

# Appendices

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# Our commitment to service

NSW Health is committed to providing the people of NSW with the best possible health care. Our commitment to service explains what you can expect from NSW Health as an Australian resident, no matter who you are or where you live in NSW.

Following is a summary of what can be expected from the NSW public health system as an Australian resident.

### Standards of service

NSW Health will:

- Respect an individual's dignity and needs.
- Provide care and skill, in keeping with recognised standards, practices and ethics.
- Offer access to a range of public hospital and community-based health services. 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, individuals 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 individual attended for personal health information, or the head of the organisation that collected the personal information relating to them. A Freedom of Information (FOI) application may also be lodged requesting access to records. Access to records 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 individual, 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 individuals 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 an individual's right to receive visitors with full acknowledgement of culture, religious beliefs, conscientious convictions, sexual orientation, disability issues and right to privacy.
- Inform an individual of their rights under the *NSW Mental Health Act 1990* if admitted to a mental health facility.

Applications for financial assistance towards travel and accommodation costs incurred by patients who are disadvantaged by distance, and who have to travel more than 100km (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 the patient resides. Contact details for the Transport for Health offices can be accessed via the NSW Health website.

# Consumer participation

**NSW Health is committed to providing the best care possible to the community, involving health consumers in decisions about the health system and providing information to improve their own health and the health of their communities.**

The Department of Health has developed appropriate mechanisms to engage the community and clinicians in health decision-making and to ensure the delivery of quality health care. The following initiatives have been established:

## NSW Health Care Advisory Council

The NSW Health Care Advisory Council (HCAC), established in March 2005, is the peak community and clinical advisory body providing advice to the Director General and Minister. It is chaired by the Rt Hon Ian Sinclair AC and Professor Judith Whitworth AC.

The Minister asked the HCAC to address the following priorities for 2006:

- Service Delivery Models
- Early Intervention
- Workforce
- Mental Health
- Quality in Health Care
- State Health Plan.

To date the HCAC has met six times and focused on three priorities: Workforce, Early Intervention, and Service Delivery Models.

## Health Priority Taskforces

The Health Priority Taskforces provide advice to the HCAC, Director General and the Minister on policy directions and service improvements in each of the high priority areas of the NSW health system.

The Health Priority Taskforces include:

- Aboriginal Health
- Chronic, Aged and Community Health
- Children and Young People's Health
- Critical Care
- Greater Metropolitan Clinical Taskforce
- Information, Management and Technology
- Maternal and Perinatal Health
- Mental Health
- Population Health
- Rural Health
- Sustainable Access.

Further details about the Health Priority Taskforces can be found in Appendix 11.

## Area Health Advisory Councils

Area Health Advisory Councils (AHACs) have been established for each of the Area Health Services and a Children's Hospital Advisory Council has been established for the Children's Hospital at Westmead. The Area Health Advisory Councils comprise clinicians and members of the community working together to provide advice to the Health Service Chief Executive on planning and delivering health services.

The Council membership consists of between nine and 13 members, who have experience in the provision of health services, represent the interests of consumers, health services and the local community and/or have expertise, knowledge or experience in Aboriginal health.

An Orientation Framework was developed in 2005 by NSW Health to assist Area Health Services plan, develop and conduct detailed orientation programs for the establishment of the AHACs. NSW Health provided ongoing secretariat support to the AHACs and convenes six-monthly workshops with the Area Health Service Chief Executive, Children's Hospital and Area Health Advisory Councils.

Area Health Advisory Councils developed Charters and Key Performance Indicators for reporting to the Minister and Parliament. Work on the development of two year rolling work-plans has commenced.

## Compliments or complaints

- All compliments are treated confidentially.
  - Compliments or complaints regarding health care or services can be made to any member of a hospital or staff of a health service.
  - If individuals are not satisfied with the manner in which a complaint has been handled, they can write to the Chief Executive of the relevant Area Health Service.
  - Individuals can also contact the Health Care Complaints Commission (HCCC) which is independent of the public health system. A complaint may be investigated by the Commission, referred to another body or person for investigation, referred to conciliation with the complainant's permission or referred to the Director General of the NSW Department of Health.
- Assistance is available from the HCCC Complaints Resolution Service to help resolve the concern locally.

The HCCC can be contacted at:

The Health Care Complaints Commission  
Locked Bag 18  
Strawberry Hills NSW 2012  
Tel. (02) 9219 7444  
Tollfree. 1800 043 159  
TTY. (02) 9219 7555  
Website [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au)

If individuals have a concern about their treatment or the treatment of someone they know has received at a NSW health facility, the following list of contacts will help them decide how to proceed:

- Contact the relevant health facility regarding treatment in a public hospital, community health centre or another NSW Health service.
- Contact the relevant private hospital regarding treatment in a private hospital.
- Contact the Aged Care Complaints Resolution Scheme regarding health care in a Commonwealth-funded aged care service.
- Contact the NSW Medical Board regarding treatment by a general practitioner in private practice.
- Contact the relevant registration board regarding treatment by other practitioners, such as podiatrists, psychologists, etc.
- Contact the Health Care Complaints Commission for further assistance.

## Code of conduct

The NSW Health Code of Conduct applies to staff working in any permanent, temporary, casual, termed appointment or honorary capacity within any NSW Health facility.

NSW Health provides a comprehensive range of health and health related services covering health protection, health promotion and education, research, health screening, diagnosis, treatment, transport, acute care, rehabilitation, continuing care for chronic illness, counselling, support and palliative care. These services are provided in a wide range of settings from primary care outposts to metropolitan based tertiary health centres and within patients/clients' homes and are supported by a range of policy, corporate services and administrative functions.

The environment in which this Code of Conduct operates is a complex one. This Code of Conduct has been developed to assist staff by providing a framework for day to day decisions and actions while working in Health Services.

Specifically this document:

- 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 behaviours 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.

### Values and principles underpinning this Code of Conduct

Staff in Health Services, like other public sector organisations, must conduct themselves in a way that promotes public confidence and trust in their organisation.

Staff have a duty of care to the patients and clients utilising services as well as to other staff. Staff must ensure that, as far as practicable, the best interests of patients and clients are maintained in decision-making and when undertaking duties within the Health Service, having regard to the duty of care the Health Service has to staff as well as patients and clients.

The reputation of the public sector and its standing in the community are built on the following principles and these principles must be incorporated into the decisions, actions and behaviour of all staff:

- Competence
- Courtesy and respect for individuals
- Cultural sensitivity

- Ethical behaviour
- Fairness and impartiality
- Transparency, openness, honesty and accountability
- Responsibility
- Efficiency and effectiveness.

(based on NSW Ombudsman, *Good Conduct and Administrative Practice*, August 2003)

Staff must not be subjected to unnecessary employment conditions simply because they work in the public sector. Staff retain all the usual rights under common and statute law.

### 1.0 Competence and professionalism

All staff will carry out their duties to the best of their ability and to follow the highest standards of conduct.

#### 1.1 Personal and professional behaviour

I will carry out my job with:

- Courtesy and respect for everyone.
- Openness, honesty and accountability.

I will be mindful and accepting of the needs of people from different backgrounds and cultures when doing my job.

My decisions will be fair and impartial.

I will take care in my duties and will always present myself for work in a fit and proper condition. I will never present myself for work under the influence of alcohol, drugs or other substances that could affect my ability to work safely and efficiently.

When carrying out my tasks I will always:

- observe any laws, professional codes of conduct and ethics relevant to my profession
- follow lawful directions from a person in authority. If I have a concern about following any lawful direction, I may appeal either through my workplace complaint/grievance procedures or to the Chief Executive of the Health Service or her or his delegate.
- behave with honesty and openness. I have a duty to report other staff who are behaving in a way that breaches this Code of Conduct
- report to an appropriate person or authority any situations that may affect clinical or professional standards
- try to work to a standard that reflects favourably on NSW Health.

- follow the policies of the Health Service, whether or not I agree with these policies. If a situation arises where I cannot comply with a policy because of my personal or clinical views I will discuss the matter with my immediate supervisor to try and resolve the situation.

### 1.2 Good faith

- I will undertake all my duties in good faith and in the spirit of honesty, correct purpose and with the best motives. I will ensure that my actions are appropriate and totally within the area of my authority.

### 1.3 Professional standards

- If I find any conflict between my professional standards and this Code of Conduct I will take up the matter with my immediate supervisor or the Health Service Chief Executive or his or her delegate.
- I will fulfil my professional responsibilities by continuing to maintain and enhance my skills, knowledge and competence while undertaking my Health Service duties.

### 1.4 Personal relationships with patients or clients

- I will not have personal relationships with patients or clients that result in any form of exploitation, obligation or sexual gratification.
- If a family member/spouse/partner becomes a patient or client of the service where I work, I will report this to my immediate supervisor so she or he can assess any conflict of interest issues.

### Dealing with finance or property for patients or clients

- As a general rule I will not become involved in any transaction that involves dealing with cash, bank accounts, credit cards or property.
- Where a patient or client requires such services, especially if they live at home and cannot conduct such transactions for themselves, I will discuss low risk alternatives with them. If they give their consent I will do the following:
  - contact relatives
  - contact other agencies that can assist in such matters (eg Department of Community Services)
  - contact patient or client's bank etc and advise them of the situation and make appropriate accountable arrangements.
  - use accountable methods, such as a 'non-negotiable' cheque made payable to the appropriate payee.
- I will contact the Guardianship Tribunal if I am concerned that a patient or client's capacity to manage financial affairs may be impaired.

### Management of employment, promotion and transfer where close relationships exist

- Where I am required to work with a close relative or another person with whom I share a close personal relationship, potentially compromising circumstances may occur. I will advise my immediate supervisor that a real and/or perceived conflict of interest may arise in the course of my work.

### 1.5 Sexual relationships with patients of clients

- I will not exploit my relationship of trust with patients or clients in any way because I recognise that such behaviour is a breach of professional and ethical boundaries and amounts to serious misconduct.
- I will not have a sexual relationship with a patient or client during the professional relationship.

### 1.6 Quality service

- To the best of my ability, I will provide accurate, frank and honest information to decision-makers, as required.
- I am responsible for helping to create and maintain a public health system that provides safe and high quality health care.
- I will ensure that I get good value for any public money spent, and avoid waste.
- I will ensure that all the money I spend is for legitimate items related to the work of the Health Service, and not for personal benefit.
- While at work, my attention will remain focussed on my duties.
- I will carry out my duties within the agreed time frames. If resource issues prevent me from fulfilling my duties or meeting the time frames, I will report this to my immediate supervisor for advice and action.

## 2.0 Conflicts of interest

**Staff will avoid and resolve any conflict of interest and be open and honest in all activities where personal interests may clash with work requirements.**

### 2.1 Managing conflicts of interest

- I will perform my duties fairly and ensure that my decisions are not influenced by self-interest or personal gain.
- I will avoid situations that give rise to conflicts of interest.
- I will report any actual, potential or perceived conflicts of interest to my immediate supervisors, my Health Service Chief Executive or his or her delegate at the first available opportunity, preferably in writing. A decision can then be made as to what action should be taken to avoid or to deal with the conflict.

- If I am not sure whether a conflict exists, I will discuss the matter with my immediate supervisor to try and resolve the matter.
- If I am aware that another staff member has a real, potential or perceived conflict of interest I will report the matter to my immediate supervisor.

## 2.2 Bribes, gifts and benefits

- I will not allow the offer of any gift or bribe to change the way I work or the decisions I make.
- I will never accept gifts of cash and as a general rule I will not accept any gifts or benefits.
- I will take all reasonable steps to ensure that neither myself nor my immediate family members accepts gifts or benefits that an impartial observer could view as a means of securing my influence or favour.

### Token gifts

- I may accept token or inexpensive gifts offered as a gesture of appreciation, and not to secure favour.
- I will report the acceptance of the gift to my supervisors and seek their agreement to retain the gift.

### Non token gifts

- As a general rule I will not accept gifts that are more than a token.
- If I do receive a non-token gift I will declare it to my immediate supervisor straight away.
- I will only accept a gift or other benefit that is more than a token (including modest acts of hospitality) in the following cases:
  - where these are given for reasons other than my job or status
  - where the gift is given to me in a public forum in appreciation for the work, assistance or involvement of myself or the health service, and refusal to accept the gift would cause embarrassment or affront eg an overseas delegation (the issue of causing embarrassment or affront does not apply to gifts offered by commercial organisations)
  - where there is no chance that accepting the gift could reflect badly on myself or the Health Service
  - in circumstances generally approved by the Chief Executive or delegate of my Health Service. Otherwise I need the formal written approval of the Chief Executive or delegate, preferably in advance.
- If I accept a gift in these circumstances, I will indicate that I am accepting the gift on behalf of my Health Service. The Chief Executive or delegate will determine the most appropriate use of the gift.
- If any offer or suggestion of a bribe is made directly or indirectly to me, I will report the facts to my immediate supervisor as soon as possible.

- I am particularly alert to attempts to influence me when I am dealing with, or have access to, sensitive or confidential information.

## 2.3 Recommending services

- I will not recommend a particular private service provider to patients or their relatives for either my own personal gain or to benefit my family members or friends.
- If patients or clients request a list of private practitioners, I will include the statement that the Health Service does not recommend or favour these services and does not accept responsibility for any private practitioners whose names are included on the list. I will do this even when the list contains names of practitioners who work within the facility.
- In all circumstances, I will make it clear that the information is provided to assist the patient, client or relative in making informed decisions between a wide range of alternative and appropriate services. These may be private or public, clinical or non-clinical.

## 2.4 Outside employment and business activities

- If I work full-time in a Health Service and want to undertake another paid job or participate in other business activities (including a family company or business) I will seek the approval of my Health Service Chief Executive or his or her delegate.
- If there is any real, potential or perceived conflict of interest, I will put the duties of my Health Service job first or reach an agreement on ways to resolve the conflict.
- If I work for a Health Service on a part-time or casual basis (includes permanent, sessional (less than ten sessions per week), temporary or contract I will advise my Chief Executive or delegate of any actual, potential or perceived conflict of interest between my job in the Health Service and any other employment.
- I will provide details of any other employment to my Health Service in the event of allegations of conflict of interest.
- Any work I perform outside my Health Service employment will:
  - be performed outside my normal working hours
  - not conflict with Health Service work
  - not adversely affect my work performance
  - not affect my safety or the safety of colleagues, patient, clients or the public
  - not involve the use of Health Service resources.
- I will not misuse my Health Service position to obtain opportunities for future employment and will not allow myself to be inappropriately influenced by plans for, or offers of, outside employment.



## 2.5 Party political participation

- I will carry out my duties in a politically neutral manner.
- When participating in political activities, I will ensure that I present my views as my own and not as the views of NSW Health.
- I will also ensure, as far as possible, that others do not present my views or actions as an official comment of NSW Health, but as my individual views or those of the political organisation I am representing.
- I will not undertake political activities in paid Health Service time.
- I will meet the special requirements that exist if I contest State or Federal elections.

## 2.6 Participation in voluntary organisations, charities and professional associations

- When participating in voluntary organisations, charities or professional associations, I will ensure that I present my views as my own and not as the views of NSW Health and ensure I do not commit my Health Service to any action without approval to do so.
- If I wish to join the Rural Fire Service Volunteers/State Emergency Service I will seek the approval of my Chief Executive or delegate, in the same way as seeking approval to undertake secondary employment.

## 2.7 Public comment

- If I make public comment and publicly debate political and social issues, I will make it clear that I am presenting my own views and not speaking as a Health Service staff member representing an official position of NSW Health.
- I will not use my job title when making such comment as this may create the impression that I am officially representing the views of the Health Service.
- I may make official comment on matters relating to NSW Health or my Health Service if I am:
  - authorised to do this by my Chief Executive or delegate
  - giving evidence in court or
  - authorised or required by law.
- I will only release official information when given authority to do this.

## 3.0 Use of official resources

**Staff will use all equipment, goods and materials provided to them at work for work related purposes only.**

### 3.1 Using official resources

- I will use official resources lawfully, efficiently and only for official purposes.
- I understand that it is illegal to use official resources to:

- intentionally create, transmit, distribute or store any offensive information, data or material that violates Commonwealth or State laws
- produce, disseminate or possess child pornography images
- transmit, communicate or access any material that may discriminate against, harass or vilify colleagues, patients/clients or the public.

- I will not use official resources to display, access, store or distribute inappropriate or objectionable (non work related) material that may be offensive to others.
- I understand that this includes material that depicts, expresses or deals with matters of nudity, sexual activity, sex, drug misuse or addiction, crime, cruelty or violence in a manner that a reasonable adult would generally regard as unsuitable.
- I will only use official resources for non-official purposes if I have obtained permission from my Chief Executive or his or her delegate beforehand.
- If I am authorised to use official resources for non-official purposes I will:
  - take responsibility for maintaining, replacing and safeguarding the property and follow any special directions or conditions that apply to its use for non-official purposes
  - ensure the resources are used effectively and economically.
- I will not use official resources for any private commercial purposes, under any circumstances.

## 4.0 Use of official information

**All staff will ensure that they keep all information they may obtain or have access to, in the course of their work, private and confidential. The trust of our patients and clients is paramount.**

### 4.1 Using official information

I will never:

- use official information without proper authority or for purposes that breach privacy law
- use or disclose official information acquired in the course of my employment outside of my workplace or professional relationships (eg Professional Colleges) unless required by law or given proper authority to do this
- misuse information gained while undertaking my work role for personal gain.

### 4.2 Personal health information

- I will always comply with the *Privacy and Personal Information Protection Act 1998*, *Health Records and Information Privacy Act 2002* and PD2005\_362 (Privacy Manual) with regard to personal information held by my Health Service.

In doing this I will:

- follow privacy and security procedures in relation to any personal information accessed in the course of my duties
- preserve the confidentiality of this information
- inform the appropriate person immediately if a breach of privacy or security relating to information occurs
- only access personal information that is essential for my duties. This includes accessing any records relating to other staff
- ensure that any personal information is used solely for the purposes for which it was gathered
- only divulge personal information to authorised staff of the Health Service who need this information to carry out their duties.

#### 4.3 Security of official information

I will:

- ensure that unauthorised parties cannot readily access confidential and/or sensitive official information held by me, in any form whether documents, emails, computer files etc
- maintain the security of confidential and/or sensitive official information overnight and at all other times when my place of work is unattended
- only discuss confidential and/or sensitive official information with authorised people, either within or outside NSW Health.

#### 4.4 Staff information

- If I am requested to release information about staff of the Health Service to external bodies (eg in response to Freedom of Information or Health Care Complaints Commission requests) I will first obtain appropriate legal authority and the authorisation of my Chief Executive or delegate.

#### 4.5 Providing referee reports

I will:

- provide honest and accurate comments when giving verbal or written references for other staff members, or people outside the Health Service
- take care to avoid making statements that could be regarded as malicious
- keep a record of what was said, when providing verbal references
- avoid using Health Service letterhead for writing references.

#### 4.6 Using intellectual property

- I will respect other people's/parties intellectual property rights.

### 5.0 Employment screening and reporting of serious offences

**Staff must report serious criminal charges against them to their Chief Executive.**

#### 5.1 Employment screening

- I will undergo probity screening (criminal record checks and working with children checks as appropriate) when working in any capacity in NSW Health.

#### 5.2 Reporting serious offences

- I will report any charges and convictions against me relating to any serious sex or violence offence in writing to my Chief Executive within seven days of the charge being laid or of conviction.
- As a visiting practitioner, if I have a finding of unsatisfactory professional conduct or professional misconduct made against me under any relevant health professional registration Act, I will, within seven days of receiving notice of the finding, report the fact to my Chief Executive. I will provide a copy of the finding.
- I will report to my Chief Executive any charges brought against me relating to the production, dissemination or possession of child pornography.

### 6.0 Fairness in decision making

**Staff must be fair, in all actions, when making decisions at work.**

#### 6.1 Fairness in decision making

I will:

- deal with issues, cases or complaints consistently, promptly, openly and fairly
- act fairly and reasonably when using any statutory or discretionary power that could affect individuals within or outside of NSW Health
- avoid any unnecessary delay in making decisions or taking action
- follow the principles of equal employment opportunity in employment-related decisions
- take all reasonable steps to ensure that the information I act or decide on is factually correct and relevant.

#### 6.2 Use of statutory power

When I make a decision based on a statutory power (ie power defined in legislation), I will ensure that:

- I am authorised by the law to make the decision
- I comply with any required procedures
- I document my decision and the reasons for it.

#### 6.3 Use of discretionary power

- I will only exercise discretionary power (ie power to act according to my own judgement) for proper purposes and on relevant grounds.

#### 6.4 Appealing decisions

- I will promptly inform individuals who are adversely affected by or who wish to challenge a decision, of their rights to object, appeal or obtain a review. I will also inform them how they can exercise those rights.

#### 7.0 Discrimination, harassment, bullying and violence

Staff must treat all people in the workplace with dignity and respect.

##### 7.1 Discrimination, harassment and bullying

I will never:

- harass, discriminate or bully other staff, patients or members of the public
- encourage or support other staff in harassing, discriminating or bullying staff, patients or members of the public
- discriminate against someone because of their sex, race, ethnic or ethno-religious background, marital status, pregnancy, disability, age, homosexuality, transgender or carers' responsibilities
- victimise or take detrimental action against individuals
- make malicious or vexatious allegations.

##### 7.2 Violence

- I will not act violently or knowingly place myself at unnecessary risk of violence.

#### 8.0 Occupational health and safety

Staff must look out for their safety and the safety of all others in the workplace.

##### 8.1 Occupational health and safety

I will:

- follow all occupational health and safety policies and safe working procedures
- take reasonable care for the health and safety of people who are at my place of work and who may be affected by anything that I do or fail to do
- cooperate with my Health Service to comply with OHS legislative requirements including reporting workplace hazards when I become aware of them
- I will never intentionally or recklessly interfere with or misuse anything provided to me in the interests of health, safety or welfare (eg personal protective equipment such as safety glasses, gloves etc).

##### 8.2 Injury management

- I will take care and cooperate with my Health Service to prevent work related injuries to myself and others.
- If I am injured in the workplace I will register my injury in the Register of Injuries and, if appropriate, seek first aid or medical attention.

#### 9.0 Complying with reporting obligations

Staff must abide by all legal and policy reporting obligations.

##### 9.1 Complying with reporting obligations

I will meet all the legal reporting obligations that apply to me including those related to:

- corruption, maladministration and serious and substantial waste
- public health issues
- reportable conduct related to child protection (eg sexual misconduct, assault, neglect)
- other criminal matters.

##### 9.2 Child protection

- I will follow NSW Health and Health Service policy in relation to the care and treatment of children and young people.
- I will report any behaviour or circumstance that leads me to suspect reportable conduct towards a child by another staff member to my supervisor or the designated person within my Health Service.

##### 9.3 Reporting corrupt conduct, maladministration and serious and substantial waste

- I will report any suspected instances of possible corrupt conduct, maladministration and serious and substantial waste of public resources to my Chief Executive or delegate or the appropriate external body. I will refer to local Health Service policy to determine reporting procedures.

##### 9.4 Protected disclosures

- I will not take action against or victimise another person for making a protected disclosure.

#### 10.1 Conduct of former staff members

Former staff must not take workplace information or property with them when they leave.

##### 10.1 Conduct of former staff members

- When I leave my current employment I will not use or take advantage of confidential information obtained in the course of my official duties until this information is publicly available.
- I will not take documents that are the property of the Health Service to another position prior to or after my resignation without approval.
- I will not give, or appear to give, favourable treatment or access to privileged information to former staff of NSW Health.

### 11.1 Breaches of the NSW Health Code of Conduct

Staff must be aware of, and abide by, this Code of Conduct.

#### 11.1 Breaches of this Code of Conduct

- I will familiarise myself with the contents of Part 2 of the *Code of Conduct Policy Directive*, to ensure that I have a clear understanding of all of the standards of behaviour required in this Code of Conduct.
- If I do not understand any issue covered in this Code of Conduct I will discuss it with my immediate supervisor or my Health Service Human Resource or Internal Audit Manager.
- I will abide by the standards outlined in this Code of Conduct and the legislation, policies and procedures it reflects. Breaches of this Code of Conduct may lead to disciplinary action.
- Certain sections of the Code of Conduct reflect the requirements of legislation, and I am aware that breaches of these conditions may be punishable under law.
- If I become aware of a breach of this Code of Conduct, by either myself or by other staff members, I will immediately report the matter to my supervisor.

#### Further information

For further information on the NSW Health Code of Conduct staff should consult their manager or contact the NSW Department of Health Corporate Personnel Services. The complete NSW Health Code of Conduct is available on the NSW Health website, including Part 2 – Explanatory Information – NSW Health Code of Conduct.

Accompanying the NSW Health Code of Conduct is a policy: Effectively Communicating the NSW Health Code of Conduct. This policy provides detailed information and strategies for Chief Executives and senior managers to assist them in ensuring that the Code is effectively communicated to, and understood by, all staff.

# Human Resources

**The Corporate Personnel Services Unit is responsible for developing, implementing and evaluating a broad range of human resource initiatives.**

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

The following initiatives were achieved by the Corporate Personnel Services Unit during 2005/06:

- The human resource management aspects of the administrative organisational restructure, involving approximately 200 staff, was implemented to achieve savings targets and to refocus the Department on its core functions. Three Branches (Primary Health and Community Partnerships, Quality and Safety, and Demand and Performance Evaluation) were completely restructured. A new Branch (Corporate Governance and Risk Management) was also created.
- An internal merit recruitment process was conducted late in 2005 in accordance with Premier's Department major restructuring guidelines. The recruitment action included substantively vacant positions throughout the Department as well as those positions established with new roles within the new Branch structures. This process contributed to the successful placement of many staff affected by the restructure, facilitated permanent appointments to positions that had been filled by various temporary staffing arrangements and resulted in a stabilisation of staffing throughout the organisation.

Corporate Personnel Services provided extensive support to the change management process including:

- managing consultations and negotiations with employee representative organisations
- advising management on structures and transitional processes
- developing and evaluating new position descriptions
- providing training, coaching and counselling services to management and staff
- managing redeployment and recruitment processes
- providing online resources including templates and tailored information kits.

Positive relations were maintained with employee organisations throughout the restructure which was completed on target in December 2005.

A key feature of the restructure was the highly effective redeployment process. Only a very small number of staff remained unplaced in December 2005. These were provided with individual case management support.

A successful voluntary redundancy program was conducted in July/August 2005 targeting staff in positions affected by the administrative restructure and new and existing displaced staff. The majority of staff who accepted voluntary redundancy also participated in post-redundancy training under the Department's Job Assist Scheme.

CHRIS payroll reporting processes were enhanced to improve the quality and efficiency of regular reporting on staff numbers and the staffing mix. This information was provided to the Management Board to monitor closely the Department's staffing profile and levels. Standard forms to initiate job evaluation, job creation and staff recruitment action were also introduced. These assist Branches with the approval process and provide comprehensive information to assist senior executive decision-making on staffing requirements.

Strategic advice on structural efficiency and organisational development was provided to a number of Branches including Finance and Business Management, Centre for Aboriginal Health, Centre for Mental Health, Centre for Drug and Alcohol and some Branches within the Population Health Division.

### Staff training

Continuous learning is vital for our staff to adapt effectively in a rapidly changing and complex environment. As a department committed to supporting its staff, we aim to encourage a learning and development environment. This year Corporate Personnel Services provided a comprehensive range of training, planning and development services to assist staff in developing their individual careers as well as achieving organisational goals and priorities:

- A number of internal training programs were updated and refreshed including the Staff Selection Techniques and TRIM training. The Department's Induction program is currently being reviewed including the development of additional on-line resources.
- Targeted CAPS training has been implemented for a number of Branches, particularly where the CAPS review program was disrupted by the Administrative Savings 2005 restructure.
- The Leadership Development Program for managers was updated and implemented in 2006.
- Business writing was added to the training calendar following strong interest from staff.

- 'Custom Plus', a highly successful development program for staff at Clerk 7/8 level was developed and delivered on three occasions.
- Training programs and information sessions were conducted for a range of areas requiring compliance, such as recruitment, job evaluation, procurement and financial management.
- Contributed to sector-wide initiatives including the review of job evaluation processes.

### Staff awards

The Department of Health has two staff awards to recognise outstanding individual and team service for their performance according to the Department's corporate values of fairness, respect, integrity, learning and creativity and effectiveness. The Awards are conducted quarterly in March, June and September with the Staff Member of the Year and the Team of the Year awarded in December.

*"Receiving the Annual Team Staff Award was real encouragement for the PACU team, who appreciate this acknowledgement and reward for their efforts. Knowing that the commitment and performance of the team is recognised and valued is very satisfying. We also acknowledge that we rely greatly on the assistance and cooperation of other parts of the Department and Health Services. We couldn't do our work without their efforts." [PACU team]*

#### July – September 2005

##### Individual award

*Leanne O'Shannessy*, Legal and Legislative Services

##### Joint teams award

*HPRB Finance Section Team*

Maria Rosales, Wendy Nakoul, Endadul Hoque, Hunter Jiang, Bradley Evans, Barrie Pitt and Scott Hazledine

##### *Futures Planning Unit*

Kim White, Kerry Viney and Brody Atterby

#### October – December 2005

##### Annual individual award

*Juliette Sharman*, Employee Relations

##### Annual team award

*Parliamentary and Cabinet Unit*

Matthew Monaghan, Mal Swain, Myra Mitreski, Kim Lord

#### January – March 2006

##### Individual award

*Jenny Curtis*, Corporate Personnel Services

##### Team award

*Nursing and Midwifery Office*

Alwen Williams, Cecilia Lau, Elaine Ford, Helen Miller, Margaret Rout, Jim Ellis, Jo-ann Cuneo, Julie Williams, Liz Harford, Marieanne Goodwin, Natalie Cutler, Nick Miles, Peter Short, Phyllis Daas, Shirley-Ann Wilson, Sue Balding and Susie Lang

#### April – June 2006

##### Joint individual award

*Fiona Porteous*, Library and Knowledge Services

*Meredith Sims*, Centre for Mental Health

##### Team award

*Executive Assistants*

Marilyn Johnston, Val Johnson, Cath Power and Analisa Capati.

#### Award for long standing years of service

The Department of Health recognises employees' long standing years of service in the NSW health system and the NSW Public Sector. In August 2005 the following staff in the Department were recognised:

- Juliette Sharman – 30 years health system
- John Chalder – 41 years public service
- Gregory Wallin – 40 years public service
- Noeleen Lott – 44 years public service
- Diamante Rofe – 32 years public service
- Philip Johnson – 30 years health system
- Mary Christopher – 33 years public service
- Robyn Cruikshank – 31 years public service
- Elena Manning – 21 years health system
- John Purcell – 43 years public service
- Grant Lavender – 42 years public service
- Anna Fenech – 32 years public service

#### Scholarships

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

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

##### Margaret Samuel Memorial Scholarship

Helen Gardiner, Centre for Aboriginal Health

– To continue a Graduate Certificate in Public Health, University of Wollongong

Melinda Varga, Environmental Health and Water

– To undertake a Associate Diploma in Food Nutrition, Australian Correspondence School

##### Peter Clark Memorial Scholarship

Wilson Yeung, Quality and Safety

To undertake a Masters of Health Administration, University of NSW

# Health workforce

## Workforce development and leadership

The Department of Health's Workforce Development and Leadership Branch is responsible for overseeing workforce development for the NSW public health system. The Branch works with stakeholders at the state and national level to improve the supply, distribution and education of the health workforce.

Workforce Development and Leadership Branch major achievements for the year included:

- Thirty-six General Practitioners in rural and remote areas have received training in the specialties of mental health, Obstetrics, Anaesthetics, Emergency Medicine and Surgery through the NSW Rural General Practice Procedural Training Program.
- Funding for the Basic Physician Training (BPT) initiative resulted in an increase of 20 BPT trainees between 2005 and 2006, bringing the total number of trainees to over 304 full time equivalents (FTE). Over the same period Psychiatry trainees increased by 11 (FTEs) bringing the total number to 193.
- There was an increase in the number of pre-registration pharmacist training positions from 40 in 2005 to 54 in 2006. An audit of the 2005 cohort showed that up to 63 per cent of trainee pharmacists were retained or seeking permanent employment in public hospitals. One-off funding of \$700,000 was provided to Area Health Services to support the program.
- The annual Labour Force Survey was continued for the following registered professions: medical practitioners, registered and enrolled nurses, physiotherapists, pharmacists, podiatrists, psychologists and dentists. In 2006, the Department commenced a survey for dental hygienists and dental therapists. The information obtained from these surveys informs workforce planning, projections and policy issues.
- A working group was established to examine barriers to recruiting and retaining clinical staff in rural and remote areas and development of sustainable strategies to address these barriers.
- Thirty-two dental officers were recruited, in conjunction with the Centre for Oral Health Strategy, from Australia, New Zealand, Ireland and the United Kingdom. Further, ten new dental officer positions in rural and metropolitan Areas were created.
- Recommendations from the Inquiry into Dental Services in NSW, are progressing, including a review of State Awards for dental officers, specialists, therapists and hygienists; attracting staff to rural Areas; and addressing issues of overseas trained dentists practicing under limited registration.
- During 2005/06 the Workforce Development and Leadership Branch actively participated in the Council of Australian Governments (COAG) workforce reform agenda aimed at strengthening the health workforce.

Initiatives to be further progressed in 2006/07 include:

- improving structures for innovation and reform
- national professional registration scheme and national health education and training accreditation scheme
- national process for assessment of overseas trained doctors
- improving recruitment and retention in rural and remote areas.

