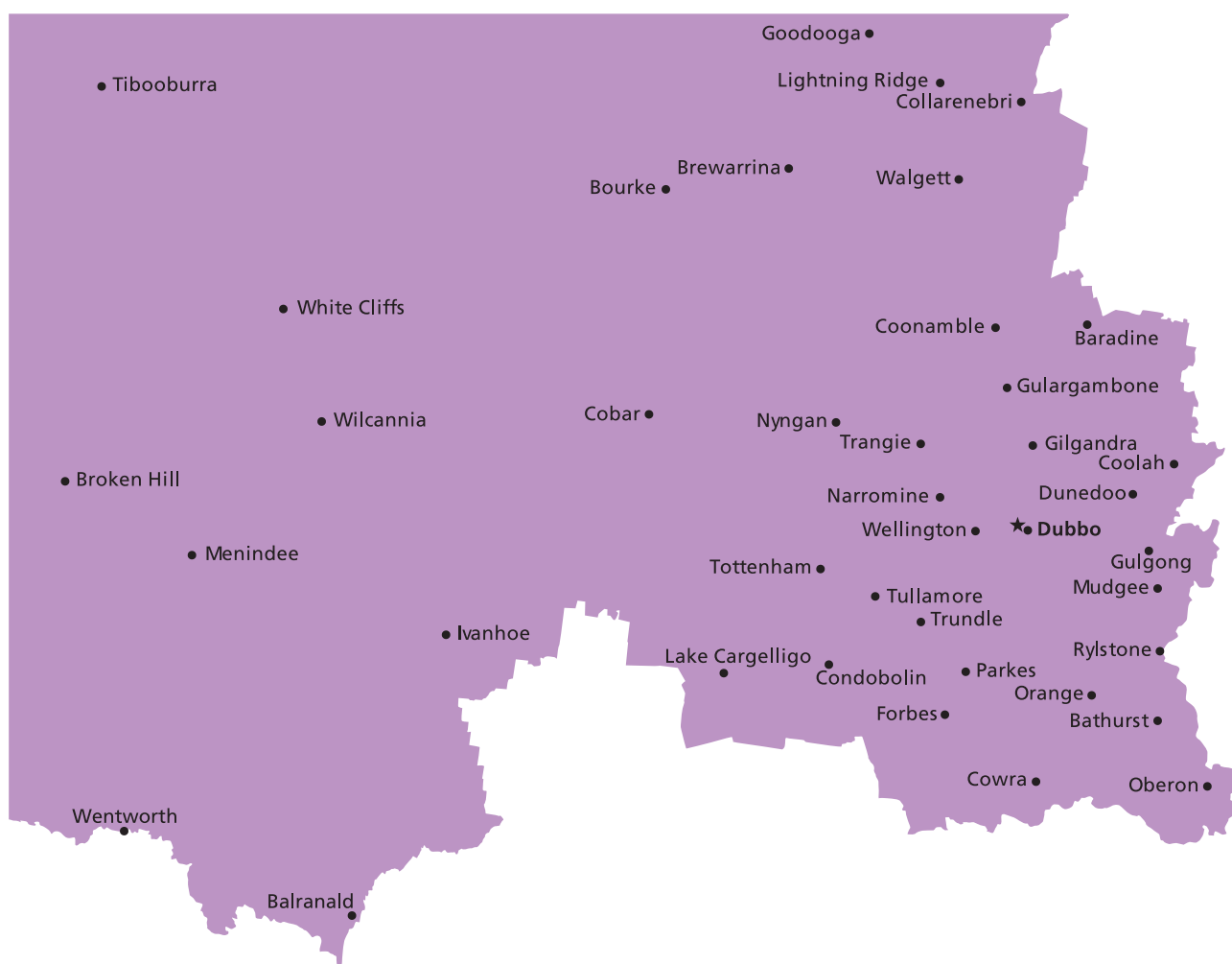
Workforce planning – non-casual staff separation rate	72
Ethnic Affairs Priority Statement	189-193

Service Delivery levels

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Greater Western AHS

2 | GREATER WESTERN NSW HEALTH



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Facsimile: 6841 2230
Website: www.gwahs.nsw.gov.au
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Chief Executive

Danny O'Connor

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, Un-incorporated Far West

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
Candobolin 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
Goolooga Community Health Service
Grenfell Multi-purpose Service

Gulargambone 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 Service
Wellington Hospital, Bindawalla
Walgett District Hospital
Wentworth District Hospital
Wilcannia Multi-purpose Service



Chief Executive's year in review

The Greater Western Area Health Service (AHS) has enjoyed a number of significant achievements for the 2008/2009 period. The team is at the forefront of implementing and delivering the practical initiatives in the Government's *Caring Together: The Health Action Plan for NSW*, to help doctors, nurses and allied health staff focus on patient care.

Highlights have included:

- \$250m investment in the Orange Health Service redevelopment
- \$4.8m for the start of works on the Coonamble Multi-purpose Service (MPS)
- \$10m to establish an MPS in Balranald and at Eugowra
- \$566k to boost renal dialysis, including specialist dietetic and vascular services, at Orange and Dubbo
- \$1m for cardiac services in Orange
- Three new acute care beds at Dubbo Base Hospital
- \$1m for an additional seven community-based care places as part of a Statewide program to support people in their home and avoid the need for hospital transmission.
- Targeted campaigns have seen increased staff recruitment in specialist and generalist medical positions, as well as allied health, mental health, counselling and nursing.
- Of new graduate nurses in 2008, 82.3 per cent have been retained by the AHS. This has enhanced staffing and service provision for our communities, especially in smaller places such as Bourke, Condobolin, Balranald and Coonamble.
- A regional partnership, signed between Greater Western AHS and Bila Muuji Aboriginal Health Services, is set to improve communication, planning and resource allocation to assist in sustained health outcomes for Aboriginal people.

- The implementation of the Greater Western AHS Aboriginal Employment Strategy 2008-2011, was launched in Dubbo. It has a goal of increasing the Aboriginal workforce to 8.5 per cent, a reflection of the indigenous population across the health service.
- The Clinical Outreach Project started, allowing a team of advising specialists in Orange and Dubbo to provide medical advice and diagnosis of critical patients, in smaller remote hospitals throughout Greater Western AHS.
- A project aimed at early recognition and management of the deteriorating patient has been undertaken at Dubbo Base Hospital. It received the Judge's Award at the 2008 Greater Western AHS Health Awards Expo. It was nominated for the 2008 NSW Health Awards, as a finalist in the Clinical Excellence Commission (CEC) Award for improvement in Patient Safety.
- Dubbo and Broken Hill were two of three pilot sites chosen in NSW to roll-out the NSW Parenting Program in rural and remote communities, to address childhood obesity among children and parents or carers.
- The building of the new Orange Health Service is underway. In September 2008, the State Government approved an additional \$35m for the enhancement of the development, following a lengthy review of proposed services and consultation with clinical staff.
- Implementation of the team nursing model of care in the base hospitals, which started with Bathurst in March 2009.
- Broken Hill Health Service gained full accreditation in November 2008, from the Australian Council on Healthcare Standards (ACHS).

The Greater Western AHS is an organisation with teams of dedicated people committed to providing accessible and quality health care to the people of western NSW. I would like to thank the staff, including the executive, the managers and the clinical and non-clinical staff for their continued commitment to strive for excellence. My sincere appreciation and thanks is also extended to the Area Health Advisory Council, the health councils, hospital auxiliaries and local community groups who have so generously supported Greater Western Area Health Service.

Danny O'Connor, Chief Executive
Greater Western Area Health Service

Demographic summary of the area

The Greater Western Area Health Service covers 444,586 square kilometres, an area representing more than 55 per cent of the landmass of NSW.

While it is the biggest NSW health service in terms of landmass, it has the smallest population, approximately 305,000 people.

The Greater Western Area Health Service has 108 public health facilities, including 33 hospitals, 16 multi-purpose services and 59 community health centres. There are four major rural referral hospitals – Bathurst, Orange, Dubbo and Broken Hill. Bathurst and Orange Health Services are considered a networked rural referral service. There are four district health services – Cowra, Forbes, Mudgee and Parkes.

