Annual Report 2010 // 2011

Volume One

NSW Health

NSW MINISTRY OF HEALTH
73 Miller Street
NORTH SYDNEY NSW 2060
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

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December 2011

Preface

Image // Liverpool Hospital

Letter to the Minister

The Hon. Jillian Skinner MP
Minister for Health
Minister for Medical Research
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Minister,

In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the *Annual Reports (Departments) Regulation 2010* and the Public Finance and Audit Act 1983, I submit the Annual Report and Financial Statements of the NSW Department of Health and program reports of selected NSW Health entities, for the financial year ended 30 June 2011, for presentation to Parliament.

The Financial Statements of the entities are presented separately in Volume 2 – *NSW Health Annual Report* and Volume 3 – *Financial Statements of Public Health Organisations under the control of the NSW Department of Health 2010-11*.

I am also sending copies to the Treasurer, the Auditor-General, Members of Parliament and other key government departments.

Submission of the Department's Annual Report by 31 October 2011 was not possible due to the complexities associated with structural reform. In accordance with section 16(3) of the *Annual Reports (Departments) Act, 1985*, a six week extension of time was granted for submitting the Annual Report with the Minister and the Treasurer.

Yours sincerely

Dr Mary Foley
Director-General

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Director-General's

Year In Review 2010-11

The reporting year 2010–11 has been a year of major health reform in the New South Wales public health care system.

The year involved further implementation of the recommendations of the Special Commission of Inquiry into Acute Care Services in New South Wales Public Hospitals; major innovations in quality, safety and clinical engagement in service design and improvement; negotiation and implementation of the Council of Australian Government's agreements on national health reforms and the implementation of the health policies of the new State Government which are based on a model of devolved, local decision making and integrated patient care to ensure that the patient is at the centre of everything we do.

National Health Reform

National Health Reform was a major focus for NSW Health in 2010–11. The initial Council of Australian Governments National Health Reform Agreement signed by all jurisdictions (except Western Australia) on 21 April 2010 resulted in the restructure of NSW Health's eight Area Health Services to 15 Local Health Networks (now Districts) under the auspices of Governing Councils on 1 January 2011. In February 2011, COAG revisited the 2010 'Agreement' and agreed on a revised Heads of Agreement which was negotiated through the second half of 2010–11 with all jurisdictions reaching agreement in July 2011. NSW Health, working with central agencies of Government, took a leadership role in shaping the final agreement which provides that State health authorities act as system managers and purchasers of services from public hospitals, the Commonwealth will contribute to funding the growth pressures on the State health system, the introduction of Activity Based Funding for public hospitals on a national basis and from 2014–15, the Commonwealth's funding guarantee will be available to States to help meet growth demand on public hospitals including investment in hospital avoidance programs which provide an important basis for planning future development of health services.

New South Wales Health Reform

In May 2011, legislation was passed to establish Local Health Districts and Boards in lieu of Local Health Networks and Governing Councils. The establishment of Boards and Districts reflects the New South Wales Governments' priorities of devolution and local decision making, greater transparency and accountability and strengthened clinician engagement. Also in the last quarter of the reporting year, I led a process to review the governance arrangements for NSW Health to support these priorities and to ensure alignment at the State level with the policy position New South Wales took to the national health reform negotiations. We embarked on a transparent and consultative process, talking with staff, stakeholders across the various entities, as well as consulting with industrial organisations. Almost universally, staff supported the commitment to devolve responsibility and accountability. However, the need for local decision makers to be empowered, with adequate delegation and resources was also identified. Clearly defined and articulated roles and responsibilities for all entities across the health system were seen as critically important.

On 24 August 2011, the Hon. Jillian Skinner, the Minister for Health and Medical Research released the report titled *Future Governance Arrangements for NSW Health – Report of the Director-General*. This Report outlined the new governance arrangements aimed at ensuring NSW Health is a strong and resilient health system able to deliver the excellent health outcomes we expect for our patients and the broader community. Key recommendations included greater responsibility and accountability for health services by the Local Health Districts under a service agreement between the Department of Health as purchaser and system manager and the Local Health District Boards as providers of health services. The Department has become the Ministry of Health with a more streamlined role focusing on strategic planning, regulatory and public health functions, Westminster government functions and purchasing and performance monitoring of health services. The Clinical Excellence Commission and the Agency for Clinical Innovation, Bureau of Health Information and the Clinical Education and Training Institute, which were established in response to the recommendations of the Special Commission of Inquiry, have been strengthened to have a key role in their respective areas of healthcare design standards and reporting, education and associated policy. A dedicated entity to focus on eHealth will also be established. Implementation of the findings of the review commenced immediately upon its release and we are working toward finalising the new arrangements.

I thank all those staff who took the time to provide such considered responses, which have informed the work of the Governance Review in developing a framework for the future governance arrangements for NSW Health.

Organisational Culture

Underpinning the New South Wales Government's health policies is a commitment to a positive workplace culture for the more than 100,000 staff who work in the public health care system.

The culture of any workplace is important. And none more so than an organisation as large and diverse as NSW Health, which is comprised of dedicated individuals striving to provide the best possible care to patients, often in difficult or challenging circumstances.

The recently released NSW Health Workplace Culture Framework outlines the characteristics of a better and more compassionate workplace culture. The Framework is a key statewide initiative designed to assist all staff in contributing to a positive workplace culture across NSW Health and to support a workplace that embodies our CORE values of Collaboration, Openness, Respect and Empowerment. I have also appointed a Taskforce to examine cultural change strategies, including the development of new Code of Conduct to reflect the CORE values.

This year, we have also undertaken our first organisation-wide Health Workplace Culture Survey - YourSay. The results of this survey have been released and while valuable in highlighting our strengths, the survey also identifies areas for improvement. The results are being used by local management to develop action plans to respond to those issues that were of concern to local staff.

Preventative Health

We are also focusing on keeping people healthy and out of hospital. A Ministerial Taskforce on Preventative Health has been established to develop strategies to enhance personal and community health and an Office of Preventative Health will be established in South Western Sydney.

Throughout the year, we have continued to implement a number of programs and initiatives to support our local communities to live healthier, longer and more active lifestyles, with a particular focus on early childhood and primary school settings. One important initiative was the new-look Healthy Kids website, www.healthykids.nsw.gov.au, launched in February, providing easy access for parents, teachers and health professionals to a range of resources to encourage our kids to eat more healthy foods and be more active. The Healthy Kids website (www.healthykids.nsw.gov.au) is a collaborative effort across NSW agencies, bringing together information about a range of State government programs and campaigns.

Mental Health

The NSW Government has strongly supported the establishment of a Mental Health Commission to champion mental health; ensure better accountability of mental health services and the use of mental health funds, and to nurture innovation in our approach to mental health including the development of the most appropriate models of care.

As the first step towards the formation of the NSW Mental Health Commission, on 2 June 2011 a Mental Health Taskforce, chaired by the Minister for Mental Health was established to make recommendations on the establishment of the Commission in NSW. The Taskforce examined existing models and undertook wide ranging consultation across the State. Feedback was gathered from the community, health professionals, government agencies and non-government organisations to inform the work of the Taskforce. A Bill to establish the Commission was introduced into the Parliament in November 2011 and the Commission is planned to be operational from 1 July 2012 and will assist us in delivering improved services for mental health patients and carers.

Medical Research

We have established the Office of Medical Research reporting to the Minister for Health and Medical Research, with $129 million of funding over four years to support innovative research, treatments and technologies aimed at improving patient care. The NSW Office for Medical Research (OMR) plays a crucial role in supporting the State's leading health and medical research efforts. OMR helps support the broad range of outstanding health and medical research effort being carried out in NSW. Mr Peter Wills AC has been appointed to lead a review of health and medical research in NSW and recommend a strategic plan covering the next 10 years. This review will identify how New South Wales can position itself as an important contributor to the international health and medical research sector.

Special Commission of Inquiry

The recommendations of the Special Commission of Inquiry continue to be embedded in health service delivery across New South Wales. *Essentials of Care*, a program designed to enhance teamwork and collaboration in hospital wards to enhance the patient experience has been implemented across 440 wards and units. *Between the Flags*, a Statewide program to improve identification of the deteriorating patient, has continued to be rolled-out; in fact the awareness training package has been completed by 45,176 staff (79%), and the DETECT e-learning package by 21,757 (46%), a further 14,694 staff have completed face to face one day training sessions for DETECT.

Finally, I wanted to highlight the recognition that our health service is achieving both in NSW and nationally. At the 2010 Premier's Public Sector Awards, NSW Health won the Delivering Services category, with a vocational service model to improve employment and education outcomes for mental health consumers in the northern Sydney and Central Coast. We also were runners up in a number of categories and received six commendations for outstanding projects across the state. Two of our health professionals, Professor Peter Fletcher and Marianna Wong were also recognised at these awards. Similarly in 2011, NSW Health shone with over sixty nominations submitted to the ten categories from customer service to excellence in delivery.