Number of Full Time Equivalent Staff (FTE) Employed in the NSW Department of Health and Health Services as at June 2006

	June 2003	June 2004	June 2005	June 2006
Medical	6,112	6,357	6,462	6,826
Nursing	32,550	33,488	35,523	36,920
Allied Health	6,323	6,563	6,848	7,122
Other professional and para-professionals	4,222	4,036	3,431	3,383
Oral Health practitioners and therapists	988	976	990	1,008
Ambulance Clinicians	2,815	2,935	3,019	3,155
Corporate Services	5,441	5,469	4,996	4,523
Scientific and technical clinical support staff	4,922	5,019	5,831	5,944
Hotel services	8,330	8,181	8,326	8,242
Maintenance and trades	1,311	1,281	1,246	1,221
Hospital support workers	9,933	10,037	10,723	10,709
Other	322	385	350	353
<b>TOTAL</b>	<b>83,270</b>	<b>84,727</b>	<b>87,745</b>	<b>89,406</b>
Medical, nursing, allied health, other health professionals, oral health practitioners and ambulance clinicians as a proportion of all staff	63.7	64.2	64.1	65.3

Source: Health Information Exchange and Health Service local data

Notes:

1. FTE calculated as the average for the month of June, paid productive and paid unproductive hours.
2. As at March 2006, the employment entity of NSW Health Service staff transferred from the respective Health Service to the State of NSW (the Crown). Third Schedule Facilities have not transferred to the Crown and as such are not reported in the Department of Health's Annual Report as employees.
3. Includes salaried (FTEs) staff employed with Health Services and the NSW Department of Health. All non-salaried staff such as contracted Visiting Medical Officers (VMO) are excluded.
4. In 2006, the collation of data has been improved by including an additional four staff categories to provide greater clarity between staff functions. Previous years data has been re-cast to reflect these changes, which has resulted in variations from figures reported in previous Annual Reports. The previous category 'Hospital Employees' has been replaced with 'Other Professionals and Para-professionals', which includes health education officers, interpreters etc and 'Scientific and technical support workers', eg hospital scientists and cardiac technicians. Award codes assigned to allied health have been reviewed and only the following professions have been included in the category; audiologist, pharmacist, social worker, dietitian, physiotherapist, occupational therapist, medical radiation scientist, clinical psychologist, psychologist, orthoptist, speech pathologist, orthotist/prosthetist, medical radiation therapist, nuclear medical technologist, radiographer and podiatrist to more accurately reflect this workforce. A category for Oral Health Practitioners and Therapists has been included as well as one for Hospital support workers, which includes ward clerks and IT support officers etc. Uniformed Ambulance officers have been revised to reflect ambulance on road staff and ambulance support staff.
5. FTEs associated with the following health organisations Health Technology, the Institute of Medical Education and Training, Health Support, HealthQuest, Clinical Excellence Commission and the Health Professional Registration Boards are reported separately.



## Employee relations

The Department of Health's Employee Relations Branch is responsible for public health system industrial relations and human resources policy. It aims to facilitate a fair, safe, healthy and harmonious working environment for the NSW Health workforce.

### Significant wage movements

#### Medical radiation scientists

The Industrial Relations Commission awarded special case and work value increases and an altered grading structure for the three classifications of Medical Radiation Scientists – Radiation Therapists, Radiographers and Nuclear Medicine Technologists. The increases essentially aligned the remuneration of Medical Radiation Scientists to that applying to Pharmacists.

#### Staff specialists

The Industrial Relations Commission awarded special case and work value increases for the remuneration of Staff Specialists. The Commission also agreed to incorporate into the new Award consent changes, which included:

- a new Normal Duties clause expressly providing for at least 40 hours per week or ten sessions per week to be worked over five days per week
- the right to roster emergency physicians on weekend and evening shifts with attendant shift penalty rates
- provision for at least two primary work locations within the scope of ordinary working arrangements.

#### Memoranda of Understanding

In the reporting period, Memoranda of Understanding were concluded for administrative staff of the Ambulance Service (September 2005), and trades-based staff of the Health Services (October 2005). These were the final Memoranda for NSW Health Service employees under the current wages round to 2008. The wages outcomes and conditions of employment are generally consistent with other NSW Health Service MOU outcomes.

### Statewide human resource policies released in 2005/06

#### Workplace camera surveillance: policy and guidelines

Developed to assist public health organisations to effectively use workplace camera surveillance as part of their security risk management program, and to ensure that they are meeting the relevant requirements of the NSW *Workplace Surveillance Act 2005*. The policy and guidelines were released as an additional chapter in the NSW Health Security Manual *Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management*.

#### Guidelines for the management of OHS Issues associated with the care of bariatric (severely obese) patients

Developed to assist public health organisations meet their occupational health and safety obligations in relation to the management of obese patients. It supports *Workplace Health and Safety: Policy and Better Practice Guide* and contains tools and strategies for developing and activating a facility bariatric management plan on presentation of such a patient.

#### Guidelines for the safe use of hazardous substances and dangerous goods

Developed to assist public health organisations meet their occupational health and safety obligations in relation to the management of hazardous substances and dangerous goods. It supports *Workplace Health and Safety: Policy and Better Practice Guide*, and provides detailed guidance and practical tools to support effective implementation of the relevant requirements of the NSW Occupational Health and Safety Regulation 2001.

#### Public sector employees contesting elections

Developed to advise NSW Health Service employees about the provisions and requirements for staff contesting state or federal elections, and includes the relevant requirements as set out under the *NSW Health Code of Conduct*.

#### NSW Health Code of Conduct

Developed as a comprehensive Code of Conduct for all staff working in any capacity in NSW Health. Part One of the Code outlines the specific standards and behaviours required from staff, while Part Two provides explanatory information to assist staff in understanding and meeting these requirements.

Accompanying the NSW Health Code of Conduct is a policy titled *Effectively Communicating the NSW Health Code of Conduct*. It provides detailed information and strategies for Chief Executives and senior managers to assist them in ensuring that the Code is effectively communicated to, and understood by, all staff.

Other major Department of Health Employee Relations' achievements for the year include:

- Developed and implemented health legislation amendments to preserve fair and equitable industrial arrangements for NSW Health staff within the State jurisdiction.
- Supported NSW Health influenza pandemic planning to ensure workforce capacity and readiness.
- Developed the Human Resource Policy e-compendium for the NSW Health website.
- Ongoing education and training of nurse managers in management of workload issues.
- Completed establishment of the Health Executive Service.
- Ongoing industrial support for reform of NSW Health administration.

The following future initiatives will be undertaken by Employee Relations:

- Revise and streamline recruitment and selection policy for the NSW Health Service.
- Develop policy on the role of job evaluation in the NSW Health Service.
- Revise and update leave policy e-manual for the NSW Health Service.
- Develop anti-bullying guidelines to support the NSW Health Anti-Bullying Policy.
- Comprehensive review of the NSW Health disciplinary policy.
- Revise the performance management system for the NSW Health Executive Service.

### Nursing and Midwifery

The Nursing and Midwifery Office provides advice on professional nursing and midwifery issues and on policy issues, monitors policy implementation, manages Statewide nursing and midwifery initiatives, represents the NSW Department of Health on various committees and allocates funding for nursing and midwifery initiatives.

NSW Health initiatives to address nursing workforce shortages have resulted in a steady increase in the total number of nurses and midwives permanently employed in the NSW public health system over the last four years. In June 2006, there were 40,456 nurses employed which is a net increase of 6,452 (19 per cent) from January 2002. Highlights from nursing recruitment initiatives in 2005/06 include:

- 1,000 nurses interviewed during two overseas recruitment campaigns for experienced registered nurses in the United Kingdom, Scandinavia, Canada, the USA, Ireland and New Zealand and over 600 international nurses commenced employment in Area Health Services in 2005/06.

- 983 Trainee Enrolled Nurses were employed in the public health system while they undertook their full-time 12-month course. 85 per cent commenced employment as Enrolled Nurses on completion of their course.
- 1,438 nurses employed in public hospitals through the Nursing Re-Connect campaign since January 2002.
- In partnership with the Department of Workplace Relations 28 Aboriginal people have been employed in the Trainee Enrolled Nursing course with a 96 per cent retention rate.
- In partnership with the NSW Premier's Department NSW Health has employed 35 Aboriginal Nursing and Midwifery cadets. This program financially supports Aboriginal people in completing their full-time undergraduate studies. At the completion of their studies, all cadets are offered ongoing employment.
- \$5.5 million was allocated for Nurse Practitioner positions. 131 Nurse Practitioner positions have been filled with Authorised Nurse Practitioners and nurses undergoing transition to Nurse Practitioner status.
- Over \$2 million was awarded for 831 education scholarships and 803 clinical placement grants.
- For the first time Innovation Scholarships of \$10,000 each were awarded to nine teams of nurses and midwives to implement new, patient-focused strategies to improve patient care.
- \$6 million has been provided for nurses and midwives to access study leave. This funding allows more nurses and midwives to access further education and to upgrade their skills.

## Appendix 6

# Registered health professionals in NSW

### The number of registered health professionals as at 30 June 2006

	2005	2006
Chiropractors	1,306	1,346
# Dentists	4,300	4,358
Dental Hygienists		309
Dental Therapists		497
Dental Technicians		
Dental Prosthetists	419	439
Dental Technicians	723	756
# Medical Practitioners	27,147	27,918
(general registration – 22,630		
conditional registration – 3,172		
retired/non practising – 2,116)		
Nurses and Midwives		
Registered Nurses	81,584	82,740
Registered Midwives	18,679	18,455
Enrolled Nurses	16,497	16,898
Authorised Nurse Practitioners	60	70
Authorised Midwife Practitioners	2	2
Optical Dispensers	1,436	1,482
Optometrists	1,654	1,664
Osteopaths	508	541
# Pharmacists	7,583	7,814
Physiotherapists	6,454	6,617
Podiatrists	783	804
Psychologists (includes 1,336 provisionals)	8,636	9,052
<b>TOTAL</b>	<b>177,771</b>	<b>181,762</b>

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

## Appendix 7

## Senior executive service

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

SES Level	As at 30 June 2006	As at 30 June 2005
8	1	1
7	4	4
6	–	–
5	4	4
4	5	4 + 1*
3	14	13
2	8 + 2**	10 + 2*
1	6 + 1**	7
<b>TOTAL positions</b>	<b>42 + 3**</b>	<b>43 + 3*</b>

Note:

\*Limited term project positions associated with the Clinical Services Redesign Program

\*\*Limited term project positions (Bio-preparedness, Clinical Services Redesign and Corporate Strategic Planning)

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

	As at 30 June 2006	As at 30 June 2005
	19	19

## Senior executive performance statements

<b>Name</b>	Robyn Kruk AM
<b>Position title</b>	Director General
<b>Period</b>	1 July 2005 to 30 June 2006
<b>SES level</b>	8
<b>Remuneration</b>	\$387,250 per annum
<b>Period in position</b>	4 years

The Minister for Health has expressed satisfaction with Ms Kruk's performance during 2005/06.

During a challenging year in which the demand for health services and public hospital activity continued to increase Ms Kruk provided sound management and leadership of the NSW Department of Health and NSW Health.

#### Major achievements during 2005/06

- Significant improvements to key performance indicators measuring hospital and surgical activity, and performance.
- Finalisation of the NSW Health *Better Planning for Reforms* with the completion of the amalgamation of 17 Area Health Services into eight and the introduction a common management structure across Areas, new governance and accountability arrangements and the recruitment of senior managerial staff.
- Meeting the corporate service and administrative savings targets set for the Department and NSW Health and the subsequent reinvestment of these savings into frontline clinical services.
- Development of a five year mental health plan to provide a better balance between community and acute hospital care for those suffering from mental illness and an increased emphasis on early intervention.
- Improvements to emergency and community care provided to those with mental illness through the rollout of the Psychiatric Emergency Care Centres (PECCs) program and expansion of the Housing and Accommodation and Support Initiative (HASI).
- Ensuring NSW Health continues to focus on monitoring worldwide movements and trends in the detection and spread of avian influenza and planning for a NSW Health response in the event of a pandemic.
- Representing NSW Health and providing strategic direction and input into a range of high level cross-jurisdictional and cross agency forums including COAG and the Australian Health Ministers' Advisory Council (AHMAC).
- Ensuring the Department of Health and NSW Health continue to build strong and collaborative relationships with other NSW government agencies resulting in improved policy development and service options for public health services in NSW.

In summary, during 2005/06 Ms Kruk's management of the NSW Department of Health and the direction and leadership she provided to NSW Health in driving change, reform and improvements in the delivery of public health services, was of a consistently high standard.

<b>Name</b>	Dr Richard Matthews
<b>Position title</b>	Deputy Director General, Strategic Development
<b>SES level</b>	7
<b>Remuneration</b>	\$330,447
<b>Period in position</b>	2.5 years

The Director General has expressed satisfaction with Dr Matthews' performance throughout 2005/06 in the position of Deputy Director General Strategic Development. Dr Matthews achieved the performance criteria contained in his performance agreements.

#### Significant achievements in 2005/06

- Completed the service models of care, particularly for emergency and non-acute mental health.
- Established Psychiatric Emergency Care Centre (PECC) units and implemented the Rural Mental Health Emergency and Critical Care Access Plan.
- Co-led (with the DDG, Public Health) the development of 20 year strategic directions for the NSW public health system.
- Oversaw the continued development of the Area Healthcare Services Plans.
- Led health reform through the Council of Australian Government's health reform process.
- Successfully implemented the 2003–2008 Australian Health Care Agreement.
- Completed the allocation and implementation of intensive care enhancements.
- Supported the development of the Critical Care Adult Tertiary Referral Networks – Intensive Care Default Policy.
- Successfully negotiated the six year agreement with the Department of Veteran's Affairs.
- 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 Standing Committee on Hearing (MSC-H) and NGO Advisory Committee.
- Continued to provide leadership in aged care across NSW, including the provision of access to the Aged Care Channel for all NSW Health Multi Purpose Services.
- Oversaw the establishment of ten co-located After Hours General Practice clinics.
- Supported the development of integrated primary health and community care policy and services across NSW.
- Established the Nursing Scholarship Program to enable registered and enrolled nurses to upgrade their skills and qualifications whilst continuing to work in mental health.

<b>Name</b>	Dr Denise Robinson
<b>Position title</b>	Deputy Director General, Population Health and Chief Health Officer
<b>SES level</b>	7
<b>Remuneration</b>	\$330,447
<b>Period in position</b>	16 months

The Director General has expressed satisfaction with Dr Robinson's performance throughout 2005/06 in the positions of Deputy Director General, Public Health and Chief Health Officer.

Dr Robinson achieved the performance criteria contained in her performance agreement.

#### Significant achievements in 2005/06

- Contributed to major strategic documents
  - *Fit for the Future, State Health Plan* and *Prevention is Everyone's Business*.
- Established the Population Health Priority Taskforce and Aboriginal Health Priority Taskforce.
- Participated in development of the *National Action Plan for Human Influenza Pandemic* (NAPHIP) and *Australian Health Management Plan for Pandemic Influenza* (AHMPPI).
- Initiated *Smoke-Free Environment Amendment Act 2004* strategies and enhanced compliance with tobacco legislation.
- Conducted preliminary evaluation of the *Aboriginal and Maternal Health Strategy* demonstrating a reduction in low weight births, a decline in infant mortality and increased breastfeeding over five communities.
- Rollout of state-wide policies and strategies to improve health through:
  - *NSW Falls Policy* – coordination and program development in all Area Health Services
  - NSW Health *School Canteen Strategy* adopted in over 80 per cent of state schools
  - ASSIST program to address childhood obesity initiated in the Hunter New England Area Health Service
  - *HIV/AIDS Strategy 2005–2009*
  - *Sexually Transmissible Infections Strategy 2005–2009*.
- Developed process for streamlining of single ethical and scientific review for multicentre research.
- Developed data linkage capacity in partnership with Cancer Institute NSW, The Sax Institute, and other university partners.
- Progressed fluoridation with four Councils (Mid Western Regional Council, Tumbarumba, Guyra and Coonamble).
- Provided international response capacity to events such as the Java earthquake.

<b>Name</b>	Professor Katherine McGrath
<b>Position title</b>	Deputy Director General Health System Performance
<b>SES level</b>	7
<b>Remuneration</b>	\$335,200
<b>Period in position</b>	2.3 years

The Director General was satisfied with Professor McGrath's Performance throughout 2005/06 in her position of Deputy Director General, Health System Performance.

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

#### Significant achievements in 2005/06

- Strong leadership in Clinical Services Redesign Program (CSRP) which has been the major vehicle for driving access and quality of service related improvements across the health system.
- Outstanding results in the Predictable Surgery program including major reduction in surgical waiting lists.
- Major improvement in access through emergency departments.
- Establishment of a strong Divisional team, which has significantly contributed to improved engagement with Area Health Services and with the clinical workforce and resulted in improved health system performance.
- Greater organisational alignment and support for the statewide NSW Health Information Management and Technology (IM&T) strategy and agenda.
- Commencement of Electronic Health Record pilots.
- Released the second Report on Incident Management in NSW Public Health system.
- Developed new models of care including a new model of care for the elderly – SAFTE – piloted in four Area Health Services.
- Established a Knowledge Management Program designed to promote the lessons learnt through clinical redesign. This includes establishment of Master Classes with international thought leaders, and the procurement of a search engine and portal.
- Clinical Governance processes are embedded in Area Health Services.

<b>Name</b>	Robert McGregor, AM
<b>Position title</b>	Deputy Director General, Health System Support
<b>SES level</b>	7
<b>Remuneration</b>	\$335,200
<b>Period in position</b>	9 years

The Director General has expressed satisfaction with Mr McGregor's performance throughout 2005/06 in his position of Deputy Director General, Health System Support.

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

During 2005/06, Mr McGregor provided high-level strategic advice and support to the Director General and Minister for Health on a wide range of significant financial, industrial, workforce, legal, governance, communications and operational issues relevant to the delivery of health services in NSW.

#### Significant achievements in 2005/06

- Savings from health system reforms achieved and strategies put in place to obtain ongoing savings. Priorities are shared corporate services and procurement functions to direct savings to clinical frontline services.
- HealthSupport was established as an entity of the Health Administration Corporation to deliver shared services more effectively and efficiently.
- Established Corporate Governance and Risk Management Branch. Standard accountabilities and governance for Health sector boards and committees are being implemented.
- Commenced a centralised approach to overseas recruitment of medical, dental and nursing staff leading to simplified and more cost effective procedures and better service.
- Continued implementation of the *NSW Health Workforce Action Plan* (announced by the Minister for Health in April 2005).
- Through the Asset Management Reform Program, implemented Statewide Asset Strategic Planning, established the Major Projects Office and Procurement Advisory Service.
- Led the planning approval for the Bathurst Campus Redevelopment and Long Bay Forensic Hospital; financial closure for the Newcastle Mater PPP and contract sign-off for the Forensic and Prison Hospital at Long Bay.
- Led satisfactory progress on development of award classification streams through negotiations with health unions on wages and conditions.
- Oversaw an increase in the number of enrolled nurses, registered nurses and nurse practitioners in the workforce.

<b>Name</b>	Ken Barker
<b>Position title</b>	Chief Financial Officer
<b>SES level</b>	5
<b>Remuneration</b>	\$237,800
<b>Period in position</b>	12 years

The Deputy Director-General, Health System Support has expressed satisfaction with Mr Barker's performance throughout 2005/06.

Mr Barker achieved the performance criteria contained in his performance agreement.

During 2005/06 Mr Barker provided leadership in the areas of financial management, control and advice of the NSW Health Budget which in 2005/06 had a \$10.9 billion Expenses Budget and \$1.35 billion Revenue Budget.

#### Significant achievements in 2005/06

- Provided effective financial management and control of the NSW Health Budget with the actual result within tolerances established by Treasury.
- Co-ordinated the financial monitoring of health service amalgamation, procurement and other savings, which enabled some \$100 million to be converted for reinvestment in frontline health services in 2005/06.
- Provided financial management leadership on strategies required of both Greater Southern Area Health Service and Northern Sydney/ Central Coast Area Health Service to realign expenditure to available funds.
- Liaised with health services and strengthened internal controls to improve payment practices to suppliers.
- Provided financial leadership and contributed to the 2006/07 Health Budget deliberations which resulted in additional funding as announced in the 2006/07 State Budget on 6 June 2006. This included additional funding for beds, mental health services, intensive care beds, elective surgery, statewide services, ambulance officers, operating costs of linear accelerators and dental funding.

<b>Name</b>	Frank Cordingley
<b>Position title</b>	General Manager HealthTechnology
<b>SES level</b>	5
<b>Remuneration</b>	\$221,951
<b>Period in position</b>	1.2 years

The Deputy Director General, Health System Performance was satisfied with Mr Cordingley's performance throughout 2005/06.

Mr Cordingley achieved the performance criteria contained in his performance agreement.

#### Significant achievements in 2005/06

- Progressed substantially the establishment of the new IT shared services agency, HealthTechnology, including its governance framework, corporate support and technology services, corporate and program management office accommodation, and recruitment of staff.
- Three main technology centres and staff transferred from health services – Liverpool, Cumberland, Newcastle. Other sites at Gladesville, Wallsend, Surrey Hills, Nepean, Westmead, Tamworth transferred to HealthTechnology.
- Established Interim Service Desk operation to provide IT support services to various Health Services.
- Established a knowledge management unit providing NSW Health with a knowledge web portal to support clinical redesign.
- Created a Program management Office and assumed management of 28 capital IT projects.
  - an upgraded community health system rolled out to support the SAFTE initiative
  - patient administration system rollout progressed substantially with a number of significant milestones met
  - implementation of clinical results reporting systems commenced in three health services
  - Electronic Health Record pilot and the state unique patient identifier system went live in HNEAHS in March 2006
  - substantial progress made in development of a statewide financial and eprocurement system.
- Commenced development of end-state Service/Help Desk.
- Progressed “Contractual” arrangements with Health Services.
- Balanced Scorecard/Business plans created for HealthTechnology.
- Undertook first phase of private sector procurement process.
- Achieved more than \$30 million in savings from contract consolidation activities and volume purchasing.

<b>Name</b>	Karen Crawshaw
<b>Position title</b>	Director Employee Relations, Legal and Legislation/General Counsel
<b>SES level</b>	5
<b>Remuneration</b>	\$237,800
<b>Period in position</b>	15 years

The Deputy Director General, Health System Support has expressed satisfaction with Ms Crawshaw's performance throughout 2005/06.

Ms Crawshaw has achieved the performance criteria contained in her performance agreement which focuses on legal and legislative services for the health portfolio, public health system wide industrial relations and human resource policy. The position also has responsibility for prosecutions under health legislation and NSW Health privacy policy and management.

#### Significant achievements in 2005/06

- Managed the Health Legislative Program, including development of an Exposure Draft Mental Health Bill following comprehensive public review of current mental health legislation and legislative proposals to regulate unregistered health practitioners.
- Developed and implemented health legislation amendments to restructure public health system and Ambulance Service employment arrangements.
- Released the revised comprehensive Code of Conduct and support material for the NSW public health system.
- Developed new consent award for Staff Specialists in the context of a special case before the IRC brought by ASMOF.
- Developed and implemented a monitoring system for Nurse reasonable workloads for use across the public health system.
- Developed the Human Resource Policy e-compendium for the NSW Health website.



<b>Name</b>	David Gates
<b>Position title</b>	Director, Asset and Contract Services
<b>SES level</b>	5
<b>Remuneration</b>	\$234,630
<b>Period in position</b>	11 years

The Deputy Director General, Health System Support was satisfied with Mr Gates' performance throughout 2005/06.

Mr Gates achieved the performance criteria contained in this performance agreement.

#### Significant achievement during 2005/06

- Established new business units to manage specified Statewide service delivery:
  - HealthSupport for Corporate, Linen and Food Services
  - Health Procurement (within HealthSupport) for the delivery of strategic sourcing projects
  - Major Projects Office for the delivery of high value capital projects over \$10 million.
- Established a Procurement Advisory Services within the Procurement and Contract Services Unit to ensure implementation of Government e-Procurement Policy and appropriate levels of procurement risk management across NSW Health entities.
- Managed the asset audit across NSW Health facilities measuring condition, compliance and functionality to create a consistent database for all future Asset Strategic Planning.
- Managed achievement of financial close on the Public Private Partnerships (PPP) at Newcastle Mater and Long Bay Forensic Hospitals, and approval to proceed with the PPP projects at Orange and Royal North Shore Hospitals.

<b>Name</b>	Mike Rillstone
<b>Position title</b>	Chief Information Officer
<b>SES level</b>	5
<b>Remuneration</b>	\$228,924
<b>Period in position</b>	6 months

Michael Rillstone achieved the performance criteria contained in his performance agreement.

During 2004/05, Michael Rillstone provided leadership in the areas of Information and Technology with a focus on strategy, management, governance and advice.

#### Significant achievements in 2005/06

- Provided strategic leadership for the development and implementation of NSW Health IM&T strategy and ensured its alignment to key transformation areas such as the Clinical Services Redesign Program.
- Provided strategic leadership for the development and implementation of NSW Health IM&T Architecture.
- Provided strategic leadership for the development and implementation of NSW Health IM&T Investment strategy.
- Implemented governance to support the IM&T programs and ensure clinical input and acceptance.
- Progressed the IM&T program across the State, with significant program implementation activity that is required to support patient care and realise benefits in key areas such as the Electronic Health Record, Electronic Medical Record, financial systems, Community Health Information System, Telehealth and Patient Management systems.
- Progressed planning and procurement for the IM&T program with significant activity in areas such as medication management, payroll systems, staff rostering, human resource management, billing systems and systems integration.
- Provided support and contributed significant advice to progressing the implementation of the National IM&T agenda.
- Provided ongoing support for strategic local IT innovations of value to the wider system, including the Obsterix System and the Bedboard.
- Achieved significant savings in infrastructure costs through the implementation of statewide contracts to support the Electronic Medical Record.

# Equal employment opportunity

The Department of Health endorses and whole-heartedly supports equal employment opportunity. As an employer it recruits and employs staff on the basis of merit and values its skilled and diverse workforce and a workplace culture where people are treated equally and fairly.

Significant Equal Employment Opportunity (EEO) outcomes for the year include:

- Progressed strategies in the Department's Diversity and Equity in the Workplace Management Plan incorporating the EEO Plan, Disability Action Plan, Ethnic Affairs Priority Statement (EAPS) and Aboriginal Workforce Development Plan.
- Celebrated the sixth anniversary of the Department's Equity Advisory Committee. Committee members are drawn from a broad cross-section of staff. They initiate and contribute to projects that further equity and diversity within the workplace. The Committee's success can be attributed to maintaining a broad perspective in relation to equity within the Department, having regard for the needs and interests of all staff members in Committee activities. High level support by senior executives and managers is pivotal to the effectiveness of the Committee.
- In conjunction with Aboriginal and Torres Strait Islander staff the Aboriginal Support Network web page within the Department's intranet-based Equity Manual was maintained. This provides details of the formation of the network, its aims, terms of reference and membership. There are helpful links to policies such as Aboriginal and Torres Strait Islander Peoples – Preferred Terminology to be Used (PD2005\_319), Welcome to Country Protocols Policy (PD2005\_472) and the publication *Communicating positively, A guide to appropriate Aboriginal terminology*.
- Continued a successful Spokeswomen Program on multiple campuses with celebrations of International Women's Day, cultural diversity, and forums for staff focusing on career planning, women in the media, nutrition for women, motivational insights from coaching elite athletes and financial planning.
- Promoted acknowledgement of cultural diversity in the workplace through Harmony Day activities and highlighting significant cultural and religious events.
- Continued support for a network of staff with a disability, an interest in disability and those who are carers. Support included organising lunchtime seminars for staff on dementia and caring for a person with dementia.
- A Department-wide team organised Journey of Healing activities including a traditional smoking ceremony. This year's focus was 'community' – the impact of the Stolen Generations on the health and well being of Aboriginal people and community, in particular mental health. Elders were acknowledged for their strength and commitment in support of their communities and their input into the Aboriginal Mental Health and Wellbeing Policy.
- During National Reconciliation Week staff participated in lunch-time workshops on Reconciliation and 'belonging' and 'healing' to better understand their meaning for Aboriginal people.
- On International Volunteers Day a poster display was unveiled of Department staff in community volunteer roles. This recognised their contribution to the community beyond the workplace.

## Equal Employment Opportunity Management Plan 2006/07

The Department provides an EEO Management Plan to NSW Premier's Department each year in accordance with Part 9A of the *Anti Discrimination Act 1977*, in order to eliminate and ensure the absence of discrimination in employment and to promote equal employment opportunity in the EEO target groups.

The following activities are proposed as part of the EEO Management Plan for 2006/07:

- Policy launch of *Minimising Heterosexism and Homophobia in the Workplace Policy*.
- Provide support to members of the DohAble (Doh=Department of Health) network to lead consultations on disability needs and strategies to address these needs. Disseminate information about the network, its meetings, relevant policies, entitlements, resources, details of seminars and other activities through email and posters.
- Actively promote direct recruitment of people with a disability and the employment of Aboriginal and Torres Strait Islanders by way of targeted recruitment.
- Acknowledge Reconciliation and the Journey of Healing with Aboriginal and Torres Strait Islander peoples.

**A. Trends in the representation of EEO groups**

EEO group	Benchmark or Target	Percentage of Total Staff (%)					
		2001	2002	2003	2004	2005	2006
Women	50%	59.0	59.0	59.0	60.0	63.0	62.0
Aboriginal people and Torres Strait Islanders	2%	2.1	1.5	2.0	2.0	2.8	1.6
People whose first language was not English	20%	18.0	19.0	20.0	20.0	19.0	20.0
People with a disability	12%	4.0	3.0	4.0	4.0	4.0	3.0
People with a disability requiring work-related adjustment	7%	1.0	1.0	1.0	1.0	0.9	0.9

**B. Trends in the distribution of EEO groups**

EEO group	Benchmark or Target	Distribution Index					
		2001	2002	2003	2004	2005	2006
Women	100%	91	90	90	95	95	96
Aboriginal people and Torres Strait Islanders	100%	95	94	n/a	n/a	n/a	n/a
People whose first language was not English	100%	93	89	92	91	90	90
People with a disability	100%	105	102	100	101	98	97
People with a disability requiring work-related adjustment	100%	n/a	n/a	n/a	n/a	n/a	n/a

## Notes:

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

## Occupational health and safety

In accordance with the *Occupational Health and Safety Act (NSW) 2000* and the *Occupational Health and Safety Regulation (NSW) 2001*, the Department of Health is committed to ensuring the health, welfare and safety of staff and visitors to the workplace.

The following Occupational Health and Safety (OH&S) initiatives were implemented during 2005/2006:

- Members of the Department's OH&S Committee obtained certification in OH&S Consultation in accordance with the OH&S Regulation 2001. This certification provided members with the knowledge and skills to promote effective workplace consultation and a framework to conduct committee functions under OH&S legislation.
- The OH&S Committee completed the Safety Check program in December 2005 at North Sydney, Gladesville and Surry Hills campuses. The OH&S Committee consulted with staff and managers to review work areas and provided recommendations to promote health and safety practices in the workplace.
- The OH&S Committee continued to meet on a bimonthly basis to discuss health and safety matters and opportunities for consultation with staff, managers and union representatives. The position of Committee Patron was created and enabled support and representation on the Committee from the Management Board.
- The Chair of the OH&S Committee and the OH&S Coordinator provided new staff with important information concerning workplace health and safety at Staff Induction programs.
- First Aid Officers obtained re-certification in Senior First Aid and Occupational First Aid qualifications. First Aid kits are available at all sites and stocks are maintained by the Occupational First Aider in conjunction with St John Ambulance Australia.
- Department of Health staff continued to support the Australian Red Cross and the community by voluntarily donating blood on a quarterly basis.
- The Department's Business Continuity Plan was created during the previous year. Crisis Management and Recovery teams received ongoing information on roles and responsibilities should the Business Continuity Plan be activated. Scenario testing of the plan was conducted with Recovery teams to assess the Department's preparedness to provide critical services in response to a significant adverse event. Consultation with key stakeholders remains ongoing and includes support from the Management Board, Directors' Forum, Joint Consultative Committee, OH&S Committee, First Aid Officers, Fire Wardens and staff.

- The online incident notification form was implemented to enable employees to notify work related illnesses and injuries within 24 hours. The advantage of the online process enables improved injury notification within legislative timeframes and timely advice to the insurer for compensable claims.
- The Department's evacuation procedures were tested on a six-monthly basis. Firewardens received ongoing training on evacuation procedures.

### Workers Compensation

The number of workers compensations claims accepted by the Department's insurer is an indicator of the Department's Occupational Health and Safety performance. The Department continues to demonstrate improvements in managing workers compensation costs.

The Department managed 23 new claims during 2005/06. This number was lower than previous years and continued a trend of the number of claims decreasing since the 1999/00 financial year. The total number of claims lodged with the insurer was 25. However, two out of the 25 claims were declined after investigative action taken by the insurer.

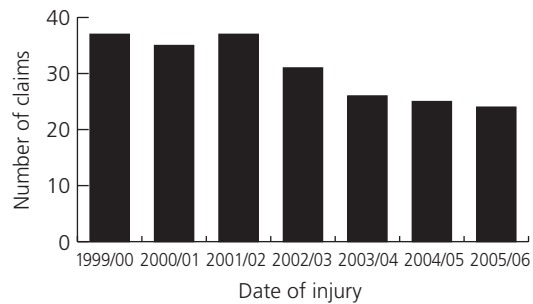
The greatest number of workers compensation claims were for slips and trips which accounted for nine of the 23 claims (compared to 11 of the 25 in 2004/05) and journey claims which accounted for six of the 23 claims (compared to four of the 25 in 2004/05).