At June 2009, the service employed approximately 4,851 full-time equivalent staff (FTE) – 67.1 per cent of whom were classified as medical, nursing, allied health staff, oral health workers, scientific and technical support staff and other health professionals.

Total medical FTE = 177
Total nursing FTE = 2,356
Total allied health FTE = 309

At June 2009, the service had a total of 1,852 available beds for admitted patients. This does not include beds in emergency departments, delivery suites, operating theatres or recovery rooms.

Annual activity for 2008/09 included:

- 315,560 occupied bed days
- 87,488 hospital separations
- 9,688 booked surgical patient admissions
- 94,156 emergency department attendances.

On average there were 258 daily presentations to emergency departments (down from 266 in 2007/08).

Highlights and Achievements

- Start of clinical outreach project to allow advising specialists in Orange and Dubbo to provide medical advice and diagnosis of critical patients in smaller remote hospitals. Includes commissioning of IP-based digital video cameras in every inpatient facility in GWAHS. Camera situated in ICU, emergency and high dependency units. Entrance via a secure web site, which also provides access to radiology information and bedside monitoring equipment. So far 24 cameras installed, with remaining scheduled before end of 2009.
- The StEPS Program (Statewide Eyesight Preschool Screening Program) achieved a screening rate of approximately 60 per cent across the AHS.
- Dog health programs in Aboriginal communities in Walgett, Collarenebri, Goodooga, Brewarrina, Weilmoringle, Wilcannia and Bourke. Aim is to use humane solutions to address over-population of dogs in Aboriginal communities by surgical de-sexing and contraceptive implants and health checks by RSPCA vets. Dog numbers have been reduced and health improved, reducing risk of transmission of diseases to humans.
- Redevelopment of Forbes Hospital administration area into new renal dialysis unit. Chairs have doubled from two to four, now servicing eight patients per week (previously two). New generator to secure emergency power for whole hospital installed.
- With opening of a six-chair unit, Broken Hill Health Service now runs comprehensive renal dialysis services in far west of New South Wales.
- Co-ordination of response during delay and contain phases of H1N1 Influenza pandemic. Included establishment of steering committee, systems, protocols and processes, flu clinics in emergency departments and development of alternate models of care within facilities and communities in rural and remote areas.
- The Broken Hill abdominal aortic aneurysm program won a Silver Award in the 2008 NSW Premier's Public Sector Awards. This early identification program - a partnership between community and health service - seeks to identify men who have developed an abdominal aortic aneurysm.
- Network of child protection trainers established to provide sustainable ongoing mandatory child protection training. Child protection policy and procedure manual developed for implementation across GWAHS to support all sites with issues related to child well-being.
- Dubbo and Broken Hill were two of three pilot sites to roll-out NSW Parenting Program in rural and remote communities, to address childhood obesity with parents or carers.
- Respiratory chronic care clinics established in Orange and Bathurst. Preliminary data shows a reduction in avoidable admissions. Chronic care nurse practitioner positions established for Lachlan and Dubbo health services.



- Bathurst Base Hospital first in NSW to receive state-of-the-art infusion pumps to provide intravenous fluids and medication to patients of GWAHS. Introduction of these pumps will provide a uniform system to administer intravenous medication to patients across the State. They are part of a NSW Health initiative.
- Three Aboriginal cadets graduated as registered nurses. Two are now working at Dubbo Base Hospital, one at Royal Prince Alfred Hospital. Greater Western AHS provided support, clinical experience, mentors and managed payments from DEWAR.
- Hospital in the Home started in November 2008, admitting 147 patients since then. Average number of bed days saved is 165 per month, or 1,815 since start of service. Patient surveys in February and June show extremely high level of satisfaction.
- Broken Hill Health Service gained full accreditation from Australian Council of Healthcare Standards (ACHS) in November 2008. First time it has met the requirements. ACHS criteria provide framework for safe and consumer-driven delivery of health services.
- Process mapping project on Dubbo Base Hospital's Fracture Clinic saw significant improvements in waiting times (down from 80 to 20 minutes), patient satisfaction and flow through the clinic. Co-ordinator position created from existing staff levels to reduce waiting times and routine treatment guidelines to enhance co-ordination. Finalist in Greater Western AHS quality awards and recently nominated for Director-General's encouragement category at the Baxter awards.
- Walk around nursing handovers started in Orange Health Service in January 2009. Continued modification is showing results, with both patients and staff seeing benefits of open communication and engagement in clinical handover.
- Broken Hill Health Service now runs a fast-track clinic for triage 4 and 5 patients presenting to emergency department. Dramatically reduces waiting times for patients in these categories and frees-up staff to concentrate on critical cases. Also allows more comprehensive teaching of junior medical officers and students. Bulk billing saves one doctor's salary.

Equal Employment Opportunities

GWAAHS Aboriginal Employment Strategy

The first GWAAHS Aboriginal Employment Strategy 2008 – 2011 was implemented in September 2008, with a launch held in Dubbo. The strategy has a main goal of increasing the Aboriginal Workforce to 8.5 per cent, a reflection of the Aboriginal population across the health service area. It incorporates key result areas of the State Government document "Making It Our Business", which provides a policy and resource statement for organisations to implement strategies and increase the Aboriginal workforce.

Aboriginal Health Worker – Trainee program and RPL (recognition of prior learning) assessment

A partnership with Western Institute of TAFE has seen the development of the inaugural cohort for a traineeship program, utilising the Certificate IV Aboriginal and Torres Strait Islander Primary Health (Practice). Fourteen of an initial 18 trainees successfully completed and graduated in 2008.

In 2009, another program has been established with TAFE, to run the RPL and assessment program of existing Aboriginal health workers, who will be recognised for their skills and knowledge with the Certificate IV Aboriginal and Torres Strait Islander Primary Health (Community Care). This will provide health workers with a formal qualification and recognise their many years of work and experience.

Review of the Aboriginal Health Workforce

A review of the Aboriginal health workforce has been undertaken, with the main focus on implementing a standard model across GWAHS. This has involved a review of State/national workforce standards/trends, position descriptions and feedback from across the workforce, to inform the new structure, develop standardised roles and a scope of practice. The first of the new position descriptions (Aboriginal hospital liaison officers), within this specialist workforce, has been developed and will be implemented shortly.

CDEP (community development employment projects) conversion funding – position established

The area has been able to use CDEP conversion funding to establish a new position within the Narromine Health Service. The participant was able to be employed permanently in a part-time administration position in June 2009. This funding also allocates training money to continue the development of the employee within the position.

Proposed outcomes for next year

Implementation of the Aboriginal employment strategy will include:

- Development of pre-employment processes to attract and support potential applicants
- Work with community and specialist Aboriginal employment organisations
- Progression of the traineeships model, that allows participants to undertake a generic role to build workplace confidence, in preparation for transition to a speciality area job or study program, i.e., Aboriginal health, nursing, allied health, administration
- Development of a leadership program for current staff within senior management roles and for those wishing to advance their career opportunities into management and decision-making roles.

EEO Plan

A Greater Western Area Health Service Equal Employment Opportunity Management Plan (2009-2013) has been developed. It will include strategies and related performance indicators to monitor progress. Anticipated outcomes include a sound information base, incorporation of staff consultation, inclusion of EEO in workforce planning targets, supportive policies and procedures, skill development to support career progression, recruitment strategies and improving accountability for EEO. Strategies working towards a diverse and skilled workforce will include clear equal employment targets, e.g., 50 per cent of women in leadership roles and Aboriginal people comprising 8.5 per cent of the workforce.

Disability Action Plan

Within the Greater Western Area Health Service Disability Action Plan 2009 to 2012, priorities for action include increasing employment participation for people with a disability. Performance indicators and reporting processes will be developed. A staff survey will be incorporated into the review and development of opportunities for improvement in employment, for people with disabilities, both existing and potential employees.

Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation.