Of the ten group categories NSW Health won five awards. This year also saw the NSW Aboriginal Maternal Infant Health Service (AMIHS) recognised with the Silver Prime Minister's Award for Excellence in Public Sector Management at the prestigious Prime Minister's Awards. The AMIHS has been providing accessible and culturally appropriate antenatal and postnatal services since its implementation in 2000.

While these awards are cause for celebration, they simply reflect the innovation and skill demonstrated in our health system every day. The health system is constantly changing and in order to respond we need to be responsive and flexible. The new governance arrangements for NSW Health I believe will hold us in good stead to deal with the challenges of public health care delivery and in the future planning of health services for the community of New South Wales.

Thank you all for your continued dedication and hard work over the past year. I am confident that by working together in the interests of our patients and the broader community, we will continue to deliver a public health care system we can all be proud of.

Governance

Image // Auburn Hospital

Governance

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About us

NSW Ministry of Health

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

The NSW Department of Health became the NSW Ministry of Health on 5 October 2011. The Agency supports the NSW Minister for Health and Minister for Medical Research, and Minister for Mental Health and Minister for Healthy Lifestyles to perform their executive and statutory functions.

This includes promoting, protecting, developing, maintaining and improving the health and well-being of the people of NSW, while considering the needs of the State and the finances and resources available.

Statewide Responsibilities

Advice to Government

Provides advice and other support to the Minister for Health and the Minister for Medical Research in the performance of their roles and functions.

Strategic Planning and Statewide Policy Development

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

Improvements to Public Health

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

Performance Management

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

Strategic Financial and Asset Management

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

Community Participation

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

Workplace Relations

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

Workforce Development

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

Regulatory Functions

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

Legislative Program

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

Corporate Governance

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

Corporate Support

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

Strategic Planning

NSW Health has a strategic planning framework to guide the development of services and investments in the NSW public health system over the next 10 to 20 years

Future Directions for Health in NSW - Towards 2025

The extensive work undertaken in developing the publication *Future Directions for Health in NSW – Towards 2025* allowed consumers, clinicians and staff to see clearly the challenges ahead for the NSW health system, including serious challenges stemming from social, demographic, environmental and technological changes.

The Futures Directions planning process provided a solid basis upon which to build our future plans.

NSW 2021: A Plan to Make NSW Number One

NSW 2021: A Plan to Make NSW Number One was launched in September 2011 and is the NSW Government's new 10 year plan to rebuild the economy, return quality services, renovate infrastructure, strengthen our local environment and communities, and restore accountability to Government.

The Plan sets immediate priorities for action and guide NSW Government resource allocation in conjunction with the NSW Budget. The Plan will include specific health related targets.

What We Stand For

Our corporate charter

Our vision, values, goals and priorities are a set of guiding principles for how we go about our work

Being clear about our role enables us to move forward with common purpose and to work effectively with our partners.

Our Vision

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

Our Values

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

NSW Health's CORE values are:

Collaboration

We are committed to working collaboratively with each other to achieve the best possible outcomes for our patients who are at the centre of everything we do. In working collaboratively we acknowledge that every person working in the health system plays a valuable role that contributes to achieving the best possible outcomes.

Openness

A commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our patients and all people who work in the health system to provide feedback that will help us provide better services.

Respect

We have respect for the abilities, knowledge, skills and achievements of all people who work in the health system. We are also committed to providing health services that acknowledge and respect the feelings, wishes and rights of our patients and their carers.

Empowerment

In providing quality health care services we aim to ensure our patients are able to make well informed and confident decisions about their care and treatment.

Our Goals

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

Keep People Healthy

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

Provide the Health Care That People Need

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

Deliver High Quality Services

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

Manage Health Services Well

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

Our Principles

The following principles underpin the NSW Health's accountabilities to deliver quality health services. We will:

- Focus on our fundamental accountability to promote and protect the health of the people of NSW and to ensure they have access to basic health services.
- Perform effectively and efficiently in clearly defined functions and roles.

- Promote our values for NSW Health and demonstrate them through leadership and behaviour.
- Take informed, transparent decisions and manage the risks we encounter on a daily basis.
- Develop our capacity and capability to ensure we provide effective and safe health services.
- Engage stakeholders and make accountability real for us all.

Our Code of Conduct

NSW Health has a comprehensive Code of Conduct and support material that outlines standards of required conduct. The Code applies to staff working in any permanent, temporary, casual, term appointment or honorary capacity within any NSW Health facility or service. It assists staff by providing a framework for day-to-day decisions and actions while working in health services. Revisions to the Code are being introduced in 2011–12

Our Commitment to Service

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

Standards of Service

NSW Health will:

- Respect your dignity and needs.
- Provide care and skill, in keeping with recognised standards, practices and ethics.
- Offer access to a range of public hospital and community-based health services (eligibility criteria apply to some services).
- Offer health care based on individual health needs, irrespective of financial situation or health insurance status.

Medical Records

Generally, people can apply for access to personal health information or other personal information relating to them. Access should be requested from the clinical information department or manager of the health service the person attended, or the head of the organisation that collected the personal information.

Government Information (Public Access) application may also be lodged, requesting access to records. Access to records may not be granted in special circumstances as determined by the *Government Information (Public Access) Act 2009* (GIPA Act).

Records are kept confidential and are only seen by staff involved in the care and treatment of the person, except where disclosure to third parties is required or allowed by law.

Treatment Services

NSW Health will:

- Allow for and explain public and private patient treatment choices in a public hospital.
- Clearly explain proposed treatments, such as significant risks and alternatives, in understandable terms.
- Provide and arrange free interpreter services.
- Obtain consent before treatment, except in emergencies, or where the law intervenes regarding treatment.
- Assist in obtaining second opinions.

Additional Information

NSW Health will:

- Allow people to decide whether or not to take part in medical research and health student education (although in some circumstances, information may be used or disclosed without consent, for public interest research projects and strict conditions apply, including privacy legislation).
- Respect a person's right to receive visitors, with full acknowledgement of culture, religious beliefs, conscientious convictions, sexual orientation, disability issues and right to privacy.
- Inform a person of their rights under the *NSW Mental Health Act 2007* if admitted to a mental health facility.

Applications for financial assistance towards travel and accommodation costs incurred by patients who are disadvantaged by distance and who have to travel more than 100 km (one way) to access specialist medical treatment not available locally, can be made to the Transport for Health program in the Local Health District where they live. Contact details for the Transport for Health offices can be accessed via the NSW Health website.

Consumer Participation in 2010–11

NSW Health Care Advisory Council (HCAC)

The NSW Health Care Advisory Council (HCAC), as a peak community and clinical advisory body, provided advice to the Minister for Health and the Director-General. It was co-chaired by Rt Hon Ian Sinclair, AC and Professor Judith Whitworth, AC.

Health Priority Taskforces

Health Priority Taskforces developed and implemented new policy directions and service improvements in high priority areas for the NSW health system.

Health Priority Taskforces included:

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

NSW Health Statutory Framework

The corporate governance framework distributes authority and accountability through the health system

This Annual Report is a key corporate governance report for NSW Health outlining its key achievements in 2010-11.

At 30 June 2011 NSW Health comprised:

- The Director-General
- NSW Department of Health (now Ministry of Health)
- Health Administration Corporation, including Ambulance Service of NSW, Health Support Services and Health Infrastructure
- Local Health Networks (now Districts)
- The Sydney Children's Hospital Network (Randwick and Westmead)
- The Agency for Clinical Innovation
- Bureau of Health Information
- Clinical Education and Training Institute
- Clinical Excellence Commission
- Justice Health

Health Portfolio Ministers

The Hon. Jillian Skinner MP was appointed the Minister for Health and Minister for Medial Research on 3 April 2011.

The Hon. Kevin Humphries was appointed Minister for Mental Health and Minister for Healthy Lifestyles on 3 April 2011.

The Hon. Carmel Tebbutt MP was the Minister for Health until 28 March 2011.

The Hon. Frank Sartor MP was Minister assisting the Minster for Health (Cancer) until 28 March 2011.

The Hon. Barbara Perry MP was Minister Assisting the Minister for Health (Mental Health) until 28 March 2011.

The Director-General

The NSW Department of Health became the Ministry of Health on 5 October 2011. The Director-General is the head of the agency. The Director-General has a range of functions and powers under the *Health Services Act 1997*, the Health Administration Act 1982 and other legislation. These functions and powers include responsibility for the provision of ambulance services, provision of health support services to public health organisations and exercising, on behalf of the Government of NSW, the employer functions in relation to the staff employed in the NSW Health Service.