Corporate Personnel Services staff that have workers compensation and return to work responsibilities, obtained certification in Return to Work Coordination in accordance with the *Workplace Injury Management and Workers Compensation Act 1998*.

Strategies to improve workers compensation and return to work performance include:

- ongoing commitment to providing compensation, suitable duties and effective return to work programs for an injured worker
- regular contact with stakeholders during the claim process to aid timely return to work and injury management strategies
- regular claims reviews between the Department and the insurer to monitor claim activity and costs
- ongoing commitment to the *Working Together – The Public Sector OH&S and Injury Management Strategy for 2005–2008*.

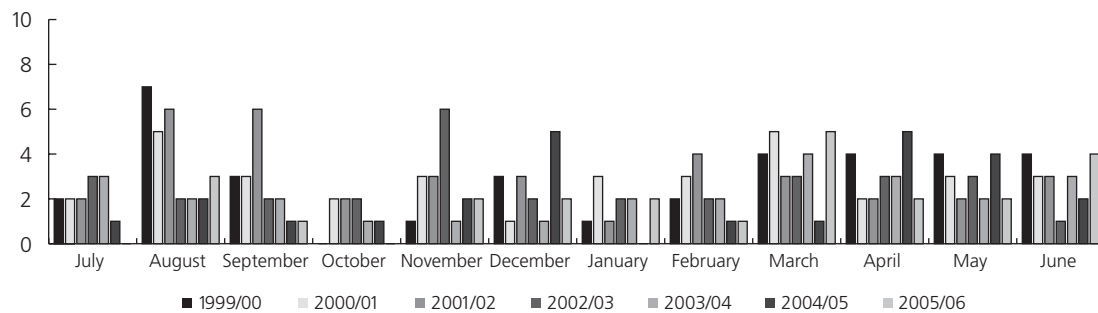
Number of new claims each year from 1999/00 to 2005/06



Number of claims (by date of injury)

	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Claims	37	32	33	31	26	25	23

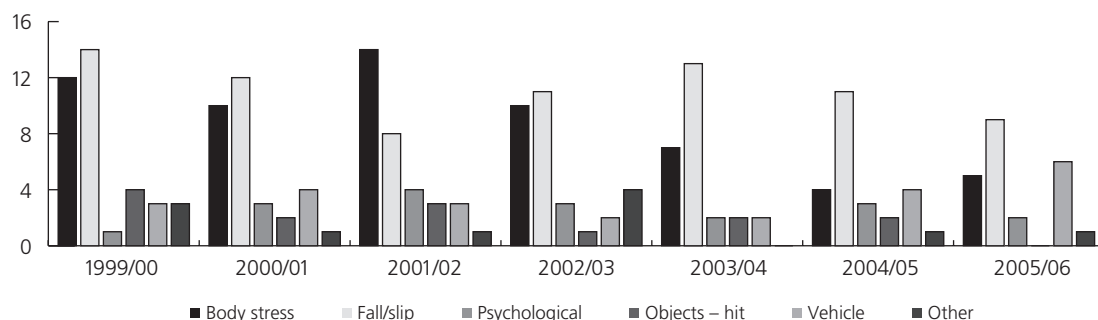
Workers compensation claims each month from 1999/2000 to 2005/06



Type of new claims each month 2005/06

Injury/illness	Jul 05	Aug 05	Sep 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Total
Body stress		1			2						1	1	5
Fall/slip/trip						1	1		4	1		2	9
Psychological							1				1		2
Objects – hit													0
Vehicle		1	1					1	1	1		1	6
Other		1											1
<b>TOTAL</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>23</b>

Categories of Workers Compensation Claims from 1999/00 to 2005/06



	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Body stress	12	10	14	10	7	4	5
Fall/slip	14	12	8	11	13	11	9
Psychological	1	3	4	3	2	3	2
Objects – hit	4	2	3	1	2	2	0
Vehicle	3	4	3	2	2	4	6
Other	3	1	1	4	0	1	1
<b>TOTAL</b>	<b>37</b>	<b>32</b>	<b>33</b>	<b>31</b>	<b>26</b>	<b>25</b>	<b>23</b>

# Significant committees

### Senior Executive Advisory Board

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

**Function** – The key meeting of NSW Health Chief Executives and the Department's Management Board to consider system-wide matters, including planning, budget management, major strategies and policies.

### NSW Health Care Advisory Council

Rt Hon Ian Sinclair (Co-Chair)  
Professor Judith Whitworth (Co-Chair)

**Function** – The peak clinical and community advisory body that provides advice to the Minister for Health and the Director General on clinical services, innovative service delivery models, health care standards and performance management and reporting within the health care system.

### Health Priority Taskforces – Overview

The Health Priority Taskforces (HPTs) are part of the reporting structure for the NSW Health Care Advisory Council. They provide advice to the Director General and the Minister for Health on policy directions and service improvements on each of the NSW Health system's high priority areas.

### Aboriginal Health Priority Task Force

Sandra Bailey, CEO, Aboriginal Health  
and Medical Research Council (Co-Chair)  
Dr Sandra Eades, The Sax Institute (Co-Chair)

**Function** – Provides direction and leadership to the Department of Health and the Aboriginal Community Controlled Health sector to improve health outcomes for Aboriginal people, families and communities through eliminating the current inequalities in mortality and morbidity rates for health conditions that exist between Aboriginal and non-Aboriginal people.

### Children and Young People's Health Priority Taskforce

Professor Graham Vimpani  
and Irene Hancock (Co-chairs)

**Function** – A relatively new group, future activities will provide leadership across child and young people's health services, and strategic advice to the Minister and NSW Health.

### Critical Care Health Priority Taskforce

Dr Tony Burrell and Barbara Daly (Co-chairs)

**Function** – Provides direction and leadership for NSW critical care services to achieve highly integrated services which reflect best national and international critical care standards. Advises the Department on the coordination, planning and development of critical care services at a state-wide level and on strategic directions for models of care and 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. Provides support and guidance to clinicians and Area Health Services in regard to critical care service management, planning and implementation processes.

### Information Management and Technology Health Priority Taskforce

Dr Roger Traill, (Chair)

**Function** – Reviews the strategic directions for health care service provision in NSW from an Information Management and Technology perspective and advises on IM&T investment to support desired outcomes.

### NSW Maternal and Perinatal Committee

Professor William Walter (Chair)

**Function** – Reviews and makes recommendations on maternal and perinatal morbidity and mortality in NSW, and advises NSW Health on matters relating to the health of mothers and newborn infants.

### Mental Health Priority Taskforce

Professor Philip Mitchell and Laraine Toms (Co-chairs)

**Function** – Provides direction and leadership for the development of integrated mental health services for NSW, reflecting best practice national and international standards. Provides advice in relation to strategic planning for NSW mental health services and reviews mental health programs and initiatives to maintain a focus on NSW mental health priorities.

### Rural Health Priority Taskforce

Dr Bill Hunter and Liz Rummery (Co-chairs)

**Function** – Works with rural Area Health Services to monitor the implementation of the recommendations in the NSW Rural Health Report and the NSW Rural Health Plan. Provides advice on rural and remote health issues to the Minister for Health and the Director General.

### Sustainable Access Health Priority Taskforce

Professor Brian McCaughan  
and Wendy McCarthy (Co-chairs)

**Function** – Monitors and provides advice on improving and sustaining access to quality services within the NSW public healthcare system, through a focus on the patient journey. The Surgical Services, Emergency Care, and Acute Care Taskforces report to this HPT.

### Futures Planning Strategic Advisory Committee

Rt Hon Ian Sinclair AC (Chair)

**Function** – Reporting to the NSW Health Care Advisory Council, is responsible for overseeing the NSW Health Futures Planning Project.

### Other Committees (alphabetical listing)

#### Anaphylaxis Working Party

Dr Kerry Chant (Chair), *Director, Director of Health Protection and Deputy Chief Health Officer, Department of Health*

**Function** – Provides expert advice to the Department for the formulation of policies and procedures designed to prevent and manage anaphylaxis in various settings. The Working Party also acts as a resource to stakeholders in the implementation of such policies and procedures.

#### Blood Products Advisory Committee

Dr Kerry Chant (Chair), *Director, Director of Health Protection and Deputy Chief Health Officer, Department of Health*

**Function** – Acts as a regular means of communication between NSW Health, National Blood Authority (NBA) and Area Health Services on issues covering the adequacy, quality and safety of planning and supply of blood and blood products to the NSW transfusion medicine sector. Considers matters, referrals and decisions that affect the provision of transfusion medicine arising from recommendations made by the Jurisdictional Blood Committee of the NBA, as well as decisions made by the Australian Health Ministers' Conference and the Australian Health Ministers' Advisory Council. Also develops and recommends policies and procedures for the use of blood and blood products in NSW and refers matters, as appropriate, to NSW Health, NBA and the Therapeutic Goods Administration.

#### Sub-committees of the Blood Products Advisory Committee

##### Fresh Product Advisory Committee

Professor Douglas Joshua (Chair)

##### Funding and Performance Group

Ken Barker (Chair), *Chief Financial Officer, Department of Health*

##### Haemophilia Clinical Committee of NSW and ACT

Professor Jerry Koutts (Chair)

##### Immunoglobulin User Group

A/Professor John Ziegler (Chair)

##### Clinical Ethics Advisory Panel

Dr Greg Stewart (Chair), *Director, Population Health, Planning and Performance, Sydney South West Area Health Service*

**Function** – Advises the Director General on policies and issues with major ethical implications in clinical practice within NSW Health.

##### Committee on Healthcare Associated Infection Prevention and Control

Dr David Mitchell (Chair) *Clinical Microbiologist, Centre for Infectious Diseases and Microbiology, Westmead*

**Function** – Advises the Chief Health Officer on all aspects of the strategic response to healthcare associated infections and infection control.

##### Department of Health Ethics Committee

Dr Garry Pierce, *Consultant, Rehabilitation Medicine, Concord Hospital*

Dr Lee Taylor, *Manager, Surveillance Methods, Centre for Epidemiology and Research, Department of Health* (each were Chairs for part of 2005/06)

**Function** – Undertakes ethical review of research projects seeking access to Departmental data collections or being undertaken by Departmental staff, and fulfils the Department's obligations under the *Health Records and Information Privacy Act 2003* in respect of ethical review of disclosures of personal health information for research purposes.

##### Expert Advisory Group on Variation in Sexual Formation and Expression

Professor William Walters (Chair)

**Function** – Provides advice to the Department on the health needs of individuals who experience transsexualism or other intersex condition, or who identify as transgender. In doing so, the Advisory Group develops recommendations for improving the appropriateness of health services for these people.



### Finance, Risk and Performance Committee

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

**Function** – Advises the Director General, Minister for Health and the Budget Committee of Cabinet of the financial, risk and performance management of NSW Health.

### Forensic Pathology Coordinating Committee

Dr Denise Robinson (Chair), *Deputy Director General, Population Health, Department of Health*

**Function** – Provides advice to the Department on the organisation of forensic pathology services to meet the needs of the State's coronial justice system. This includes consideration of funding, workforce, workload, technological development, population growth, community expectations and other relevant issues.

### Information Management and Technology Committee

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

**Function** – Guides the development and implementation of the NSW Health Information Management and Technology Strategy.

### Mental Health Implementation Taskforce

Brigadier The Hon Dr Brian Pezzutti (Chair)

**Function** – Monitors and oversees the implementation of the NSW Government Response to the Select Committee Inquiry into Mental Health Services in NSW and related committees such as the Sentinel Events Review Committee. Liaises with the Human Services CEOs Forum to ensure cross-government mental health issues remain on the agenda of this Forum. Reviews any other issues with regard to mental health as directed by the Minister for Health. Reports directly to the Minister for Health through its Chair.

### Ministerial Advisory Committee on Hepatitis

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

**Function** – Provides the Minister for Health with expert advice on all aspects of the strategic response to blood borne hepatitis (ie hepatitis B and hepatitis C).

### Ministerial Advisory Committee on HIV and Sexually Transmitted Infections

Dr Roger Garsia (Chair), *Clinical Director HIV/AIDS, Sydney South West Area Health Service*

**Function** – Provides the Minister for Health with expert advice on all aspects of the strategic response to HIV and sexually transmitted infections (STIs).

### Ministerial Standing Committee on Hearing

The Hon Peter Anderson and Sue West (each were Chairs for part of 2005/06)

**Function** – Provides advice to the Minister for Health on strategic directions for hearing services in NSW. Has a broad role and strategic focus, working with other government departments and non-government organisations involved in the provision of hearing services. Facilitates the multidisciplinary collaboration of service providers across the whole spectrum of care including screening, diagnosis, treatment, research, education and occupational safety.

### Multiple Antibiotic Resistant Organism Expert Group

Professor Lyn Gilbert (Chair), *Director, Centre for Infectious Diseases and Microbiology, Westmead*

**Function** – Advises the Chief Health Officer on the monitoring, prevention and management of multi-resistant organisms in NSW public healthcare facilities.

### NSW General Practice Council

Dr Di O'Halloran (chair)

**Function** – Provides expert and strategic advice to the Minister for Health and the Department. Provides formal liaison and consultation mechanisms between NSW Health and general practice, and facilitates the involvement of general practitioners in the development of health policies and initiatives aimed at improving the health of people in NSW.

### NSW GP Procedural Training Program Committee

Deborah Hyland (Chair), *Director, Workforce Development and Leadership Branch, Department of Health*

**Function** – Provides overarching direction, advice and support on the continued operation of the Program to ensure it is meeting its objectives of providing procedural training to General Practitioners in areas of medical workforce shortage in NSW.

### NSW Infectious Diseases Emergency Advisory Group

Dr Kerry Chant (Chair), *Director, Director of Health Protection and Deputy Chief Health Officer, Department of Health*

**Function** – Advises the Chief Health Officer on how to best prepare and respond to infectious disease emergencies, including pandemic influenza, SARS and bioterrorism.

### NSW Mental Health Sentinel Events Review Committee

Professor Peter Baume AO (Chair)

**Function** – Established in 2002 the Committee reviews Sentinel Events in circumstances where a public sector agency was involved in a sentinel event relating to a person's care, management or control. Sentinel Events are incidents involving serious injury to, or the death of a person, where a person suffering or reasonably believed to be suffering from a mental illness is involved. The Committee advises, and reports directly to, the Minister for Health through its Chair.

### NSW Regulators Forum

Dr Kerry Chant (Chair), *Director, Director of Health Protection and Deputy Chief Health Officer, Department of Health*

**Function** – Facilitates consultation between regulatory authorities including the Health Care Complaints Commission, Office of Fair Trading, Australian Consumer and Competition Commission and Department of Health as to the appropriate management of complaints concerning health services provided by unregulated and regulated providers. This is particularly in cases where regulatory responsibilities overlap or are unclear, or where a regulatory authority seeks interagency assistance in investigating such claims.

### NSW Sudden Infant Death Advisory Committee

John Abernathy (Chair), *NSW State Coroner*

**Function** – Provides expert advice to the Department on sudden infant death and Sudden Infant Death Syndrome (SIDS), and facilitates a coordinated approach to prevention programs and the care of affected families. In 2005/06 the Minister for Health expanded the Committee's role to include oversight of NSW Health's response to the NSW Child Death Review Team's report on Sudden Unexpected Death in Infancy (SUDI).

### NSW Tuberculosis Committee

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

**Function** – Advises the Chief Health Officer on the prevention and control of tuberculosis (TB) in NSW.

### Paediatric Intensive Care Advisory Group

Dr Barry Duffy (Chair)

**Function** – Provides advice to the Minister for Health, NSW Health, Critical Care Health Priority Taskforce, and Children and Young People's Health Priority Taskforce on all aspects of paediatric intensive care service issues in NSW, which require a system wide response.

### Pharmacotherapy Credentialling Subcommittee

Dr Glenys Dore (Chair)

**Function** – Makes recommendations to the Director General, through its Chair, on the approval of medical practitioners as prescribers of drugs of addiction under the State's Opioid Treatment program. The Subcommittee is appointed as a Subcommittee of the Medical Committee established under section 30 of the *Poisons and Therapeutic Goods Act 1966*.

### Reportable Incident Review Committee

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

**Function** – Examines and monitors serious clinical adverse events reported to the Department via Reportable Incident Briefs and ensures appropriate action is taken. Identifies issues relating to morbidity and mortality that may have Statewide implications and provides advice on policy development to effect health care system improvement. Reports to the community through an annual report on incident management in the NSW health system.

### Risk Management and Audit Committee

Jon Isaacs (Chair)

**Function** – Assists the Director General to perform her duties under the relevant legislation, particularly in relation to the Department's internal control, risk management and internal and external audit functions.

# Overseas visits by staff

The schedule of overseas visits is for NSW Department of Health staff. The reported instances of travel are those sourced from general operating funds or from sponsorship arrangements, both of which require Departmental approval.

**Abbenbroek Brett** – Strategic Development  
*9th World Congress of the World Federation of Societies in Intensive Care & Critical Care Medicine*, Buenos Aires, Argentina. General Funds

**Armstrong Paul** – Population Health  
*Medical Delegation to the Shenzhen Chronic Disease Hospital*, Shenzhen, China. General Funds

**Aayar Aarthi** – Population Health  
*27th Australian Conference of Health Economists*, Auckland, New Zealand. General Funds

**Byleveld Tony** – Population Health  
*Inaugural Institute for Public Health and Water Research Conference: Water Contamination Events and site visit at Montana State University*, Houston and Montana USA. Sponsorship

**Cavalletto Bart** – Strategic Development  
*Women's and Children's Hospital Australasia Annual Conference*, Christchurch, New Zealand. General Funds.

**Hill Mitchell** – Organisation Development & Education  
*Institute for Healthcare Improvement Breakthrough Methodology Training*. Boston, USA. General Funds.

**Hughes Jenny** – Population Health  
*7th International Health Impact Assessment Conference*, Cardiff, Wales. General Funds.

**Justin Linda** – Health Technology  
*2nd Annual International Summit on Redesigning Hospital Care*, Atlanta, USA. General Funds.

**Katz Catherine** – Strategic Development  
*Australian Health Ministers Council*, Wellington, New Zealand. General Funds

**Kruk Robyn** – Director General  
*Australian Health Ministers Council*, Wellington, New Zealand. General Funds

**Kruk Robyn** – Director General  
Guest speaker and attendee at meetings of the *Reforming States Group* organised by the US Milbank Foundation. Visits and meetings with health officials in Boston and New York. Sponsored and General Funds

**Matthews Richard** – Strategic Development  
*Conduct interviews for position of Director, Centre for Mental health in London*, UK, Ottawa, Canada. General Funds

**Murphy Elizabeth** – Strategic Development  
*NHS 2006 Beyond Newborn Hearing Screening: Infant Hearing in Science and Practice Conference*. Milan, Italy. General Funds

**Musto Jennie** – Population Health  
*3rd Annual International Collaboration on Enteric Disease Burden of Illness Studies Network meeting and International Conference on Emerging Infectious Diseases*, Atlanta, USA. Sponsorship

**Muscatello David** – Population Health  
*2005 National Syndromic Surveillance Conference*, Seattle, USA. General Funds

**O'Connell Anthony** – Health System Support  
*2nd Annual International Summit on Redesigning Hospital Care*, Atlanta, USA. General Funds

**O'Connell Anthony** – Health System Support  
*Innovation in Elective Service Patient Care Delivery*, Wellington, New Zealand. Sponsorship

**Robinson Denise** – Population Health  
*Australian Health Ministers Council*, Wellington, New Zealand. General Funds

**Ryan Kathleen** – Health System Performance  
*Singapore Clinical Quality Forum*, Singapore. Sponsorship

**Sivaneswaran Shanti** – Population Health  
*International Symposium of water Fluoridation Workshop and lecture to dental students at the Seoul National University*, Seoul, South Korea. Sponsorship

**Wynn Fiona** – Strategic Development  
*Intergovernmental Committee on Drugs and Executive Meeting*. Wellington, New Zealand. General Funds

## Ethnic Affairs Priority Statement

## Achievements

Goal	Health Service	Project/Initiative	Achievements 2005/06
<b>Keep People Healthy</b>	Diversity Health Clearing House	Launch of the Diversity Health Clearing House	The Diversity Clearing House website is now the world No.1 Google search for 'diversity health'.
	NSW Refugee Health Service	Implementation of the WSAHS refugee strategy	A multilingual video on maternity health services was developed as part of the WSAHS refugee strategy.
	NS&CCAHS	Harmony Festival	Approximately 2,000 people participated and 150 volunteers assisted with activities to raise the awareness of culturally appropriate physical activities for primary school children from different cultures.
	SSWAHS	Tobacco control program with Chinese communities	The Quitting is hard, but you can do it! – Tips to help you stop smoking booklet was developed for the Chinese community.
	H&NEAHS	Refugee Men's Sexual Health Education Project	A series of sex education sessions were developed and provided for African men.
	Transcultural Mental Health Centre (TMHC)	TMHC Clinical Consultation and Assessment Service	6,470 occasions of service were provided by the TMHC during 2005/06.
	Female Genital Mutilation Service (FGM)	The Inaugural Men's Seminar	Over 40 men attended the Inaugural FGM Men's Seminar to explore ways to help prevent the practice of female genital mutilation.
	Multicultural Problem Gambling Service	Establishment of new clinics	Five new bilingual problem gambling counselling clinics were established across the Sydney metropolitan area.
	Women's Health at Work Program (WHWP)	African Women's Project	A Senior Project Officer was employed to implement initiatives addressing the needs of working African women.
Multicultural Health Communication Service	Multilingual 'Quit' telephone lines	Seven language specific telephone 'Quit' lines were established.	
<b>Health Care People Need</b>	GWAHS	Using community demographics in planning health care	Culturally and linguistically diverse (CALD) demographic data is now widely used to inform the planning of clinical services and health programs throughout the Area.
	H&NEAHS	Aged Care Assessment Teams using the Rudas test	The Rudas test was implemented and will eventually replace the Folstien Mini Mentals State Exam across the Area. The Rudas test is superior as it does not bias against seniors who speak English as a second language.
	SE&IAHS	Looking Back and Moving On CALD Parenting Program	Five parenting training modules were developed and delivered to CALD communities living within the Area.
	SSWAHS	Chinese Antenatal Clinic	An after hours antenatal class targeting Mandarin speaking first time mothers was provided at Burwood.
	NS&CCAHS	Multicultural Mental Health Planning and Development Committee	A training program for staff at Macquarie Hospital on the effective use of health care interpreters was delivered.
	NSW Refugee Health Service (RHS)	SSWAHS refugee needs assessment	An Area staff needs assessment to improve health service delivery for refugee individuals and families was conducted by the RHS.
	Transcultural Aged Care Service (TACS)	E-learning Project	A CD ROM study tool was developed and its evaluation showed that it effectively assisted staff to provide culturally and linguistically appropriate care.
	Multicultural Problem Gambling Service (MPGS)	Department of Corrective Services Project	Information sessions for inmates in gaols on the physical and psychological effects of problem gambling was provided by the MPGS.
	Multicultural HIV/AIDS & Hepatitis C Service (MHHS)	Late HIV Presentation Project	The MHHS worked in partnership with African communities to promote HIV prevention through the Australian African Youth Soccer Cup tournament.

Goal	Health Service	Project/Initiative	Achievements 2005/06
<b>High Quality Health Services</b>	H&NEAHS	Staff capacity building	A comprehensive cultural competence education program was developed and delivered to staff on managing cultural and linguistic differences in mental health settings.
	NS&CCAHS	Health Care Interpreter Service utilisation data analysis	An Area action plan was developed to provide training on use of the Health Care Interpreters.
	SSWAHS	Pain Management Project	The Pain Management Centre at Royal Prince Alfred Hospital developed appropriate material for Arabic and Chinese patients of the clinic.
	Transcultural Mental Health Centre (TMHC)	TMHC Clinical Supervision Program	The TMHC supported ten clinical supervision groups across the Sydney metropolitan area, Wollongong and in Queanbeyan.
<b>Health Services Managed Well</b>	Transcultural Mental Health Centre (TMHC)	TMHC Clinical Outreach Program	The Clinical Outreach service was expanded to the Greater Southern AHS, in Queanbeyan (for the Macedonian community) and Griffith (for the Italian and Afghani communities).

## Planned initiatives

Goal	Health Service	Project/Initiative	Initiatives planned for 2005/06
<b>Keep People Healthy</b>	SWAHS	Oral Health Information Project	The Oral Health Information Project will provide oral health information to students attending Intensive English Centres.
	NS&CCAHS	Chinese Breastfeeding Project	The Chinese Breastfeeding Project will establish a mothers' group for the local Chinese community.
	SE&IAHS	Healthy Eating and Healthy Body – Diabetes Program	Two separate training modules on diabetes and healthy eating will be developed and delivered in community languages.
	SSWAHS	Pacific Islander Project	Canterbury Multicultural Youth Health Service will employ a Health Education Officer to implement a range of health promotion activities targeting Pacific Islander youth.
	SWAHS	Client satisfaction survey	The Area Multicultural Health Unit will translate a service satisfaction survey measuring staff sensitivity to the needs of clients speaking Persian.
	Female Genital Mutilation Service (FGM)	Targeting new and emerging communities	The NSW FGM Program will consult with new and emerging communities about initiatives appropriate to their needs.
<b>Health Care People Need</b>	H&NEAHS	Refugee health in the northern sector of the Area Health Service	A northern sector plan will be developed addressing the needs of newly arrived refugees.
	NS&CCAHS	Female Asylum Seekers' Project	NSW Women's Health coordinators will implement a project exploring the provision of health care to pregnant asylum seekers who are not entitled to Medicare.
	SE&IAHS	CALD Carer's Resource Kit Project	A steering committee will be established to oversee the development of a carer's resource kit on aged care, mental health and disability services.
	SSWAHS	'The Biggest Winner' – Nutrition Project	A partnership project will be implemented with Belmore Boys High School to promote good nutrition and prevent obesity in CALD young men.
	SWAHS	Hills Community Health Centre Men's Health Program	An assessment of the health needs of men from Arabic, Turkish, Chinese and Vietnamese-speaking backgrounds will be conducted.
	NSW Refugee Health Service	Fairfield Refugee Nutrition Project	A nutrition information program will be delivered to refugees living within the Fairfield area. The program will also build the capacity of teachers, child care and health workers to assist refugees with their nutrition needs.
	Transcultural Mental Health Centre	Multicultural MH-OAT Project	A report will be completed and provided to the Department of Health making recommendations on enhancing the MH-OAT mental health assessment tool to better address the needs of consumers from CALD backgrounds.
	Female Genital Mutilation Service (FGM)	Men's Seminar	The project officer will develop initiatives implementing the recommendations from the Inaugural Men's Seminar held in January 2006.
	Multicultural Health Communication Service (MHCS)	Multicultural Breast Screen Campaign Project	The MHCS will develop a campaign promoting breast screening in eight community languages.

Goal	Health Service	Project/Initiative	Initiatives planned for 2005/06
<b>High Quality Health Services</b>	SE&IAHS and Primary Health and Community Partnerships	Embedding Cultural Diversity into Health Care Accreditation Systems Project	The Australian Council on Healthcare Standards and the Quality Improvement Council will deliver its report outlining the incorporation of cultural diversity standards in their assessment tools for accrediting health care services.
	H&NEAHS	Establishment of a refugee management committee	A multidisciplinary refugee management committee will be established to give direction and coordination to work in both the northern and southern sector of the Area Health Service.
	NS&CCAHS	Drug and Alcohol Service Staff Development Project	A cultural diversity training module will be implemented as part of the Workforce Development Seminar Series in the Northern Sydney region.
	SE&IAHS	Physical Activity Project for CALD background seniors	A partnership project will be developed between the Area Multicultural Health Unit and the Bexley Multicultural Day Care to provide an in-house physical activity program for seniors attending the Centre.
	SSWAHS	Sexual health education for Chinese and Vietnamese community General Practitioners	A Royal Australian College of General Practitioners accredited sexual health education session will be delivered to both Chinese and Vietnamese community doctors.
	SWAHS	Revision of the Area Corporate Services, Managers Performance Management System	The current performance management system will be reviewed and include cultural diversity responsibilities for Directors, Managers, Supervisors and Team Leaders.
	Transcultural Aged Care Service (TACS)	Pilot the Italian Community Partnership Program (CPP)	TACS and Italian CPP workers will pilot the use of a carers booklet to enhance the cooperative relationship between relatives and staff in residential aged care facilities.
<b>Health Services Managed Well</b>	SE&IAHS	Establish diversity health leadership networks	Staff will be recruited and used as consultants to build the capacity of both individuals and departments to deal with diversity health issues.
	SWAHS	Implement an automated payment system for contract interpreters	The new online booking system will be implemented which includes an inbuilt calculator to replace the manual calculation of payments to contractors. This will allow for the electronic payment of interpreters.

# Disability Action Plan

## The Department of Health's Disability Action Plan is closely aligned with the Diversity and Equity Plan for the Workplace, NSW Department of Health.

The current Disability Action Plan has specific strategies to identify positions into which a person with a disability may be recruited, and to use a merit based selection process for these positions. This has eliminated the need to gain approval from agencies external to the Department, thereby streamlining the recruitment process for managers.

Key staff development and training programs including induction, staff selection techniques and the leadership development program, contain information on communicating with people with a disability and working with staff to manage their needs. The Department promotes a coaching, mentoring and performance review scheme that assists staff and managers to identify needs, and ways to access and be supported in professional development opportunities.

Information is available for managers about how to modify the workplace to meet the needs of staff with disabilities, and they can access a central workplace adjustment fund to meet associated expenses.

Flexible work arrangements for people with disabilities are available through the Department's Flexible Work Hours Agreement.

For six years the Department has sustained an Equity Advisory Committee for the workplace, with staff representatives of key equity groups including staff with a disability. Committee minutes and information on the Committee is available through the Equity component of the Staff Handbook on the Department's Intranet.

Regular bulletins detailing resources, services and support networks for employees with a disability, are emailed to all staff.

Over the last year, members of an informal support network – DoHAble (Department of Health Able), have worked with representatives of other equity groups to organise lunchtime seminars on various topics around disability, carers and other equity areas.

Staff with a disability have links to the Department's Occupational Health and Safety Committee and contribute to other committees and working parties throughout the Department.

A revised Disability Action Plan is under development. It will flow from the Department's Corporate Strategic Plan 2006–2010 and align with an updated Diversity and Equity Plan for the workplace.

The Department has a role as a Key Agency under the Disability Policy Framework, for the Program of Appliances for Disabled People (PADP). PADP assists eligible NSW residents with a permanent or long term disability to live in the community by providing appropriate equipment, aids and appliances. In the past year nearly 16,000 people in NSW obtained aids and appliances to assist them with daily activities and mobility through the PADP.



# Privacy Management Plan

The Department provides ongoing privacy information and support to the NSW public health system through:

- the NSW Health privacy newsletter (issued approximately four times a year) which communicates latest developments in privacy law and policy, and provides guidance or clarification on matters as they arise
- a privacy internet and intranet website, recently updated to include a list of Frequently Asked Questions
- the NSW Health privacy contact officers Network Group, which meets in the Department twice a year.

The NSW Health Privacy Manual was revised with Version 2 issued in 2005. The privacy training program was updated accordingly and a train the trainer session was conducted in October 2005 to enable privacy training at the local level. The Department's Privacy Contact Officer also made visits to six health services to provide further face-to-face training and support for health service staff. Presentations were provided to professional organisations internal and external to NSW Health, and to departmental and health service groups on a regular basis.

The NSW Health Privacy Internal Review Guidelines were also revised and re-issued in May 2006 as a DOH Guideline, to provide practical assistance in conducting and reporting internal reviews under privacy laws.

The Department has continued to facilitate discussions with representatives from the Civil Chaplaincy Advisory Committee to ensure the continuation of effective pastoral care services for hospital patients.

### Internal review

One application for internal review under the *Privacy and Personal Information Protection Act 1998* was received by the Department in June 2005 and completed in August 2005. The complaint related to the disclosure of the applicant's name and address in administrative correspondence which was copied to a senior manager of a health service. The circumstances surrounding the complaint were investigated and it was found that the terms of the *Act* were not contravened. The applicant has not sought to appeal the findings.

## 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 2005/06 the NSW Department of Health received 39 new requests for information under the *FOI Act*, compared to 61 requests in the previous financial year. Overall, the number of FOI applications decreased by 36 per cent.

One application was carried over from the 2004/05 reporting period. Of the 40 applications to be processed, eight were granted full access, five were granted partial access and 14 were refused access. One application was transferred to another agency and three were withdrawn. Nine applications were carried forward to the next reporting period.

The most significant FOI applications received by the Department related to public health issues. Requests received by the Department continued to be multi-dimensional and of increasing complexity. The Department provided significant assistance and advice to applicants, including the re-scoping of applications.

The number of FOI applications of a personal nature was the same as the previous year. There was a 37 per cent decrease in the number of FOI applications of a non-personal nature received during the last 12 months. Nine applications (24 per cent of new requests) were received from Members of Parliament, which is a 54 per cent decrease over the previous year. Three applications (8 per cent of new requests) were from the media.

One application for an internal review was received within the reporting period. In this case the original determination was varied.