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Workforce

Workforce planning – non-casual staff separation rate	72
Ethnic Affairs Priority Statement	189-193

Service Delivery levels

Infectious disease notifications	255
Public hospital activity levels	258
Mental Health Act - Acute and non-acute inpatient care utilisation	262

Number of EEO target group staff by salary level

Salary level	Non-respondents	Respondents	Men	Women	ATSI ¹	Minorities ²	ESL ³	Disabled ⁴	Disabled - work ⁵	LEVEL TOTAL
< \$23,339	1	3	1	3	0	0	0	0	0	4
\$23,339 – \$30,654	0	1	0	1	0	0	0	0	0	1
\$30,654 – \$34,269	48	19	6	61	8	0	0	0	0	67
\$34,269 – \$43,336	838	326	327	837	81	24	14	19	4	1164
\$43,336 – \$56,080	1269	368	216	1421	44	17	26	23	11	1637
\$56,080 – \$70,101	1141	353	165	1329	38	27	24	27	10	1494
> \$70,101	861	237	328	770	27	27	22	19	9	1098
SES	0	0	0	0	0	0	0	0	0	0
EEO TOTAL	4158	1307	1043	4422	198	95	86	88	34	5465

1 Aboriginal and Torres Strait Islander people

3 People for whom English is a second language

2 People from racial, ethnic, and ethno-religious minority groups

4 People with a disability

5 People with a disability requiring work-related adjustment



Hunter New England AHS

3

HUNTER NEW ENGLAND
NSW HEALTH



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Chief Executive

Dr Nigel Lyons

Local government areas

Armidale Dumaresq, Cessnock, Dungog, Glen Innes
Severn, Gloucester, Great Lakes, Greater Taree,
Gunnedah, Guyra, Gwydir, Inverell, Lake Macquarie,
Liverpool Plains, Maitland, Moree Plains, Muswellbrook,
Narrabri, Newcastle, Port Stephens, Singleton,
Tamworth Regional, Tenterfield, Upper Hunter,
Uralla, Walcha



Public hospitals

Armidale Hospital
Belmont Hospital
Cessnock Hospital
Glen Innes Hospital
Gloucester Hospital
Gunnedah Hospital
Inverell Hospital
James Fletcher Hospital
John Hunter Hospital
John Hunter Children's Hospital
Kurri Kurri Hospital
Manilla Hospital
Moree Hospital
Morisset Hospital
Muswellbrook Hospital
Narrabri Hospital
Quirindi Hospital
Royal Newcastle Centre
Scone Hospital (Scott Memorial)
Singleton Hospital
Tamworth Hospital
Taree (Manning) Hospital
The Maitland Hospital

Third Schedule Facilities

Calvary Mater Newcastle

List of other services

In addition to its public hospitals, Hunter New England Area Health Service has 57 community health centres throughout the area. It also has a range of area clinical networks and streams including aged care and rehabilitation, drug and alcohol, oral health, diabetes, genetics, palliative care and violence prevention.

Chief Executive's year in review

Hunter New England Health is committed to building healthier communities by delivering excellence in health care.

During the past year, our skilled and dedicated employees continued their hard work and commitment to providing high quality, safe patient care and improving the health of the people in our communities.

Several communities benefited from the completion of major capital works, notably the new Merriwa Multi-Purpose Service (MPS). The culmination of 10 years' work, it houses a 24-hour emergency department, 15 residential aged care beds, eight acute care beds, staff accommodation and co-located ambulance and GP services. New MPS facilities were also opened at Bingara and Warialda.

Major capital works started at The Maitland Hospital, with a \$10M redevelopment underway that will see the Emergency Department double in size, as well as a new ambulance area and entrance foyer.

The year saw significant milestones reached at Tamworth Hospital, where the outstanding level of community involvement and support remains crucial to the role of the health service. The community helped raise more than \$470,000 for the redevelopment of the hospital's oncology unit. The hospital's new acute stroke unit was also opened this financial year.

This was quite a significant year in capital works for Hunter New England Health. The opening of the redeveloped Calvary Mater Newcastle, a \$200m public private partnership between the NSW Government and the Novacare consortium, was the final phase in the Newcastle Strategy. The strategy was a \$360m package of improvements delivered to health services

across the Newcastle region, with works at Belmont Hospital, to the John Hunter campus, the Mater and Newcastle Community Health Centre, spanning from 2000 to 2009. Significantly, this project demonstrated the value of what can be achieved when we partner with our communities and work co-operatively to enhance facilities and services.

This year, our commitment to providing the best possible quality of care was recognised in a number of ways. We scored highly in the 2008 NSW Health patient survey, with more than 90 per cent of patients rating the care they received in our facilities as good, very good or excellent. I am proud that we have once again achieved so strongly in this annual survey, a positive reflection on the work our teams are doing every day in facilities across the area. As well, individuals and teams were well represented in a number of State and national awards. HNE Health staff or projects won three NSW Aboriginal Health awards at the 2008 ceremony and two at the 2009 event. We also won five NSW Health awards, a fantastic effort from all concerned.

HNE Health set the standard this year for pandemic planning. Exercise Forrest Gump (XFG), a massive exercise planned and undertaken by our dedicated population health team, was one of the largest pandemic exercises ever held in Australia. It tested all the emergency departments and public health offices in the Hunter New England area, with lessons learned factored back into planning for the incidence of a real pandemic.

This has been a successful, challenging, rewarding period for Hunter New England Health. Through our quality people, core values, robust systems, strong partnerships and ongoing sound financial management, we expect to continue these outstanding results for our communities in 2009/2010.

Dr Nigel Lyons, Chief Executive
Hunter New England Area Health Service

Demographic summary of the area

The Hunter New England Health Area Health Service (HNEAHS) head office is located in Newcastle, with a regional office in Tamworth.

Hunter New England Health is unique, in that it is the only area health service with a major metropolitan centre (Newcastle/Lake Macquarie), as well as a mix of several large regional centres and many smaller rural centres and remote communities within its borders.

HNEAHS serves a population of approximately 840,000 people, covering over 130,000 square kilometres. Importantly, over 20 per cent of the State's Aboriginal population lives in the catchment area.

It has 93 public health facilities, including 19 community hospitals and multi-purpose services, 14 district health services, four rural referral and two tertiary referral hospitals (John Hunter Hospital, incorporating John Hunter Children's Hospital and the Royal Newcastle Centre and the Calvary Mater Newcastle). There are 57 community health centres, together with a number of other facilities, including mental health and aged care services.

Highlights and Achievements

- New Multi-purpose Service (MPS) at Merriwa completed. Newly renovated and rebuilt state-of-the-art facility took 10 years in planning and construction.
- New multi-purpose services opened at Bingara and Warialda.
- Construction started on new \$10m Maitland Hospital Emergency Department.
- Tamworth Hospital officially opened its Acute Stroke Unit. It will allow more streamlined, intensive clinical care.
- Redevelopment of Tamworth Hospital Oncology Unit following massive community effort to raise more than \$470,000.
- New, purpose-built children's cancer and haematology day unit opened at John Hunter Children's Hospital. It is an all-encompassing treatment facility where children present for clinics, procedures and day chemotherapy, without reliving the association of a hospital stay.
- New Manning Hospital Emergency Department opened.
- Start of public inpatient services at Forster Private Hospital.
- New medical assessment unit at Maitland Hospital opened, second MAU in HNE Health and one of 19 now operating in public hospitals around the State.
- Completion of third and final stage of \$200m Mater redevelopment, undertaken as a public private partnership between NSW Government and Novacare consortium. Final stage saw relocation of acute mental health services from James Fletcher Hospital. Plans underway to build new \$8.91m non-acute, short-term rehabilitation unit for mental health patients on James Fletcher site.
- Won three 2008 NSW Aboriginal health awards. Garry Creighton from Tamworth Community Health an individual award for establishing Yaamanhaa Aboriginal men's group, the Good for Kids. Good for Life program won Minister's award and a third went to project focusing on vascular and renal health - Using knowledge to safeguard our nations.
- Seven individuals and projects named as finalists in the 2009 Aboriginal Health Awards, with two going on to win. The Shake a Leg Health Promotion took top honours in the Strengthening Aboriginal Families and Children category while the HNE Health Aboriginal Employment Program took out the Excellence in Workforce category.
- Five NSW Health awards, including Best Health Service Performance 'Create Better Experiences for People Using Health Services' and 'Strengthen Primary Health and Continuing Care in the Community'.
- Scored highly in 2008 NSW Health patient survey. Results show 90.7 per cent of patients across Hunter New England Health rated their care as good, very good or excellent, placing HNE as one of the top health services in this field.
- Undertook 'Exercise Forrest Gump' (XFG) pandemic exercise, to create pandemic response as close to reality as possible. Exercise proved invaluable when faced with reality of Influenza H1N1.
- Hunter Institute of Mental Health launched its latest resource, MIND Essentials. It provides nurses and midwives with practical information and strategies for supporting people who present with a range of mental health issues.
- Calvary Mater Newcastle becomes home to Cancer Council's first dedicated cancer information centre.
- Morisset Hospital celebrated 100 years of service.
- Launched new electronic referral information management system (RIMS) to improve outpatient referral process. Allows tracking of waiting times, improved response times and removes need for old paper-based system.
- HNE continues as a leader in medical research, with Australian-first stroke research trial at John Hunter Hospital. Hunter Medical Research Institute (HMRI) Stroke Research Group and NSW Ambulance Service will extend clot busting treatment to stroke patients in Upper Hunter, Great Lakes and Lower Manning areas within three-hour treatment window.