Health Administration Corporation

Under the *Health Administration Act 1982*, the Director-General is given corporate status as the Health Administration Corporation for the purpose of exercising certain statutory functions. The Health Administration Corporation is used as the statutory vehicle to provide ambulance services and support services to the health system. A number of entities have been established under HAC to provide these functions.

Ambulance Service of NSW

The Ambulance Service of NSW is responsible for providing responsive, high quality clinical care in emergency situations, including pre-hospital care, rescue, retrieval and patient transport services.

Health Infrastructure

Health Infrastructure Board is responsible for the delivery of the NSW Government's major works hospital building program, under the oversight of a Board appointed by the Director-General.

Health Support Services

Health Support Services, under a Management Committee, provides corporate services, health support services and information technology services to public health organisations across NSW Health.

Health Networks

Local Health Districts

Local Health Networks were established as corporate entities under the *Health Services Act 1997* on 1 January 2011. Now called Local Health Districts, they provide health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres. Eight Districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

Specialty Health Networks

In addition, the Sydney Children's Hospital Network (Randwick and Westmead) provided children's and paediatric services. The Forensic Mental Health Network oversights forensic mental health services. In addition a non-government Local Health Network has been established called the St Vincent's Health Network. This network includes St Vincent's Hospital and the Sacred Heart Hospice at Darlinghurst and St Joseph's at Auburn.

Statutory Health Corporations

During the reporting period the following five statutory health corporations provided Statewide or specialist health and health support services.

- The Agency for Clinical Innovation
- Bureau of Health Information
- Clinical Education and Training Institute
- Clinical Excellence Commission
- Justice Health.

At 30 June 2011 there were 18 affiliated health organisations in NSW managed by religious and/or charitable groups operating 27 recognised establishments or services as part of the NSW public health system. They are an important part of the public health system, providing a wide range of hospital and other health services.

Corporate Governance

The Director-General is committed to best practice corporate governance and has processes in place to ensure the primary governing responsibilities of NSW Health and its entities are fulfilled in respect to:

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

NSW Health Executive Leadership Team

During 2010–11 NSW Health's Senior Management Board was reconstituted as the Executive Leadership Team (ELT). It meets fortnightly to determine corporate priorities, consider major issues and set strategic directions. The ELT provides high-level oversight on implementation of Health's priorities including the NSW State Plan. It comprises the agency's senior management team, including the Director-General and Deputy Directors-General.

Senior Executive Forum

In May 2011 the Senior Executive Advisory Board was retitled the Senior Executive Forum. It meets monthly to exchange information and ensure the strategic direction is understood and promulgated across the health system. It comprises the Director-General, Deputy Directors-General, the Chief Financial Officer and Chief Executives of Local Health Districts (previously Networks), the Ambulance Service, Clinical Excellence Commission, Cancer Institute NSW and other public health organisations.

Finance, Risk and Performance Management Committee

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

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

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

Local Health Districts Chief Executives are accountable to their Board's for efficient and effective budgetary and financial management, and must have proper arrangements in place to ensure the organisation's financial standing is soundly based. Key accountabilities include the achievement of targets, monitoring and reporting of results in an accurate, efficient and timely manner, and compliance with standards and practice.

Risk Management and Audit Committee

The Risk Management Committee comprises two independent members and a Deputy Director-General. Mr Jon Isaacs, is the independent chairperson and Mr Alex Smith is the other independent.

The Committee assists the Director-General to perform her duties under relevant legislation, particularly in relation to the internal controls, risk management and internal and external audit functions, including:

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

Corporate Governance Principles and Practices

The Corporate Governance and Accountability Compendium contains the corporate governance principles and framework to be adopted by Health Services. The NSW Health governance framework requires each Health Service to complete a standard annual statement of corporate governance certifying their level of compliance against key primary governing responsibilities.

The Corporate Governance and Risk Management Branch is responsible for promoting corporate governance practice across the health system. The branch brings together risk management, regulatory affairs, corporate governance, external relations and employment screening and review.

Internal Audit

During 2010–11 the Internal Audit Branch conducted a number of branch audits across the four divisions of the agency. These audits covered compliance, operational and management risks and the efficiency and effectiveness of internal controls.

Of note was the ongoing work to monitor and assess fraud risk within the agency, audits of contractor management, follow up action to previous audits, and continuous auditing activities covering key corporate functions.

Risk Management

The integration of corporate governance and risk management responsibilities has resulted in efficiencies and enabled a better approach to risk management and assessment and implementation of recommendations and findings.

Ethical Behaviour

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

Monitoring Health System Performance

NSW Health has produced a set of high-level performance indicators. Outcomes against these indicators are reported in the Performance Section of this Annual Report.

The indicators inform performance at the State level as well as drilling down to hospital level for local management. They provide a basis for a cascaded set of key performance indicators at the Local Health District, facility and service levels. The indicators are a basis for an integrated performance measurement system, linked to Chief Executive performance contracts and associated performance agreements. They also form the basis for reporting the performance of the health system to the public.

Service and Performance Agreements were prepared for Local Health Districts and other Public Health Organisations, using standard formats and reporting requirements for consistent performance measurement and accountability. Draft 2011–12 Service Agreements were developed for the Local Health Districts that would commence on 1 July 2011 and for other Public Health Organisations.

Complaint management

Overview

NSW Health is committed to improving the overall quality of health care. One of the challenges in this objective is to identify and promote strategies and practices that enhance services provided to the community and engender community trust in those who administer and provide those services. Complaints and compliments provide unique information about the quality of health care from the perspective of consumers and their carers. The challenge for health care services is collect better information about consumers' views to ensure the safe delivery of care.

Policy Directive

NSW Health's Complaint Management Policy was developed to provide a consistent approach to frontline complaints handling.

The policy directive was developed around eight key elements:

- Organisational commitment.
- Accessible complaint processes for consumers.
- Timely and sensitive management of complaints.
- Appropriate assessment of complaints.
- Just and fair treatment to all involved.
- Complaint information management.
- Evaluation and review.

Complaint management guidelines

Complaint Management Guidelines provide health workers with an operational framework for dealing with complaints. The guidelines aim to ensure that identified risks arising from complaints are managed appropriately, that complainants' issues are addressed satisfactorily, that effective action is taken to improve care for all patients, and that health service staff are supported.

Other specific corporate governance matters are reported as follows:

Legislation (pp. 196 – 197)

Financial Management (pp. 83 – 146)

Workforce Management (pp. 178 – 191)

Clinical Governance

Clinical governance is the cornerstone of quality health care and an important area of governance for NSW Health.

Under the NSW Patient Safety and Clinical Quality Program, a comprehensive clinical governance process was established to provide a systematic approach to improving patient safety and clinical quality across the whole of the NSW Health System. The Program is ambitious and sets the agenda for one of Australia's most comprehensive clinical quality programs supporting patient safety and excellence in health care.

Clinical Governance Principles and Practices

The Patient Safety and Clinical Quality Program outlines key principles for Clinical Governance, which are:

- Openness about errors – errors are reported and acknowledged without fear and patients and their families are told what went wrong and why.
- Emphasis on learning – the system is oriented towards learning from its mistakes.
- Obligation to Act – the obligation to take action to remedy problems is clearly accepted.
- Accountability – limits of individual accountability are clear.
- Just Culture – individuals are treated fairly and are not blamed for system failures.
- Appropriate prioritisation of action – actions are prioritised according to resources and where the greatest improvements can be made.
- Teamwork – teamwork is recognised as the best defence against system failures and is explicitly encouraged.

Now in its sixth year, the Program has demonstrated improved transparency through an Incident Information Management System and regular public reporting, improved action through a Statewide systematic approach to clinical risk management including Safety Alerts, and a mandatory Quality Assessment Program for all public health organisations with improved management structures through establishment of the Clinical Excellence Commission and Clinical Governance Units in each Local Health District.

Clinical Governance Responsibilities

NSW Health

NSW Health is responsible for policy development, regulation and performance monitoring for patient safety and clinical quality. Through the NSW Health Performance Management Framework health service key performance indicators are monitored with actions taken to support improvement.

2010–11 Clinical Governance Structures

The Clinical Risk Review Committee

In 2010–11 the NSW Health Clinical Risk Review Committee was the primary audit committee responsible for monitoring and reviewing information on serious clinical incidents to agree Statewide implications and actions. Chaired by the Deputy Director-General, Health System Quality, Performance and Innovation, the Committee included the Chief Executives of both the Clinical Excellence Commission and the Agency for Clinical Innovation, and ensured appropriate action was taken at all levels to prevent recurrence of serious clinical incidents in New South Wales.

Root Cause Analysis reports are reviewed by one of three sub-committees of the NSW Health Clinical Risk Review Committee: Clinical Management (general), Maternity/Perinatal and Mental Health. The Clinical Excellence Commission provides secretariat functions for thee committees. The sub-committees review all reports and look for trends or significant issues which require a State response. Issues are also raised with the Directors of Clinical Governance from Local Health Districts for their information, input into Statewide initiatives and local action.