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

Eight applications required consultations with parties outside the NSW Department of Health. Some applications required consultation with more than one party, creating a total of 20 third parties consulted.

The processing charges for FOI requests during 2005/06 was estimated at \$7,670, which was partly offset by a total of \$4,293 received in fees. The annual operating cost to the Department was in excess of the above amounts and comprises the wages and general administration costs for FOI within the Executive Support Unit.

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

## Section A – Numbers of new FOI requests

FOI Requests	Personal		Other		Total	
	2004/05	2005/06	2004/05	2005/06	2004/05	2005/06
A1 New (inc transferred in)	2	2	59	37	61	39
A2 Brought Forward	0	0	4	1	4	1
<b>A3 Total to be processed</b>	<b>2</b>	<b>2</b>	<b>63</b>	<b>38</b>	<b>65</b>	<b>40</b>
A4 Completed	2	1	54	30	55	31
A5 Transferred Out	0	0	4	1	4	1
A6 Withdrawn	0	0	6	3	6	3
<b>A7 Total processed</b>	<b>2</b>	<b>1</b>	<b>58</b>	<b>26</b>	<b>60</b>	<b>27</b>
A8 Unfinished (carried forward)	0	1	1	8	1	9

## Section B – Results of requests

Results of FOI request	Personal		Other		Total		Total	
	2004/05	2005/06	2004/05	2005/06	2004/05	% Result	2005/06	% Result
B1 Granted in full	1	1	17	7	18	33	8	30
B2 Granted in part	1	0	13	5	14	25	5	18
B3 Refused	0	0	23	14	23	42	14	52
B4 Deferred	0	0	0	0	0	0	0	0
<b>B5 Completed</b>	<b>1</b>	<b>1</b>	<b>53</b>	<b>26</b>	<b>55</b>	<b>100</b>	<b>27</b>	<b>100</b>

## Section C – Ministerial Certificates issued

C1 Ministerial Certificates issued	0
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## Section D – Formal consultations

	Cases		Consultations	
	2004/05	2005/06	2004/05	2005/06
D1 Number of requests requiring formal consultation(s)	3	8	125	20

## Section E – Amendments of personal records

	Total
E1 Result of amendment – agreed	0
E2 Result of amendment – refused	0
<b>E3 Total</b>	<b>0</b>

# Acts administered by the NSW Minister of Health, legislative changes and significant judicial decisions

## Acts administered

- Ambulance Service Act 1990 No.16 (repealed with effect from 17.3.06)
- Anatomy Act 1977 No.126
- Cancer Institute (NSW) Act 2003 No.14 (jointly allocated with the Minister Assisting the Minister for Health (Cancer))
- Chiropractors Act 2001 No.15
- Dental Practice Act 2001 No.64
- Dental Technicians Registration Act 1975 No.40
- Drug Misuse and Trafficking Act 1985 No. 226, Part 2A only (jointly with the Minister for Police)
- Fluoridation of Public Water Supplies Act 1957 No.58
- Gladesville Mental Hospital Cemetery Act 1960 No.45
- Health Administration Act 1982 No.135
- Health Care Complaints Act 1993 No.105
- Health Care Liability Act 2001 No.42
- Health Professionals (Special Events Exemption) Act 1997 No.90
- Health Records and Information Privacy Act 2002 No.71
- Health Services Act 1997 No.154
- Human Tissue Act 1983 No.164
- Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 No.37
- Lunacy (Norfolk Island) Agreement Ratification Act 1943 No.32
- Medical Practice Act 1992 No.94
- Mental Health Act 1990 No.9
- New South Wales Cancer Council Act 1995 No.43 (repealed with effect from 21.10.05)
- New South Wales Institute of Psychiatry Act 1964 No.44
- Nurses and Midwives Act 1991 No.9
- Optical Dispensers Act 1963 No.35
- Optometrists Act 2002 No.30
- Osteopaths Act 2001 No.16
- Pharmacy Act 1964 No.48
- Physiotherapists Act 2001 No.67
- Podiatrists Act 2003 No.69
- Poisons and Therapeutic Goods Act 1966 No.31
- Private Hospitals and Day Procedure Centres Act 1988 No.123
- Psychologists Act 2001 No.69
- Public Health Act 1991 No.10

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

## Legislative changes

### Amending Acts

- Health Legislation Amendment Act 2005 No.82
- Public Sector Employment Legislation Amendment Act 2006 No.2 amended a number of Health Acts, principally the Health Services Act 1997 and the Health Administration Act 1982 and repealed the Ambulance Services Act 1990.

### Acts repealed

- Ambulance Services Act 1990 No.16
- New South Wales Cancer Council Act 1995 No.43

## Subordinate legislation

### Regulations made

- Health Records and Information Privacy Regulation 2006

### Regulations remade

- Ambulance Services Regulation 2005
- Health Administration Regulation 2005
- Human Tissue Regulation 2005
- Podiatrists Regulation 2005

### Regulations amended

- Ambulance Services Regulation 2005 (Parts 4 and 5 omitted by the Public Sector Employment Legislation Amendment Act 2006)
- Day Procedure Centres Amendment (Podiatrists) Regulation 2006
- Dental Practice Amendment Regulation 2006
- Dental Technicians Registration Amendment Regulation 2006
- Health Administration Amendment (Reportable Incident) Regulation 2006
- Health Administration Amendment (Root Cause Analysis Teams) Regulation 2005
- Health Administration Amendment (Root Cause Analysis Teams) Regulation (No 2) 2005
- Medical Practice Amendment Regulation 2006
- Nurses and Midwives Amendment Regulation 2006
- Nurses and Midwives Amendment (Fees) Regulation 2005
- Pharmacy (General) Amendment (Qualifications) Regulation 2005

- Physiotherapists Amendment Regulation 2006
- Poisons and Therapeutic Goods Amendment (Health Practitioners) Regulation 2006
- Poisons and Therapeutic Goods Amendment (Methadone and Buprenorphine) Regulation 2006
- Poisons and Therapeutic Goods Amendment (Miscellaneous) Regulation 2005
- Poisons and Therapeutic Goods Amendment Regulation 2005
- Poisons and Therapeutic Goods Amendment (Fees) Regulation 2005
- Private Hospitals Amendment (Podiatrists) Regulation 2006
- Private Hospitals and Day Procedure Centres Amendment (Fees) Regulation 2005
- Public Health Amendment (Avian Influenza) Regulation 2005
- Smoke-free Environment Amendment (Enclosed Places) Regulation 2006

### Regulations repealed

- Nil

### Orders made

- Nil

### Significant judicial decisions

#### **Australian Salaried Medical Officers' Federation (NSW) (on behalf of Bruce Hall) v South Western Sydney Area Health Service**

The Industrial Relations Commission of NSW dealt with an unfair dismissal application by the Australian Salaried Medical Officers' Federation on behalf of its member, Professor Bruce Hall. The Department intervened in the proceedings to put forward the contention that the respondent, South Western Sydney Area Health Service, was not the employer of Professor Hall.

Mr Justice Staff, in his judgment, reviewed the arrangements relating to the work performed by clinical academics in public hospitals, and the relationship between Professor Hall and the South Western Sydney Area Health Service. He accepted that it was not open to third parties to create an employment relationship between two persons who stand in a different relationship. He determined that Professor Hall was excluded from obtaining a remedy in respect of the unfair dismissal application because he was not an employee of the Area Health Service.

As at 30 June 2006 the case is on appeal.

#### **NSW Health v Woolworths Ltd (trading as Woolworths Werrington)**

On 8 April 2005 Judge Berman of the NSW District Court found, in the prosecution of Woolworths Ltd (trading as Woolworths Werrington), that NSW Health sending a young person into tobacco retail premises in an attempt to purchase cigarettes was improper if NSW Health had no reason to suspect that the retailer would sell cigarettes to the young person.

On 12 May 2005, Qun Zhang, a Central Coast tobacco retailer, who was also prosecuted for selling tobacco products to minors, was acquitted on the same basis. The Magistrate followed the decision of Berman J. The Department appealed these two decisions to the Court of Criminal Appeal. On 14 December 2005 the CCA upheld the Department's appeals in the two cases. The CCA stated that there was nothing improper in sending a young person into a tobacco retail premises to ask for a packet of cigarettes, and that the *'conduct involved a straightforward request, made in a public place, in the course of a legitimate business and therefore involved no intrusion on individual rights or freedoms and certainly no inappropriate harassment'*.

This clarifies the Department of Health's approach in sending minors into tobacco retail premises to conduct test purchases. The Department's Sale of Tobacco to Minors program was modified during the appeal period, with environmental health officers using a more educative approach rather than prosecuting. As a result less prosecutions were conducted in the last financial year. Since the appeal the Department's Sale of Tobacco to Minors program has been reinstated in full.

#### **NSW Department of Health Legal Achievements**

- Promulgated new regulations to support the incremental implementation of a ban on smoking in pubs and clubs.
- Comprehensive public review of current mental health legislation.
- Developed legislative proposals to regulate unregistered health practitioners.
  - Eleven prosecutions commenced under health legislation.
  - Legal support provided for NSW Health participation in the National Health Call Centre Network.
  - Developed proposals for revised private health facilities legislation.
  - Developed revised legislation to regulate pharmacy practice.
  - Legal support provided to implement the NSW Health Patient Safety and Clinical Quality Program including development of regulations to underpin the Root Cause analysis process.
  - Fourteen seminars were conducted on health law for NSW Health and other public sector staff.

### Future initiatives

- Develop and conduct consultation on proposed new Public Health legislation.
- Provide training for NSW Health inspectorate staff to support implementation and enforcement of the Smoke-Free Environment legislation.
- Further development of a legal framework to support and foster adverse incident reporting in the NSW health system.
- Develop a NSW Health policy to implement the Premier's Department Intellectual Property Management Framework for the public sector.

# Shared Service program

### HealthSupport

HealthSupport was formally established as an entity of the Health Administration Corporation to manage Corporate and Shared Business Services across the NSW Health System. HealthSupport achievements in the past year include:

- Significant work undertaken to develop the e-Marketplace and State Build of the Financial Management Information System (FMIS). Once complete these systems will form major components of the common suite of corporate IT systems being implemented to underpin shared services, leverage business efficiencies and provide the capacity to view the NSW health system at an enterprise level.
- Gateway review of the Shared Corporate Services (SCS) Business Case was completed in accordance with Government Procurement Policy.
- The SCS Business Case was completed for consideration by Government and, subject to approval, the SCS program will be implemented.
- Completed business cases for Food and Linen Services were endorsed by the Minister enabling the commenced implementation of Shared Business Services.
- Recruitment of key management positions within HealthSupport was completed, resulting in the appointment of the Manager, Shared Business Services (Linen & Food) and three Regional Managers.
- An industry Soundings process was completed resulting in the appointment of Business Management Advisors to assist HealthSupport with a range of issues associated with implementing the new shared services model.
- An interim corporate head office for HealthSupport was established in Surry Hills until a longer-term accommodation solution is available. This will involve co-location with the corporate head office of HealthTechnology.

### Future directions

- Complete the development of end state service delivery models for Financial, Procurement and Human Resource services.
- Continue to implement the Shared Corporate Services Program, including establishing two Transaction Centres to provide financial, procurement and human resources transactional services to Area Health Services.
- Transition of existing linen services from host Area Health Services into HealthSupport to be managed under a state-wide business model.

- Complete implementation of the eMarketplace solution for procurement across the NSW Health System.
- Progress strategic sourcing for NSW Health, targeting \$20 million in savings across five key product spend areas including motor vehicles, pharmaceuticals, travel, and food.

### HealthTechnology

HealthTechnology is a new agency responsible for implementing information management and technology strategies for NSW Health as well as the maintenance and support of its systems and infrastructure. HealthTechnology has been established under the Health Administration Corporation (HAC) and does not lie within the NSW Department of Health.

HealthTechnology is a commercially focused entity that was established as a result of the restructure of NSW Health's IM&T Branch. The key focus of HealthTechnology is to ensure that the core clinical functionality and the corporate service systems which form the NSW Health IM&T strategy can be rolled out effectively to the state's health services, and hosted and supported in the long term. The partnership with the Department of Health's Strategic Information Branch also adds value over and above the impact of each of these activities separately.

### A year of challenges

For HealthTechnology this has been a year of challenges met, lessons learnt and goals achieved. Challenges centred on developing the capacity to deliver project milestones on time and to budget in a complex environment also undergoing organisational change.

One of the biggest challenges faced by HealthTechnology in its first year was the amalgamation of hosting services for the Area Health Services, the establishment of three technology centres to provide the hub for all future statewide systems, and an interim service desk operation.

A primary focus over the last 14 months, and one that is ongoing, was building relationships with Area Health Services to build their confidence with the services that HealthTechnology provides to them.

The year has also brought with it a clearer picture of the many benefits accruing from a statewide management of IM&T systems and the role HealthTechnology can play, including the significant savings made through contract consolidation, and infrastructure purchases.

Internally the challenge has been creating a new organisation, moving people from a variety of projects and organisations to work under one new corporate umbrella.

**Achievements**

HealthTechnology is committed to supporting the delivery of high quality patient care and better health outcomes in NSW. HealthTechnology's achievements in the past year include:

- Building foundations for clinical programs. Substantial progress was made during the year on rolling out patient administration systems (PAS/UIP). When completed, clinicians will have a one-stop shop for patient demographics and patient management. This is the foundation for further clinical programs.
- Improving service delivery, outcome measures and productivity through the continued implementation of the Community Health Information Management Enterprise (CHIME) to support the Sub Acute Care for the Elderly (SAFTE) Program, an initiative to enable community health clinicians to make informed clinical decisions at the point-of-care. The SAFTE Pilot across four Area Health Services will help improve communication of clinical information across service providers.
- Strengthening patient involvement in their healthcare through technology by moving forward with the implementation of the Healthelink Electronic Health Record (EHR) system. The first pilot program commenced in the Hunter on 23 March 2006. The pilot, targeting people 65 years and over living in the Maitland and Raymond Terrace areas, is already providing clinicians and patients with access to health information via a centralised electronic health record. It will allow them to experience seamless care even if they need treatment by different people in different parts of the State. A further trial, for children 0–15 years will commence later this year in the Greater Western Sydney area. The future will see consumers provided with access to their own records, and linkage of GP's systems to the EHR.
- Providing frontline clinicians and administrators with meaningful and timely information through custom-built specialist application software. The Software Development and Support (SD&S) Division has provided support and maintenance for 29 applications used by clinicians and administrators across NSW Health. This has helped streamline workflow processes resulting in more efficiency and reducing workload for the end user. A major achievement for SD&S in 2005/06 was the 2005 NSW Premier's Public Sector Award for TASC online. This is a centralised web-based system used to support a statewide initiative that aims to improve the clinical practice for treatment of patients with Acute Coronary Syndrome and Stroke.

- Providing cost effective solutions for hosting applications. HealthTechnology is helping NSW Health move from 21 data centres into an efficient and cost effective solution of three major centres. The consolidation of the data centres will mean reduced capital and ongoing costs to health clients through the benefits of economies of scale, such as improved planning, management and processing through reduced costs in staff, infrastructure and environment.
- A Statewide Service Desk is being designed to ensure that more highly skilled staff will be free to resolve more critical and complex problems. The Statewide Service Desk project will also result in savings to the NSW Health System for investment in frontline health-care services. An interim service desk operation was implemented in December 2005.
- Improved vendor relationships and enhanced savings benefit our Health Service clients. During the past year HealthTechnology has achieved significant cost reductions in contractual arrangements which have led to savings of millions of dollars. HealthTechnology's enhanced buying power has enabled the negotiation of two major statewide contracts with Microsoft Australia and Sun Microsystems which will bring about long term benefits to Health Services.
- Transformed and enhanced NSW Health procurement processes. The development and management of the Health eMarketplace will help transform the manner in which NSW Health conducts procurement. Focusing on the use of products and NSW Health's procurement history, will eventually ensure the right products are procured at the right price.
- Area Health Services asset management. HealthAMMS is a project to assist Health Services easily identify their assets and support their facilities management operations. Since taking over the project management in December 2005 HealthTechnology successfully supported the rollout of HealthAMMS to the Hunter New England Area Health Service, South Eastern Sydney Illawarra Area Health Service and partially to Westmead Hospital. Rollouts to the remaining Health Services are now in the planning stage.
- Streamlined communications. HealthTechnology's capacity to manage the implementation of the Government Broadband Service into NSW Health will result in numerous benefits, including streamlining communication channels with each Health Service, and providing the bandwidth to support centralised hosting of the new clinical and corporate systems.
- Knowledge Management. HealthTechnology's development of the Knowledge Gateway, in partnership with the Clinical Services Redesign Program, is making available the best ideas and resources of health professionals to health innovators across NSW.



### Future directions

HealthTechnology will continue to build and consolidate relationships with a diverse range of organisations across the health and information technology spectrum.

HealthTechnology has already cultivated strategic alliances with leading vendors, including Microsoft, See Beyond, Cerner, iSoft, and Fujitsu, to deliver the best solutions to HealthTechnology clients.

The inroads already made in enhancing Health Services' buying power will continue to ensure greater value from the NSW Health IM&T spend.

Over the next 12 months HealthTechnology will continue to improve the way IM&T services are provided to NSW Health customers, and transform business processes to ensure best practice service delivery, with a focus on meeting the customer needs.

In line with these strategies, a private sector business partner will be engaged in early 2006/07 to bring private sector expertise to assist HealthTechnology to effect business transformation, process improvement, competency development and culture change. HealthTechnology's vision is that working with a private sector partner will help to create a standard centre of excellence for service delivery.

HealthTechnology has a clear view of its future, being conscious that the process will be evolutionary, building on experience, and learning and listening to the views of our partners and customers.

### NSW Institute of Medical Education and Training

The NSW Institute of Medical Education and Training (IMET) was established in July 2005 to support NSW Health coordinate specialty vocational training networks and develop innovative educational and medical workforce training methods. IMET's achievements in the past year include:

- A significant investment of \$4.3 million in 2005/06 (\$6.3 million annually) resulted in increased rotations, including rural rotations, for physician, surgical and psychiatry trainee specialists.
- Established a Rural Scholarship Fund for trainees who undertake rotations in a rural training site.
- Developed a pilot for the Rural Preferential Recruitment Program to recruit interns directly to rural hospitals.
- Allocated 605 interns and Australian Medical Council (AMC) graduates to commence work in the 2006 clinical year (495 local, interstate, visa and New Zealand graduates and 110 AMC graduates).
- Improved delivery of training by supporting educational networks across NSW in Prevocational, Basic Physician, Basic Surgical, and Psychiatry.

- Successfully delivered pre-employment programs to 80 international medical graduates prior to their commencement of training in NSW hospitals.
- Targeted funding of \$1.1 million supported increased training opportunities for anaesthetic trainees through the Rural and Regional Anaesthetics Training Program. Nine additional vocational training posts were created in rural and regional NSW as well as rotations in three paediatric anaesthetic positions in two metropolitan Children's Hospitals.

### Future directions

IMET is undertaking a number of new projects including:

- Reviews of speciality training programs for General Surgery, Ear, Nose and Throat Surgery, Paediatrics and Cardiology.
- Establishment of the Pre-vocational Training and Workforce Project to improve recruitment, education, training and distribution of prevocational (Junior Medical Officer) trainees.
- Development of a clinical skills training and recognition framework for doctors in the NSW public hospitals who are not trainees or fellows of a specialist college.

# Information management and electronic service delivery

**NSW Health has a renewed focus and capacity to deliver information management and technology solutions to clinicians across NSW with the transformation of the way in which information management and technology services are now delivered across NSW.**

The Department of Health established the Strategic Information Management Branch (SIM) to drive the planning, development and investment of the information management and technology (IM&T) strategy and portfolio. HealthTechnology, a separate organisational entity, focussed on implementation and statewide support.

Significant achievements to deliver information management and technology solutions through the Strategic Information Management Branch include:

- A ten year investment strategy was developed for the 2006/07 to 2016/17 period This addresses the funding required to implement the core clinical and corporate IT systems needed to underpin health reform and provide the tools and information to better manage demand, workforce pressures and support better patient care.
- The IM&T strategy was realigned in response to the priorities emerging through the Clinical Services Redesign Program, and the corporate reform program of Shared Corporate Services. Alignment of IM&T with these programs identified priority systems that must be implemented to embed the reformed work practices and make these sustainable. A review of these reform program requirements has also set timeframes for these key systems to be implemented. This has led to the development of strategies to procure, develop and rollout systems much faster than we have in the past.
- A strategy and business case was completed and endorsed for accelerated rollout of a 'stack' of modules for the Electronic Medical Record needed to support Clinical Services Redesign Program. This 'stack' will include Results Reporting, Order Management, Emergency Departments, Operating Theatres, Electronic Discharge Referral and enterprise scheduling. They will be implemented in up to 188 hospitals over the next three years to improve quality and safety, support the patient flow across the hospital and reduce delays for patients.
- The Electronic Medical Record will also support improved communication with General Practitioners once a patient is discharged, through electronic Discharge Referrals. This will help to make sure that patients get the support they need on discharge from hospital.
- The NSW Electronic Health Record, *Healthelink*, was launched in the Maitland area of Hunter New England Area Health Service. It will continue to be implemented during across the Hunter and Western Sydney pilot areas. It will ultimately include inpatient, outpatient, emergency department, outpatient, community health facilities and general practitioners.
- Funding was approved in 2006 for the procurement and implementation of a state-wide, standard Human Resources Information System to replace the 29 existing systems managing human resource functions. Work has also progressed on other critical corporate systems including Finance, e-Procurement, Asset Management and Billing.
- A Business Information Strategy was developed which will ensure accurate, timely, accessible and appropriately presented information is available to support decision making by frontline clinicians, health service managers and executive staff.
- Work on clinical and corporate systems architecture proceeded to ensure both clinical and corporate IM&T systems will work together effectively. Linking clinical and corporate systems will help to monitor the patient's journey across the health system and provide clinicians and health system managers with real time information to better manage the patient load and distribute resources more effectively.
- Implementation of the community health system, CHIME, was expanded to support aged, chronic care and mental health programs. Similarly, telehealth services were expanded, with an additional 13 facilities commissioned with new telemedicine services and 23 expanded telemedicine clinical services commenced.
- A record number of people attended the 2005 IM&T Symposium which reflects the increased recognition of the key role IM&T plays in supporting new models of care and underpinning health system reform.

### Future initiatives

- Develop and deploy state-based builds for the Electronic Medical Record and begin the implementation program.
- Continue to implement the Electronic Health Record and commence evaluation process to inform the state implementation of *Healthelink*.
- Expanded rollout of CHIME to meet the emerging requirements around aged care, chronic disease and mental health.
- Progress state-wide solutions for PACS/RIS systems to support new models of service delivery and help to address some of the significant workforce shortages across NSW.
- Procurement and state build of the Human Resources Information System and the state build and implementation of finance, eProcurement, asset management and billing solutions to support Shared Corporate Services.

### Electronic Service Delivery

The Department of Health's Web and Publishing Services manages and co-ordinates the publication of information on NSW Health's internet and intranet sites and the production of printed publications in order to deliver key NSW Health information to NSW Health staff, health professionals and the general community.

#### Web and Publishing major websites

- NSW Health Survey Program
- Clinical Services Redesign Program (CSRP)
- NSW Brain Injury Rehabilitation Program (BIRP)
- Great Metropolitan Clinical Taskforce (GMCT)
- Premier's Council for Active Living PCAL)
- Clinical Excellence Commission (CEC)
- AIDS Dementia & HIV Psychiatry Service (ADAHPS)
- Sub Acute Fast Track Elderly Care (SAFTE)

#### Web and Publishing major applications developed

- AHS Quality Committee Report (AHSQCR)
- Department of Health Reporting System (Nursing DOHRS)
- Junior Medical Officers Recruitment system (JMO)
- Overseas Nurse Electronic Recruitment Center System (E-Nurse)
- Nursing Practitioner Management Information system (NPIMS)
- Working with Children Check Consent system (ESRU)

Web and Publishing trialled a new medium of disseminating information to the public. It produced and broadcast the four episodes of the *Good Health NSW Health* digital television pilot on the NSW Government's pilot digital television channel, Channel NSW, and the NSW Health website.

### Challenges for the future

Implement a statewide consistent web technology infrastructure to ensure accurate information is disseminated efficiently and reliably to NSW Health staff, health professionals and the general community via current and new electronic broadcasting mediums.

## Appendix 20

Section 301 *Mental Health Act 1990*

In accordance with Section 301 of the *NSW Mental Health Act (1990)* the following report details mental health activities for 2005/06 in relation to:

- the care of the patients and persons detained in each hospital
- the state and condition of each hospital
- important administrative and policy issues
- such other matters as the Director General thinks fit.

This report – similar to ones preceding it – reports details of mental health activities for 2005/06 on all voluntary and involuntary (detained) patients admitted to mental health facilities.

A similar Appendix has been provided since the 1976/77 Annual report of the Health Commission of NSW. With only minor variations in wording, this reporting requirement dates back to the *Lunacy Act 1878*.

This section of the Annual Report was revised in 2004/05, with historical data provided back to 2000/01. The historical tables are presented in this report with the latest updates of 2005/06 data. To review all the revisions and amendments made to this section, refer to the *NSW Department of Health Annual Report 04/05*.

### Historical data

Under the NSW Government Action Plan for Health (2000–2003), and with subsequent enhancements commencing in 2004/05, a significant investment has been made in increasing bed capacity. Detailed figures for 2004/05 and 2005/06 for each unit and Area Health Service are shown in the main table in this Appendix. The overall changes since 2000/01 appear below.

Funded capacity	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Funded Beds at 30 June	1,874	1,922	2,004	2,107	2,157	2,219
Increase since 30 June 2001	–	48	130	233	283	345
Average availability (full year)	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Average Available beds	1,814	1,845	1,899	1,985	2,075	2,153
Increase since 30 June 2001	–	31	85	171	261	339
Average Availability (%) – of funded beds	97	96	95	94	96	97
Average occupancy (full year)	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Average Occupied beds	1,572	1,621	1,702	1,773	1,847	1,912
Increase since 30 June 2001	–	48	130	201	274	340
Average Occupancy (%) – of available beds	87	88	90	89	89	89

### Over the period from 2000/01 to 2005/06

- Funded bed capacity increased by 345 beds.
- Average bed availability fluctuated between 94 and 97 per cent.
- Average occupancy rate ranged between 87 and 90 per cent.

Average availability is affected by closure of beds for renovation or temporary lack of staff. It will rarely be the same as the funded beds which may open at varying times during the year.

### Census day statistics

The same picture is re-presented below, using the single-day statistics that have been presented in previous Annual Reports, but including only Program 3.1 beds. The number of funded beds is the same as in the previous table.

End of year census data (on 30 June)	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Funded Beds on 30 June	1,874	1,922	2,004	2,107	2,157	2,219
Available beds on 30 June	1,853	1,907	1,997	2,063	2,142	2,204
Occupied beds on 30 June	1,577	1,679	1,814	1,881	1,930	1,893
Availability on 30 June (% of funded beds)	99	99	100	98	99	99
Occupancy on 30 June (% of available beds)	85	88	91	91	91	86

- The number of funded beds increased by 62 from last census (2004/05) and 345 from 2000/01.
- In the 2005/06 census, 86 per cent of the available beds were occupied compared with 91 per cent in 2004/05. As the 2005/06 census was conducted on a Friday, most of the children's unit beds were closed.

The comparison of occupied beds based on single day statistics can pose some problems. For example, lower bed occupancy is generally reported for years in which the census has happened on a weekend compared to years in which it has happened on a weekday. This may be due to the fact that all non-acute children and adolescent units remain closed during the weekends. Past reports have attempted to compensate for this effect by considering the number of patients on leave on the census day, but this does not fully address the issues. The full year averages over 365 or 366 days are much more reliable as reported in the above table (Average Occupancy – full year).

### Performance Indicators

The 2003/04 Annual Report showed the Program 3.1 (Mental Health) indicators as they were defined for the Health Service Performance Agreement (HSPA) of that year. These HSPA indicators covered not only Program 3.1 services, but also a small number of services funded by other programs (mainly the Primary Care Program and the Rehabilitation and Aged Care Program) where these meet the national reporting definitions for 'mental health'.

During 2004/05 the Health Service Performance Agreement (HSPA) indicators were refined to exclude 'out of program' staff. A five year historical series on these has now been prepared for each new Area Health Service, and all previous data have been reviewed. The indicators are consistent between Areas within NSW. However, for interstate comparisons the data in the annual Report on Government Services and the National Mental Health Report should be used.

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

Area Health Service	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Sydney South West	4,545	4,866	5,041	5,058	5,135	6,211
South Eastern Sydney Illawarra	3,577	3,866	3,876	4,609	4,425	4,815
Sydney West	3,309	3,493	3,149	3,124	3,074	3,683
North Sydney Central Coast	2,803	2,755	2,628	2,776	3,187	3472
Hunter New England	3,402	3,511	3,839	4,166	3,969	4,023
North Coast	1,566	1,545	2,034	2,395	2,354	2,421
Greater Southern	1,369	1,373	1,318	1,342	1,348	1,290
Greater Western	877	954	858	1,197	1,505	1,656
Children's Hospital Westmead	–	–	–	–	94	121
Justice Health	161	151	100	92	91	123
NSW	21,609	22,514	22,843	24,759	25,182	27,815

#### Notes

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

Limitations: Separations from the 14 non-acute beds at Prince of Wales Hospital could not be separately reported from the acute activity in DOHRS in 2004/05, and these separations are included here.

The Children's Hospital at Westmead (CHW) did not have any specialised acute inpatient beds until the end of 2003/04.

### Interpretation

The 29 per cent growth in the number of acute overnight stays (separations) over the five year period reflects the 26 per cent increase (277) in the number of acute beds over the same period. Statewide, the average length of stay for these acute separations was 16 days and the overall occupancy was 90 per cent.

## AHS Performance Indicator – Mental Health Non-Acute Inpatient Care (Bed days in Overnight stays)

Area Health Service	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Sydney South West	32,260	30,048	28,949	29,467	22,913	16,821
South Eastern Sydney Illawarra	52,580	53,250	56,291	56,123	55,805	56,588
Sydney West	56,324	56,248	55,820	59,397	62,815	61,707
North Sydney Central Coast	–	–	–	–	–	–
Hunter New England	42,464	42,913	42,868	43,502	42,450	43,497
North Coast	–	–	–	–	–	–
Greater Southern	14,669	16,680	17,426	17,697	17,959	17,751
Greater Western	30,440	30,741	33,555	38,344	39,978	35,866
Children's Hospital Westmead	–	–	–	–	–	–
Justice Health	21,765	22,396	21,299	21,604	21,769	20,980
<b>NSW</b>	<b>250,502</b>	<b>252,276</b>	<b>256,208</b>	<b>266,134</b>	<b>263,688</b>	<b>253,210</b>

## Notes

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

Limitations: Bed-days in the 14 non-acute beds at Prince of Wales Hospital could not be separately reported from the acute activity in DOHRS in 2004/05, and do not appear in the table.

**Interpretation**

An integrated mental health service requires that acute services be backed up by rehabilitation and extended care services, including those in hospitals. In NSW at present, most non-acute inpatient services are provided only in psychiatric hospitals and a number of child/adolescent units. Towards the end of 2004/05, 14 non-acute beds opened in Prince of Wales Hospital. A change, however, is required to the DOHRS system to detect the bed days associated with these beds. Similar issues of identification of non-acute beds and activity occur with Redbank House which provides acute, non-acute and same day services for children and adolescents.

A further 20 non acute beds were funded during 2005/06 at Campbelltown Hospital. However, despite proactive recruiting efforts to supply nursing staff Sydney South West was unable to open these beds by 30 June 2006. This situation improved since June 2006 and the unit is functioning at full capacity. There was an overall

reduction of around 10,000 occupied non acute bed days. The main decrease was in Sydney South West at around 6,000 bed days. While utilisation during 2005/06 was consistent with 92 per cent occupancy of the 50 non acute beds available during the year, the difference is actually due to the higher number of non acute beds available in 2004/05 before they were transferred to the Holy Spirit nursing home.

The reduction in non acute beds available in the Greater Western Area Health Service appears to be due to underreporting rather than under utilisation. Some Areas have experienced reporting difficulties due to the continuing amalgamation of Areas and data warehouses during the period of this report.

Non acute lengths of stay vary widely, often extending over many years. For separations from non acute mental health care recorded in 2005/06, the average length of stay was 183 days and occupancy was 86 per cent.

## AHS Performance Indicator – Ambulatory care (contacts)

Area Health Service	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	% of expected contacts
Sydney South West	57,568	113,802	166,910	195,935	227,012	127,808	31
South Eastern Sydney Illawarra	98,072	159,475	221,264	233,001	291,447	276,628	75
Sydney West	146,494	150,022	125,178	123,872	118,026	163,015	48
North Sydney Central Coast	103,928	228,093	282,408	295,704	351,699	371,405	91
Hunter New England	90,365	89,692	111,593	129,721	108,739	163,583	47
North Coast	5,945	69,278	120,586	145,000	123,710	128,802	83
Greater Southern	6,399	82,702	106,753	25,332	88,237	155,701	108
Greater Western	73,557	88,643	102,644	101,994	111,112	118,379	86
Children's Hospital Westmead	3,183	8,634	10,885	10,055	12,787	16,482	54
Justice Health	–	443	4,608	171,115	299,101	45,518	53
<b>NSW</b>	<b>585,511</b>	<b>990,784</b>	<b>1,252,829</b>	<b>1,431,729</b>	<b>1,731,870</b>	<b>1,567,321</b>	<b>65</b>

## Notes:

Source: NSW Health HIE from Area ambulatory source systems

Limitations: Reporting is still incomplete in a number of Area Health Services. In 2005/06 for the first time, only data records in the State data warehouse were accepted for inclusion in reporting of performance indicators. The impact of raising the quality standard for reported records is to ensure that all client level data is clinically relevant and to eliminate the inefficiencies of the manual processing. As the data show, only a few Areas were unable to maintain or improve their reporting between 2004/05 and 2005/06.