Equal Employment Opportunity

This document highlights the significant achievements of the Aboriginal Employment Strategy 2008-2011, in increasing employment and retention rates, working collaboratively with local Aboriginal and Torres Strait Islander communities and raising awareness of their culture in our workforce.

Hunter New England Health is also committed to increasing employment opportunities for disabled people and people from a culturally diverse background. We continue to develop communication plans, employment strategies, build relationships with external employment providers and raise awareness of equity and diversity in our current workforce.

- Qualitative data collected from staff perception survey, staff opinion survey, exit survey, staff consultative committees, career development and staff development forums. Implement strategies to address equity issues identified.
- Key events of significance, such as NAIDOC and National Disability Day, advertised through Hunter New England Health communication networks.
- Fact sheets produced for managers and for Aboriginal employees, with advice on assistance/support available in Hunter New England Health.
- In this period over 200 managers have attended the cultural respect program. This provides a foundation for understanding organisational racism and its contribution to creating barriers for access to health services and employment for Aboriginal and Torres Strait Islander people. An Aboriginal elder and a non-Aboriginal woman co-facilitate this workshop.
- IAG-Health indigenous advisory group provides formal process/mechanism for management committee to seek advice about conduct of business as it relates to the Aboriginal and Torres Strait Islander staff and community.
- Hunter New England Health was gold sponsor for inaugural Hunter Indigenous Jobs Market held in Newcastle June 2009, which attracted over 1,200 Aboriginal and Torres Strait Islander job seekers.
- Hunter New England employs 362 people who identify as being of Aboriginal and/or Torres Strait Islander descent, 485 people who have a disability, 152 of whom have required a reasonable work adjustment. A total of 1503 people of a culturally and linguistically diverse background are employed in a variety of occupations, including administration, nursing, allied health, medicine and support services.
- Twenty-eight per cent of the total Aboriginal workforce is employed as nurses.
- Purchased laptop and literature for Aboriginal junior medical officers to assist in their studies.

- Although recruitment is successful, retention continues to be problematic in some areas. To combat this, Hunter New England Health has employed three Aboriginal EAP counsellors based at Tamworth, Taree and Newcastle.
- An Aboriginal person participates on selection committees where the candidate list includes an applicant who has been identified as being an Aboriginal or Torres Strait Islander person.
- Continuing review and support of disabled apprentice program to ensure staff receive correct support and training from TAFE, managers and other program providers.
- Work experience placements started for three students with disabilities, seven from a culturally and linguistically diverse (CALD) background and two Aboriginal and Torres Strait Islander students.

Major activities and outcomes planned for 2009-10

Hunter New England Health will continue to improve employment rates for Aboriginal and Torres Strait Islander, people with a disability and people with a culturally and linguistically diverse background (CALD). It is widely accepted that there is direct correlation with sustainable employment outcomes and increased benefits to health, lifestyle and quality of life and Hunter New England Health will continue implementing a range of initiatives to ensure we improve employment opportunities in NSW for disadvantaged groups.

Hunter New England Health values the diversity of its employees and is committed to promoting a fair and equitable workplace free from bullying and harassment through the development of strategies, information and fact sheets. We will continue to implement policies and practices to ensure a healthy, supportive and safe environment for our employees.

- Strive to win the 2009 NSW Aboriginal Health Workforce Innovation Award, as recognition of employing a higher number of Aboriginal and Torres Strait Islander employees than all other NSW health services.
- Collect EEO statistical data from Human Resources Centre and grievance counsellors (to be appointed) to ascertain possible workplace issues.
- Equity and Diversity Strategy drafted and review in progress.
- Develop communication articles/fact sheets to ensure EEO principles and success stories are shared across agencies.
- EAP service to ensure that CALD employees can request the same interpreter who has assisted them previously, to ensure consistency in delivery of the counselling service.

- Continual review of recruitment strategies to ensure we provide an equal selection process for people from disadvantaged groups.
- Continue to be a gold sponsor of the Hunter Indigenous Jobs Market held in Newcastle each year.
- Continue to target vacancies for Aboriginal and Torres Strait Islander people to apply in the six acute hospitals.
- Progress targeting positions to be filled by people with a disability and people from a CALD background.
- Start advertising positions for Aboriginal people through the first Indigenous Jobs Australia website, which is an initiative developed by the Australian Indigenous Chamber of Commerce and Fairfax Media and powered by MyCareer. The site is dedicated to advertising job vacancies and opportunities that are identified and targeted for Aboriginal people to fill.
- Five apprentices who have disabilities will complete their training in 2009/2010 and will be offered opportunity to apply for permanent positions, should there be vacancies.
- Review and develop procurement contract procedures to ensure suppliers are addressing employment benchmarks for people in disadvantaged groups such as Aboriginal and Torres Strait Islanders, disabled and CALD background people.

Area health service statements and reports

The NSW Health annual report provides a range of additional source of information which reports on area health services' activity in the finance, service delivery and workforce aspects of their operation.

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Table 1: Trends in the representation of EEO target groups (%)

EEO Target Group	Benchmark or target	% of total staff			
		2006	2007	2008	2009
Women	50	76	77	77	78
Aboriginal people and Torres Strait Islanders	2	1.8	1.9	1.95	2.4
People with English as a second language	20	5	7	8	8
People with a disability	12	3	3	3	3
People with a disability requiring work-related adjustment	7	0.9	0.9	0.7	1

Table 2: Trends in the distribution of EEO target groups (%)

EEO Target Group	Benchmark or target	% of total staff			
		2006	2007	2008	2009
Women	100	88	86	87	86
Aboriginal people and Torres Strait Islanders	100	81	81	81	78
People with English as a second language	100	118	112	108	111
People with a disability	100	99	98	96	99
People with a disability requiring work-related adjustment	100	96	96	95	102

North Coast AHS



4 NORTH COAST NSW HEALTH

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LISMORE NSW 2480

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Facsimile: 6620 7088
Website: www.ncahs.nsw.gov.au
Office hours: 8.30am - 5.00pm
Monday to Friday

Chief Executive

Chris Crawford

Local government areas

Ballina, Bellingen, Byron, Clarence Valley, Coffs Harbour, Kempsey, Kyogle, Lismore, Nambucca, Port Macquarie-Hastings, Richmond Valley, Tweed