A significant success of the RCA sub-committee process has been the identification of problems with early recognition and management of patients who are clinically deteriorating. This resulted in development of the *Between the Flags* program which was initially rolled-out in all Area Health Services in 2010 and continues to be a key initiative in patient clinical safety and quality.

Committees for Improving Medication Management

Chaired by the Deputy Director-General, Health System Quality, Performance and Innovation, the Statewide Medication Strategy Co-ordination Committee was responsible for co-ordination of the effort of various sectors to improve medication management. This included supporting procurement for safety through Health Support Services, development of safe, efficient systems throughout

the supply chain from manufacturer to bedside and the information technology systems used to drive improvements in this area.

The functions of the Committee included:

- provide a co-ordination point for actions being undertaken by various medication safety, procurement and pharmacy reform projects
- develop and update a NSW Health Medication Management Action Plan
- support and inform the development of electronic medication management systems
- develop a communication strategy to ensure that NSW Health staff and external stakeholders are informed and engaged in the planned medication safety initiatives.

Membership of this committee comprised the Chairs or co-chairs of the four committees active in the area of medication strategy with representation from the NSW Clinical Excellence Commission and other key stakeholders.

One such committee is the Medication Safety Expert Advisory Committee established in 2009 chaired by Professor Ric Day, Professor of Clinical Pharmacology, St Vincent's Clinical School. The Committee comprises a wide range of expertise and provides expert advice on medication safety issues in NSW as well as supporting action to improve medication safety.

During 2010-11 the Committee finalised a medication management plan outlining the various strategies being actioned in this area. The plan can be found on the NSW Health website.

The Healthcare Associated Infections (HAI) Steering Committee

The HAI Steering Committee is responsible for setting strategic direction for HAI prevention and control in NSW. Key responsibilities include ensuring action on the five priority areas of hand hygiene, adherence to precautions to prevent the spread of infections in hospitals, effective use of cleaning programs, correct use of antibiotics, and adherence to evidence based guidelines in intensive care units. Following a workshop of expert clinicians in September 2010, a draft HAI Strategic Plan is being developed which will be reviewed by the Taskforce on Infection Control for release in 2011-12.

Another major initiative of the Committee has been to adapt the recommendations from Commonwealth strategies to improve Antimicrobial Stewardship for NSW hospitals. Sponsored by the NSW Clinical Excellence Commission, the HAI Expert Advisory sub-committee provides HAI technical advice to the Steering Committee and is chaired by Professor Lyn Gilbert, Director, Centre for Infectious Diseases and Microbiology – Public Health Western Sydney Local Health District.

The Directors of Clinical Governance Forum

The Directors of Clinical Governance Forum provides a State forum for discussion and action on safety and quality issues and in 2010–11 it included the NSW Clinical Excellence Commission, the Deputy Director-General, Health System Quality, Performance and Innovation and Directors of Clinical Governance from the NSW Local Health Districts. This forum provides an effective vehicle for communication and facilitation of discussion between local State bodies responsible for clinical governance.

Local Health Districts, the Sydney Children's Hospital Network, Justice Health and the Ambulance Service of NSW Clinical Governance Units

Health Services have primary responsibility for providing safe high quality care for patients. As part of the NSW Health Patient Safety and Clinical Quality Program clinical governance units were established in each health service with patient safety as their priority. These units are responsible for system-wide incident reporting, management of patient complaints and concerns about clinicians, local implementation of safety and quality policies and procedures, and quality systems improvement processes. Responsible to the Chief Executive, the Clinical Governance Unit Director provides advice and reports to health service governance structures on:

- Serious incidents or complaints including investigation, analysis and implementation of recommendations.
- Performance against safety and quality indicators and recommendations on actions necessary to improve patient safety.
- The effectiveness of performance management, appointment and credentialing policies and procedures for clinicians.
- Complaints or concerns about individual clinicians, in accordance with NSW Health policies and standards.

The Clinical Excellence Commission

The Clinical Excellence Commission (CEC) is a key component of the NSW Patient Safety and Clinical Quality Program to improve frontline clinical care. The CEC is central to NSW Health's continuous quality improvement effort. The NSW government established the CEC in 2004 to reduce adverse events in public hospitals and support improvements in the safety and quality of the health

system. A key role of the CEC is building capacity for quality and safety improvement in Health Services. This is driven through training and education initiatives such as Clinical Practice Improvement and patient safety programs.

The CEC is a board-governed statutory health corporation with the Chief Executive Officer reporting directly to the Director-General.

As part of the Statewide clinical governance system the CEC conducts a Statewide mandatory Quality Systems Assessment program which tests compliance with standards, facilitates system improvement, assesses implementation of safety and quality programs in health services and assists services to target areas for improvement.

The Agency for Clinical Innovation

Unexplained or unjustified clinical variation can result in adverse patient events. The recently established Agency for Clinical Innovation is responsible for reviewing clinical variation and supporting clinical networks in clinical guideline/pathway development with encouragement toward standardised clinical approaches based on best evidence. The Chief Executive is a key member of the NSW Health Reportable Incident Review Committee.

The ACI is a board-governed statutory health corporation with the Chief Executive Officer reporting directly to the Director-General.

What we do

Structure and responsibilities

Please note: On 5 October 2011 the name of the Department of Health was changed to the Ministry of Health. This annual report records the activities, operation and achievements of the organisation in 2010–11.

At June 2011 the NSW Department of Health was administered through seven main functional areas.

Director-General
Dr Mary Foley

Dr Mary Foley took up the position of Director-General, NSW Health on 4 April 2011.

Mary's career has focused on health care at State and Federal government levels and in the corporate sector with extensive senior level experience across Australia's health care sector.

Prior to joining NSW Health, Mary was National Health Practice Leader for PricewaterhouseCoopers Australia, and foundation Chief Executive of St Vincent's & Mater Health Sydney, where she led the merger of public and private hospitals and affiliated medical research institutes.

Mary has previously held senior corporate positions in private health care and senior public service positions in NSW Health. Mary was awarded Business Woman of the Year (NSW) for her achievements in the private sector. She was also awarded the Centenary Medal by the Federal Government for service to Australian society in business leadership.

Mary has written extensively on health policy and served as an adviser to the National Health and Hospitals Reform Commission. She served on the board of University of Western Sydney (1993–2009), was Deputy Chancellor (2007–2009) and is an Adjunct Professor with the University's School of Biomedical and Health Sciences. Mary has also served on the Board of Governors of the University of Notre Dame Australia (2005–2011).

Office of the Director-General

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

The Office worked with the Deputy Directors-General and members of the NSW Health Executive to ensure the Director-General received advice that was accurate, timely and reflected an integrated, cross-agency view on critical policy and operational issues.

The Office also supported the Director-General in her provision of high quality, timely and well co-ordinated advice and information to relevant Ministers.

The Office had a role in relation to key Government and agency policy and projects that required a strategic, co-ordinated, whole-of-health approach. This included leading and reporting on NSW Health's implementation of the State Plan.

In addition, the Office managed a number of strategic policy initiatives that cross agency Divisions and have whole-of-system implications. These initiatives often have a particular focus on opportunities for improved efficiency and strategic reform.

Executive and Ministerial Services

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

The Parliament and Cabinet Unit assisted relevant Ministers and the Director-General in responding to the Parliament, Cabinet and the central agencies of Government. It managed the preparation of material for the Minister for Estimate Committee hearings and other parliamentary committees and inquiries. It co-ordinated responses on behalf of the Minister on matters considered by the Cabinet, questions asked in the NSW Parliament and requests from Members of Parliament. It also liaised with parliamentary committees, Local Health Districts and assisted the Director-General and executive with special projects, as required.

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

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

Internal Audit

Provided financial and compliance audit and assurance services to branches and key functions of the agency. Undertook special investigations of matters within the agency as referred by the Minister, the Director-General, NSW Auditor-General, Ombudsman and the Independent Commission Against Corruption. Provided specific audit, review and advisory services on information systems across the NSW Health.

Strategic Development

Deputy Director-General Dr Richard Matthews, AM

Dr Richard Matthews was Deputy Director-General, Strategic Development Division in the reporting year. He joined the agency in November 2003.

Dr Matthews commenced his career in general practice and developed a special interest in the field of drug and alcohol. In this role Dr Matthews had strategic planning responsibility for Statewide Services Development Branch, Primary Health and Community Partnerships Branch, Mental Health and Drug and Alcohol Office, Inter-Government and Funding Strategies, transition to the National Health and Hospitals Network and rural health and chronic disease management initiatives.