**Interpretation**

Seven of the ten Area Health Services showed an increase in reporting compliance with four Areas above or very close to the 85 per cent compliance target. There was a slight reduction for South Eastern Sydney Illawarra but larger differences for Sydney South West and Justice Health. This is unexpected as both Areas have previously shown constant improvement in compliance.

Although contact numbers are not a reliable measure of performance, a State compliance level of 65 per cent is below expectations. Overall compliance with this collection is still below 85 per cent but the table is included to show progress in documented service provision and reporting. Increases in service capacity are indexed by the Performance Indicator on Ambulatory Mental Health Care in the body of this Annual Report, which is based on clinical staff.

### AHS Performance Indicator – Ambulatory care (Client Related Provider Hours)

Area Health Service	2005/06	% of paid provider times
Sydney South West	na	na
South Eastern Sydney Illawarra	175,483.0	40
Sydney West	123,661.3	31
North Sydney Central Coast	259,215.0	53
Hunter New England	18,381.3	–
North Coast	99,026.3	54
Greater Southern	77,367.6	45
Greater Western	88,031.0	54
Children's Hospital Westmead	12,538.3	34
Justice Health	43,232.9	42
<b>NSW</b>	<b>896,937.4</b>	<b>44</b>

#### Notes:

Source: NSW Health HIE from Area ambulatory source systems. Non-client related activity is not included.

Limitations: Both Cerner (SSW) and CHIME (Hunter sector of HNE) are unable to comply with extraction of this indicator. Data from HNE is all from the New England Sector which uses SCI MHOAT. NSW per cent excludes SSW and HNE.

### Client Related Provider Time

For 2005/06 it was stated that an indicator of Client Related Provider Hours would replace or be used in addition to the Ambulatory contacts to better indicate the quantum of work done and the resources used. Until reporting levels have stabilised both indicators will be reported. The table shows the client related provider time associated with the reported client related contacts above and its level of compliance. For both ambulatory contacts and client related provider hours, the targets are related to the number of ambulatory clinical FTE. It is expected that, on average, 67 per cent of paid provider time is client related.

### Interpretation

Time spent by clinicians in ambulatory activities related to clients is considered a better indicator of performance and resource use than contacts which are ill defined in length or content. Overall compliance rate is calculated by excluding Areas with missing data. Compliance is affected by factors such as the availability of computers, efficiency of communication infrastructure, workload, and familiarity with technology. For National comparison this indicator is based on the total number of ambulatory clinical FTE. It has been suggested that the low compliance levels may indicate that NSW has a larger proportion of clinical staff in administrative positions where they do not directly undertake client work. For NSW the average time spent per contact was just over 30 minutes.

### Number of Mental Health Clients

Preliminary analysis of mental health client data records where a unique identifier has been allocated indicate that around 160,000 individuals were seen by public mental health providers in all settings in 2004/05. For 2005/06 the number is around 140,000. The reason for this difference needs more investigation as it could be due to several factors, including missing data affecting the result; fewer clients seen in 2005/06; and better reconciliation of duplicates producing a more realistic number of individuals.

### Information Activities during 2005/06

An additional collection for Community Residential Mental Health Care 2004/05 was delivered on time with the other five mandatory National Collections for Mental Health. During 2005/06, the National Survey of Mental Health Services (NSMHS) and the Community Mental Health Establishments were combined to form the National Mental Health Establishments Collection. This will have a similar collection methodology to the NSMHS with the addition of several items about staff salaries. It is deliverable by early 2007.

All process and business rules used to provide unique Area level patient identifiers (MHUPI) for mental health client data records in NSW were completed in 2005/06 with data from most Areas being fed automatically through the process on a weekly basis by June 2006. Some Areas were delayed due to data warehouse amalgamations. Plans to integrate the Area level process with the State Unique Patient Identifier (SUPI) were submitted for implementation in 2006/07.

InforMH, a devolved unit of the Centre for Mental Health, continued the development of regular report cards for Area Health Services based on 13 National Mental Health Key Performance Indicators and several other safety and quality measures. A benchmarking project for non-acute mental health inpatient units is also in progress and uses the standard measure ratings for clients to assist in the evaluation of differences between these services. An evaluation of the Mental Health Outcomes and Assessment Tools (MHOAT) Initiative is in progress with preliminary reports due in early 2006/07.

A \$2.94 million funding agreement was signed with the Commonwealth to sustain and embed the ongoing recording of clinician and self-report outcome measures for all mental health clients and to assist clinicians in making this information a useful part of clinical practice. Part of this funding has been used to employ biostatisticians at the InforMH Unit. They will provide clinical analyses of the outcome data as well as the creation of longitudinal treatment histories for clients using the unique identifiers. In turn this will be used to construct a series of reports which can be distributed to clinicians in Area Health Services. The Australian Mental Health Outcomes



and Classification Network (AMHOCN) continues to provide leadership in data analysis and training initiatives to support States under this agreement.

### Data Sources for the Annual Report

All bed data and some of the activity data in the attached tables are based on a paper collection from psychiatric hospitals, co-located psychiatric units in general hospitals and private hospitals with authorised psychiatric beds, specifically for the Annual Report 2005/06. Public hospital data are combined and presented for the categories 'Average Available beds', 'Average Occupied beds', and 'Overnight Separations' from the Department of Health Reporting System (DOHRS) where the facility can be identified in the DOHRS database. Overnight separation (ie admitted and separated on different dates) refers to the process by which an admitted patient completes an episode of care by 'being discharged, dying, transferring to another hospital or changing type of care'. Separation data is one of the main national indicators of hospital activity.

### Public Beds under the mental health program (Program 3.1) 2004/05–2005/06

These statistics can be calculated from the information presented in the detailed unit-by-unit table, and the overall changes for five years are given in earlier tables. Details of changes at individual units are covered by notes to the main table.

#### Acute Beds (Total) – 2004/05 to 2005/06

- Funded acute beds increased by 42, from 1,316 to 1,358.
- Average available acute beds increased by 114, from 1,235 to 1,349.
- Average occupied acute beds increased by 95, from 1,124 to 1,219.

#### Non-Acute Beds (Total) – 2004/05 to 2005/06

- Funded non-acute beds increased by 20, from 841 to 861.
- Average available non-acute beds decreased by 36, from 840 to 804.
- Average occupied non-acute beds decreased by 28, from 722 to 694.

An increase in non-acute funded beds in 2005/06 was mainly due to the funding of 20 beds in Campbelltown. These beds are not yet operational and therefore not available on the census day. The average availability data does not capture activity in the 14 non-acute beds at Prince of Wales Hospital, as it was reported together with the acute data for the hospital in DOHRS. In addition, the figures are affected by the loss of 44 beds from the public system to a nursing home in Sydney South West.

#### Child/adolescent beds

- The number of funded acute beds remained the same at 47.
- The number of average available acute beds increased to 42 from 36 in 2004/05.
- The number of average occupied acute beds increased to 31 from 29 in 2004/05.

The number of funded, average available, and occupied non-acute beds at the Rivendell (Thomas Walker), Coral Tree, and Redbank units remained essentially the same. The availability and occupancy statistics for these units are complicated by the fact that they operate mainly during the week and school term. None of these beds were reported as occupied on the census day of 30 June 2006, as it was Friday.

## Public Psychiatric Hospitals and Co-located Psychiatric Units in Public Hospitals

– with beds gazetted under the *Mental Health Act 1990* and other non gazetted Psychiatric Units

Area Health Service/Hospital location	Funded <sup>1</sup> beds at 30 June		Available <sup>2</sup> beds at 30 June		Occupied <sup>2</sup> beds at 30 June		Average Available <sup>3</sup> beds in year		Average Occupied <sup>4</sup> beds in year		Overnight On separations leave 12 mths to		Deaths in 12 mths to	
	2005	2006	2005	2006	2005	2006	2004/05	2005/06	2004/05	2005/06	30/6/06	30/6/06	30/6/06	30/6/06
<b>X500 Sydney South West</b>	348	374	345	367	299	290	340.2	369.4	288.9	300.9	6,497	41	2	
<b>Acute Beds – Adult</b>														
Royal Prince Alfred Hospital	Camperdown	40	40	40	40	36	36	40.0	36.6	35.4	34.2	788	2	0
Rozelle Hospital <sup>5</sup>	Leichhardt	114	114	114	128	89	100	104.1	149.2	85.6	102.3	2,881	21	0
Liverpool Hospital	Liverpool	48	54	48	54	47	50	42.0	49.8	38.4	49.6	1,156	7	0
Campbelltown Hospital	Campbelltown	30	30	30	30	29	30	30.0	30.0	28.3	30.0	567	0	0
Bankstown/Lidcombe HS – Hosp.	Bankstown	30	30	30	30	25	31	30.0	30.0	31.8	31.3	619	5	1
Bowral and District Hospital	Bowral	2	2	2	2	1	1	2.0	2.0	0.8	0.8	64	0	0
<b>Acute Beds – Child/Adolescent</b>														
Campbelltown Hospital (GnaKaLun)	Campbelltown	10	10	7	10	7	4	6.1	6.7	5.9	6.6	115	4	0
<b>Non-Acute Beds – Adult</b>														
Rozelle Hospital <sup>6</sup>	Leichhardt	50	50	50	49	53	38	74.1	49.8	57.2	40.6	24	2	1
Campbelltown Hospital <sup>7</sup>	Campbelltown	n.a	20	0	0	0	0	0	0	0	0	0	0	0
<b>Non-Acute Beds – Child/Adolescent</b>														
Thomas Walker Hospital <sup>8</sup>	Concord	24	24	24	24	12	0	11.9	15.3	5.5	5.5	283	0	0
<b>Other Program Beds (not in totals)<sup>9</sup></b>														
Bankstown Ward 2D	Bankstown			12	12	12	10					130	0	1
Braeside	Prairiewood			16	16	10	16					137	0	0
<b>X510 South Eastern Sydney/Illawarra</b>		234	244	227	240	209	209	215.4	233.4	202.7	217.5	4,851	43	4
<b>Acute Beds – Adult</b>														
Wollongong	Wollongong	20	20	20	20	21	17	20.2	20.1	19.5	19.2	448	11	1
Shellharbour Hospital	Shellharbour	49	49	49	49	43	39	49.1	49.1	42.8	44.0	1,452	16	0
St Vincents Public Hospital	Darlinghurst	27	33	27	33	30	29	27.0	30.9	26.4	29.1	857	1	0
Prince of Wales Hospital	Randwick	60	58	53	54	48	54	63.3	69.9	62.0	68.0	844	10	1
St George Hospital	Kogarah	28	34	28	34	28	31	28.3	29.1	27.6	28.6	624	0	0
Sutherland Hospital	Sutherland	28	28	28	28	25	25	23.3	28.0	20.1	24.8	492	2	2
<b>Acute Beds – Child/Adolescent</b>														
Sydney Children's Hospital	Randwick	8	8	8	8	5	4	4.2	6.3	4.2	3.8	98	0	0
<b>Non-Acute Beds</b>														
Prince of Wales Hospital <sup>10</sup>	Randwick	14	14	14	14	9	10	In acute	In acute	In acute	In acute	36	3	0
<b>X520 Sydney West</b>		395	405	393	410	358	353	374.2	397.2	328.7	340.5	3,966	45	2
<b>Acute Beds – Adult</b>														
Blacktown Hospital	Blacktown	30	30	30	30	30	28	30.2	30.0	30.0	31.6	522	3	1
St. Josephs Hospital, Auburn	Auburn	15	15	15	19	15	18	14.9	18.3	10.4	17.5	149	0	0
Westmead (adult)	Westmead	26	26	26	26	25	24	26.0	26.0	22.4	23.8	319	0	0
Cumberland Hospital	Westmead	102	102	102	102	87	92	85.1	101.4	78.5	95.4	1,793	7	0
Penrith DHS – Nepean Hospital	Penrith	37	37	33	33	33	29	33.0	36.2	30.6	32.4	831	4	0
Blue Mountain DH – Katoomba <sup>11</sup>	Katoomba	n.a	10	n.a	15		15		0.3		0.3	4		
<b>Acute Beds – Child/Adolescent</b>														
Westmead (Redbank – AAU)	Westmead	9	9	9	9	7	6	9.0	9.0	4.0	7.4	98	3	0

Area Health Service/Hospital location	Funded <sup>1</sup> beds at 30 June		Available <sup>2</sup> beds at 30 June		Occupied <sup>2</sup> beds at 30 June		Average Available <sup>3</sup> beds in year		Average Occupied <sup>4</sup> beds in year		Overnight On separations leave 12 mths to		Deaths in 12 mths to	
	2005	2006	2005	2006	2005	2006	2004/05	2005/06	2004/05	2005/06	30/6/06	30/6/06	30/6/06	30/6/06
<b>Non-Acute Beds – Adult</b>														
Cumberland Hospital	Westmead	159	159	159	159	154	141	159.0	159.0	145.4	125.0	64	20	1
<b>Non-Acute Beds – Child/Adolescent</b>														
Westmead (Redbank – AFU & CFU) <sup>8</sup>	Westmead	17	17	19	17	7	0	17.0	17.0	7.5	7.1	186	8	0
X530 Northern Sydney/Central Coast		380	384	380	384	354	350	365.3	362.8	334.8	343.1	3,949	22	6
<b>Acute Beds – Adult</b>														
Greenwich Home of Peace Hospital	Greenwich	20	20	20	20	20	19	20.0	15.1	18.5	18.1	180	0	0
Hornsby & Ku-Ring-Gai Hospital	Hornsby	25	25	25	25	25	24	25.0	25.0	23.9	22.8	467	2	0
Manly District Hospital	Manly	30	30	30	30	30	30	30.0	30.0	28.8	26.8	540	1	0
Royal North Shore Hospital <sup>12</sup>	St Leonards	20	24	20	24	13	23	18.3	22.8	19.4	21.7	362	2	0
Macquarie Hospital	North Ryde	14	14	14	14	11	13	13.9	12.8	13.0	12.5	233	1	0
Gosford District Hospital	Gosford	25	25	25	25	23	22	19.4	25.0	18.3	24.5	680	0	1
Wyong District Hospital	Wyong	50	50	50	50	46	48	44.3	50.0	40.8	44.3	1,010	8	1
<b>Non-Acute Beds – Adult</b>														
Macquarie Hospital	North Ryde	181	181	181	181	173	171	185.8	178.8	167.2	164.6	43	8	4
<b>Non-Acute Beds – Child/Adolescent</b>														
Coral Tree <sup>8</sup>	North Ryde	15	15	15	15	13	0	8.6	3.3	4.9	7.8	434	0	0
X540 Hunter/New England		305	301	301	301	275	281	301.5	301.0	270.0	278.8	4,134	52	20
<b>Acute Beds</b>														
Maitland Hospital	Maitland	24	24	24	24	24	25	24.0	24.0	22.2	22.5	891	14	1
James Fletcher Hospital <sup>13</sup>	Newcastle	86	82	82	82	74	80	82.0	82.0	76.4	78.4	1,822	24	10
Armidale and New England Hospital	Armidale	8	8	8	8	8	6	9.4	8.0	7.4	7.2	236	1	0
Tamworth Base Hospital	Tamworth	25	25	25	25	25	21	24.2	25.0	19.6	21.8	565	2	3
Manning River Base Hospital	Taree	20	20	20	20	16	19	20.0	20.0	17.0	18.2	379	2	0
<b>Acute Beds – Child/Adolescent</b>														
John Hunter Hospital (Nexus)	Newcastle	12	12	12	12	11	10	11.9	12.0	11.2	11.5	130	2	0
<b>Non-Acute Beds – Adult</b>														
Morisset Hospital	Morisset	130	130	130	130	117	120	130.0	130.0	116.3	119.2	111	7	6
X550 North Coast		100	100	100	100	99	82	90.2	99.3	85.1	92.5	2,421	6	3
<b>Acute Beds – Adult</b>														
Lismore Base Hospital	Lismore	25	25	25	25	25	18	24.9	25.1	23.8	23.3	571	3	1
Tweed Heads District Hospital	Tweed heads	25	25	25	25	25	20	25.0	25.0	22.2	21.9	644	1	1
Coffs Harbour and District Hospital	Coffs Harbour	30	30	30	30	30	26	30.0	30.0	27.0	29.2	714	1	1
Kempsey Hospital	Kempsey	10	10	10	10	10	8	6.6	10.0	8.3	9.0	240	1	0
Port Macquarie Base Hospital	Port Macquarie	10	10	10	10	9	10	3.7	9.2	3.7	9.1	252	0	0
X560 Greater Southern		118	118	118	118	99	105	111.3	111.1	99.1	98.8	1,565	6	4
<b>Acute Beds – Adult</b>														
Albury Base Hospital	Albury	24	24	24	24	17	18	21.0	21.0	18.0	17.6	462	2	0
Wagga Wagga Base Hospital	Wagga Wagga	18	18	18	18	18	18	16.3	16.1	14.0	14.9	350	1	0
Goulburn Base Hospital	Goulburn	20	20	20	20	16	19	20.0	20.0	17.9	17.7	478	1	1
Queanbeyan Hospital	Queanbeyan	2	2	2	2	0	1	n.a.	n.a.	n.a.	n.a.	137	0	0
<b>Non-Acute Beds – Adult</b>														
Kenmore Hospital	Goulburn	54	54	54	54	48	49	54.0	54.0	49.2	48.6	138	2	3

Area Health Service/Hospital location	Funded <sup>1</sup> beds at 30 June		Available <sup>2</sup> beds at 30 June		Occupied <sup>2</sup> beds at 30 June		Average Available <sup>3</sup> beds in year		Average Occupied <sup>4</sup> beds in year		Overnight On separations leave 12 mths to		Deaths in 12 mths to	
	2005	2006	2005	2006	2005	2006	2004/05	2005/06	2004/05	2005/06	30/6/06	30/6/06	30/6/06	30/6/06
X570 Greater Western	171	187	172	181	131	131	174.2	176.2	137.0	132.2	1,753	12	4	
<b>Acute Beds – Adult</b>														
Dubbo Base Hospital <sup>14</sup>	Dubbo	2	18	3	12	3	11	2.7	7.1	2.4	5.7	276	1	0
Mudgee District Hospital	Mudgee	2	2	2	2	0	0	2.0	2.0	0.2	0.0	2	0	0
Bloomfield Hospital	Orange	28	28	28	28	24	19	28.0	28.4	23.3	24.8	1,208	7	1
Broken Hill Base Hospital <sup>15</sup>	Broken Hill	2	2	2	2	5	2	2.0	1.7	1.5	3.4	170	0	0
<b>Non-Acute Beds – Adult</b>														
Bloomfield Hospital	Orange	137	137	137	137	99	99	139.5	137.0	109.5	98.3	97	4	3
X160 Children's Hospital Westmead		8	8	8	8	8	8	4.8	8.0	3.6	6.0	121	0	0
Children's Hospital Westmead	Westmead	8	8	8	8	8	8	5	8.0	4	6.0	121	0	0
X170 Justice Health Service	98	98	98	95	98	84	98	94.9	97	91	141	0	0	
<b>Acute Beds – Adult</b>														
Long Bay (Ward D and B East)	Malabar	38	38	38	38	38	32	38.0	34.9	37.3	33.4	123	0	0
<b>Non-Acute Beds – Adult</b>														
Long Bay (MHRH and Ward C) <sup>16</sup>	Malabar	60	60	60	57	60	52	60.0	60.0	59.6	57.5	18	0	0
<b>NSW – TOTAL</b>		<b>2,157</b>	<b>2,219</b>	<b>2,142</b>	<b>2,204</b>	<b>1,930</b>	<b>1,893.0</b>	<b>2,075.1</b>	<b>2,153.3</b>	<b>1,846.8</b>	<b>1,901.2</b>	<b>29,398</b>	<b>227</b>	<b>45</b>

Source: Centre for Mental Health

## Notes:

- 'Funded beds' are those funded by NSW Health, except for some beds at Rozelle hospital funded by DVA for individual veterans (14 in 2003/04, 10 in 2004/05, 9 in 2005/06).
- 'Available beds' and 'Occupied Beds' at 30 June are a census count on the last day of the financial year, except for Child/Adolescent units that operate in conjunction with schools, when it is the last operating day preceding 30 June.
- 'Average Available beds' are the average of 365 nightly census counts (in 2004/05, 2005/06) as reported in DOHRS.
- 'Average occupied beds' are calculated from the total Occupied Overnight bed days for the year, as reported in DOHRS, divided by 365.
- A new acute care ward – W27 West was opened at Rozelle in August 2005.
- Two Older People's extended care wards at Rozelle totalling 44 beds (ward A closed 29/11/04; ward 18 closed 17/02/05) were closed and transferred to Holy Spirit Nursing Home at Croydon in 2004/05
- Ward H now has 9 DVA-funded beds for veterans – reduced from 10 reported in last year's census.
- The 3 bed Special Care Suite (Ward C29) is only funded when required for patients with special needs. It has not been required since 1999/00
- 20 non-acute beds funded in Campbelltown hospital in 2005/06 were not available in the financial year.
- Beds unoccupied at midnight on 30 June as units closed at 3pm on the day when beds and residents were recorded – these units operate Monday to Friday.
- Bankstown/Lidcombe Ward 2D and Braeside hospital are not funded from Program 3.1, but are in scope for National Mental Health reporting. They are included here to align with national reporting.
- Patient activity data for this unit cannot yet be distinguished from POW acute units.
- New acute unit (Katoomba MHU) with 15 funded beds opened on 13 May 2005.
- 4 extra SAP funded beds since January 2006.
- 4 funded bed at James Fletcher will become operational again when relocated from the Mater Hospital.
- The hospital now has 18 funded beds of which 12 were available on the day of Census.
- Partial funding for additional 4 beds provided in 2004/05. 3 excess MH patient accommodated in the medical ward under the care of MH staff from this unit.
- Ward A now called Mental Health Rehabilitation Hostel (MHRH) at Long Bay reported 27 available beds – 3 less than previous year.

Psychiatric hospitals and Children and Adolescent Hospitals/Units – listed in order of presentation in the table

Psychiatric hospitals: Rozelle, Macquarie, Cumberland, James Fletcher Newcastle, Morisset, Kenmore and Bloomfield

Children and Adolescent Hospitals/Units: GnaKaLun, Thomas walker, Sydney Children's Hospital, Westmead (Redbank acute/non-acute), Coral Tree, John Hunter Hospital (Nexus) and Children's Hospital Westmead.

Private Hospitals in NSW authorised under the *Mental Health Act 1990*

Hospital/Unit	Authorised beds		In residence		Admitted in 12 mths to 30/6/06		On leave as at 30/6/06	Deaths in 12 mths to 30/6/06
	as at 30/6/05 <sup>1</sup>	as at 30/6/06 <sup>2</sup>	as at 30/6/05	as at 30/6/06	Over Night	Same Day		
Albury/Wodonga Private	12	12	11	6	410	312	2	1
Cape Hawke Private <sup>2</sup>	9	0	0	0	11	53	0	0
Lingard	41	41	30	28	566	2,107	0	0
Mayo Private Hospital <sup>3</sup>	6	9	6	3	125	1	0	0
Mosman Private	16	16	10	7	150	121	46	0
Northside Clinic	93	93	87	87	1,422	4,147	1	0
Northside Cremorne Clinic	36	36	20	31	416	1,194	0	0
Northside West Clinic	80	80	25	35	682	1,902	0	0
South Pacific <sup>4</sup>	33	34	18	29	435	1,724	0	0
St John of God Burwood	86	86	52	63	1,267	2,186	1	0
St John of God Richmond	64	86	53	81	1,139	2,681	1	0
Sydney Private Clinic <sup>5</sup>	34	44	16	31	403	2,621	0	1
Wandene	30	30	24	23	356	1,320	0	0
Wesley Private	38	38	24	30	443	3,439	1	0
Sydney Southwest Private <sup>6</sup>	18	18	6	17	144	48	0	0
<b>Total 2005/06</b>		<b>623</b>		<b>471</b>	<b>7,969</b>	<b>23,856</b>	<b>52</b>	<b>2</b>
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

Source: Centre for Mental Health

## Notes:

- 1 These are actual number of authorised beds – any discrepancy in reported number of beds from the hospitals are noted below.
- 2 Cape Hawke Hospital has ceased to provide psychiatric services since October 2005.
- 3 Mayo Hospital has 9 authorised beds in 2006.
- 4 South Pacific reported 1 excess bed – it has 34 authorised beds in 2006.
- 5 Sydney Private clinic has 44 authorised beds in 2006 an increase of 10 beds from 2005.
- 6 Sydney Southwest reported 1 less bed – it has 18 authorised beds in 2006.

## Private Hospitals

In 2005, 14 private hospitals authorised under the Mental Health Act provided inpatient and same-day psychiatric services in NSW. These hospitals reported 623 authorised available psychiatric beds on 30 June 2006, compared with 596 reported on 30 June 2005.

### Changes from 2004/05 to 2005/06

Cape Hawke Hospital, which reported nine authorised beds in 2004/05, has ceased to provide psychiatric services since October 2005. The bed activity reported is only for the period July to October 2005.

Authorised bed numbers in Mayo Private, South Pacific, St John of God Richmond and Sydney Private Clinic have increased in 2005/06 by three, one, 22 and ten beds respectively from 2004/05.

In 2005/06 there was an overall increase of 27 beds across all private hospitals from 2004/05. Bed occupancy on 30 June 2006 in private hospitals was 76 per cent with 471 patients occupying 623 beds. This is an increase from last year (30 June 2005) when bed occupancy was 64 per cent (382 patients occupying 596 beds). Overnight admissions to private hospitals decreased slightly by 2 per cent from 8,139 admissions in 2004/05 to 7,969 in 2005/06. Same day admissions however increased by 13 per cent from 20,691 to 23,856.

## Appendix 21

## Public hospital activity levels

Selected Data for the year ended June 2006 Part 1<sup>1,2</sup>

Area Health Service	Separations	Planned Sep %	Same Day Sep %	Total Bed Days	Average Length of Stay (acute) <sup>3,6</sup>	Daily Average of Inpatients <sup>4</sup>
Children's Hospital at Westmead	26,775	47.5	47.7	86,165	3.2	236
Justice Health	2,246	n/a	5.2	51,357	13.6	141
Sydney South West	281,065	42.8	43.4	1,184,464	3.9	3,245
South Eastern Sydney and Illawarra	276,933	42.9	45.8	1,113,794	3.6	3,051
Sydney West	201,358	36.2	40.5	843,678	3.6	2,307
Northern Sydney and Central Coast	188,876	36.5	41.2	832,740	4.0	2,281
Hunter and New England	182,593	43.4	39.6	809,502	3.7	2,218
North Coast	136,970	44.1	43.5	492,298	3.4	1,346
Greater Southern	100,935	30.3	39.1	433,184	3.0	1,183
Greater Western	83,881	36.2	38.5	358,653	3.2	983
<b>Total NSW</b>	<b>1,481,632</b>	<b>40.1</b>	<b>42.6</b>	<b>6,205,835</b>	<b>3.6</b>	<b>17,002</b>
2004/05 Total	1,415,422	41.0	42.0	6,212,216	3.5	17,020
Percentage change (%) <sup>9</sup>	4.7	-0.86	0.6	-0.1	2.87	-0.10
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

Selected Data for the year ended June 2006 Part 2<sup>1</sup>

Area Health Service	Occupancy Rate <sup>5</sup>	Acute Bed Days <sup>6</sup>	Acute overnight Bed Days <sup>6</sup>	Non-admitted Patient Services <sup>7</sup>	Emergency Dept. Attendances <sup>8</sup>	Expenses-all Program (\$000)
Children's Hospital at Westmead	90.0	86,165	73,391	665,537	45,818	275,907
Justice Health	n/a	30,377	30,261	3,310,520	n/a	83,857
Sydney South West	96.5	1,066,351	946,380	4,142,227	298,203	2,129,877
South Eastern Sydney and Illawarra	96.1	950,144	807,055	4,825,626	341,808	1,979,989
Sydney West	90.6	684,764	605,735	3,407,457	217,954	1,608,759
Northern Sydney and Central Coast	92.5	726,979	649,656	3,038,435	221,823	1,448,629
Hunter and New England	86.3	657,705	586,270	2,670,854	323,526	1,339,669
North Coast	84.0	447,127	388,533	1,847,543	276,952	775,544
Greater Southern	78.9	285,870	248,033	2,103,004	248,595	787,482
Greater Western	67.4	261,209	229,948	1,162,902	220,436	629,713
<b>Total NSW</b>	<b>90.1</b>	<b>5,196,691</b>	<b>4,565,262</b>	<b>27,174,104</b>	<b>2,195,115</b>	<b>11,059,426</b>
2004/05 Total	90.8	4,658,364	4,087,072	24,540,781	2,004,107	10,146,453
Percentage change (%) <sup>9</sup>	-0.7	11.6	11.7	10.7	9.5	9.0
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

## Note:

- The Health Information Exchange (HIE) data were used except for Children's Hospital Westmead and Justice Health where Department of Health Reporting System (DOHRS) data were used. The number of separations include care type changes.
- Inpatient activity in Part 1 includes services contracted to private sector.
- Acute average length of stay = (Acute bed days/Acute separations).
- Daily average of inpatients = Total Bed Days/365.
- The bed occupancy rate is based on June 2006 data for only major facilities (peer groups A1a to C2). Data may not be comparable with earlier reports as bed occupancy prior to 2004/05 was based on full year. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, recovery wards, residential aged care, confused and disturbed elderly, community residential and respite activity. Unqualified baby bed days were included from 2002/03.
- Acute activity is defined by a service category of acute or newborn.
- Includes services contracted to the private sector. Source: HIE, WebDOHRS and VaxDOHRS. Greater Western provided contracted NAPS for Broken Hill hospital.
- Source: EDIS, HIE, WebDOHRS and VaxDOHRS. North Coast provided the data for Ballina, Casino, Bonalbo, Kyogle, Macksville and Mullumbimby hospitals. Pathology and radiology services performed in emergency departments have been excluded since 2004/05.
- Planned separations, same day separations and occupancy rates are percentage point variance from 2004/05.

Average available beds June 2006<sup>1,5</sup>

Area Health Service	General Hospital Units <sup>3,4</sup>	Nursing Home Units	Community Residential <sup>6</sup>	Other Units <sup>7</sup>	Bed Equivalents	Total
Children's Hospital at Westmead	268	–	–	–	–	268
Justice Health	–	–	–	192	–	192
Sydney South West	3,363	194	8	280	53	3,898
South Eastern Sydney and Illawarra	3,351	144	10	–	71	3,575
Sydney West	2,481	167	–	314	84	3,046
Northern Sydney and Central Coast	2,403	45	42	208	198	2,896
Hunter and New England	2,640	198	68	220	19	3,145
North Coast	1,531	79	–	–	58	1,668
Greater Southern	1,576	338	49	54	–	2,017
Greater Western	1,338	299	–	214	6	1,857
<b>Total NSW</b>	<b>18,952</b>	<b>1,464</b>	<b>177</b>	<b>1,482</b>	<b>488</b>	<b>22,563</b>
2004/05 Total	18,573	1,032	636	1,232	336	21,808
2003/04 Total <sup>2</sup>	17,098	1,306	678	1,289	717	21,087
2002/03 Total <sup>2</sup>	16,882	1,381	647	1,237	592	20,739
2001/02 Total <sup>2</sup>	16,001	1,497	627	1,389	463	19,976
2000/01 Total <sup>2</sup>	16,098	1,580	696	1,346	324	20,044
1999/00 Total <sup>2</sup>	17,226	1,682	672	1,674	259	21,513

## Notes:

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.
6. A number of beds reported under Community Residential in 2004/05 have been reclassified as Nursing Home Units, hence the shift in numbers for both of these.
7. The category of Other Units refers to the facilities which are designated Mental Health facilities (eg Bloomfield and Cumberland) in addition to Justice Health. Some of the changes in this category between 2004/05 and 2005/06 are a number of Community Residential beds being reclassified and reported under facilities in Other Units.