Public hospitals

Ballina District Hospital
Bellinger River District Hospital
Bonalbo Health Service
Byron District Hospital
The Campbell Hospital, Coraki
Casino & District Memorial Hospital
Coffs Harbour Health Campus
Dorrigo Multi-purpose Service
Grafton Base Hospital
Kempsey District Hospital
Kyogle Memorial Multi-purpose Service
Lismore Base Hospital
Macksville Health Campus
Maclean District Hospital
Mullumbimby & District War Memorial Hospital
Murwillumbah District Hospital
Nimbin Multi-purpose Service
Port Macquarie Base Hospital
The Tweed Hospital
Urbenville Multi-purpose Service
Wauchope District Memorial Hospital

Community health centres

Alstonville Community Health
Ballina Community Health
Bangalow Community Health
Banora Point Community Centre
Bellingen Community Health
Bonalbo Community Health
Byron Bay Community Health
Camden Haven Community Health
Casino Community Health
Coffs Harbour Community Health
Coraki Community Health
Dorrigo Community Health
Evans Head Community Health
Grafton Community Health
Iluka Community Health
Kempsey Community Health
Kingscliff Community Health
Kyogle Community Health
Lismore Adult Health
Lismore Child & Family Health
Macksville Community Health
Macleay Community Health
Mullumbimby Community Health
Murwillumbah Community Health
Nimbin Community Health
Port Macquarie Community Health
South West Rocks Community Health
Tweed Heads Community Health
Urbenville Community Health
Wauchope Community Health
Woolgoolga Community Health

Area Mental Health Service

Head Office, 60 Hunter Street, Lismore, 2480
Phone: 02 6620 7587 Fax: 02 6620 7693
Bellingen Community Mental Health
Byron Community Mental Health
Casino Community Mental Health
Clarence Valley Community Mental Health
Coffs Harbour Community & Inpatient Mental Health
Kempsey Community & Inpatient Mental Health Services
Kyogle Community Mental Health
Lismore Community Mental Health
Macksville Community Mental Health
Mullumbimby Community Mental Health
Murwillumbah Community Mental Health
Port Macquarie Community & Inpatient Services
Lismore Mental Health Services
Tweed Heads Community Mental Health
Tweed Valley Clinic Inpatient Unit

Sexual Assault Service

Lismore 'Indigo House'
Clinic 916, Coffs Harbour Sexual Health
Clinic C, Coffs Harbour Health Campus
Clinic 229 - Grafton Sexual Health, Grafton Base Hospital
Sexual Health/AIDS (SHAIDS)
Clinic 145 Tweed Valley Sexual Health Service

Liver Clinic

29 Molesworth Street, Lismore
Phone: 02 6620 7539 Fax: 02 6620 766



Chief Executive's year in review

The past twelve months have been very busy for North Coast Area Health Service (NCAHS), which continues to have significant growth in population, particularly of older residents, with a consequent increased demand for health services. In response to the increases in demand, NCAHS has introduced new and expanded services in 2008-09. As well, building works were started that will enable more new services to be introduced in 2009-10.

During this year, over 250 patients received interventional cardiac services at the Coffs Harbour Health Campus Cardiac Catheter Laboratory. Such services include the insertion of stents to open up blocked arteries. Previously, patients would have been required to travel to a major city to access such services.

At Port Macquarie Base Hospital, patients are now undergoing complex liver surgery, which was previously not available in regional settings. This means that Port Macquarie residents can now have liver cancers removed at their local hospital.

During the year, alternative-to-admission services were expanded, to take some pressure off NCAHS emergency departments and inpatient wards. The three main alternatives to admission services are:

- Transition Aged Care Places, which provide support to older patients who wish to return to live in their own homes
- Community Packages, which provide necessity-of-life services (e.g., showering, cooking, shopping, gardening)
- Community Acute and Post-acute Care Services (or Hospital in Home), where clinical services are provided by nurses and allied health staff to patients in their own homes.

The expansion of these services has enabled patients with mild and chronic conditions to be treated in the community setting, thus enabling very sick patients to be admitted to beds which might otherwise have been occupied.

Building work started on several capital works projects that will enable new services to start in 2009-10. They include:

- Upgraded Emergency Department at Port Macquarie Base Hospital
- Bunkers to accommodate orthovoltage superficial machines at the Coffs Harbour and Port Macquarie cancer centres
- A second linear accelerator being built and calibrated for operation at the Coffs Harbour Integrated Cancer Centre
- Cardiac Catheter Laboratory at Lismore Base Hospital
- Integrated cancer care at Lismore Base Hospital.

The NCAHS Area Health Advisory Council (AHAC) has been actively involved in the consultation processes started as a result of the Garling Report and *Caring Together* response. The AHAC includes clinical and community representatives who are well placed to support the reform agenda in the recommendations. I have also undertaken to keep staff and clinicians informed of progress and regularly provide an update in the new *Caring Together* newsletter which is issued across the NCAHS.

The pertussis (whooping cough) epidemic continued in 2008-09, with 1,731 cases reported. This is more than eight times the five-year average of 212. The H1N1 (swine flu) influenza outbreak resulted in 21 confirmed cases, with a further 155 being investigated and excluded during the reporting period on the North Coast. The response stretched public health staff and hospital services.

A "Big Wet" came mainly to the south of the NCAHS. Following major flooding, a natural disaster declaration was called for the Coffs Harbour, Bellingen, Nambucca, Kempsey and Port Macquarie/Hastings local government areas. NCAHS praised its staff and communities for the way they managed this challenge when faced with extreme adversity. The disaster co-ordinator and her disaster management team worked very hard to ensure that hospitals had adequate staffing. Many staff worked extra shifts, guaranteeing that the ongoing delivery of services continued as normal.

Despite many challenges, NCAHS has seen some major projects advance over the past year. For example, I was pleased to be accompanied by the federal Member for Page, Janelle Saffin, to hand over the development application for the Grafton Base Hospital operating theatre redevelopment to Clarence Valley Mayor, Richie Williamson.

Another highlight was the attendance of the Minister Assisting the Minister for Health (Cancer), Jodie McKay, to "turn the sod", launching the start of construction of the new Lismore Base Hospital Integrated Cancer Care Centre. Once completed, it will offer significant benefits for patients from Richmond and surrounding areas, who require treatment for cancer. The centre encompasses a twin bunker radiation oncology (radiotherapy) facility, making it the third such service of the North Coast Cancer Institute. Similar services operate in Coffs Harbour and Port Macquarie.

In closing, I thank the clinicians and staff, the management team and the Area Health Advisory Council for their support over the past year and the dedicated volunteers and hospital auxiliary members, who continue to work tirelessly for the patients and staff at our facilities.

Chris Crawford, Chief Executive
North Coast Area Health Service

Demographic summary of the area

North Coast Area Health Service (NCAHS) covers an area of 35,570 square kilometres, from the Hastings Shire in the south to the Queensland border in the north. It extends westward from the coast to the Great Dividing Range. Residents of the southern Gold Coast and Tweed Valley share primary, secondary and tertiary health services, provided by both Queensland and NSW.

NCAHS comprises a total of 20 statistical local areas (SLAs), 12 local government areas (LGAs) and is divided into four planning networks, with an estimated population in 2006 of 479,544. It is also acknowledged that Queensland residents access services in the Tweed Valley, however this population is not included in the Tweed/Byron Network population. When planning for specific services, however, consideration is given to this population and its utilisation of services at Tweed Heads.

NCAHS is the fastest growing rural area health service in NSW. The total estimated residential population of 479,544 in 2006 is projected to increase by seven per cent to 511,146 by 2011.

This growth of 1.3 per cent p.a. from 2006 to 2011 and 1.2 per cent between 2011 and 2016, is higher than the rest of NSW, which is expected to grow by 1.1 per cent p.a. to 2011 and 1.1 per cent between 2011 and 2016.

The proportion of the population aged 0–14 years is 19.3 per cent, similar to the NSW average (19.5). NCAHS has a lower proportion of people aged 15–44 years (34%) compared to NSW (42.3) and a larger proportion 45–64 years (28 per cent, compared to 24.5 in NSW). NCAHS has the largest proportion of people aged 65 years and over, at 18.4 per cent of the total population, compared to NSW (13.5) and other health services.