Functions of the Division

The Strategic Development Division was responsible to the Director-General for overall health policy development, funding strategies and the system-wide planning of health services in NSW. The division also supported the Health Care Advisory Council and a number of Health Priority Taskforces.

The key role of the Strategic Development Division was to develop policies, guidelines and plans for improving and maintaining health and to guide allocation of resources to Health Services. Equitable access, effectiveness, appropriateness and efficiency of health services are key themes that influence the development of policies and strategic plans.

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

Mental Health and Drug and Alcohol Office

In 2010–11 the Mental Health and Drug and Alcohol Office (MHDAO) was responsible for developing, managing and co-ordinating policy, strategy and program funding relating to mental health and the prevention and management of alcohol and drug-related harm. It also supported the maintenance of the mental health legislative framework. The work of MHDAO is delivered mainly through the mental health program and the drug and alcohol program, in partnership with Local Health Districts, Justice Health, the Children's Hospital Network, non-government organisations, research institutions and other partner departments. The office has led agency responsibility for co-ordinating whole-of-government policy development and implementation in mental health and drug and alcohol, such as actions arising from the Sate Plan and drug and alcohol summits. MHDAO was also responsible for convening or playing a lead role in inter-jurisdiction and cross-government forums, such as the Inter-Governmental Committee on Drugs and Alcohol, the State Reference Group on Diversion, the NSW Council of Australian Governments' Mental Health Group and the Senior Officers' Group on Drugs and Alcohol and Mental Health. In June 2001 MHDAO assisted with the establishment of the Mental Health Taskforce, the first step toward the formation of the Mental Health Commission.

Statewide Services Development Branch

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

Statewide and Selected Specialty Services

Statewide and Selected Specialty Services are those services that have a specific Statewide strategic importance; provide services for residents across a number of Local Health Districts, or across the State; may require high cost and complex equipment; and, usually, highly trained clinical staff and support services. In addition, outcomes are generally related to volume of activity and the frequency of service provision. Therefore, these services are generally provided from a small number of hospitals for all residents of NSW.

In order to ensure NSW continues to provide access to high quality specialist services for the people of NSW, Selected Specialty and Statewide Service Plans were developed during the year, for both Blood and Marrow Transplantation (BMT) and Spinal Cord Injury.

Implementation of these plans commenced with the provision of additional acute and sub-acute beds for spinal cord injury services, and an expanded BMT service at Liverpool Hospital for people requiring the most complex forms of blood and marrow transplantation. This Statewide approach to highly specialised care ensures that the health care people need is provided in a safe and efficient manner into the future in order to optimise outcomes and resource use.

Telehealth Support for the NSW Statewide Complex Epilepsy Service

The NSW Statewide Complex Epilepsy Service (SCES) networks across the Sydney Children's Hospital Network (Randwick and Westmead), the Royal Prince Alfred Hospital, Prince of Wales Hospital and Westmead Hospital.

During 2010-11, a collaboration with Australia's Academic and Research Network (AARNet) and investment from NSW Health enhanced clinical meetings across the sites using high quality video electroencephalography data in real time. This allowed peers to collaborate on the management of complex in a more effective manner.

Upgrade and Extension of the Telehealth Network in Rural NSW

In 2010–11 rural sites in NSW were assessed for extension and refresh of the telehealth network. More than 36 sites were able to be upgraded, representing a significant expansion of the NSW telehealth system, with a commitment from NSW Health of over $590,000.

Multi Purpose Services in NSW

The Multi Purpose Services (MPS) model of service delivery is aimed at providing sustainable health and aged care services to rural and remote communities by integrating acute, high and low aged care services.

MPSs play an increasingly important role in delivering health care to rural and remote populations. By June 2011, there were 52 operation MPSs across NSW with more planned. In 2010-11, construction was completed on three new MPSs in rural NSW and all sites were within the Greater Western Area Health Service. Eugowra MPS, constructed at a cost of $7.72 million, was completed in July 2010. Coonamble, an MPS/HealthOne was completed in August 2010 for a total cost of $15.28 million. Balranald MPS, constructed at a cost of $14.9 million, was completed in September 2010. Eugowra and Balranald were established as part of the National Health Reforms agenda through COAG, with $19 million in capital funding provided towards their redevelopment.

Inpatient Service Planning

In 2010-11, the Sub-acute Inpatient Activity Model (SiAM 2010), the agency's service planning tool for sub-acute services, was updated.

Demands for sub-acute care are driven by a number of factors, including population ageing and the increasing chronic nature of illnesses. SiAM 2010 includes palliative care, maintenance, psycho-geriatric (older person's mental health services) and rehabilitation services and provides medium to long-term projections of sub-acute inpatient services. The review was undertaken with considerable input from clinicians involved in these service areas.

SiAM 2010 is a computer based interactive planning tool which is now available for use by all Local Health Districts. SiAM 2010 will assist the new Local Health Districts in updating their local clinical services planning, to better reflect the local population needs for these inpatient services.

The Rural Health Minor Works Program

The Rural Health Minor Works Program (RHMWP) complements Health Services to improve services for smaller scale projects that address an identified service need, are of demonstrable benefit to the community and align with the District Services Plans and asset strategic planning. This includes projects such as emergency department upgrades, improvements to consulting suites in small rural hospitals, refurbishments of wards, staff accommodation upgrades, and relocation of services to improve patient and staff amenity and access.

In 2010–11, $2 million was allocated across the four former rural area health services. These projects focused on upgrade and refurbishments of Emergency Departments at Goulburn, new outpatient area at Tweed, Imaging support capacity at Port Macquarie and new staff accommodation at Coolah and Manilla.

Health and Hospitals Fund – Successful NSW Health Applications

NSW Health has again been successful in the latest Regional Priority Round, with five Applications developed by Statewide Services, in conjunction with the rural Area Health Services. The projects include: Port Macquarie Expansion, Tamworth Health Service Redevelopment (Stage 2), Bega Health Service Redevelopment, Dubbo Base Hospital Redevelopment and Wagga Wagga Base Hospital Redevelopment.

Delivery of these projects will be undertaken by NSW Health Infrastructure, in collaboration with the agency and the relevant Local Health Districts.

Primary Health and Community Partnerships Branch

The branch was responsible for developing strategic policies, innovative service models and programs to ensure improved equity, access and health outcomes for targeted population groups, who often require special advocacy and attention, because of particular health needs.

A related objective was the development of policies that give direction to primary and community-based services and improve the participation of consumers and communities in health care planning.

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

In addition, in 2010–11 the branch was responsible for the NSW Health response to *Keep Them Safe: A Shared Approach to Child Wellbeing*, the NSW Government's approach to the Special Commission of Inquiry into Child Protection Services in NSW, headed by Justice Wood. The branch was also responsible for the implementation of *NSW Kids*, recommendation nine under Commissioner Garling's Special Inquiry into the NSW public health system.

Inter-Government and Funding Strategies

This branch led and managed strategic relationships with the Australian Government, other State and Territory governments, private sector and other strategic stakeholders. It was responsible for ensuring that a comprehensive framework for the funding and organisation of the NSW health system is in place, to translate government priorities into effective strategies and to ensure that the system is able to respond to changes in its environment. It advised on distribution of resources to health services and develops tools to inform allocation of resources from health services to facilities, including the implementation of episode funding. It also provided leadership in the development and implementation of State and national health priority policies and programs.

NSW National Health and Hospitals Network Transition Office

The NSW National Health and Hospitals Network Transition Office led the development and implementation of the NSW Health work on the development of planning and action on COAG national health reform agreements. It was established as a temporary Office for this purpose in June 2010.

The Office had a central co-ordination role in implementing national health reform system change across the NSW health system, including engaging with other branches, Local Health Districts, central government agencies.

It co-ordinated strategic policy advice on national health reform including matters concerning financial policy, system management, performance management, intergovernmental relations and legislative change.

It was responsible for the preparation of major briefings for the Government and Minister on the national health reform process.

During 2010-11 the Transition Office:

- Co-ordinated policy and advice arising from the COAG deliberations on the National Health and Hospital Network Agreement 2010, on the development of the COAG Heads of Agreement 2011, and on the work towards the final National Health Reform Agreement in 2011.
- Co-ordinated the development of NSW implementation plans, action, advice and negotiations on funding under the National Partnership Agreement on Improving Public Hospital Services.
- Undertook extensive financial modelling to ensure that the NSW public health system and patients would receive significant financial benefit from the national health reform process.
- Co-ordinated the NSW Health governance process around the national health reform negotiations and action.
- Provided strategic advice on proposed national health legislation prepared by the Commonwealth Government.
- Provided strategic policy advice on the establishment of local health structures, primary health care, and Medicare Locals.
- Provided advice on clinical engagement in NSW and proposals for National Lead Clinician Groups.