## Private hospital activity levels

## Private hospital activity levels for the year ended 30 June 2006

Area Health Service	Licensed Beds <sup>1</sup>		Total Admissions			Same Day Admissions			Daily Average		Bed Occupancy <sup>3</sup>		
	Number	Number	% Variation on last year	Market share % <sup>2</sup>	Market share variation	Number	% variation on last year	Market share % <sup>2</sup>	Market share variation	Number	% variation on last year	% variation on last year	
Sydney South West	577	91,423	6.0	24.5	-0.1	67,266	8.2	35.5	0.1	536	7.2	92.9	7.2
South Eastern Sydney & Illawarra	1,375	202,459	2.4	42.2	0.2	131,173	3.4	50.9	1.3	1,328	-0.4	96.6	3.3
Sydney West	917	105,201	1.0	34.3	-2.0	63,155	1.6	43.7	-1.6	747	-2.0	81.5	-11.8
Nothern Sydney & Central Coast	1,805	228,223	6.8	54.7	0.7	146,123	10.4	65.3	1.7	1,784	2.3	98.9	5.1
Hunter and New England	869	92,871	0.5	33.6	-1.0	55,802	2.8	43.4	-1.3	707	-0.2	81.3	-13.4
North Coast <sup>3</sup>	245	36,764	-15.6	21.2	-6.8	27,162	-3.0	31.3	-5.2	222	-26.8	90.5	5.7
Greater Southern	194	34,238	3.9	25.3	-0.6	23,055	1.2	36.9	-3.7	186	1.9	95.6	1.7
Greater Western	155	13,834	-5.4	14.2	-1.2	8,908	-7.0	21.6	-2.8	85	-5.1	55.1	3.1
<b>Total NSW</b>	<b>6,137</b>	<b>805,013</b>	<b>2.5</b>	<b>35.2</b>	<b>-0.8</b>	<b>522,644</b>	<b>4.9</b>	<b>45.5</b>	<b>-0.4</b>	<b>5,595</b>	<b>-0.5</b>	<b>91.2</b>	<b>-0.1</b>

1. Licensed beds as at 30 June 2006.

2. Market share calculations include Children's Hospital at Westmead in the total for NSW.

3. North Coast included Port Macquarie during 2004/05. For 2005/06 this hospital is excluded as it became a public hospital during the year.

Source: Licenced Beds – Private Health Care Branch, Others – Health Information Exchange.



## Infectious disease notification in NSW

Disease notifications among NSW residents 1996 to 2005, by year of onset of illness\*

Conditions	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	
AIDS	375	214	181	132	134	102	114	145	100	91	
Adverse event after immunisation	56	70	95	16	42	111	178	219	184	106	
Arbovirus infection (total)*	1227	1806	783	1220	980	1191	662	1024	1148	1093	
Barmah Forest virus infection*	172	185	134	249	197	401	395	451	403	448	
Ross River virus infection*	1031	1598	583	952	750	717	181	494	701	589	
Arboviral Other*	24	23	66	19	33	73	86	79	44	56	
Blood lead level >= 15ug/dl*	not notifiable until December 1996	710	874	691	986	513	516	338	303	232	
Botulism	0	0	0	1	0	0	0	0	1	0	
Brucellosis*	1	3	3	2	1	1	2	3	7	3	
Chancroid*	not notifiable until December 1998			1	0	0	0	0	0	0	
Chlamydia*	not notifiable until August 1998			2469	3507	4500	5824	7785	10022	11284	
Cholera*	3	1	1	2	0	1	1	0	1	0	
Creutzfeldt-Jakob Disease	not notifiable until April 2004								6	8	
Cryptosporidiosis*	not notifiable until December 1996	157	1130	121	133	195	306	203	357	849	
Food-borne illness (NOS)	211	255	201	151	147	56	41	1071	550	309	
Gastroenteritis (institutional)	554	939	738	673	697	775	1752	3583	12784	1395	
Giardiasis*	not notifiable until August 1998			405	1091	978	967	863	1028	1235	1446
Gonorrhoea*	522	636	1054	1291	1060	1364	1527	1330	1445	1578	
H.influenzae type b (total)*	13	17	11	13	8	7	10	6	5	7	
H.influenzae type b epiglottitis*	2	5	1	2	2	1	1	0	3	0	
H.influenzae type b meningitis*	4	3	3	3	1	1	1	0	0	2	
H.influenzae type b septicaemia*	3	1	4	6	4	2	3	1	2	4	
H.influenzae type b infection (NOS)*	4	8	3	2	1	3	5	5	0	1	
Hepatitis A*	958	1426	927	421	201	197	149	124	137	83	
Hepatitis B (total)*	3507	3169	2957	3514	3974	4560	3548	2845	2813	2763	
Hepatitis B: newly acquire*	43	53	58	77	100	94	88	74	53	56	
Hepatitis B: other*	3464	3116	2899	3437	3874	4466	3460	2771	2760	2707	
Hepatitis C (total)*	7001	6928	7211	8605	8298	8682	6699	5252	4927	4452	
Hepatitis C: newly acquire*	18	19	112	112	222	295	153	127	60	41	
Hepatitis C: other*	6983	6909	7099	8493	8076	8387	6546	5125	4867	4411	
Hepatitis D*	9	11	3	14	12	11	9	12	14	15	
Hepatitis E*	3	6	4	7	9	6	6	6	8	7	
HIV infection*	447	421	403	377	353	339	394	414	407	388	
Haemolytic uraemic syndrome	not notifiable until December 1996	3	6	11	9	2	7	5	9	11	
Influenza (total)*	not notifiable until December 2000					244	1012	861	1012	1414	
Influenza-Type A*	not notifiable until December 2000					216	770	767	797	1055	
Influenza-Type B*	not notifiable until December 2000					27	241	55	162	281	
Influenza-Type AB*	not notifiable until December 2003								26	64	
Influenza-Type (NOS)*	not notifiable until December 2000					1	1	39	27	14	
Legionnaires' disease (total)*	74	33	46	40	41	68	44	60	80	89	
Legionnaires' disease – L longbeachae*	30	9	19	11	12	29	21	37	27	24	
Legionnaires' disease – L pneumophila*	34	18	22	22	26	38	22	23	51	64	
Legionnaires' disease – other*	10	6	5	7	3	1	1	0	2	1	
Leprosy	2	0	0	1	2	4	0	2	5	1	

Conditions	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Leptospirosis*	33	33	50	56	54	66	39	39	40	35
Listeriosis*	22	23	28	22	18	12	11	28	30	25
Malaria*	203	173	158	174	232	157	105	120	101	204
Measles (total)	191	273	119	32	36	31	8	18	12	5
Measles Lab Confirm*	35	98	19	13	22	18	6	14	11	4
Measles (Other)	156	175	100	19	14	13	2	4	1	1
Meningococcal disease (invasive) (total)	161	219	186	221	253	234	216	202	149	141
Meningococcal disease – type B*	36	54	55	95	93	90	105	100	81	73
Meningococcal disease – type C*	35	55	55	60	64	38	54	45	24	15
Meningococcal disease – type W135*	0	2	4	4	4	2	2	2	5	8
Meningococcal disease – type Y*	1	0	7	1	7	2	2	5	3	3
Meningococcal disease -other	89	108	65	61	85	102	53	50	36	42
Mumps*	27	29	39	33	92	28	29	35	65	111
Paratyphoid* ##	15	5	9	5	14	11	13	22	10	##
Pertussis	1156	4246	2309	1415	3688	4438	2012	2771	3566	5801
Pneumococcal disease (invasive)* not notifiable until December 2000						444	861	801	905	643
Psittacosis* not notifiable until December 2000						38	155	87	81	121
Q fever*	287	258	236	164	132	144	309	288	223	142
Rubella (total)*	636	153	78	46	191	58	35	24	18	10
Rubella*	631	153	78	45	191	58	35	23	17	10
Rubella (Congenital)*	5	0	0	1	0	0	0	1	1	0
Salmonellosis*	1224	1698	1812	1438	1397	1643	2100	1838	2134	2179
Shigellosis* not notifiable until December 2000						134	85	59	96	135
Syphilis (total)	662	512	612	586	581	545	647	841	1042	845
Syphilis (infectious)* +	72	57	45	87	81	67	128	245	302	242
Syphilis congenital	4	3	1	3	3	3	3	7	0	8
Syphilis other*	586	452	566	496	497	475	516	589	740	595
Tetanus	1	3	3	1	2	0	0	1	0	1
Tuberculosis*	410	422	382	483	449	416	447	386	431	453
Typhoid*	30	28	18	32	28	32	26	16	39	28
Verotoxigenic Escherichia coli infections* not notifiable until December 1996		0	2	0	1	1	6	3	5	16

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

\* laboratory-confirmed cases only NOS = Not otherwise specified

+ includes Syphilis primary, Syphilis secondary, Syphilis < 1 yr duration and Syphilis newly acquired

No case of the following diseases have been notified since 1991 :

Diphtheria\*, Granuloma inguinale\*, Lymphogranuloma venereum\*, Plague\*,

Poliomyelitis\*, Rabies, Typhus\*, Viral haemorrhagic fever, Yellow fever

## From 2005, all paratyphoid recorded as salmonellosis

# Public health outcome funding agreement and immunisation agreements

Health Services	[1] HIV/AIDS		[2] Women's Health		[3] Alternative Birthing		[4] Female Genital Mutilation		[5] Family Planning		[6] Cervical Cancer		[7] Breast Cancer		[8] National Drug Strategy		[9] National Immunisation Program		Grand Total	
	2005/06 \$000's	2004/05 \$000's	2005/06 \$000's	2004/05 \$000's	2005/06 \$000's	2004/05 \$000's	2005/06 \$000's	2004/05 \$000's	2005/06 \$000's	2004/05 \$000's	2005/06 \$000's	2004/05 \$000's	2005/06 \$000's	2004/05 \$000's	2005/06 \$000's	2004/05 \$000's	2005/06 \$000's	2004/05 \$000's		2005/06 \$000's
Sydney South West	3,857	3,730	904	888	0	0	0	0	5,226	5,086	0	40	0	3,224	753	768	0	10,740	13,736	
South Eastern Sydney & Illawarra	4,373	4,229	619	608	202	136	0	0	0	63	0	63	0	3,149	1,209	950	0	6,403	9,135	
Sydney West	1,868	1,806	666	654	0	0	250	200	0	1,661	0	1,661	0	8,795	362	352	0	3,145	13,468	
Northern Sydney & Central Coast	1,283	1,241	352	346	0	25	0	0	0	24	0	24	0	3,789	566	541	0	2,201	5,966	
Hunter & New England	711	688	204	200	0	0	0	0	0	56	0	56	0	4,220	66	66	0	981	5,230	
North Coast	818	791	489	480	202	136	0	0	0	80	0	80	0	2,633	156	146	0	1,664	4,266	
Greater Southern	187	181	325	319	396	251	0	0	0	115	0	115	0	1,551	0	0	0	908	2,417	
Greater Western	268	259	409	402	0	0	0	0	0	146	0	146	0	1,790	266	256	0	943	2,853	
Justice Health	348	337	7	0	0	0	0	0	0	0	0	0	0	711	701	701	0	1,066	1,038	
Total - AHS/Justice Health	13,714	13,331	3,973	3,897	800	548	250	200	5,226	0	2,185	0	29,151	4,089	3,780	0	28,052	53,092		
Total - NGO	13,346	12,973	1,382	1,358	320	0	0	0	0	0	0	0	0	5,025	6,120	6,120	0	20,073	20,451	
Total - Other	0	0	1,411	1,386	0	189	0	16	2,186	1,660	814	32,577	814	7,415	6,203	42,835	75,273	86,424	85,541	
<b>GRAND TOTAL</b>	<b>27,060</b>	<b>26,304</b>	<b>6,766</b>	<b>6,641</b>	<b>1,120</b>	<b>737</b>	<b>250</b>	<b>216</b>	<b>5,226</b>	<b>5,086</b>	<b>2,186</b>	<b>3,845</b>	<b>32,577</b>	<b>29,965</b>	<b>16,529</b>	<b>16,103</b>	<b>42,835</b>	<b>75,273</b>	<b>134,549</b>	<b>164,170</b>

Note: Figures above do not include the use of rollovers from 2004/05

[1] The amounts reported under PHOFA represent only the extent of previous cost sharing arrangements with the Commonwealth. Actual AIDs allocations for 2005/06 approximated \$96M

[2] The Women's Health allocation includes an estimate of Health Service contributions which includes an escalation of 2.78% for 2005/06, consistent with the level of escalation provided by Treasury

[3] Program fully funded by Commonwealth

[4] Program fully funded by Commonwealth. Statewide service administered through Sydney West AHS

[5] Statewide service administered through Sydney South West AHS

[6] & [7] With effect from 1 July 2005 funding is provided to the Cancer Institute NSW which administers the Breast & Cervical Screening Programs, an amount of \$1.630 million was transferred from Cervical Cancer Screening to Breast Cancer Screening both in 2005/06 and on annual basis thereafter.

[8] Funds were utilised to administer Drug, Alcohol & Tobacco Programs

[9] Commonwealth funding is for purchase of vaccines on the National Health and Medical Research Council Immunisation Schedule (NHMRC). The large value experienced in 2004/05 related to the effect of the Meningococcal C (\$15.7 million) & the Over 65 Pneumococcal Catch-up (\$18.4 million) Programs as one off values which were provided for 2004/05 only

## Appendix 25

## Three year comparison of key items of expenditure

Employee Related Expenses	2006		2005		2004		Increase/decrease (%) compared to previous yr	
	\$000	% Total Expense	\$000	% Total Expense	\$000	% Total Expense	2006	2005
Salaries and Wages	5,482,770	48.69	4,990,511	48.12	4,655,516	48.06	9.86	7.20
Long Service Leave	198,598	1.76	205,981	1.99	166,685	1.72	-3.58	23.58
Annual Leave	550,719	4.89	508,435	4.90	445,718	4.60	8.32	14.07
Workers Comp. Insurance	156,932	1.39	157,004	1.51	157,314	1.62	-0.05	-0.20
Superannuation	557,194	4.95	518,915	5.00	468,097	4.83	7.38	10.86
<b>Sub Total</b>	<b>6,946,213</b>	<b>61.69</b>	<b>6,380,846</b>	<b>61.53</b>	<b>5,893,330</b>	<b>60.84</b>	<b>8.86</b>	<b>8.27</b>
<b>Other Operating Expenses</b>								
Food Supplies	80,999	0.72	74,592	0.72	76,430	0.79	8.59	-2.40
Drug Supplies	393,738	3.50	361,088	3.48	332,963	3.44	9.04	8.45
Medical and Surgical Supplies	524,128	4.65	480,459	4.63	433,294	4.47	9.09	10.89
Special Service Departments	189,999	1.69	199,716	1.93	173,080	1.79	-4.87	15.39
Fuel, Light and Power	72,482	0.64	63,735	0.61	61,134	0.63	13.72	4.25
Domestic Charges	101,777	0.90	94,402	0.91	92,182	0.95	7.81	2.41
Other Sundry/General								
Operating Expenses *	1,041,812	9.25	1,037,515	10.00	978,117	10.10	0.41	6.07
Visiting Medical Officers	441,393	3.92	401,917	3.88	380,584	3.93	9.82	5.61
Maintenance	282,038	2.50	259,977	2.51	261,952	2.70	8.49	-0.75
Depreciation	411,447	3.65	388,612	3.75	370,994	3.83	5.88	4.75
Grants and Subsidies								
Payments to Third Schedule and other Contracted Hospitals	500,607	4.45	429,865	4.15	460,768	5.40	16.46	-6.71
Other Grant Payments	268,118	2.38	191,231	1.84	161,659	1.67	40.21	18.29
Finance Costs	4,890	0.04	6,241	0.06	10,040	0.10	-21.65	-37.84
<b>TOTAL EXPENSES</b>	<b>11,259,641</b>		<b>10,370,196</b>		<b>9,686,527</b>		<b>8.58</b>	<b>7.06</b>

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

# Capital works and asset management

The Department of Health's Asset and Contract Services Branch provides leadership in asset management and procurement policy development. It manages the Asset Acquisition Program across the health system, and directs specific asset and procurement projects to support the efficient delivery of health services.

Major Asset and Contract Services Branch achievements for the year include:

- Full expenditure of the 2005/06 Asset Acquisition Program.
- The Major Projects Office established to centrally manage the delivery of high value capital projects over \$10 million.
- HealthSupport established as an entity of the Health Administration Corporation to manage Corporate and Shared Business Services across the NSW Health system.
- Planning approval obtained for the Bathurst Campus Redevelopment and Forensic Hospital at Long Bay under the new Part 3A provisions of the EP&A Act. Applications for a further eight projects are currently being considered by the Department of Planning.
- An asset audit commenced of all key sites measuring condition, compliance and functionality to create consistent base data for Statewide Asset Strategic Planning.
- The Strategic Procurement Office and Procurement Advisory Service was established. Progressed the application of the Government eProcurement policy through implementing eTenders across NSW Health.
- Continued to develop the eMarketplace and the State Build of the Financial Management Information System (FMIS).
- Financial closure for the Newcastle Mater PPP project was achieved. Contract signed for the Forensic and Prison Hospital at Long Bay. Approval was given for the Orange Hospital to proceed as a PPP and the Expression of Interest was released.

## NSW Health Land Disposals

The total number of properties disposed of during 2005/06 was 11 and their gross sales proceeds totalled \$7.32 million.

All properties disposed of in 2005/06 were sold in accordance with government policy. There were no properties which had a value of more than \$5,000,000 disposed of by means other than public auction or tender.

There were no family connections or business associations between the people that acquired the properties and the people responsible for approving the disposal of the properties.

All properties disposed of were no longer suitable or required for health purposes and the proceeds were mainly used for replacement health facilities.

An application for access to documents concerning details of properties disposed of during the reporting year may be made in accordance with the *Freedom of Information Act 1989*.

## NSW Health Heritage Management

During 2005/06 the Department continued to work with the Department of Commerce on its revision of the NSW Health Heritage Asset Management Manual to make it more focussed on the heritage management responsibilities of the Area Health Services and to incorporate the new Heritage Asset Management Guidelines issued by the NSW Heritage Council in January 2005.

During 2005/06 the Department and Area Health Services also commenced preparation of their respective Heritage Asset Management Strategies in accordance with the revised Heritage Asset Management Guidelines.

## Asset and Contract Management major priorities 2006/07

- Full expenditure of the 2006/07 Asset Acquisition Program of \$633.1 million.
- Seek endorsement of approval of the forward Capital Strategic Investment Plan 2007/08 to 2016/17.
- Contractually commit to approximately \$1.2 billion worth of new infrastructure projects.
- Progress strategic sourcing for NSW Health targeting \$20 million in savings across motor vehicle, pharmaceuticals, travel and food.
- Manage the transition of existing linen and food services from host Area Health Services into single businesses managed by HealthSupport.
- Manage the development of Area Asset Strategic Plans through the implementation of a standard web-based planning model.
- Complete the implementation of the eMarketplace solution for procurement across the NSW Health system.
- Continue to identify major infrastructure projects suitable for delivery as Public Private Partnerships.
- Work with the Centre for Health Assets Australasia and other national jurisdictions to launch the Australasian Health Facility Guidelines.

The following table outlining capital works completed during 2005/06 represents NSW Health's assets acquisitions for the year. NSW Health's major assets are listed under the profiles of each Area Health Service, pages 280–284.

## Capital works completed during 2005/06

Project	Total cost \$M	Completion Date
<b>Ambulance Service</b>		
Paddington Ambulance Station	2.6	Jun 06
Campbelltown Ambulance Station	1.5	Jan 06
Fleet Replacement	9.1	Jun 06
Vehicle Refurbishment	0.9	Jun 06
Building and Equipment	0.8	Jun 06
Patient Transport	0.6	Jun 06
Infrastructure Stage 2	3.5	Jun 06
Gunnedah Ambulance Station	0.7	Jun 06
<b>Children's Hospital Westmead</b>		
Operating Theatre Fitout	0.6	Mar 06
Children's Research Facility	19.7	Sep 05
CT Scanner Replacement	1.8	Sep 05
<b>Greater Southern AHS</b>		
Finley Hospital Refurbish Doctor's Rooms and Community Health Facility	0.7	Nov 05
Patient Administration System Unique Patient Identifier	0.9	Jun 06
Energy Performance Contract	0.9	Jun 06
Albury Hospital – Upgrade Nolan House	1.0	May 06
Wagga Wagga Base Hospital – Medical Imaging Equipment	2.0	Dec 05
Wagga Wagga Base Hospital Emergency Department Interim Works	0.5	Jun 06
Wagga Wagga Base Hospital Endoscopic Camara System	0.5	Apr 06
Batemans Bay Emergency Department	2.6	Mar 06
Replace Anaesthetic Monitoring Units	0.5	Jun 06
<b>Greater Western AHS</b>		
Menindee Primary Health Service	2.4	Feb 06
Dubbo Base Hospital Methadone Unit	0.6	Oct 05
Bloomfield Hospital – Pine Lodge Supported/Day Bed Unit	0.6	May 06
Walgett Aboriginal Medical Service	1.1	Apr 06
Patient Administration System Unique Patient Identifier	0.9	Jun 06
Ultrasound Equipment Stage 1	0.9	Jun 06
<b>Hunter New England AHS</b>		
Armidale Hospital Intensive Care Unit	0.8	Dec 05
John Hunter Carpark	2.0	Mar 06
John Hunter Fluoroscopy Equipment	0.6	Jun 06
Newcastle Mater Minor Radiotherapy equipment	0.5	Jun 06
<b>Justice Health Service</b>		
Patient Administration System Unique Patient Identifier	1.3	Jun 06

Project	Total cost \$M	Completion Date
<b>North Coast AHS</b>		
Lismore Base Hospital Additional Beds	1.5	Mar 06
South West Rocks Community Health Centre	1.1	Jan 06
Port Macquarie ICU Monitoring Equipment	0.7	Jun 06
<b>Northern Sydney Central Coast AHS</b>		
Royal North Shore Hospital Burns Unit Upgrade	0.5	Jun 06
Gosford Hospital Stage 1 New Acute Services Building	90.0	Oct 05
Gosford Hospital Stage 2 Clinical Information	1.5	Apr 06
Royal North Shore Building Facade Stage 2	2.5	Jan 06
Northern Beaches Hospital Site Acquisition DADHC Site	3.0	Jun 06
Royal North Shore CT Replacement	1.8	Jun 06
<b>South Eastern Sydney Illawarra AHS</b>		
Prince of Wales Hospital Parkes Building Refurbishment Stage 1	4.2	Jun 06
Sutherland Hospital Carpark	1.7	Jun 06
St George Hospital Psychiatric Emergency Care Unit	1.0	Apr 06
St George Hospital Ambulatory Aged Care Unit	2.0	Jun 06
Sydney Children's Hospital Haematology Oncology Day Unit	1.4	Jun 06
Wollongong Hospital Kitchen Redevelopment	1.0	Mar 06
St George Hospital Replace Linear Accelerator	2.6	Jun 06
Prince of Wales Hospital Replace Linear Accelerator	3.1	Jun 06
St George Hospital Replace Theatre Equipment	1.0	Jun 06
Prince of Wales Hospital Replace MRI	2.6	Apr 06
Sydney Children's Hospital New MRI	2.2	Apr 06
Wollongong Hospital Linear Simulator	1.7	Jun 06
Wollongong/Shoalhaven Hospitals ST Scanners	2.2	Jun 06
St George Hospital Chiller Replacement	0.9	Jun 06
Sydney Hospital Clinical Equipment	0.7	Jun 06
Prince of Wales Hospital Echo Cardiography	0.5	Jun 06
St George Hospital Upgrade Nurse Call Equipment	1.0	Jun 06
St George Hospital Replace Gamma Camera	0.9	Jun 06
Prince of Wales Hospital Lithriptor Replacement	0.6	Jun 06

Project	Total cost \$M	Completion Date
<b>Sydney South West AHS</b>		
Liverpool Mental Health Facility	32.5	Jan 06
Royal Prince Alfred Hospital Replace Linear Accelerator	2.4	Jun 06
Campbelltown Non-acute Mental Health inpatient Unit	6.2	Feb 06
Central Sydney RTP Concord Multi Block	64.1	Jun 06
Macarthur Sector Strategy	112.2	Jan 06
Liverpool Emergency Department	9.1	Jun 06
Campbelltown Hospital Non Acute Mental Inpatient Unit	6.2	Jun 06
Concord Hospital Clinical Hub Facility	1.4	Jun 06
Bowral Hospital Asbestos Removal	1.0	Jun 06
Concord Hospital Ultrasound Accommodation	0.6	Jun 06
Liverpool Hospital Alex Grimson Ward	0.7	Jun 06
Liverpool Hospital PET CT Scanner	1.7	Jun 06
Concord Hospital 16 Slice CT Scanner	1.7	Jun 06
Liverpool Hospital CT Scanner Replacement	2.0	Jun 06
Supplementary Capital Equipment	1.5	Jun 06
Royal Prince Alfred Hospital Replace PET CT Scanner	3.9	Jun 06
Liverpool Hospital Gamma Camera	0.9	Jun 06
Royal Prince Alfred Hospital Replace Linear Accelerator	1.8	Jun 06
Royal Prince Alfred Hospital New Linear Accelerator	2.4	Jun 06
Macarthur/Liverpool CTC Linear Accelerators	6.3	Jun 06

Project	Total cost \$M	Completion Date
<b>Sydney West AHS</b>		
Westmead Thin Client Upgrade	0.5	Jun 06
Westmead Hospital APC – New Endoscopes	0.8	Oct 05
Westmead Transitional Living Unit	1.6	Apr 06
Parramatta Linen Service Continuous Batch Washer and Press	1.8	Jun 06
Parramatta Linen Service Ironing Systems Replacement	1.4	Jun 06
Jeffrey House Refurbishment	25.1	Apr 06
Blue Mountains Hospital Redevelopment	12.9	Jun 06
Broken Hill Fluoroscopy Unit	0.6	Jun 06
Westmead Linear Accelerator	3.0	Jun 06
Nepean Hospital Acute Mental Health Inpatient Beds	0.5	Sep 05
Parramatta Linen Service Linen Replacement	3.1	Jun 06
Parramatta Linen Service Ward Trolley Service	1.3	Jun 06
Westmead ITD CER Rollout	1.3	Jun 06
Westmead ITD WAN Upgrade	3.9	Jun 06
Westmead Thin Client Upgrade	0.5	Jun 06
Patient Administration System Unique Patient Identifier	0.5	Jun 06
<b>NSW Health/Statewide Programmes</b>		
NSW Radiotherapy IS Project	1.7	Jun 06
Counter Terrorism – Population Health	0.7	Jun 06
NSW Health EMR Software	9.2	Jun 06
IM&T Strategy Stage 5	9.9	Jun 06
Health Planning Management Library	0.5	Jun 06
<b>TOTAL ESTIMATED COST WORKS COMPLETED</b>		<b>536.4</b>

Note: Includes projects only with an Estimated Total Cost over \$0.5M

# Risk management and insurance activities

## Risk Management and Insurance Activities

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

The following tables detail Frequency and Total Claims Cost dissected into Occupation Groups and Mechanism of Injury Group for the three financial years 2003/04 to 2005/06. An analysis follows the tables.

### Workers compensation – Frequency and total claims cost

Occupation group	2005/06				2004/05				2003/04			
	Frequency		Claims cost		Frequency		Claims cost		Frequency		Claims cost	
	No.	%	\$M	%	No.	%	\$M	%	No.	%	\$M	%
Nurses	2,651	37	19.8	46	3,109	43	19.7	43	3,716	51	22.1	52
Hotel services	1,362	19	7.3	17	1,446	20	9.2	20	1,166	16	6.4	15
Medical/medical support	860	12	5.2	12	868	12	6.0	13	656	9	4.3	10
General administration	502	7	2.6	6	795	11	5.5	12	729	10	4.3	10
Ambulance	573	8	3.0	7	651	9	3.2	7	656	9	3.0	7
Maintenance	215	3	1.7	4	217	3	1.4	3	219	3	0.9	2
Linen Services	143	2	0.4	1	145	2	0.9	2	146	2	1.7	4
Not grouped	860	12	3.0	7								
<b>TOTAL</b>	<b>7,166</b>	<b>100</b>	<b>43.1</b>	<b>100</b>	<b>7,230</b>	<b>100</b>	<b>45.8</b>	<b>100</b>	<b>7,287</b>	<b>100</b>	<b>42.5</b>	<b>100</b>
<b>Mechanism of injury group</b>												
Body stress	2,866	40	19.8	46	2,964	41	21.1	46	2,988	41	20.4	48
Slips and falls	1,075	15	7.3	17	1,157	16	6.4	14	1,093	15	6.8	16
Stress	430	6	5.6	13	506	7	7.8	17	510	7	6.8	16
Hit by objects	1,075	15	3.9	9	1,301	18	5.0	11	874	12	4.3	10
Motor vehicle	502	7	2.6	6			2.3	5			1.7	4
Other causes	1,218	17	3.9	9	1,301	18	3.2	7	1,822	25	2.6	6
<b>TOTAL</b>	<b>7,166</b>	<b>100</b>	<b>43.1</b>	<b>100</b>	<b>7,230</b>	<b>100</b>	<b>45.8</b>	<b>100</b>	<b>7,287</b>	<b>100</b>	<b>42.5</b>	<b>100</b>

### Analysis

	2005/06	2004/05	2003/04
Number of employees FTE	92,110	90,168	85,819
Salaries and wages \$M	6,862	6,496	6,020
Number of claims per 100 FTE	7.78	8.02	8.49
Average claims cost	\$6,014.51	\$6,334.72	\$5,832.30
Cost of claims per FTE	\$467.92	\$507.94	\$495.23
Cost of claims as percentage (%) S and W	0.63	0.71	0.71
<b>Average cost of:</b>			
Nurses	\$7,478.69	\$6,334.51	\$5,947.26
Hotel services	\$5,379.59	\$6,334.72	\$5,467.41
Medical/medical support	\$6,013.95	\$6,859.45	\$6,478.66
Body stress	\$6,916.69	\$7,107.24	\$6,828.06
Slips and falls	\$6,816.45	\$5,542.88	\$6,221.12
Stress	\$13,031.44	\$15,384.31	\$13,330.98



## Legal Liability

This covers actions of employees, health services and incidents involving members of the public. Legal liability is a long-term type of insurance. Data covering a 17 year period from 1 July 1989 as at 30 June 2006 for the period 1 July 1989 to 31 December 2001 and from 1 January 2002 is presented below:

The data has been separated as was required to be collected in a different format from 1 January 2002 with the introduction of the *Health Care Liability Act 2001*.

Statistics as at 30 June 2006 reveal that legal liability costs are dissected as follows:

- 1 July 1989 to 31 December 2001 (as at 30 June 2006) – Treatment Non-Surgical 58 per cent (40 per cent), Treatment Surgical 26 per cent (31 per cent), Hepatitis C 2 per cent (4 per cent), Slipping and Falling 3 per cent (7 per cent), and Other 11 per cent (9 per cent).
- 1 January 2002 to 30 June 2006 – Anaesthetic 1 per cent (2 per cent), Antenatal Neonatal 19 per cent (16 per cent), Consent 1 per cent (2 per cent), Diagnosis 32 per cent (38 per cent), Infection Control 3 per cent (4 per cent), Non Procedural Surgical 7 per cent (7 per cent), Procedural Surgical 7 per cent (8 per cent), Slips/Trips 2 per cent (3 per cent), Treatment Failure 15 per cent (15 per cent), Unspecified 11 per cent (3 per cent), and Other 3 per cent (2 per cent).

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

In December 2001 the NSW Government advised that from 1 January 2002 it would provide coverage through the NSW Treasury Managed Fund for all VMOs/HMOs treating public patients in public hospitals provided that they each signed a Service Agreement with their Public Health Organisation and also signed a Contract of Liability Coverage. In accepting this coverage, VMOs/HMOs agreed to a number of risk management principles that would assist with the reduction of incidents in NSW Public Hospitals.

For the period ending 30 June 2006 some 1,890 (1,654) incidents had been notified thus allowing early management as applicable. Of these incidents 141(71) had converted to claims.

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

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

This initiative was introduced to lessen financial demands for the Medical Defence Organisations in the setting of premiums. As at 30 June 2006 the Department had granted indemnity in respect of 318(270) cases.

## Specialist Sessional VMOs – Obstetricians and Gynaecologists

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

## Property

Whilst property is not a significant risk, statistics as at 30 June 2006 on Property Claims since 1 July 1989 identify 7866 (7,281) claims at a cost of \$69.8 million (\$56.3 million). Claims costs are Storm and Water damage 30 per cent (34 per cent), Fire/Arson 24 per cent (29 per cent), Theft/Burglary 11 per cent (13 per cent), Accidental Damage 6 per cent (7 per cent), Fusion/Electrical Faults 10 per cent (11 per cent) Earthquake 14 per cent (na) and Other 5 per cent (6 per cent).

## Claims excesses

Claims excesses apply to Liability and Property Claims and equate to 50 per cent of the cost of the claim capped at \$10,000 and \$6,000 respectively. These financial excesses are to encourage local risk management practices.

## NSW Treasury Managed Fund

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

Hindsight declared and adjusted during 2005/06 were for:

- **Motor Vehicle** – 2003/04 – deficit \$0.1 million.
- **Workers Compensation** – 1999/00 Final five years and 2001/02 Interim three years were declared and adjusted in 2005/06 with the Department receiving surpluses of \$16.2 million and \$22.1 million respectively, a total surplus of \$38.3 million.

Financial responsibility for workers compensation and motor vehicle was devolved to the Health Services from day one while liability, property and miscellaneous are held centrally as master managed funds.

The cost of insurance in 2005/06 for NSW Health is identified under Premium. Benchmarks are the budget allocation.