People aged over 65 comprise the fastest growing segment of the North Coast population. It is predicted that this age group will have increased to 20 per cent (101,897) in 2011 and to 23 per cent (122,275) by 2016. The 45–64 age group is also projected to increase slightly, from 28 (134,674) in 2006 to 29 per cent (155,088) by 2016.

In 2006, it is estimated that there were 18,584 Aboriginal people living in the NCAHS, representing 3.8 per cent of the total population and around 12.5 per cent of the total Aboriginal population in NSW. The LGAs with the highest numbers of Aboriginal people are Kempsey 2,719 (9.5% of the population), Tweed 2,533 Coffs Harbour 2,473 and Clarence Valley 2,426.

Aboriginal communities have higher proportions of children and young people and lower proportions of older people than non-indigenous communities. Children aged less than 15 make up 39.6 per cent of Aboriginal and Torres Strait Islander communities on the North Coast, compared to 18.9 per cent for the population as a whole. Approximately half (50.4%) of the North Coast Aboriginal population is aged less than 20. People aged 50 years and over make up 12.2 per cent of the Aboriginal population, compared to 39.2 per cent of the overall NCAHS population.

In 2006, 11 per cent of the North Coast population was born overseas (48,019 residents). This proportion is less than half of the NSW average (26%). The highest proportions of overseas-born residents were in the three major coastal areas of Byron (16.2%), Tweed (14.3%) and Coffs Harbour (11.6%), while the Richmond Valley (5%), Clarence Valley (6.8%) and Kempsey (6.9%) local government areas had the lowest proportions of overseas-born residents.

Economic status is closely associated with health and well-being. People who are economically disadvantaged experience poorer health than those who are economically advantaged. The North Coast AHS is one of the most disadvantaged area health services in NSW and scores lower than the NSW average on most measures of socio-economic status. The overall level of socio-economic disadvantage contributes to higher than average levels of health problems in the community and demand for services on the North Coast.

Highlights and Achievements

- Full participation NSW Quality Systems Assessment Program.
- Continued progress with embedding open disclosure to patients and carers when adverse event occurs – because it's the right thing to do.
- Central line associated bloodstream infections in intensive care units (ICUs) now rare event – only one such infection among four ICUs in 2008/09.
- Patient falls in hospital reduced across NCAHS to ~3.0 per 1,000 bed days.
- Participation in Clinical Excellence Commission's 'Between the Flags' initiative at Macksville Hospital, to better detect and care for deteriorating patients.
- Accreditation 100 per cent of NCAHS hospitals and other health services (including NCAHS corporate office).
- Improved occupational health and safety numeric profile results for hospitals and community-based facilities across area.
- Further developed networked emergency service and renal service delivery across Lismore Base and Ballina District hospitals.
- Interventional cardiology service developed Coffs Harbour Health Campus Cardiac Catheter Laboratory (CCL).
- Establishment of early pregnancy assessment service (EPAS) at PMBH.
- Worked with local clinicians and Grafton Base Hospital management to develop GP super clinic at Grafton. Will deliver integrated and multidisciplinary health care, tailored for Grafton community.
- After extensive consultation, NCAHS home-based dialysis implementation plan 2009-2014 endorsed by area executive



July 2008. Sets out strategies to ensure service meets Statewide benchmark of 50 per cent in-centre and 50 per cent home-based by 2014.

- Three clinical nurse consultants recruited to implement chronic care strategies for Aboriginal patients across NCAHS.
- Expansion of telecommunications network to support introduction of electronic medical record, with matching funds supplied by Commonwealth under Clever Networks program.
- Transitional nurse practitioner appointed for Nimbin Multi-purpose Service.
- Implementation of Telehealth connecting critical care emergency department pilot, across seven locations, provided decision-making support to clinicians in rural and remote EDs. Already proved successful.
- Twelve-week e-learning package (part of NCAHS' Positive Approach to Aged Care Program) rolled-out across State and adopted as a priority of NSW Dementia Action Plan. Thirty-two nurses trained to facilitate program Statewide. Seven also trained to further roll-out program in NCAHS. Over 180 nurses across State currently enrolled.
- Wide adoption and implementation of e-learning across area - now 7,400 users on system and total of 35 online courses available.
- Nineteen clinicians successfully completed 2008 Clinical Leadership Program, with 54 enrolled for 2009.
- Establishment of medical workforce unit to improve systems, with focus on support for medical training and country careers.
- Increased participation in vocational education and training, with 18 new school-based trainees and 132 existing traineeships started since 2007.
- Public Health Unit (PHU) managed two significant disease outbreaks. Pertussis (whooping cough) epidemic escalated, with 1,731 cases reported - more than eight times five-year average of 212. H1N1 influenza outbreak resulted in 21 confirmed, plus 155 suspect cases investigated and excluded during reporting period. Response stretched PHU and hospital services.
- Through 159 schools and preschools, 8,812 children reached with nutrition and physical activity initiatives, plus 25,000 in 60 schools potentially, through changes to canteens.
- "Munch and Move: preventing overweight and obesity in early childhood" won best presentation for Health Outside Hospital Walls, at NSW Rural and Remote Health Conference in 2008.
- RRISK (Reduce Risk, Increase Student Knowledge) program which aims to reduce adolescent risk-taking associated with alcohol and drug use, driving and celebrating, again presented. Program targets year 11 students in 85 per cent of North and Mid North Coast high schools. Eight RRISK seminars held in 2008, with 2,929 students from 48 high schools participating.
- "Stepping On" community falls prevention program established within Coffs/Clarence Network, with 108 older community members participating since start of year.
- Completion of Lismore stage 1 – mental health redevelopment, in July 2008. Total budget \$38.106M, with \$852k spent in 2008-09.
- Purchase six hectares at Ewingsdale for \$1m for establishment of Byron Central Hospital.
- Construction new community centre at Box Ridge Aboriginal community at Coraki for \$758k.
- Completion in July 2009 30-bed ward within new clinical education building at Tweed Hospital for \$6.846m.
- Completion 24-bed rehabilitation unit at Ballina Hospital July 2008, costing \$5.3M.
- Upgrade Port Macquarie dental clinic - \$400k.
- Start Lismore Base Hospital Cardiac Catheterisation Laboratory. Total budget \$4.028M, with \$860k spent in 2008/09. Project due completion December 2009.
- Completion Tweed Hospital Oncology Unit refurbishment \$300k.
- Start expansion North Coast Cancer Institute facilities at Port Macquarie Base Hospital and Coffs Harbour Health Campus, to house orthovoltage unit at each facility, combined cost \$1.825M.
- Construction started stage 2 – integrated cancer care unit, Lismore. Functional brief completed. Due completion May 2010.
- Installation second linear accelerator at North Coast Cancer Institute - Coffs Harbour Health Campus, at cost of \$3.519M, started.
- Upgrade Kempsey District Hospital's, Emergency and Medical Imaging departments and installation new CT scanner for \$1.5M completed June 2009.
- Upgrade and expansion Port Macquarie Base Hospital Emergency Department, at \$1.3M, due completion December 2009.
- Completed construction 20-bed North Coast Mental Health Rehabilitation Unit at Coffs Harbour Health Campus \$7.414M.
- NCAHS first rural area health service to introduce NSW Health electronic medical record.