Population Health

Deputy Director-General, Population Health and Chief Health Officer Dr Kerry Chant

Dr Kerry Chant is the Deputy Director-General, Population Health and Chief Health Officer. Dr Chant is a Public Health physician with extensive experience, having held a range of senior positions in NSW public health units since 1991. Dr Chant has a particular interest in communicable diseases and Aboriginal health, and led the NSW public health response to pandemic (H1N1) 09 Influenza in 2009.

Functions of the Division

The Population Health Division co-ordinated the strategic direction, planning, monitoring and performance of population health services across the State. The division responded to the public health aspects of major incidents or disasters in NSW, monitors health, identifies adverse trends and evaluates the impact of health services. The division is responsible for improving health through measures that prevent disease and injury.

Population health services aim to create social and physical environments that promote health and provide people with accessible information to encourage healthier choices. Effective population health practice implements evidence-based strategies and interventions.

Centre for Aboriginal Health

The Centre for Aboriginal Health had responsibility for developing, managing and coordinating Statewide strategy, policy program funding and performance monitoring in relation to the health of Aboriginal people in NSW. The Centre led the implementation of initiatives to deliver on the Indigenous Health National Partnership Agreement and the NSW State Plan targets of closing the gap in Aboriginal life expectancy within a generation and halving the gap in mortality rates for Aboriginal children under five within a decade.

The Centre for Aboriginal Health led the agency's partnership with the Aboriginal Health and Medical Research Council, Local Health Districts, Justice Health, Children's Hospital Westmead, research institutions and other State and Australian government departments.

Centre for Epidemiology and Research

The Centre for Epidemiology and Research provides high quality population health information and leads the development of population health capability and research infrastructure. The centre co-ordinates the public health and biostatistical officers training programs.

The Centre was also responsible for developing best practice models for research governance and ethical review, ensuring expert clinical ethics advice underpins health service policy decisions, promoting translation of research evidence and information into policy and practice, and contributing to building a comprehensive, accurate and accessible evidence base for population health practice.

Centre for Health Protection

The Centre for Health Protection aims to reduce the threats to health and burden of illness from communicable diseases and the environment. It does so through planning, developing policies, funding and managing activities across a range of clinical, public health, community, government and research settings.

The Centre reduces communicable diseases risks through surveillance, investigation and control of disease outbreaks, and programs to promote healthy behaviours, including immunisation. The Centre reduces the burden of blood-borne and sexually transmissible infections through prevention activities and by funding clinical services.

The Centre works closely with other national, State and local government agencies to develop policy and to assess and respond to environmental health risks including in relation to drinking water, food safety, air quality, waste management, and Chemical, Biological, Radiological and Nuclear (CBRN) emergencies.

Co-ordination and Policy Unit of the Chief Health Officer

The Unit was established in June 2010 to lead and co-ordinate policy regarding cancer screening, organ and tissue donation, blood and blood products and forensic pathology and medicine. The unit also leads the development, implementation, co-ordination and evaluation of comprehensive strategies to prepare the NSW health system for major population health emergencies.

Centre for Health Advancement

The Centre for Health Advancement leads development and co-ordination of health promotion and disease prevention policy for NSW. The Centre is responsible for implementation of major Statewide projects and programs to address the priority areas determined by the National Prevention Partnership and the NSW State Health Plan targets to reduce obesity in children and adults and reduce smoking rates, and oversees research and evaluation initiatives to underpin health promotion policy. The priorities of the Centre are tobacco control, overweight and obesity prevention, and the prevention of falls in the elderly.

Centre for Oral Health Strategy

The Centre for Oral Health Strategy leads the strategic development and co-ordination of oral health policy and programs for NSW. The Centre monitors and implements population oral health prevention initiatives and service

delivery in NSW for those eligible for receipt of public oral health services. The priorities of the Centre are:

- promotion of water fluoridation
- early childhood oral health
- Aboriginal oral health
- performance monitoring and reporting.

The Centre also has a focus on oral health workforce development and planning.

Health System Quality Performance and Innovation

Deputy Director-General Dr Tim Smyth

Dr Tim Smyth was Deputy Director-General Health System Quality Performance and Innovation Division during the reporting year. He has degrees in medicine, law and business administration. Dr Smyth had more than 25 years experience across the NSW health system, having worked as a doctor, director of medical services, hospital general manager, Chief Executive Officer of a former Area Health Service and senior executive with the agency. Dr Smyth was a partner with DLA Phillips Fox lawyers for eight years prior to his return to the agency as Deputy Director-General of the Division in November 2008.

Functions of the Division

The focus of the Division was to support health services in the provision of safe, patient-centred, high quality and effective health services to the people of NSW. While its primary focus was the acute hospital system, the Division planned and implemented better models of care across the spectrum of health care settings. Its key interfaces are with the Local Health Districts, the Clinical Excellence Commission, the agency for Clinical Innovation and the Bureau of Health Information. The Division co-ordinated and managed the integrated Performance Management Framework for health services.

There were four Branches in the Division – Clinical Safety, Quality and Governance, Health Services Performance Improvement, Demand and Performance Evaluation and eHealth and ICT Strategy. During the year, a major realignment of functions occurred between the former Strategic Information Management (SIM) Branch and Health Support Services ICT. The SIM Branch was dissolved in November 2010. Mr Ian Rodgers was recruited from Melbourne to head up the new eHealth and ICT Strategy Branch.

The Nursing and Midwifery Office transferred from the Division to the Health System Support Division in 2010.

Clinical Safety, Quality and Governance

The Branch played a key role in patient safety, clinical incident management, clinical governance and safety and quality monitoring and reporting. Through its Private Health Standards and Regulation and Pharmaceutical Services Units, the Branch licenced and regulated private health care facilities and regulated drugs and drug wholesalers, including investigation of misuse of drugs by health professionals. The Branch also administered the registers and regulatory framework for assisted reproduction and surrogacy.

Working closely with health services and the Clinical Excellence Commission, the Branch has had a strong focus on continued development of the Between the Flags patient safety program launched in January 2010, addressing healthcare associated infections (including public reporting of key indicators) and effective management of clinical incidents. The former Reportable Incidents Review Committee was revamped and new terms of reference approved by the Minister for Health.

A new Private Health Facilities Advisory Committee was established and the Branch expanded its regulatory role with additional classes of private facilities requiring licensing.

Health Services Performance Improvement

The core role of the Branch was monitoring the performance of health services, particularly in relation to ED access, acute hospital patient flow and planned surgery under the Performance Management Framework. The Branch also led a number of important portfolios for the NSW health system, including clinical service redesign, patient centred care, hospital in the home services and the NSW Patient Survey. Working closely with clinicians and the agency for Clinical Innovation, the Branch supported the Surgical Services Taskforce, the Ministerial Taskforce on Emergency Care, the Acute Care Taskforce and the Sustainable Access Committee.

Major work undertaken by the Branch this year included an ED access diagnostic project across 15 hospitals to improve patient flow, completion of the Greater Sydney region Surgery Futures project and commencement of the Rural Surgery Futures project, establishing Urgent Care Centres, a Rehabilitation Redesign project, planning for the patient survey tender and development of new Service Agreements for the Local Health Districts. After many years of awareness raising, redesign projects and analysis, it was also very pleasing to see a growing acceptance by clinicians that a more strategic approach to the utilisation of acute hospitals, especially by physicians, should be a high priority for 2011–12.

Demand and Performance Evaluation

The Branch maintained the core patient data sets for the agency, produces a range of performance reports for health services, the Director-General and the Minister, undertook analysis of demand trends and, in conjunction with health services, prepares the hospital activity targets for the Service Agreements.

The Branch worked closely with the Bureau of Health Information, the Australian Institute of Health and Welfare (including the *My Hospitals* website) and the National Health Information Statistics and Standards Committee.

During the year the Branch undertook developmental work to establish a data quality and governance framework for the NSW health system (including a structured external data quality audit program). A revamped monthly performance report was introduced with additional content, trend analyses and a detailed casemix activity report.

eHealth and ICT Strategy

This new branch was formed in late 2010 following major realignment of ICT functions between the agency and Health Support Services ICT. The key role of the Branch is development of strategy and governance of implementation of major ICT projects. With the significant progress with implementation of the NSW Health personally-controlled electronic medical record, the approaching national electronic health record, the rapid adoption of mobile technologies and its impact on the 'nature' of work and the growing use of social media, ICT has now broadened to an eHealth agenda. Mr Ian Rodgers commenced as inaugural Branch Director on 30 March 2011.

Building a stronger clinical engagement was a high priority in 2011 with the establishment of an eHealth and ICT Strategy Council, supported by a multidisciplinary Clinical Advisory Group.