	Premium \$M	Benchmark \$M	Variation \$M
Workers Compensation	160.5	179.4	18.8
Motor Vehicle	8.5	8.1	<0.4>
Property	6.6	6.2	<0.4>
Liability	142.2	140.7	<1.4>
Miscellaneous	0.2	0.2	<0.0>
Total TMF	318.0	334.6	16.6
VMO	55.2	55.2	0
<b>Total</b>	<b>373.2</b>	<b>389.8</b>	<b>16.6</b>
2004/05	397.5	409.2	13.5

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

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

### Risk Management Initiatives

NSW Health has a number of new and ongoing initiatives to reduce risks as outlined below:

- A Security Improvement Assessment Tool and detailed supporting guidelines was developed and provided to all Health Services to assist Health Services assess their compliance with security risk management policy requirements outlined in the NSW Health Security Manual and drive continuous improvement.
- Release of the NSW Health Workplace Health and Safety Policy and Better Practice Guide
- Ongoing commitment to and participation in the whole of Government OHS and Injury Management Improvement Strategy.
- Ongoing participation in the NSW WorkCover Occupational Stress Management Steering Group to develop prevention and intervention strategies for occupational stress in the health and community services sector.
- Ongoing development and support of the NSW Health OHS audit tool, the OHS Profile.
- Current review and update of the NSW Health policy and guidelines for the management of presentations, workshops and networking.
- Continued promotion of the 'Clinicians Toolkit for Improving Patient Care' which is directed at Visiting Medical Officers and other clinicians.
- A Clinical Risk Management Program (CRM) was piloted that sought to identify practice improvement opportunities in small rural NSW Hospitals serviced by VMO GPs where currently such systems do not exist. On evaluation the pilot proved successful and is to be rolled out statewide.
- The deployment in May 2005 of an extensive information collection and management process that records all incidents on an electronic system (Incident Information Management System – IIMS). The process encompasses clinical and corporate incidents and is guided by the Incident Management policy that ensures a consistent, systematic and coordinated approach to the management of these incidents.

- The ongoing development of the Visiting Medical Officers Incident Reporting System (VMOIRS) (an early incident reporting system that allows VMOs to report any incident that may trigger a medical liability claim).
- Establishment of a new Branch in the Department – the Corporate Governance and Risk Management Branch – to provide a centre of expertise and a focal point for risk management across NSW Health.
- Establishment of a Steering Group and Working Party to develop a risk management policy statement and risk management work plan for implementation across NSW Health.
- Ongoing support and refinement of an extensive information collection and management process that records all incidents on an electronic system (Incident Information Management System IIMS). The process encompasses clinical and corporate incidents and is guided by a reissued Incident Management policy that ensures a consistent, systematic and coordinated approach to the management of these incidents.
- Release of the Patient Safety and Clinical Quality Program and Implementation Plan which provides a framework for significant improvements to clinical quality in NSW Health.
- Revision and reissue of policy and guidelines for the management of and principles for action in respect to complaints or concerns about clinicians.
- Release of new policies on the handling of allegations, charges and convictions against employees.
- Release of a Workplace Camera Surveillance document to assist public health organisations effectively use workplace camera surveillance as part of their security risk management program.
- Release of an OH&S document on the management of obese patients.
- Revision of guidelines on safe use of hazardous substances and dangerous goods

### **Suncorp Risk Services (SRS) – NSW Health Engagement**

In July 2005 Suncorp Risk Services were appointed to provide strategic level risk management services on behalf of the NSW Self-Insurance Corporation (SICorp) for NSW Treasury Managed Fund (TMF) members. These services are directed at improving the risk management performance of TMF agencies and where appropriate, the approach across NSW government, to ultimately improve risk management performance and reduce loss.

As part of this arrangement, Suncorp Risk Services have been working in a strategic partnership with the NSW Health Corporate Governance and Risk Management Branch. The partnership is aimed at improving the consistency and transparency of risk management across NSW Health.

SRS have recently been endorsed to undertake a facilitated self-assessment of risk management practices across eleven Public Health Organisations (PHO) of NSW Health. In doing so, they will provide benchmark risk management process performance indicators and improvement recommendations for each PHO and the NSW Health Corporate Governance and Risk Management Branch.

The process will utilise the Suncorp Risk Management Framework and Self-Assessment Tool to ensure consistency of approach and results. It will draw on the expertise of the Suncorp RST across NSW Health, as well as expertise in the application of resources such as Australian Standard AS4360: 2004 and TMF guide to Risk Management – The RCCC approach.

In addition to the above proposal, SRS have been working extensively with the executive team of Sydney West Area Health Service. Their charter has been to develop and implement a robust and sustainable risk management framework incorporating the strategic initiatives of the AHS with the rigour and process requirements of risk management. The NSW Health specific learning from this project is also contributing to the continual improvement of future risk management projects across NSW Health.

## Accounts age analysis

## Accounts receivable ageing for the Department of Health as at 30 June 2006

Category	2005/06		2004/05	
	\$000	%	\$000	%
< 30 Days	32,559	74	19,011	69
30/60 Days	7,215	16	584	2
60/90 Days	547	1	84	1
> 90 Days	3,948	9	7,940	28
<b>TOTAL</b>	<b>44,269</b>		<b>27,619</b>	

In 2005/06 the significant receivable balance in over 90 days is represented by \$999,000 for AusHealth as interest payable to the Department but not yet realised in terms of agreement. The amount further includes \$629,000 for Department of Veterans' Affairs revenue payable to the Department.

In 2004/05 the significant receivable balance in over 90 days is represented by \$892,000 for Department of Veterans' Affairs revenue payable to the Department.

## Accounts payable ageing for the Department of Health as at 30 June 2006

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	55,263	14	0	0	0
December	99,678	0	0	0	0
March	66,573	14	6	2	4
June	99,433	28	10	3	5

Quarter	Total accounts paid on time %	Total amount paid \$000	\$000
September 2005	98.7	2,635,356	2,670,067
December 2005	99.5	2,510,172	2,522,786
March 2006	99.4	2,430,114	2,444,783
June 2006	98.8	2,822,855	2,857,141

# Credit card certifications

It is affirmed that for the 2005/06 financial year credit card use within the Department was in accordance with Premier's Memoranda and Treasurer's Directions.

### Credit card use

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

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

### Documenting credit card use

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

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

### Procurement cards

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

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

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

# Research and development infrastructure grants

The Department of Health administered two Grants Programs in 2005/06 that provided support for the infrastructure of research and development organisations in NSW. Both programs provided funds to organisations for three years (ending on 30 June 2006) on a competitive basis.

The Research and Development Infrastructure Grants Program consisted of two funding streams. Stream 1 funding was allocated to large research institutes with 40 or more full time research staff. Stream 2 funding was allocated to medium sized research organisations with 20 or more full time research staff.

The specific objectives of the Research and Development Infrastructure Grants Program were to:

- provide infrastructure funding on a fair and equitable basis for outstanding statewide research organisations
- align this funding with NSW health system priorities
- ensure that research organisations that receive funds comply with accountability requirements

- promote the dissemination and application of research results.

Future funding rounds for this Program are being administered by the Department of State and Regional Development.

The Research and Development Capacity Building Infrastructure Grants Program supports research in public health, health services and primary health care.

The specific objectives of the Research and Development Capacity Building Infrastructure Grants Program are to:

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

In addition, funding grants were provided to organisations affected by the altered eligibility conditions for the above programs. These organisations were funded but did not meet strictly the conditions of the programs, or they otherwise helped to meet the health and medical research priorities of NSW Health.

Research and Development Infrastructure Grants	Amount \$	Purpose
Anzac Health and Medical Research	432,044	Research in Lifestyle and Ageing
Centenary Institute of Cancer Medicine and Cell Biology	1,259,816	Immunology Research into Cancer Infection, Allergy and Auto-Immune Diseases
Children's Cancer Institute	434,118	Research into Childhood Cancer
Children's Medical Research Institute	742,338	Research into Childhood Disease and Disability
Garvan Institute of Medical Research	3,577,917	Research into Cancer, Diabetes, Osteoporosis, Arthritis and Obesity
The Heart Research Institute	532,537	Research into Heart Disease particularly Atherosclerosis
Hunter Medical Research Institute	1,287,844	Research into Areas of Public Health
Kolling Institute of Medical Research	1,124,797	Research into Mechanisms of Cell Growth and Communication with Application on Disease and Cancer
Prince of Wales Medical Research Institute	1,479,691	Research on Brain and Nervous System including Parkinson's and Alzheimer's Diseases
Centre for Vascular Research	646,004	Research into Causation of Treatment of Blockages of Blood Vessels
Centre for Immunology	704,575	Research into Diagnosis and Treatment of Diseases of the Immune System
Westmead Millennium Institute	2,317,232	Research into Genetic, Molecular and Cellular Basis of Virus Infections, The Immune Response and Liver Disease
National Centre in HIV Epidemiology and Clinical Research	464,845	Monitoring of HIV/AIDS and to Conduct Clinical Trials on HIV Therapy
Victor Chang Cardiac Research Institute	1,109,509	Research into the Cause, Diagnosis and Treatment of Cardiovascular Diseases
Woolcock Institute of Medical Research	765,116	Research into Causes, Treatment and Prevention of Respiratory Diseases
Primary Health Institute	100,000	Establishment of General Practice and Primary Health Care Research, Development and Implementation
Australian Rural Health Research Collaboration	500,000	Research on Agriculture and Production Systems Safety, Farm Injury, Farm Population and Rural Health
Centre for Health Information	500,000	Development and Commercialisation of Information Technologies and Processes specific to Health Care Priority Areas
Centre for Infectious Diseases and Microbiology Laboratory Services	500,000	Support Prevention, Surveillance, Epidemiology and Diagnosis of Infectious/Communicable Disease and Parthenogenesis and Treatment of Infectious Diseases
Centre for Health Service Development	500,000	Research into Health Service Delivery and Management
Consortium for Social Policy Research on HIV Hepatitis C and Related Diseases	500,000	Research in Areas of HIV, Hepatitis C and Illicit Drug Use in NSW and to Encourage Collaborative Research and the Formation of Health Public Policy in these fields
Newcastle Institute of Public Health	500,000	Support Public Health and Health Services Research
Save Sight Institute	198,150	Research in Age Related Eye Diseases
Melanoma and Skin Cancer Research Institute	219,272	Research to Prevention and Treatment of Melanoma
Centre for Primary Health Care and Equity	100,000	Support of Health System Development, Prevention and Management of Chronic Disease
	<b>20,495,805</b>	
<b>Additional Grants</b>		
CRC for Asthma	83,333	Support for Asthma Research
Sydney West Area Health Service	250,000	Support and Development of the Westmead Research Hub
The Sax Institute	1,800,000	Research Partnerships in Areas of Population Health, Health Services and Health Policy Research
National Medical and Medical Research Council Trials, Centre	50,000	Support the ASPIRE Trial of low dose aspirin to prevent Thrombosis
Centre for Health Promotions	50,000	Phase out Infrastructure Funding
	<b>2,233,333</b>	

## Appendix 31

## Non-government organisations funded

Program:

36.1 Ambulatory, Primary and (General) Community Based Services

36.1.1 Primary and Community Based Services

Grant recipient	Amount	Purpose
<b>AIDS</b>		
Aboriginal Health and Medical Research Council of NSW	\$285,400	Advice on HIV/AIDS, hepatitis C and sexual health strategies for Aboriginal communities in NSW. Implementation of an HIV/AIDS Aboriginal Health Worker education kit. Development of additional support material for the Diploma of Community Services (Case Management) with a focus on Aboriginal Sexual Health distance learning package. Includes project funding for a harm minimisation officer and a joint Aboriginal sexual health research project with the National Centre in HIV Social Research
Aboriginal Medical Service Co-operative Ltd	\$161,000	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities. Statewide distribution of condoms via Aboriginal Community Controlled Health Organisations
AIDS Council of NSW Inc (ACON)	\$7,158,829	ACON is the peak statewide community based organisation providing HIV/AIDS prevention, education, and support services to people at risk of and living with HIV /AIDS. Services and programs include: HIV prevention, education and community development programs for gay and other homosexually active men; treatments information, health promotion and support programs for people with HIV/AIDS; education and outreach programs for commercial sex workers through the Sex Workers Outreach Project (SWOP); individual and group counselling; enhanced primary care and GP liaison; and HIV/AIDS information provision
Australian Council on Healthcare Standards (ACHS)	\$200,000	Coordination of collection, analysis and reporting of healthcare associated infections data in all NSW public facilities
Australasian Society for HIV Medicine Inc	\$567,800	Provision of training for accreditation of general practitioners prescribing HIV treatments under s100 of the <i>National Health Act</i> and training, education and support for general practitioners involved in the management of HIV and HCV infection
Awabakal Newcastle Aboriginal Co-op Ltd	\$24,376	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Biripi Aboriginal Corporation Medical Centre	\$53,700	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Bourke Aboriginal Health Service Ltd	\$67,525	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Bulgarr Ngaru Medical Aboriginal Corporation	\$53,700	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Coomealla Health Aboriginal Corporation	\$53,700	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$53,700	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Diabetes Australia – NSW	\$1,069,800	Provision of free needles and syringes to registrants of the National Diabetic Services Scheme resident in NSW
Durri Aboriginal Corporation Medical Service	\$53,700	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Hepatitis C Council of NSW	\$1,004,100	Provision of information, support, referral, education, prevention and advocacy services for all people in NSW affected by hepatitis C. The Council works actively in partnership with other organisations and the affected communities to bring about improvement in the quality of life, information, support and treatment for the affected communities, and to prevent hepatitis C transmission
Katungul Aboriginal Corporation Community and Medical Services	\$13,075	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities



Grant recipient	Amount	Purpose
National Centre in HIV Epidemiology Clinical Research	\$277,755	Monitoring of prevalence, incidence and risk factors for sexually transmissible infections among gay men in Sydney. Demographic and socio-economic and behavioural risk factors for AIDS in the HAART area. Project funding for the evaluation of the Medically Supervised Injecting Centre trial
National Centre in HIV Social Research	\$227,435	Contribution towards the costs of the Sydney Gay Community Periodic Survey, the Positive Health Cohort Study, a number of time limited projects and a NSW HIV/AIDS and hepatitis C Research Coordination project
NSW Users and AIDS Association Inc	\$1,244,600	Community based HIV/AIDS and Hepatitis C education, prevention, harm reduction information, referral and support services for illicit drug users
Pharmacy Guild of Australia (NSW Branch)	\$1,023,432	Coordination of needle and syringe exchange scheme in retail pharmacies throughout NSW
Pius X Aboriginal Corporation	\$53,700	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
PLWHA (NSW) Inc	\$529,300	Statewide community based education, information and referral support services for people living with HIV/AIDS
South Coast Medical Service Aboriginal Corporation	\$53,700	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Tharawal Aboriginal Corporation	\$26,150	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Uniting Care NSW/ACT	\$2,096,100	Medically Supervised Injecting Centre trial
Walgett Aboriginal Medical Service Co-op Ltd	\$80,350	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
Wellington Aboriginal Corporation Health Service	\$53,700	Provision of HIV/AIDS, hepatitis C and sexual health education and prevention programs for local Aboriginal communities
<b>TOTAL</b>	<b>\$16,486,627</b>	
<b>Alternative Birthing</b>		
Durri Aboriginal Corporation Medical Service	\$160,000	Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area
Walgett Aboriginal Medical Service Co-op Ltd	\$226,900	Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area
<b>TOTAL</b>	<b>\$386,900</b>	
<b>Carers</b>		
Association of Genetic Support of Australasia Inc	\$100,000	Filling the Void providing practical and emotional support to carers of people with rare genetic disorders where no support is available
Australian Huntington's Disease Association (NSW) Inc	\$55,000	Caring for carers program supporting family and carers of people with Huntington's disease
Autism Spectrum Australia	\$200,000	Behaviour intervention service, parent carer training programs and support service. Early support and education for parents and carers of newly diagnosed children with autism spectrum disorder
Carers NSW Inc	\$323,600	Grant for peak body role including health professional training, biennial conference and carer training
Disability and Aged Information Service Inc	\$100,000	Working Carers Support Gateway providing internet based information and support service for low income employed carers
Down Syndrome Association of NSW Inc	\$97,600	All the Way program supporting carers of people with Down Syndrome via information and peer support
Multiple Sclerosis Society of NSW	\$30,000	MS Family Matters information, education and support program providing tailored information and education workshops and resources to carers and family of people with MS
Muscular Dystrophy Association of NSW	\$77,800	Care for carers program providing information and support to carers of people with muscular dystrophy and other neuromuscular disorders
NSW Cancer Council	\$25,300	Support skills for cancer carers providing a statewide education program using facilitator-led online delivery and telegroup support
The Spastic Centre of NSW	\$100,000	Carers link program supporting parent and carers of people with cerebral palsy and other significant physical disability via mutual support and education initiatives
<b>TOTAL</b>	<b>\$1,109,300</b>	

Grant recipient	Amount	Purpose
<b>Community Services</b>		
Association for the Welfare of Child Health	\$134,700	Information and advice on the non-medical needs of children and adolescents in the health care system for families, parents and health professionals
Council of Social Service NSW	\$170,900	Grant for policy development in the areas of consumer participation, rural health, Health NGO's, community care, intergovernmental issues and promotion of non acute services and employment of a health policy officer
NSW Association for Adolescent Health Inc	\$215,800	Peak body committed to working with and advocating for the youth health sector in NSW to promote the health and well being of young people aged 15 to 25 years.
QMS (Quality Management Services) Inc	\$464,100	Coordination and implementation of NGO Quality Improvement Program for health NGOs funded under the NGO Grant Program
United Hospital Auxiliaries of NSW Inc	\$149,100	Coordination and central administration of the United Hospital Auxiliaries located in NSW Area Health Services
<b>TOTAL</b>	<b>\$1,134,600</b>	
<b>Drug and Alcohol</b>		
Aboriginal Health and Medical Research Council of NSW	\$398,000	Three year project funding from 2004/05 to continue the policy/project officer position and aboriginal drug and alcohol network and undertake education activities
Aboriginal Medical Service Co-op Ltd	\$277,625	Multi purpose Drug and Alcohol Centre
Department of Psychology Macquarie University	\$54,000	Project funding for a drug and alcohol education curriculum content in the Master of Social Health course
Life Education NSW Ltd	\$1,634,000	A registered training organisation providing health oriented educational program for primary school children
Network of Alcohol and Other Drugs Agencies Inc	\$1,361,503	Peak body for non government organisations providing alcohol and other drug services
Oolong Aboriginal Corporation Inc	\$255,255	A residential drug and alcohol treatment and referral service for Aboriginal people
Pharmacy Guild of Australia (NSW Branch)	\$1,248,080	NSW Pharmacy Incentive Scheme that involves the payment of incentives to pharmacists to encourage them to participate in the State's methadone/buprenorphine program.
QMS (Quality Management Services) Inc	\$197,000	Three year project funding from 2004/05 for the review and accreditation of drug and alcohol NGOs providing residential rehabilitation services in NSW
<b>TOTAL</b>	<b>\$5,425,463</b>	
<b>Health Promotion</b>		
National Heart Foundation of Australia (NSW Division)	\$350,000	Program to support initiatives which aim to increase the number of NSW General Practitioners who deliver timely and effective physical activity advice to their patients
<b>TOTAL</b>	<b>\$350,000</b>	
<b>Innovative Services for Homeless Youth</b>		
CHAIN – Community Health for Adolescents in Need, Inc	\$285,800	Preventative, early intervention and primary health care to young homeless people and young people at risk of homelessness
The Settlement Neighbourhood Centre (Muralappi Program)	\$64,950	A program providing culturally appropriate camps and living skills activities for young Aboriginal people in and around Redfern
<b>TOTAL</b>	<b>\$350,750</b>	
<b>Oral Health</b>		
Aboriginal Medical Service Co-op Ltd	\$50,000	Aboriginal oral health services
Armidale and District Services Inc	\$458,075	Aboriginal oral health services
Awabakal Newcastle Aboriginal Co-op Ltd	\$136,600	Aboriginal oral health services
Biripi Aboriginal Corporation Medical Centre	\$136,600	Aboriginal oral health services
Bulgarr Ngaru Medical Aboriginal Corporation	\$330,500	Aboriginal oral health services
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$343,300	Aboriginal oral health services
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	\$138,750	Aboriginal oral health services

Grant recipient	Amount	Purpose
Durri Aboriginal Corporation Medical Service	\$330,500	Aboriginal oral health services
Illawarra Aboriginal Medical Service	\$238,500	Aboriginal oral health services
Pius X Aboriginal Corporation	\$136,200	Aboriginal oral health services
Riverina Medical and Dental Aboriginal Corporation	\$359,900	Aboriginal oral health services
South Coast Medical Service Aboriginal Corporation	\$205,300	Aboriginal oral health services
Tharawal Aboriginal Corporation	\$116,050	Aboriginal oral health services
<b>TOTAL</b>	<b>\$2,980,275</b>	
<b>Rural Doctors Services</b>		
NSW Rural Doctors Network	\$1,074,800	The Rural Doctors' Network core funding is applied to a variety of programs aimed at ensuring sufficient numbers of suitably trained and experienced general practitioners are available to meet the health care needs of rural NSW communities. Funding is also provided for the NSW Rural Medical Undergraduates Initiatives Program focussed on providing financial and other support to medical students undertaking rural NSW placements; and the Rural Resident Medical Officer Cadetship Program supporting selected medical students in their final two years of study who commit to completing two of their first three postgraduate years in a NSW rural allocation centre
<b>TOTAL</b>	<b>\$1,074,800</b>	
<b>Victims of Crime Support</b>		
Dubbo Women's Housing Programme Inc	\$92,800	Provision of counselling and support services for women and children who have experienced domestic violence
Enough is Enough	\$102,800	Provision of support services to victims of crime, including victims of road trauma, with a focus on violence, cooperative justice and community education
Lismore Neighbourhood Centre Inc	\$42,600	Provision of counselling to adult victims of child sexual assault
Liverpool Migrant Resource Centre Inc	\$65,800	Provision of counselling and support services to Arabic women victims of domestic violence. Also provides educational workshops on domestic violence
Mission Australia	\$88,900	Provision of court preparation and support to adult victims of crime
Nambucca/Bellingen Family Support Service	\$51,500	Provision of court support and other support services including counselling to victims of crime, particularly victims of domestic violence
Wagga Wagga Women's Health Centre	\$54,300	Provision of individual and group counselling to adult victims of child sexual assault
<b>TOTAL</b>	<b>\$498,700</b>	
<b>Women's Health</b>		
Women's Health NSW	\$150,700	Peak body for the coordination of policy, planning, service delivery, staff development, training, education and consultation between non government women's health services, the Department and other government and non government services
<b>TOTAL</b>	<b>\$150,700</b>	

Program:

36.1 Ambulatory, Primary and (General) Community Based Services

36.1.2 Aboriginal Health Services

Grant recipient	Amount	Purpose
<b>Aboriginal Health</b>		
Aboriginal Health and Medical Research Council of NSW	\$773,700	Peak body advising State and Federal Governments on Aboriginal health matters and supporting Aboriginal community controlled health initiatives
Aboriginal Medical Service Co-op Ltd	\$289,100	Preventative health care and drug and alcohol services and Family Health Strategy services for Aboriginal community in the Sydney inner city area and a one off grant for the provision of medical services at the annual Aboriginal Rugby League Knockout Carnival and funding for the Aboriginal Health Worker Education Program
Albury Wodonga Aboriginal Health Service Inc	\$23,815	Two year Aboriginal Health Promotion (AHP) funding for oral health promotion program for koori school aged children
Australian College of Health Service Executives (ACHSE)	\$100,000	Coordination of Aboriginal Health Management Trainees in the ACHSE Management Training Program
Awabakal Newcastle Aboriginal Co-op Ltd	\$284,000	Preventative health care, drug and alcohol, dental services, Otitis Media program and Aboriginal Health Strategy services for Aboriginal community in the Newcastle area
Biripi Aboriginal Corporation Medical Centre	\$259,000	Preventative health care, drug and alcohol, dental best practice, Family Health Strategy services and vascular health program for Aboriginal community in the Taree area
Bourke Aboriginal Health Service Ltd	\$127,300	Preventative and primary health care, health screening and education programs, drug and alcohol services for Aborigines in Bourke and surrounding areas
Centacare Wilcannia-Forbes	\$124,200	Aboriginal Family Health Strategy grant for the prevention of violence and supporting positive family relationships in Narromine and Bourke
Condoblin Aboriginal Health Service	\$25,000	Two year AHP funding for various health promotion programs
Coomealla Health Aboriginal Corporation	\$25,000	Two year AHP funding for children's nutritional breakfast program
Cummeragunja Housing and Development Aboriginal Corporation	\$84,310	Preventative health services for Aboriginal community in the Cummeragunja, Moama and surrounding areas
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$247,500	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Sydney Western Metropolitan area and a deceased person van service
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	\$106,631	Two year AHP funding for safe motherhood program, for healthy smiles project and for Otitis Media screening project
Durri Aboriginal Corporation Medical Service	\$288,300	Preventative health, drug and alcohol services, Dental Health Best Practice project and vascular health program (Durri/Galambila) for the Aboriginal communities in the area
Forster Local Aboriginal Lands Council	\$70,000	Aboriginal Family Health Strategy services for the prevention and management of violence within Aboriginal families
Gallambilla Aboriginal Corporation C/- Durri ACMS	\$8,350	Two year AHP funding for Spring Into Shape project
Goorie Galbans Aboriginal Corporation	\$104,800	Aboriginal Family Health Strategy services to reduce family violence, sexual assault and child abuse
Grace Cottage Inc	\$76,500	Family Health Strategy services involving individual and group support, educational workshops and training to reduce family violence, sexual assault and child abuse in Dubbo
Gudu Wondjer (Sea Women) Aboriginal Corporation	\$56,625	Safe house and support services for families fleeing from domestic violence in Eden and surrounding areas
Illawarra Aboriginal Medical Service	\$226,700	Dental, preventative health care, drug and alcohol services, youth health and welfare services and a childhood nurse for Aboriginal community in the Illawarra area
Katungul Aboriginal Corporation Community and Medical Services	\$59,475	Dental Health Best Practice project and Otitis Media coordinator
MDEA and Nureen Aboriginal Women's Cooperative	\$44,100	Counselling and support service for Koori women and children in stress from domestic violence
Menindee Aboriginal Health Service	\$23,900	Two year AHP funding for taking care of self and family project
Ngadrii Ngalli Way Inc (My Mother's Way) Family Support Service	\$70,000	Aboriginal family health services providing emotional and Bourke practical support to families with dependent children who are experiencing difficulty in their lives

Grant recipient	Amount	Purpose
Ngaimpe Aboriginal Corporation	\$137,400	Residential drug and alcohol treatment centre for men in the Central Coast area and NSW
Oolong Aboriginal Corporation Inc	\$104,036	A residential drug and alcohol treatment and referral service for Aboriginal people
Orana Haven Aboriginal Corporation (Drug and Alcohol Rehabilitation Centre)	\$114,800	Drug and alcohol rehabilitation service for Aboriginal and non Aboriginal people
Peak Hill Aboriginal Medical Service	\$24,883	Two year AHP funding for Walan Mali Migay (young women) project
Pius X Aboriginal Corporation	\$48,692	Two year AHP funding for AOD education and Community Kitchens
Regional Social Development Group Inc	\$75,100	Develop an Aboriginal Family Health Strategy best practice model to increase access by the Aboriginal community to services specifically dealing with family violence, child protection and sexual assault services and preventative health projects
Riverina Medical and Dental Aboriginal Corporation	\$378,100	Preventative health care, drug and alcohol, dental services, Otitis Media program and coordinator and Aboriginal Family Health Strategy to develop and implement family health education programs for Aboriginal community in the South Western area
South Coast Medical Service Aboriginal Corporation	\$127,300	Preventative health care and drug and alcohol services for Aboriginal community in the Nowra area
Tharawal Aboriginal Corporation	\$61,950	Dental, preventative health care and drug and alcohol services for Aboriginal community in the Campbelltown area
Thubbo Aboriginal Medical Cooperative Ltd	\$17,677	Anti smoking project – Butt Out for Aboriginal community in the Dubbo area
Walgett Aboriginal Medical Service Co-op Ltd	\$288,485	Preventative health care and drug and alcohol services and Family Health Strategy services for Aboriginal community in Walgett and surrounding areas
WAMINDA (South Coast Women's Health and Welfare Aboriginal Corp)	\$70,000	Aboriginal Family Health Strategy grant to develop an education and training program for Aboriginal Community Workers covering family violence, sexual assault and child abuse issues
Weigelli Centre Aboriginal Corporation	\$62,200	Residential drug and alcohol counselling, retraining and education programs for Aboriginal people in the Cowra area
Wellington Aboriginal Corporation Health Service	\$122,050	Drug and alcohol services, youth and Family Health Strategy services for the Aboriginal community in Wellington
Yerin Aboriginal Health Services Inc	\$294,800	Health and medical services both at the Centre and on an outreach basis, administration support, Otitis Media program and Family Health Strategy services for Aboriginal people in the Wyong area
Yoorana Gunya Aboriginal Family Violence Healing Centre Aboriginal Corporation	\$133,600	Aboriginal Family Health Strategy project
<b>TOTAL</b>	<b>\$5,559,379</b>	

Program:

36.1 Ambulatory, Primary and (General) Community Based Services

36.2.1 Mental Health Services

Grant recipient	Amount	Purpose
<b>Mental Health</b>		
Aboriginal Medical Service Co-op Ltd	\$157,200	Mental Health workers project and mental health youth project for Aboriginal community in the Sydney inner city area
ARAFMI NSW Inc	\$80,000	Three year Family and Carer Mental Health Project
Awabakal Newcastle Aboriginal Co-op Ltd	\$77,100	Mental Health worker project for Aboriginal community in the Newcastle area
Black Dog Institute	\$1,103,300	Programs to advance the understanding, diagnosis and management of mood disorders through research, education, training and population health approaches
Bulgarr Ngaru Medical Aboriginal Corporation	\$78,600	Mental Health worker project for Aboriginal community
Carers NSW Inc	\$240,000	Three year Family and Carer Mental Health Projects
Coomealla Health Aboriginal Corporation	\$77,100	Mental Health worker project for Aboriginal community
Cummeragunja Housing and Development Aboriginal Corporation	\$77,100	Mental Health worker project for Aboriginal community
Mental Health Coordinating Council NSW	\$672,300	Peak organisation funded to support NGO sector efforts to provide efficient and effective delivery of mental health services plus three year project funding for the NGO Development Officers Strategy project
Mental Illness Education – Aust (NSW) Inc	\$154,100	Mental health awareness program and insight program in secondary schools
NSW Consumer Advisory Group – Mental Health Inc (NSW CAG)	\$381,200	Contribution to consumer and carer input into mental health policy making process and one off for MH Copes project
Parramatta Mission	\$80,000	Three year Family and Carer Mental Health Project
Schizophrenia Fellowship of NSW Inc	\$240,000	Three year Family and Carer Mental Health Projects
South Coast Medical Service Aboriginal Corporation	\$78,600	Mental Health worker for local Aboriginal community
Matthew Talbot Homeless Facilities – Vincentian Village	\$176,200	Funding for mental health workers at Vincentian Village, a service for homeless people in the inner city area
St Vincent de Paul Society Aged and Special Care Services Ltd – Frederick House	\$154,100	Project grant for mental health services at aged care facility
The Peer Support Foundation Ltd	\$200,700	Social skills development program, providing education and training for youth, parents, teachers, undertaken in schools across NSW
Wellington Aboriginal Corporation Health Service	\$75,000	Project grant for the employment of a clinical team leader (psychologist) Aboriginal mental health focus
<b>TOTAL</b>	<b>\$4,102,600</b>	

## Other funding grants

Grant recipient	Amount	Purpose
Aboriginal Health and Medical Research Council	41,364	Improvement of Aboriginal Men's Health
Aboriginal Health and Medical Research Council	296,386	Operating Expenses for 2005/06
Aboriginal Health and Medical Research Council	30,975	Mental Health Aboriginal Outcomes and Assessment Tools Project
Aboriginal Health and Medical Research Council	61,677	Employment of a Health Coordinator Aboriginal Mental Health
Adele Dundas Incorporated	144,710	Drug Court Residential Living Skills Program
AFL (NSW – ACT)	275,000	Sole Sponsorship of 'Smoking Don't be a Sucker' NSW High School Program
AIDS Council of NSW	8,220	Community Drug Action Team Funding
Airds Bradbury Community	4,600	Community Drug Action Team Funding
Ambulance Service of NSW	42,105	Enhancement of Emergency Department Network Activation (EDNA) System
Amputee Association of NSW	17,000	Funding and Performance Agreement commencing July 2005 for three years
Armidale Family Support Service	4,608	Administrative Costs of Community Drug Action Team
Attorney General's Department	341,536	Phase 2 Illicit Drug Diversion Initiatives 2005/06
Attorney General's Department	214,000	Compulsory Drug Treatment Correctional Centre
Australian College of Health Services	124,188	Management Development Program Grant 2006
Australian College of Health Services	92,771	Funding for Health Planning and Management Library
Australian College of Physical Scientists	40,264	Education of Radiation Oncology Medical Physicist Trainees
Australian Council of Health Care Standards	8,891	Embedding Cultural Diversity in Accreditation of Health Care Organisation Project
Australian Multicultural Foundation	5,000	Sponsorship of Diversity in Health Conference 2005
Australian Red Cross Blood	3,406,270	Bone Marrow Program
Australian Red Cross Blood	1,122,015	2005/06 Funding
Australian Red Cross Society	170,000	Heroin Overdose Prevention Education for Families and Carers of Drug Users
Australian Rotary Health Research Fund	12,500	Aboriginal Health Scholarship Program for 2005
Bankstown Community Health	2,727	Administrative and Program Costs of Community Drug Action Team
Bankstown Police Community Youth Centre	4,500	Community Drug Action Team Funding
Bathurst Regional Council	1,000	Facilitation of Community Drug Action Team 'Expo'
Beyondblue Ltd	591,889	Undertake Mental Health Initiatives in Depression, Anxiety and Related Disorders
Bicycle NSW	30,000	Increase Physical Activity in NSW
Biripi Medical	58,210	Minor Capital Works Project-Medical Services
Cancer Institute	83,222,536	Core Funding 2005/06 for Cancer Institute Services
Cancer Institute	40,459	Purchase of Data Link Computer Server
Cancer Institute	20,000	Establish and Operate 2006/07 Joint Ethics Committee
Canterbury Municipal Council	1,270	Community Drug Action Team Funding
Carers NSW Incorporated	375,000	Auspiced Demonstrations Project for Carers of People with Mental Illness
Casino Neighbourhood Centre	5,000	Community Drug Action Team Funding
Central Tablelands Water	39,814	Upgrade of Fluoridation Plant
Central West Consortium	16,250	General Practice Education Training
Centre for Development Disability Studies	25,000	Hospitalisation Training Project
Centre for Development Disability Studies	35,714	Development of Training and Information Package to GPs Clinical Nurse Consultants
Centrecare Wagga Wagga	1,000	Administrative Costs of Community Drug Action Team
Charles Sturt University	15,000	Research into 'Traumatic Brain Injury In Rural, Regional and Remote Australia