Equal Employment Opportunity

Major policies/programs and their outcomes during the reporting period accounting for planned outcomes set in the previous year include:

- Review of current EEO plan and policies
- Outcomes of the area Aboriginal Workforce Development Strategy (as part of the EEO strategy) are listed:
 1. Examination of all positions prior to advertising, to determine the potential to target positions as part of the NCAHS Aboriginal Workforce Development Strategy, whereby NCAHS was able to identify with line managers, the possibility of inclusion of specific criteria to support affirmative action planning and outcomes. Positions were identified in mental health Port Macquarie, catering at Lismore Base, finance units at Lismore and Port Macquarie, transport at Port Macquarie and hotel services at Kempsey.
 2. Development of a professional and effective cross-cultural awareness framework to support non-Aboriginal staff working with and delivering services to Aboriginal people and communities. This has contributed to the development of a Statewide framework. Access by clinicians is still being addressed through consultation and discussion.
 3. Development of supportive networks that would provide a number of options to enable people to retain cultural safety and bring cultural issues to be addressed. This has proven successful, with attendance and commitment at high levels.
 4. Use and reference of the strategy to ensure that Aboriginal positions were not deleted as part of structural reform. This was successful across the region in ensuring key stakeholder support for Aboriginal employees.
 5. Development and application of a broad and consistent new entrant traineeship model, in line with area process. Learning and Workforce Development Unit has successfully engaged an Aboriginal trainee who is nearing her completion.
 6. Further development of the Bachelor of Nursing cadetship program for Aboriginal people has been successful, with three cadets and a strong vision for further recruitment in 2010.
- Review of systems to support employees with languages other than English to better support patient care across the area health service - including potential application of the Community Languages Assistance Scheme (CLAS).
- Development of draft EEO policies and management plan for 2010-2013 for consultation.
- Major activities and outcomes planned for the following year include:
 - Implement EEO information on intranet and improve access to EEO information to employees across various mediums
 - Launch and implement the new NCAHS EEO Management plan for 2010-2013.

Table 1: Trends in the representation of EEO target groups (%)

EEO Target Group	Benchmark or target %	% of total staff			
		2006	2007	2008	2009
Women	50	75	76	75	75
Aboriginal people and Torres Strait Islanders	2	3.5	3.2	3.1	3.1
People with English as a second language	19	3	5	5	5
People with a disability	12	4	29	5	5
People with a disability requiring work-related adjustment	7	0.9	26.7	1.3	1.2

Table 2: Trends in the distribution of EEO target groups (%)

EEO Target Group	Benchmark or target %	% of total staff			
		2006	2007	2008	2009
Women	50	93	92	91	91
Aboriginal people and Torres Strait Islanders	2	83	84	86	88
People with English as a second language	19	118	115	111	117
People with a disability	12	107	100	104	102
People with a disability requiring work-related adjustment	7	115	99	98	100

Area health service statements and reports

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Ambulance Service of NSW

Chief Executive Officer: Greg Rochford

Telephone: 9320 7777 **Facsimile:** 9320 7800 **Website:** www.ambulance.nsw.gov.au

Achievements

- Over 1,119,000 total emergency and non-emergency responses.
- Average 3,068 responses per day, one every 28 seconds.
- Average responses per day increased 0.4 per cent on 2008.
- Emergency activity declined, from 675,000 incidents in 2007-08 to 672,000 in 2008-09.
- Non-emergency activity increased, from 280,000 responses to 294,000.
- Fifty per cent potentially life-threatening cases responded to within 10.27 minutes, against 9.85 previous year. Deterioration due primarily to longer hospital turn-around times, limiting overall availability to respond and increase in emergency ambulances transporting non-emergency patients.
- Expansion of Extended Care Paramedic (ECP) program, which establishes specialist paramedic skills in treatment and referral. ECPs now operate in western Sydney, Port Macquarie and Central Coast. Twenty-four new positions funded for 2009-10.
- Ambulance Research Institute established, with substantial research program underway and scholarships awarded to research fellows
- Advanced cardiac care pilot program established in Hunter, tests methods for rapid delivery early reperfusion treatments for heart attack patients.
- Implementation and evaluation of pilot program (in collaboration with Greater Southern AHS) to expand clinical role of paramedics in rural and remote communities.
- Mental health training for paramedics expanded - 568 trained, bringing total number authorised to exercise powers under Mental Health Act (2007) to 1,487 - 58 per cent of workforce.
- New award for paramedics, providing death and disability scheme, extra front-line supervision and improved career structures, rostering and fatigue management.
- Rapid response capability expanding, as result of changes to ambulance rescue responsibilities in Sydney, Wollongong, Central Coast and Newcastle.
- Volunteer programs expanded where resources permitted. Twelve Community First Responder programs established, in collaboration with State Emergency Service and fire authorities.
- New equipment, including mechanical restraining devices, 30 new stretchers and two Megalift vehicles for bariatric and special operations.
- Planning ambulance electronic medical record system completed, preparations underway for field trials and implementation start 2009-10.
- Development upgraded, integrated Statewide computer-aided dispatch progressing, with final implementation anticipated 2009.
- Enhancement of rural facilities included new station at Deniliquin and MPS facilities at Bombala, Batlow, Junee, Nyngan.
- 46 new front-line paramedic management positions strengthened support for on-road staff.
- Policy and procedures for raising workplace concerns reviewed and simplified, through publication of "easy guides" for use by all staff and managers. Help in deciding best response to all workplace concerns, including patient complaints, staff grievances, clinical practice issues and misconduct.
- Eighteen grievance contact officers trained and deployed to provide informed, independent advice in grievance matters.
- Organisational values and behaviour examined through staff surveys, focus groups and workshops. Clear set of values and behaviours developed for promulgation in 2009-10.
- Respectful workplace behaviour reinforced through training program. All current staff completed training, also included in induction of new staff.
- Ambulance Management Qualification (AMQ) program started. Includes above initiatives, plus practical operational supervision as core skills for all managers. All 450 front-line managers will complete program by early 2010. AMQ (or equivalent) will become pre-requisite for managers.
- Programs to support ambulance staff engagement with communities developed, with increase of on-line community forums, e-community newsletter and campaigns such as Ambulance Heroes and Emergency Helpers.

Clinical Excellence Commission

Chief Executive Officer: Professor Clifford Hughes, AO

Telephone: 9382 7600 **Facsimile:** 9382 7615 **Website:** www.cec.health.nsw.gov.au

Achievements

- Clinical Leadership Program
- E-learning modular program for quality improvement
- Conference and seminar presentations
- Between the Flags: Learning package - DETECT - for front-line clinical staff
- Re-introduction of hand hygiene project under the National Hand Hygiene Initiative
- Antibiotic Stewardship
- Second and third bi-annual reports of Incident Information Management System (IIMS)
- *Chartbook 2007* distributed to all wards and workplaces across NSW Health
- *Chartbook 2008* completed

Partnerships

- Citizens Engagement Advisory Council
- Clinical Council
- Shared quality and safety reporting function with NSW Department of Health
- Hospital Alliance for Research Collaborative (HARC)
- Centre for Health Record Linkage (CHeReL)
- Greater Metropolitan Clinical Taskforce (GMCT)
- Institute of Medical Education and Training (IMET)
- Australian Commission for Safety and Quality in Health Care (ACSQHC)
- Quality and safety seminars in conjunction with ACSQHC
- Partnership with Sax Institute to fund fellowship of Dr Diane Watson

Research

- Ian O'Rourke PhD Scholar
- Database to support Collaborating Hospitals' Audit of Surgical Mortality (CHASM)
- Hospital Alliance for Research Collaborative (HARC)
- Centre for Health Record Linkage (CHeReL)

Strategic planning and development

- Planning meeting to review board performance and produce strategic plan 2009-2012
- Recruitment Director, Health System Improvement, expansion QSA portfolio
- Recruitment Director, Undergraduate Quality & Safety Education (p/t)
- Expansion Special Committees secretariat to improve implementation and evaluation of audits of surgical and anaesthetic mortality
- Development management frameworks for CEC projects
- Response to Special Commission of Inquiry Report (Garling)

Publications

- A companion to the *Easy Guide to Clinical Practice Improvement*
- *Annual Report 2007/08*
- *Between the Flags – The Way Forward*
- *Between the Flags – interim report*
- *Chart Book 2007* errata
- *Clean Hands Save Lives* – hand hygiene compliance report
- Clinical focus reports from review of RCAs and/or IIMS data:
 - Airway management
 - Falls
 - Management of tracheostomy and tracheostomy emergencies
 - Sedation/excess sedation as an adverse outcome
 - Second review of acute coronary syndrome incidents
 - Transfer of unstable patients
 - Use of midazolam
- *Collaborating Hospitals' Audit of Surgical Mortality (CHASM)* brochure
- Enhancing project spread and sustainability
- *Falls Prevention is Everyone's Business* – CD and DVD
- *Incident Management in the NSW Public Health System January-June 2008*
- *Medication Safety Self-assessment for Anti-Thrombotic Therapy in Australian Hospitals*
- *Medication Safety Self-assessment for Australian Hospitals*
- *Quality Systems Assessment Statewide Report*
- *Strategic plan 2009-2012*