Key priorities of the new Branch have been commencement of a 'refresh' of the existing NSW Health ICT Strategy, close interaction with NeHTA and the Commonwealth of the national eHealth agenda, improved governance of the ICT program implementation, vendor management and working with the new Local Health Districts and former Local Health District CIOs on an effective governance framework that meets the needs of the health districts and encourages innovation while maintaining the benefits of Statewide core systems and ICT network infrastructure.

Health System Support

Deputy Director-General
Ms Karen Crawshaw

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

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

Functions of the Division

In 2010–11 Health System Support Division led and managed strategic advice on finance and business management, asset management, strategic procurement and business development, legal and legislative services, workforce development and leadership, workplace relations and management, corporate governance and risk management. The division was responsible for ensuring that the health system operated within available funds.

Finance and Business Management

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

Strategic Procurement and Business Development

Provided leadership in procurement policy development and asset management and directs specific procurement projects to support the efficient delivery of health services. The division managed the Asset Acquisition Program and implements the Government's Total Asset Management policies across the health system. It was also responsible for operational services such as the computer network, email services, corporate knowledge services and building management.

Workforce Development and Leadership

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

Workplace Relations and Management Branch

Managed the agency's human resources strategy and provides support and guidance to staff on all personnel and payroll issues. Led system-wide industrial relations issues, including the conduct of arbitration, negotiating and determining wages and employment conditions. Provided administration for the Health Executive Service, and leads human resource and OHS policy development.

Nursing and Midwifery

The Nursing and Midwifery Office played a major role in supporting nursing and midwifery practice, recruitment, retention and professional development. The Office played a key role in the implementation of the Caring Together Action Plan with a particular focus on support and development of Nursing and Midwifery Unit Managers through the innovative Take the Lead program and ward level Essential of Care program.

Corporate Governance and Risk Management

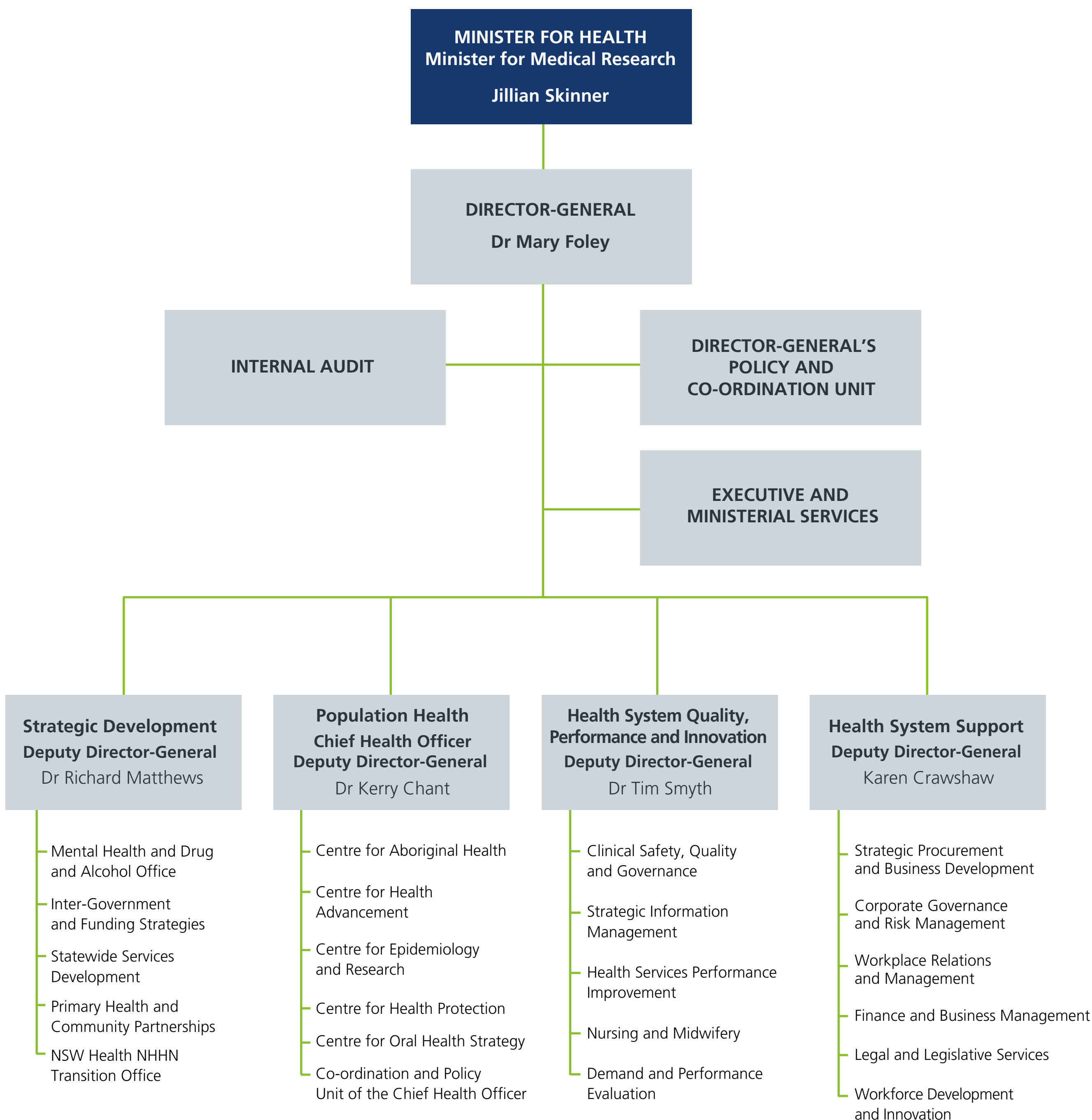
Provided a comprehensive framework for corporate governance and risk management, and guided and monitored these functions in the NSW public health system. The division managed relationships with key external agencies, undertakes employment screening and investigates allegations of abuse by health service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

Legal and Legislative Services

Provided comprehensive legal and legislative services for the agency and Minister, specialist legal services and privacy policy support for the health system, compliance support and prosecution services for NSW Health and registrar and administrative services to the nine health professionals registration boards.

Organisation chart

30 June 2011



A Governance Review of NSW Health recommended changes to the structure and role of the Department of Health and other organisations within the NSW Health administration. The Department became a Ministry of Health on 5 October 2011 with a new structure established from 1 November 2011.

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Performance

Image // Blacktown Hospital

Performance

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How We Compare

The health of the people of NSW compares favourably with the population of other Australian States and Territories and other countries across the globe, and continues to improve.

While many factors influence these outcomes, the contribution of the NSW health system plays a substantial part. The sustained momentum of system redesign is leading to improvements in the quality and efficiency of the public health system in NSW. This allows the system to respond to the continuing pressures of increased demand, population growth and population ageing.

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

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

The major international health publications from the World Health Organisation (WHO) and the Organisation for Economic Co-operation and Development (OECD) ensure that data from different countries is standardised to enable the most accurate comparison of results. Specific differences in collection of data and definitions are noted, but even so, opinions may vary on use and interpretation of data from country to country. Australia's national reporting organisations, the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS) provide data for comparison at the State/national level. Together these sources allow us to place the delivery of health services in NSW in context with other States in Australia, and with the rest of the world.

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

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

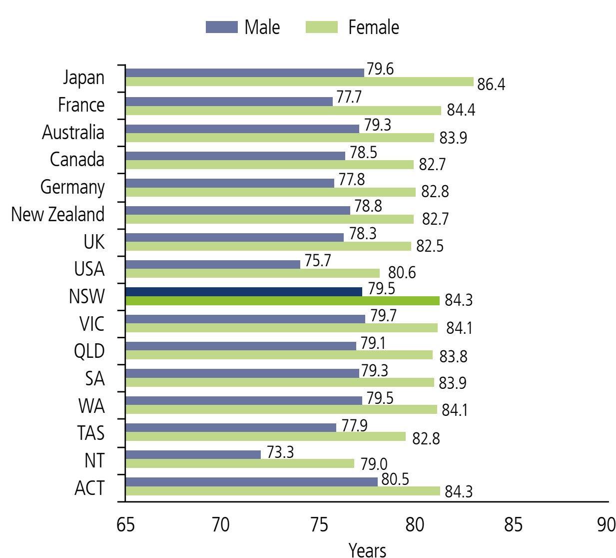
The NSW population exceeds seven million and accounts for 32.4% of the total Australian population, making it equivalent to that of Hong Kong. Our residents are however distributed across over 800,000 square kilometres. Such disparities between population size, density and dispersion highlight the difficulties faced in delivering services equitably and effectively.

Life Expectancy At Birth

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

The chart below shows the NSW and Australian rates of life expectancy for males and females, compared with other States and Territories, and selected OECD countries.

Chart 1: Life Expectancy At Birth (Years) for Selected OECD Countries and Australian States and Territories (2009)



Source: OECD Health Data 2011, Paris June 2011 and ABS Deaths, Australia 3302.0, Australia 2011.