Grant recipient	Amount	Purpose
City of Ryde	6,491	Community Drug Action Team Funding
Commonwealth Department of Health and Ageing	646,094	National Cord Blood Collection Network 2005/06 Contribution
Community Relations Committee	50,000	Cronulla Unrest Project
Coomealla Health Aboriginal Corporation	9,091	Minor Capital Works Project-Dareton
Coonamble Shire Council	54,000	Upgrade of Fluoridation Plant
Corrective Services Department	1,399,915	Specialist Drug and Alcohol Community Positions
Cynthia Street Neighbourhood	3,250	Community Drug Action Team Funding
Daruk Aboriginal Medical Services	10,727	Minor Capital Works Project-Mt Druitt
Dementia Services Development Centre	10,000	Sponsorship of Enriching the Lives of People with Dementia Conference
Department Ageing, Disability and Home Care	120,000	Early Childhood Intervention Program
Department of Ageing and Disability	4,545	Contributions to 2006 International Day of People with Disability
Department of Community Services	169,744	Illicit Drugs and Alcohol Diversion Initiative Contribution for 2005/06
Department of Community Services	73,761	Drug and Alcohol Staff Training Program
Department of Education	20,000	Evaluation of Physical Activity in Linguistically Diverse Communities
Department of Education	100,000	Implementation of Sexual Health in Schools
Department of Education	146,090	Youth Drug and Alcohol Court Assessment Worker and TAFE Courses
Department of Health SA	69,939	National Health Data Directory 2005/06 Contribution
Department of Health SA	192,613	AHMAC Contribution 2005/06
Department of Health SA	87,215	Nurse Task Force Funding 2005/06
Department of Health SA	25,110	AHMAC Child Health Wellbeing 2005/06
Department of Health SA	580,676	AHMAC Contribution 2005/06
Department of Juvenile Justice	2,177,677	Youth Drug and Alcohol Court and Young Offender Programs
Guthrie House	42,315	Drug Court Residential Living Skills Program
Gwydir Shire Council	3,140	Administrative and Program Costs of Community Drug Action Team
Health and Ageing Services	45,455	Quality Improvement Initiative 2005/06
Health and Ageing Services	20,000	Armidale and District Services Incorporated Service Review
Health and Ageing Services	270,570	AUS Donate 2005/06 Contribution – Organ Donation
Health and Ageing Services	54,545	Contribution Towards Capital Works Project – Wellington Aboriginal Council
Health and Ageing Services	72,880	Minor Capital Works Project-Awabakal Counselling Facility
Hornsby Shire Council	1,642	Community Drug Action Team Funding
Hunter Medical Research	3,750,000	Construction of Medical Research Facility at John Hunter Hospital
Hunter New England Area Health Service	2,404	Administrative Costs of Community Drug Action Team
Inspire Foundation	70,000	Internet Interactive Self-help Module Targeted for Young Men
Inspire Foundation	250	Community Drug Action Team Funding
Institute of Psychiatry	1,805,557	Annual Operating Expenses
Institute of Psychiatry	250,000	Establishing Infrastructure to Maintain Accreditation of its Courses
Jarraah House	18,915	Residential Rehabilitation Services for Clients of Adult Drug Court Program
Karitane	5,000	Conference on 'Little Steps Big Progress' – Childhood Obesity
Kempsey Community Drug Action	7,000	Community Drug Action Team Funding
Kempsey Shire Council	147,750	Upgrade of Fluoridation Plant
Kyogle Youth Action Incorporated	3,100	Community Drug Action Team Funding
Lake Macquarie City Council	4,150	Community Drug Action Team Funding
Macathur Community Forum	500	Community Drug Action Team Funding
Mental Health Association of NSW	28,538	Relocation Costs of Mental Health Association New Office
Mental Health Council of NSW	13,376	National Mental Health Consumers and Carers Forum
Mid Western Regional Council	197,061	Upgrade of Fluoridation Plant
Monash University	2,000	Australian College of Toxicology – 17th Session
Moree Plains Shire Council	218,399	Upgrade of Fluoridation Plant



Grant recipient	Amount	Purpose
Multi Cultural Disability Advocacy Association	4,545	Conference 'From Tolerance to Respect'
Muswellbrook Shire Council	33,292	Upgrade of Fluoridation Plant
Narrama Multi Service Aboriginal Corporation	1,653	Administrative and Program Costs of Community Drug Action Team
National Blood Authority	14,284,333	NSW Share of Operational Funding and Blood Products
Neuroscience Institute	1,618,958	Research into Schizophrenia and Allied Disorders
Neuroscience Institute	87,118	Neuroscience Institute of Schizophrenia and Allied Disorder Partnership Project 2006
Ngaimpe Aboriginal	347,500	Minor Capital Works Project Glen Rehabilitation Centre
Niftey Australia	6,818	National Conference for Early Years – Silver Sponsorship
Nimbin Community Development Drug Action	6,560	Community Drug Action Team Funding
North Sydney and Central Coast Area Health Service	55,000	Funding for Clinical Placement Coordinator
NSW Cancer Council	9,091	Supporting Women in Rural Areas with Breast Cancer Initiative
NSW Cancer Council	75,000	Provision of Education for Child and Family Health Nurses
NSW Consumer Advisory Services	9,091	Sponsorship of 'Forging our Future Three Conference'
NSW Department of Aboriginal Affairs	5,000	Linga Linga Program for School Holidays
NSW Department of Tourism and Sport	44,000	Youth Friendship Games
NSW Police	42,436	Cannabis Cautioning Scheme
NSW Police	144,872	Diversion Training
NSW Police	340,000	Development of Drug and Alcohol Training Program
NSW Police Service	170,000	Random Roadside Drug Testing Project
Odyssey House	15,535	Residential Rehabilitation Services for Clients of Adult Drug Court Program
Orana Haven Rehab Centre	16,757	Water Pump Upgrade
Palliative Care Association NSW	10,000	Contributions to Palliative Care Conference
Palliative Care Association NSW	203,205	Funding for 'Program of Experience in the Palliative Approach'
Palliative Care Association of NSW	10,000	Sponsorship of 8th Australian Palliative Care Conference
Pittwater Municipal Council	2,600	Community Drug Action Team Funding
Pius X Aboriginal Centre	95,173	Minor Capital Works Project – Medical Services
Port Macquarie Hastings Council	3,000	Community Drug Action Team Funding
Quality Management Services	17,782	Embedding Cultural Diversity in Accreditation of Health Care Organisation project
Regional Youth Support Services	2,500	Community Drug Action Team Funding
Registration Centre	9,091	Sponsorship of 6th Men's Health Conference – Incorporating 4th National Indigenous Male Health Conference
Royal Alexandria Hospital	5,000	Youth Health Conference
Royal Alexandria Hospital	45,455	Registration Pharmaceuticals Training Program
Royal Australian College of Physicians	13,500	Sponsorship of Australian Healthcare Reform Alliance Conference
Salvation Army	31,525	Residential Rehabilitation Services for Clients of Adult Drug Court Program
San Remo Neighbourhood	2,300	Community Drug Action Team Funding
Shellharbour City Council	6,000	Administrative, Training and Events Costs of Community Drug Action Team
Singleton Council	2,500	Community Drug Action Team Funding
South Eastern Sydney and Illawarra Area Health Service	24,833	Aboriginal Cadetship – Bachelor of Arts in Population Health
Southern Cross University	4,400	Scholarship to Dorothy Pholi for Masters of Indigenous Studies
St Vincent's Hospital Lismore	77,597	Provision of Culturally Appropriate Palliative Care to Indigenous Australians
State and Regional Development	187,500	Annual Payment for Biotechnology Business Incubator
Suicide Prevention Australia	4,000	Sponsorship of National Life Awards
Sydney South West Area Health Service	220,265	Funding for 'Program of Experience in the Palliative Approach'
Sydney South West Area Health Service	14,851	Rural Surgical Enhancement Program
Tresillian Family Care	10,000	Major Sponsorship of Family Care Centres Conference

Grant recipient	Amount	Purpose
Uniting Care NSW	250,000	Lifeline NSW to Develop its capacity for New Operating Environment
University of Canberra	20,000	Development of Microsimulation Model for Australian Health System
University of New England	17,610	Development for Mental Health Workshop through Education Grants
University of New England	22,869	Development of NSW Mental Health Workshop through Educational Grants
University of Newcastle	677,500	Research and Educational Support to Rural Mental Health Services
University of Newcastle	56,309	Workshops and Seminars for Rural Support Agencies Meeting Mental and Health Needs
University of Newcastle	137,606	Evaluation of Point of Care Clinical Information Systems Implementation
University of NSW	25,000	Research into Role of Internet in Building Social Capital Among Homosexuals
University of NSW	35,000	Research on Miller Early Childhood Sustained Home Visiting Project
University of NSW	15,000	Sponsorship of NSW Primary Health Care Research Capacity Building Program
University of NSW	25,000	Funding for ASPIRE Study
University of NSW	150,000	Infrastructure Funding for Mood Disorders Research Centre
University of NSW	21,297	Study to Reduce Crime While on Methadone Treatment
University of NSW	55,000	Study on Use of Psychostimulants by Long-Haul Distance Drivers
University of Southern Cross	15,947	Sponsorship of Indigenous Students for Masters in Indigenous Studies
University of Sydney	44,000	Research into Tobacco Action Plan 2005–2009
University of Sydney	77,727	Coordinate and Develop Drugs and Alcohol Education in the Faculty of Medicine
University of Sydney	154,724	Refurbishment of Medical Foundation Building
University of Sydney	60,000	Development of Nutritional Plan for Public Health Nutrition Beyond 2000
University of Sydney	490,000	NSW Centre for Overweight and Obesity Funding
University of Sydney	109,091	Funding for Chair of Medical Physics
University of Sydney	200,000	Establishment of Chair for Geriatric Medicine and Aged Care at Westmead Hospital
University of Western Sydney	200,000	Men's Health and Information Resource Centre
University of Western Sydney	468,207	Establishment of Population Mental Health Development and Disasters Centre
University of Western Sydney	5,000	Negotiating the Challenges of Cultural Diversity in Children's Health Care
Various	412,025	Rural Scholarship Grants
Various	60,963	Radiation Oncology Post Graduate Scholarships
Various	1,911	Overseas Recruitment Program for Radiation Therapists
Walgett Aboriginal Medical Services	135,044	Minor Capital Works program for Building Expansion and Renovation
Wayback Committee	15,000	Follow up Study on 'The Effects of Maintenance Treatment on Heroin Addicts'
Wayback Committee Limited	277,218	Residential Rehabilitation Services for Clients of Adult Drug Court Program
We Help Ourselves	38,155	Residential Rehabilitation Services for Clients of Adult Drug Court Program
Yass Valley Council	500	Administrative Costs of Community Drug Action Team
YMCA Sydney	26,500	Supporting Women in Rural Areas with Breast Cancer Initiative
Yoorana Gunya	26,045	Minor Capital Works Project-Yoorana Gunya Forbes
	<b>126,587,818</b>	

## Operating consultants

## Consultancies equal to or more than \$30,000

Consultant	\$ Cost	Title/Nature
<b>Organisational Review</b>		
Health Policy Analysis P/L	59,661	Review of NSW Program and Product Data Collection Standards
Communio	31,935	Review of Telephone Advisory and Counselling Service
Prof John Dwyer	50,600	Advice on Priority Health Reforms
Ian Sinclair	48,682	Advice on Reform of NSW Health System
Booz Allen Hamilton (Aus) P/L	118,545	Develop Strategic Planning Framework for NSW Health
David Isaac Ben-Tovim	58,500	Performance Improvement in Benchmarking and Evaluation
Deloitte Touche Tohmatsu	49,296	Analysis of Payroll Data of Staff Specialists
<b>Sub Total</b>	<b>417,219</b>	
<b>Information Technology</b>		
Bearingpoint Australia P/L	38,733	Review NSW Health Data Collection
<b>Sub Total</b>	<b>38,733</b>	
<b>Management Services</b>		
William Partick O'Loughlin	40,250	Review of NSW/AIDS Support Accommodation Services
Price Waterhouse Coopers Actuarial P/L	100,001	Review of Provision of Aids for Disabled People (PADP) Program
Price Waterhouse Coopers P/L	54,487	Review State Government Residential Aged Care Reform Program
Independent Pricing and Regulatory Tribunal	82,716	Review of Ambulance Service of NSW User Charges
Curtin University	69,090	Review on 'What Consumers Want'
Hudson Global	37,066	Development of Strategies on Drug Information
University of NSW	53,650	Development of Community Care Indicators
University of NSW	57,658	Development of Strategies in Health Care in the Community
Julie McDonald and Associates	103,098	Review Aboriginal Family Health Strategy
Doll Martin Associates	120,303	Develop Health eLink Business Case
Hardes and Associates	56,000	Review of Acute Inpatient Demand
<b>Sub Total</b>	<b>774,319</b>	
<b>Training</b>		
Futuretrain P/L	66,635	Development of Educational and Training Strategy for NSW Health
<b>Sub Total</b>	<b>66,635</b>	
Consultancies equal to or more than \$30,000	1,296,906	

## Consultancies less than \$30,000

<b>During the year 52 other consultancies were engaged to the following areas</b>		
Finance and Accounting/Tax	44,939	
Legal	0	
Organisational Review	276,252	
Information Technology	60,453	
Management Services	498,916	
Training	0	
Total Consultancies less than \$30,000	880,560	
<b>TOTAL CONSULTANCIES</b>	<b>2,177,466</b>	

# Commitment to women's health

The NSW Women's Health Strategy, funded through the Public Health Outcomes Funding Agreement, provides the framework for advancing the health and wellbeing of women in NSW. The principles of equity, access, rights and participation underpin the Strategy.

NSW Health recognises that the key determinants of health for women include the role and position of women in society and their reproductive role as well as their biomedical health. NSW Health funds, implements and monitors a range of initiatives to improve the health of women, including disadvantaged women, in NSW.

## Reducing Violence Against Women

The NSW Strategy to Reduce Violence Against Women involves a partnership between the Attorney General's Department, NSW Police, Department of Community Services, Department of Education and Training, Department of Health, Department of Housing and the Office for Women. In 2005/06 the NSW Department of Health contributed \$630,000 towards the initiative.

The NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence (2003) introduced an early intervention and screening strategy involving routine screening for domestic violence. The aims of the policy are to:

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

In 2004/05 routine screening was implemented in NSW Health services where significant numbers of women had been found to be at risk. These services included early childhood health centres, antenatal, mental health, and alcohol and other drugs services. In 2005/06 Women's Health Nurses also commenced routine screening.

In 2005/06, NSW Department of Health contributed \$100,000 towards the review and production of domestic violence and sexual assault resources by the Education Centre Against Violence (ECAV). A further \$206,000 is to be contributed in 2006/07. The projects enabled by this funding include revision and reprinting of the domestic violence screening forms, information brochures and training resources, and a sexual assault resource booklet.

## Alignment of the Aboriginal Maternal Infant Health Strategy (AMIHS) and the Alternative Birthing Services Program (ABSP)

The goal of both the AMIHS and ABSP is to improve the health of Aboriginal mothers and their infants and decrease Aboriginal perinatal mortality and morbidity across NSW.

During 2004/05 NSW Health worked towards the alignment of both programs into the NSW Statewide Aboriginal Maternal and Infant Health Strategy. This strategy will enable the ABSP to be formally linked to the AMIHS structures and processes to strengthen NSW Health's strategic approach to improving Aboriginal maternal and infant health.

From 2005/06 onwards, additional funds have been allocated to ABSP to bring it into line with funding provided under the AMIHS and to support efforts to develop common training, support and performance indicators.

## Female Genital Mutilation (FGM)

In 2005/06 NSW Health allocated funding of \$28,000 to the NSW Education Program on Female Genital Mutilation (FGM) to improve health information and services to minority refugee communities affected by FGM, such as Eritrea, Ethiopia, Southern Sudan, Nigeria, Ghana, Liberia and Sierra Leone. The aim of the project is to build capacity and implement sustainable strategies to address the needs of these women, their families and communities.

## Enhancement funding to the Refugee Health Service

In 2004/05 additional recurrent funding of \$100,000 was allocated to the Refugee Health Service to improve health literacy and direct community-based services for newly arrived refugee women and their families.

In 2005/06, this funding was increased to \$200,000. This funding recognises the needs of refugees and the many challenges they face when arriving in Australia.

A project officer has been employed and has commenced mapping the health needs of refugee women. Information obtained will help inform health service delivery for refugee women and their families. This process has already facilitated access to health assessments, breast and cervical screening and parenting programs.

## Justice Health

In 2005/06 NSW Department of Health granted Justice Health \$55,000 in recurrent funding to support the health needs of women in custody. In particular, Justice Health has used the funding to develop a *Framework for Pregnant Women in Custody* and will soon be initiating an education campaign for staff on shared care arrangements for pregnant women.

Work is also commencing on a colposcopy clinic to reduce wait times for women who have an abnormal PAP test. There is a higher incidence of abnormal PAP tests in jails than in the community and colposcopies are an essential part of early intervention and treatment.

## Other projects

A variety of projects around NSW achieved significant progress in improving women's health in 2005/06. These projects were enabled by Public Health Outcomes Funding Agreement (PHOFA) funding administered by NSW Health and include:

- The Sexual Assault Disability and Ageing Project (SADA) to develop a 'resource bank' of knowledge and expertise in responding to abuse of elderly women and women with disabilities living in residential care. The project was started with \$18,000 from NSW Health and in 2005/06 was successful in applying for \$250,000 in Commonwealth funding to continue the project to the next phase.
- The Young Women Smoking Project, Eurobodalla, taught a group of young women media and film making skills and enabled them to produce a short film about young women and smoking. It was based on a 'Survivor' theme where participants who currently smoked were challenged to quit. There was a 65 per cent reduction in young women smoking in the group and the film is now used as a training resource for schools and community groups in the area.
- An Aboriginal Women's Art project in Greater Southern Area Health Service, where three groups of Aboriginal women developed 15 posters on relevant health and social issues in their communities. The posters were recently presented at the NSW Evidence Into Practice Health Promotion Conference.
- Core of Life, a midwife-led initiative targeting adolescent boys and girls, which aims to increase education and reduce the number of births to teenagers. The project not only increases knowledge about pregnancy, birth and parenting but also exposes young people to health careers.
- The Early Parenting Program in South Eastern Sydney/Illawarra Area Health Service aims to build organisational capacity in early parenting and ensure that there is a focus on women most in need. A Father Link project is also being rolled out in the same Area, with the introduction of male-only discussion sessions in antenatal classes.
- The Women with Weights initiative was set up as self-sustaining community-run weight bearing exercise classes for women over 60. It was initially funded by NSW Health in 2004/05. Due to its success the initiative continued to be rolled out in 2005/06 across the Wollongong and Shoalhaven regions.
- The Breakaway Program involves cross-agency partnerships targeting young women at risk to address behavioural and educational issues. This program has now been rolled out across the Greater Western Area Health Service.
- Following completion of an Australian-first tele-colposcopy pilot partnership between Hunter New England Area Health Service (HNEAHS) and South Eastern Sydney/Illawarra Area Health Service. The Cancer Institute has awarded funds to HNEAHS to continue work to improve rural women's access to colposcopy.

# Commitment to energy management

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

## Planning

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

## Implementation

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

Over the past seven years NSW Health received loan funding to undertake energy efficiency projects to the value of \$28,428,000 that provide recurrent savings of \$4,766,000 per annum and reduce greenhouse gas emissions by 43,633 Tonnes per annum.

During 2005/06 the following new projects were approved and are currently being implemented :

### ■ Sydney West Area Health Service

The Sydney West Area Health Service obtained approval for two projects under the Government Energy Efficiency Investment Program to improve energy and water efficiency at the Blacktown, Mt Druitt and Westmead hospitals. The projects are to refurbish sterilisers, install solar hot water systems and upgrade building management control and lighting systems.

Interest-bearing loans totalling \$636,448 have been provided and when the projects are completed they will generate average annual savings of \$91,000 and reduce greenhouse gas emissions by 1,197 Tonnes per annum.

### ■ South Eastern Sydney and Illawarra Area Health Service

A Treasury loan for the sum of \$223,000 was approved to undertake a lighting upgrade project at the Sydney Hospital. On completion the project will generate average annual savings of \$32,900 per annum and will reduce Greenhouse gas emissions by 350 Tonnes per annum

The following energy management projects are currently being developed:

- Replace air-conditioning chillers at the Nepean Hospital at an estimated cost of \$487,000.
- Install a natural gas powered cogeneration plant and associated air-conditioning system at the Westmead Hospital that will reduce electricity consumption and the emission of greenhouse gases. Estimated cost at the early stages of planning are in the order of \$9.0 million.
- Undertake a large energy performance contract that will cover most hospitals in the Northern Sydney Central Coast Area Health Service. The Area Health Service has conducted a call for Expressions of Interest and will select a successful proponent in late 2006. The final detailed feasibility plan will define the optimal scope of the project and the costs and guaranteed benefits. This study will become the basis of a loan application and will significantly improve the energy and greenhouse performance of the Area Health Service.

## Future directions

NSW Health commitment to achieving the Government's energy management targets as established in the Government Energy Management Policy (GEMP) are reflected in the following future initiatives:

- NSW Health is working with the Department of Energy Utilities and Sustainability and other agencies to develop new performance targets and strategies to achieve the Government's overall objectives to reduce the consumption of energy, water and also minimise the emission of greenhouse gases.
- Area Health Services within the Sydney Water supply area have committed to the 'Every Drop Counts Program' and have been successful in obtaining grant funding to undertake water saving projects. This work is continuing in order to contribute to much needed water savings in this time of severe drought.
- There is an ongoing need to continue to reduce energy consumption. The cost of energy is escalating above the inflation rate and such reductions in demand will ensure sustained cost savings and improved energy efficiency.

# Response to NSW Government waste reduction and purchasing policy

### Sustainability

The Department of Health leases nine floors of office space at 73 Miller Street North Sydney and occupies premises at Gladesville Hospital.

In 2005/06, the Department continued its proactive approach to waste management and energy management through its 'Greening of DoH Project'. This is an integrated strategy to reduce waste, increase recycling, reduce energy consumption, reduce greenhouse emissions and save water. This ongoing project ensures that the Department complies with the NSW Government's Waste Reduction and Purchasing Policy (WRAPP) and the Government's Energy Management Policy (GEMP).

In 2005/06, the Department of Health also participated in corporate sustainability programs offered by local government and community organisations such as 3CBDs Greenhouse Initiative and Green Capital. These programs allow the Department to remain informed on key sustainability issues and to demonstrate leadership in reducing the climate change impact of its office buildings.

### Waste reduction and recycling

The results of our latest waste audit shows that the Department continues to recycle the majority of its garbage, with the diversion rate from landfill increasing from 64.7 per cent in 2004 to 79.7 per cent in 2005.

Recovery of all paper and cardboard is currently 97.2 per cent, an increase from 94.2 per cent in 2004, while the recovery of containers remains steady at 66.4 per cent. Contamination in the paper and cardboard stream was just 0.8 per cent down from 6.5 per cent in 2004, while contamination of recyclable containers increased to 4.0 per cent compared to 2.7 per cent in 2004.

### Purchasing policy

The Department continues to promote the purchase and use of environmentally friendly products and services. Most purchases use existing State Government contracts and are regularly reviewed to identify the availability of more environmentally friendly options. Wherever possible, the Department purchases items that have a high-recycled content and are energy efficient. A review of our print and design criteria is currently underway, which will ensure that the Department adopts best practice in its purchasing of paper and printing products.

### Energy consumption

The Department works cooperatively with the landlord of 73 Miller Street to improve the energy efficiency of its tenancy. The Australian Building Greenhouse Rating (ABGR) is a measure of a building's energy efficiency. An ABGR rating is expressed in stars – five being the most efficient, one being the least. The 73 Miller Street building is rated four stars.

Several initiatives were implemented during the year to further improve energy rating:

1. A rain harvesting and garden watering system allows gardens to be solely watered by harvested water.
2. A Fleet Environmental Improvement Plan is now being finalised to augment the significant changes to the Departmental vehicle fleet that have occurred over the last few years. The Department is ahead of the targets set by the Premier's Department for providing a cleaner fleet.
3. Extensive remedial building works and changes in the active water used in waterless urinals throughout 73 Miller Street have led to more savings in water throughout the building.

## Significant publications

**Books/booklets**

- A Guide to Consumer Participation in NSW Drug and Alcohol Services
- Counting the Costs of Tobacco and the Benefits of Reducing Smoking Prevalence
- Fit for the future (six community language translations)
- Fit for the future (English)
- Know Your Heart (CDs)
- 'Let's take a moment' quit smoking brief intervention – a guide for all health professionals
- Questionnaire for Clinical Nurse Consultants, Nurse Practitioners and Nurses working in transitional Nurse Practitioner positions
- Quit because you can
- Safe Sex. No Regrets
- Stay On Your Feet. Your Home Safety Checklist
- The Clean Air For All Project: Managing Nicotine Dependence in Two Mental Health Units in Sydney South West
- What licensed venues need to know
- Your health rights and responsibilities (ten community language translations)
- Your health rights and responsibilities (English)

**Brochures/flyers**

- Decisions at the end-of-life Rural Seminar Series – Charles Sturt University, Bathurst
- Healthy kids – Ideas for communities to support healthy lifestyles for children
- Healthy kids – Setting the scene for healthy kids
- Healthy kids – Reducing children's television time
- Healthy kids – Ideas for sporting clubs to support healthy lifestyles for children
- Healthy kids – Choosing the right snacks for your children
- Healthy kids – Ideas for schools to support healthy lifestyles for children
- Healthy kids – Choosing drinks for your children
- Healthy kids – Kids and fruit and vegies
- Healthy kids – Kids and getting active
- How to obtain your artificial limb
- NSW Chronic Care Collaborative: Improving Diagnosis and Management of People with Chronic Obstructive Pulmonary Disease (COPD) and Heart Failure

- Prenatal testing and counselling (update)
- Products to help you Quit Smoking
- Quit for life (wallet brochure)
- SmokeCheck – Non-smokers: Keep up the good work
- SmokeCheck – Smokers: decided to give up?
- SmokeCheck – Smokers: it's deadly to know
- SmokeCheck – Smokers: thinking about giving up
- SmokeCheck – Ex-smokers: keep up the good work!
- Smoking and Pregnancy
- Statewide Infant Screening – Hearing (SWISH) (parent information brochure)

**Manuals/information kits**

- Corporate Governance and Accountability Compendium for NSW Health
- HealthSmart – Nicotine Replacement Therapy (English, DVD)
- HealthSmart – Nicotine Replacement Therapy (Multicultural, DVD)
- Improving Care for People with Chronic Disease – A Practical Toolkit for Clinicians and Managers (CD Rom)
- Improving Care for People with Chronic Disease: A Practical Toolkit for Clinicians and Managers
- Know Your Heart Manual
- Lower Limb Ulcers in Diabetes: A Practical Guide to Diagnosis and Management
- New Parent First Aid Information Kit
- Patient Safety and Quality Compendia
- SmokeCheck – Brief intervention for smoking cessation – Facilitator's training manual 2005
- Surgical Services – 23 Hour Care Units – Toolkit for Implementation in NSW Health Facilities
- 2006 Personal Health Record

**Fact sheets**

- Drug and Alcohol fact sheets (series of eight): Ecstasy, Alcohol, Benzodiazepines, Cocaine, Heroin, Marijuana, Hallucinogens, Speed
- Mine dust and you
- Tobacco – Smoking and pregnancy
- Tobacco – Benefits of quitting smoking
- Tobacco – Nicotine dependence and withdrawal



## Policies and guidelines

- Breastfeeding in NSW: Promotion, protection and support
- Breastfeeding – Promoting and supporting in NSW: case studies
- Child related allegations, charges and convictions against employees
- Child Protection Issues for Mental Health Services – Risk of Harm Assessment Checklist
- Clinical Ethics Processes in NSW Health
- Clinical Practices – Adult Sexual Assault Forensic Examinations Conducted by Nurse Examiners
- Code of Conduct – NSW Health
- Complaint or Concern about a Clinician – Management Guidelines
- Complaint or Concern about a Clinician – Principles for Action
- Consumer Participation in NSW Drug and Alcohol Services – Guide
- Costs of Care Standards 2005/06 – NSW
- Criminal Allegations, Charges and Convictions Against Employees
- Data Dictionary and Collection Guidelines for the NSW 2005/06 – 2006/07
- Deaths – Perinatal – Hospital Procedures for Review and Reporting of Perinatal Deaths
- Disability – People with Disabilities: responding to their needs during hospitalisation
- Distribution and Use of Surgical Services – 23 hour care units – Toolkit for implementation in NSW Health facilities
- Drug and Alcohol Clinical Supervision Guidelines
- First Aid Directory and Safety Tips for New Parents Kit
- Funding Guidelines 2005/06 – NSW
- Funding Guidelines Addendum – Rehabilitation and Extended Care 2005/06 – NSW
- Genetics Services in NSW 2001–2004
- Guidelines for End-Of-Life Care and Decision-Making
- HEALTHPLAN – NSW
- Human Immunodeficiency Virus (HIV) – Management of Non-Occupational Exposure
- Incident Management Policy
- Legal Matters of Significance to Government
- Maternity – Public Homebirth Services
- Medication Chart – NSW Implementation of the National Inpatient Medication Methotrexate – Safe use of Oral Methotrexate
- Midwives – NSW Health – Credentialling Framework
- Models for Emergency Care (guidelines)
- Models for Emergency Care CD
- National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn
- National Framework for Action on Dementia 2006–2010
- Needle and Syringe Program Policy and Guidelines for NSW
- NSW Health Aboriginal Health Impact Statement Guidelines 2006
- NSW Needle and Syringe Program Policy and Guidelines
- NSW Tobacco Action Plan 2005–2009 – A vision for the future
- NSW Tobacco Action Plan 2005–2009 – Background paper
- Occupational Health and Safety Issues Associated with Management Bariatric (Severely Obese) Patients
- Paracetamol Use
- Minimum Data Set for Drug and Alcohol Treatment Services
- Paediatric Clinical Guidelines Folder
- Paediatric Clinical Guidelines – Acute management of seizures in infants and children
- Patient Safety and Clinical Quality Program Implementation Plan
- Patient Safety and Clinical Quality Program – Second Report on Incident Management in the NSW Public Health System 2004–2005
- Privacy Internal Review Guidelines NSW Health
- Radiotherapy – Prescription and treatment sheets for NSW Health Radiation Therapy Facilities
- Waiting Time and Elective Patient Management Policy

## Posters/postcards

- 2006 Winter tips – poster
- 2006 Baxter NSW Health Awards – postcard and poster
- Your health and responsibilities – poster
- 'Let's Take A Moment' – Quit Smoking Brief Intervention – A Guide for all Health Professionals – flowchart
- Severity Assessment Code (SAC) Matrix – double-sided poster
- Clinical Guidelines for Assessment and Management of Psychostimulant Users Flowchart – Amphetamine, Ecstasy and Cocaine – A Prevention and Treatment Plan 2005–2009
- NSW Health Privacy – poster
- Choose smoke-free for a healthy baby

## Reports

- Families first annual report
- First report on the models of care project  
– February–April 2005. Models of Care Roadshow
- Futures Planning
- Healthy People NSW 2006 – Strategic directions for population health
- NSW Service Plan for Specialist Mental Health Services for Older People
- NSW Community Mental Health Strategy  
– from prevention and early intervention to recovery 2006–2011
- NSW: A New Direction for Mental Health
- NSW Chronic Care Program Phase Three: 2006–2009, NSW Chronic Disease Strategy full report
- NSW Chronic Care Program Phase Three: 2006–2009. NSW Chronic Disease Strategy Executive Summary
- NSW Chronic Care Program Phase Three: 2006–2009. NSW Chronic Disease Summary
- NSW Department of Health Annual Report 2004/05
- NSW Health response to the population health sector of the Health Training Package  
– Resolution workshop report
- NSW Schools Physical Activity and Nutrition Survey 2004 report
- Reducing the burden of multiple resistant organisms (MROs)
- Review of Nurse Specialist, Clinical Nurse Educator and Nurse Educator roles questionnaire survey findings
- Summary Report – NSW Schools Physical Activity and Nutrition Survey 2004
- Routine Screening for Domestic Violence Program: Snapshot Report 2
- Resource Distribution Formula Technical Paper 2005 Revision
- The management and accommodation of older people with severely and persistently challenging behaviours in NSW: Summary Report