Justice Health

Chief Executive Officer: Julie Babineau

Address: 300 Anzac Parade, Malabar NSW 2036

Telephone: 9700 3000 **Facsimile:** 9700 3493

Website: www.justicehealth.nsw.gov.au

Achievements

- Long Bay Hospital operating July 2008 under public private partnership (85 beds). With forensic hospital, significant boost to bed numbers for mentally ill patients and acute and rehabilitative services for people in NSW criminal justice system.
- Forensic hospital open November 2008. Very significant milestone. First of its kind in NSW, 135-bed facility provides care for patients in total therapeutic and multi-disciplinary environment, under full responsibility of Justice Health.
- Start health centre at Emu Plains Juvenile Justice Centre.
- Health centre at Wellington Adult Correctional Centre underway.
- Won NSW Health Aboriginal Health Award - Innovation in Chronic Care - for Aboriginal chronic care program 'Murr-roo-ma Dhun-barn' - To Make Strong. Expanded to seven new sites (Wellington, Glen Innes, Silverwater Women's, Mid-North Coast, Kirconnell, Kariong, Frank Baxter) bringing to 16.
- NSW Premier's Public Sector Award - bronze - Fairness and Opportunity category - Improving Access to Health Services for Women in Custody.
- Shared silver with Corrective Services NSW - partners in Rights, Respect and Responsibilities - Mental Health Screening Unit.
- Major focus on challenge of H1N1 influenza pandemic. Provided valuable experience to respond to similar events in future.
- Key accomplishment - re-signing partnership agreement with Aboriginal Health & Medical Research Council.
- Developed family and carer training packages.
- Established clean air (smoke-free) environment in forensic hospital for staff and patients from first admitted patient.
- Completed Australian Council on Healthcare Standards organisation-wide survey.
- Reviewed 2009-2011 audit plan by KPMG, to align with strategic risk profile.
- Completed OH&S injury management profile.
- Completed best practice climate survey.
- Implemented storage area network (SAN).
- Completed BOCSAR report 'Evaluation of Court Liaison Service'.
- Developed five-year CHRCJ strategic plan and research governance framework.

Chief Executive's Year in Review

The year under review has been challenging yet rewarding with many significant achievements for Justice Health. The new additions to Justice Health facilities include the new Forensic and Long Bay Hospitals which commenced operations in 2008 under a Public Private Partnership.

The 135-bed Forensic Hospital, a first of its kind in NSW, provides care for young people, women and men in a total therapeutic and multidisciplinary environment under the full responsibility of Justice Health. The 85-bed Long Bay Hospital remains under the responsibility of Corrective Services NSW (previously known as the Department of Corrective Services) where all health care services remain under the jurisdictions of Justice Health.

One of the key challenges this year has been the recruitment of staff for these new facilities. Whilst Justice Health is committed to recruiting new skilled health professionals and clinicians, we have also continued to provide educational and professional development opportunities for our existing workforce.

Another major focus for Justice Health was the challenge H1N1 posed within the custodial environment. We were fortunate to test and evaluate our recently developed pandemic plan with four stakeholder agencies in response to H1N1. As a result we are more confident than ever that we are ready to respond to similar events in the future. A further key achievement for Justice Health this year was re-signing of the Partnership Agreement with the Aboriginal Health & Medical Research Council (AH&MRC).

Above all, I would like to convey my appreciation for the dedication and efforts shown by Justice Health staff during the year. Together with our stakeholders and partners, we are working to deliver international best practice health care for those in contact with the criminal justice system.

The Children's Hospital at Westmead

Chief Executive Officer: Dr Antonio Penna

Telephone: 9845 0000 **Facsimile:** 9845 3489 **Website:** www.chw.edu.au

Achievements

- Kim Oates Paediatric Simulation Centre, first in southern hemisphere, opened. Provides valuable training opportunities, using advanced technology to replicate real-life scenarios. Technology so advanced mannequins respond to treatment like normal patient and even to cry like a sick baby or child. Funding provided by generous supporters.
- Multi-million dollar interventional radiology suite opened. New technology makes possible complex procedures for conditions previously untreatable and delivers improved diagnostic accuracy, lower radiation risk and faster recovery times for children. Made possible by generosity of Sargents Pies Charitable Foundation.
- To tackle obesity, Dr Shirley Alexander appointed staff specialist for child and adolescent weight management services – a world first. Will proactively teach children and families about healthy eating and exercise options.
- Emergency Department upgraded with eight-bed emergency medical unit - children observed overnight in more comfort, improved waiting area, three fast-track cubicles and new area for patients mid-way through treatment.
- One-off \$1M funding from NSW Government enabled improvements and repairs to Bear Cottage, home-like setting for children with terminal illnesses and their families, for respite and end-of-life care, on Sydney's Northern Beaches. New playground, renovated bathrooms and Quiet Room, where volunteers provide massage therapy and reflexology to families, all enhance environment.
- The Children's Hospital at Westmead leads in improving hand hygiene among staff. Innovative hand hygiene program won several awards, and is being adopted by other hospitals around Australia. Proven best way to reduce hospital acquired infections is improve hand hygiene among health care workers.
- *Learn to Stop Burns!* inter-active computer-based learning resource for primary schools launched. Teaches children about potential of burn injuries in and around home. Hospital is State referral centre for children with serious burns.
- Developmental calendar, *Bringing out the Best in Your Baby* launched. Free to all new parents in NSW, tells when to expect milestones in new baby's development and provides practical tips and advice. Also suggests activities for healthy physical, intellectual and emotional development.
- First of its kind in NSW, CAPAC, (Community Acute and Post-acute Care) or 'Hospital in the Home', provides care for many patients, including those with cystic fibrosis, major skin disorders and conditions requiring intravenous medications. Functions as virtual hospital ward, with nurses and physiotherapists visiting children in own homes.
- Research into causes and cures of childhood diseases is strong focus. Doctors trialling new treatments for adolescents with eating disorders, vaccination to prevent whooping cough in very young infants, innovative therapies to prevent diabetes, new drugs to cure cancer and treatments to improve health of children with chronic lung disease. Now known as Kids Research Institute.
- Hospital won four awards at NSW Health awards. Recognise and reward projects, initiatives and approaches producing measurable improvements.
- Inaugural Staff Celebration Week in 2008, rewarded and celebrated achievements of over 4000 staff and volunteers who form hospital team. Achievements underpinned by dedication and talent of teams and individuals.
- In significant milestone, The Children's Hospital at Westmead received over \$30M in donations for 2008-2009 financial year. Community support allows staff to do more for children and families – open new services, employ more staff, purchase updated equipment and fund exciting ground-breaking research.
- *Bandaged Bear Day™* appeal, hospital's major public fundraiser, reached 20th anniversary milestone in 2009.
- Physiotherapy celebrated 100 years. Were two honorary masseuses and director of gymnastics in 1909. Now 45-strong department.
- Adolescent Medicine Unit celebrated 30 years. Pioneered comprehensive, integrated creative model of care, linking inpatient, out-patient and community services.
- Memorandum of understanding signed between Beijing Children's Hospital and The Children's Hospital at Westmead, to collaborate in education, resources and training.



Area Health Service

PUBLIC HEALTH UNITS

Greater Southern Area Health Service

Albury Public Health Unit

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Goulburn Public Health Unit

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Greater Western Area Health Service

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Broken Hill Public Health Unit

PO Box 457, Broken Hill, 2880

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Dubbo Public Health Unit

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Hunter/New England Area Health Service

Newcastle Public Health Unit

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Port Macquarie Public Health Unit

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North Sydney/Central Coast Area Health Service

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