The life expectancy at birth continues to increase for both males and females. For those born in 2009, NSW was fractionally higher than the national average at 79.5 years

for males and 84.3 years for females. This is comparable to Switzerland, which is ranked 4th in the *United Nations (UN) World Population Prospects Report (2005 – 2010)* based on life expectancy measures. Australia ranked 5th is the UN report results.

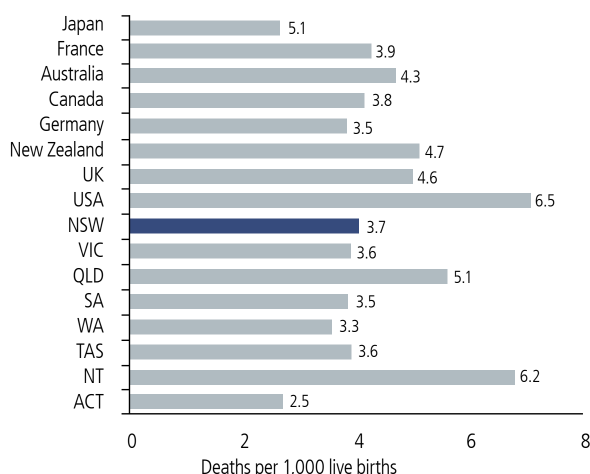
Life expectancy, together with mortality rates, and other health indicators such as communicable diseases, social factors and genetic makeup all contribute to the overall life duration.

Infant Mortality

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

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

Chart 2: Infant Mortality Rates for Selected OECD Countries and Australian States and Territories, 2009



Source: OECD Health Data 2011, Paris 2011 and ABS Causes of Death 3101.0, Australia 2011.

The infant mortality rate has shown declining trend in NSW and across Australia over the past five years. For 2009-10 the NSW rate was 3.7 infant deaths per 1,000 live births (see Chart 2), slightly lower than the overall result for Australia, and is a 20% reduction on the result in 2004-05.

Smoking during pregnancy is a known risk factor associated with poor perinatal outcomes. The latest publication of Australian mothers and babies released in November 2010 reports that NSW had the lowest rate of mothers reporting smoking during pregnancy, with 12.8%, more than 3% lower than the national average (16.2%).

Chart 3: Percentage of Mothers Reporting Smoking Tobacco during Pregnancy Australian States and Territories, 2008

Source: AIHW, Australia's Mothers and Babies 2007, Australia 2009 (NB: No data available for Victoria)

Death Rates

The standardised death rates for NSW for 2009 are the same as the national average for both males and females at 6.9 and 4.7 per 1,000 standard populations respectively (see Table 1). This represents a significant improvement over the past 10 years since 1999, when the standardised death rates were 8.9 and 5.7 for males and females respectively. The standardised death rate for all persons has been reduced to 5.7 deaths per 1,000 persons for NSW, the same as the national result in 2009.

Table 1: Standardised Death Rates per 1,000 People, 1999 and 2009

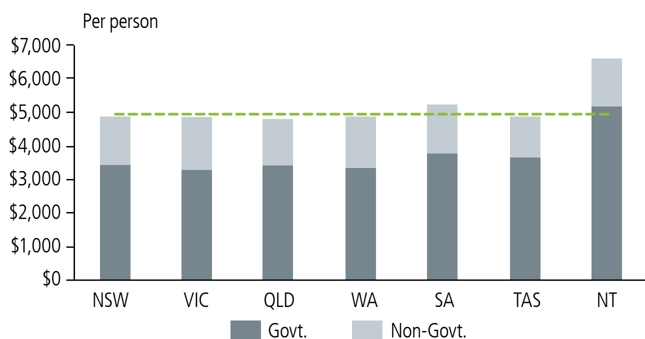
	1999		2009	
State / Territory	Male	Female	Male	Female
NSW	9.0	5.7	6.9	4.7
VIC	8.6	5.5	6.9	4.7
QLD	9.0	5.9	7.0	4.8
SA	8.6	5.4	7.0	4.8
WA	8.7	5.5	6.7	4.7
TAS	9.8	6.4	8.0	5.7
NT	10.7	8.9	9.6	6.4
ACT	7.9	5.5	6.2	4.7
AUSTRALIA	8.9	5.7	6.9	4.7

Source: ABS, Deaths, Australia, 3302.0, Australia 2010.

Health Expenditure

Health expenditure per capita is an effective way of examining the proportion of total health funding provided by government that is allocated to individuals in the population as it removes any instability that is caused by movement in Gross Domestic Product (GDP). Australia's health to GDP ratio has been steadily increasing over the last decade, with GDP growing by 3.2% per annum, however health has had a higher expenditure growth of 5.4% per annum over the same period resulting in an increase in the health to GDP ratio during the period[1]. Between 1998-99 and 2008-09, Australia's expenditure on health in real terms (after adjustment for inflation), grew from 7.8% of total GDP to 9.0%. A comparison of the average dollar spent on health per capita (recurrent) shows minor variation between States and Territories (see Chart 4).

Chart 4: Recurrent Health Expenditure per capita by Funding Source, States and Territories 2008-09



Source: AIHW Health Expenditure Australia 2008-09, December 2010.
Notes: Includes funding provided by the Australian, State/Territory and local governments and from major non-government sources only. Excludes expenditure on high level residential aged care. ACT data is included with NSW.

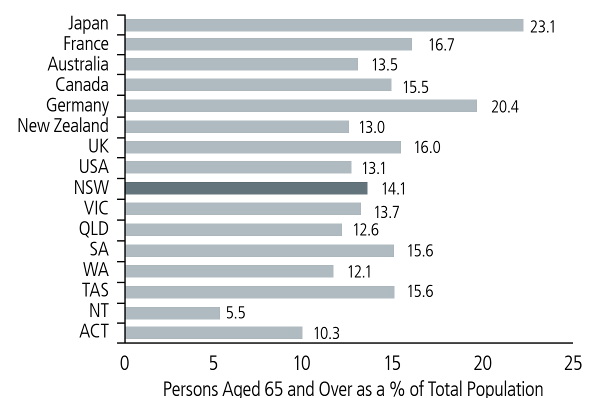
Funding for public health initiatives in Australia is provided by both State and Federal governments. It aims at providing essential services plus intervention for major health issues, including disease prevention, obesity, diabetes, mental health, drug and alcoholism. Non-government contributions towards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

Older Population

As individuals get older, their likelihood of deteriorating health status increases and their subsequent utilisation of health resources generally increases. Persons aged 65 and over tend to be higher users of the public health system than most other age groups, so the larger this segment of the population becomes, the more demand it creates on the available health resources. NSW has a higher proportion of its population aged 65 and over than the national average, at 14.1% compared to 13.5% nationally. Recent population trends show that this age group is rapidly increasing as a proportion of the total population in Australia, growing from 13.0% in 2006 up to 13.5% in 2010. Despite this increase, the relative proportion of older persons in Australia is still well below that in a number of other countries, as shown in Chart 5.

1 AIHW, *Health Expenditure Australia 2008-09*, 2010, pp. 9.

Chart 5: Proportion of Total Population Aged 65 and Over 2010



Source: OECD Health Data 2011, Paris 2011; ABS, Australian Demographic Statistics, 3101.0, Australia 2010.

Hospital Activity

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

NSW has the largest number of hospitals of any State or Territory and also has the greatest number of hospital beds, reflecting its higher population. NSW has a higher provision of public hospital beds per head of population than the national average, however this in part reflects the relatively low provision of services by the private sector in this State. Overall the number of beds across both sectors in NSW is slightly below the national provision.

The number of admissions per head of population is below the national rate, however the level of non-admitted patient services is well above that of other States. NSW accounts for over 45%

of the total national non-admitted patient services. This in part is attributed to policies that aim to provide the right care to people in the right place. For example, many clinical services previously requiring admission to hospital are now being provided in alternative settings. This is not only better for the patient, but a more appropriate use of health resources.

NSW provided slightly more elective surgery than the national average, at 27.6 admissions per 1,000, just above the national provision of 27.5. This reflects the targeted activity undertaken in this area to reduce the number of people with extended waiting time for surgery. The proportion of elective surgery provided within clinically recommended times is the second highest of all States and Territories at 87%, compared
to 84% nationally. The proportion of elective surgery patients waiting more than 365 days at 4.9% is above the national result of 3.5%, however this is a substantial decrease from the 6.9% waiting more than 365 days in 2004-05.

NSW has experienced an increase in Emergency Department occasions of service in recent years, a trend that has been seen throughout Australia. There were over 2.4 million presentations to Emergency Departments in 2009-10. Despite this increase, NSW performance in key indicators such as Triage waiting time continues at a high level, with the highest percentage of Emergency Department patients being seen within clinically appropriate time of all States and Territories, at 75% compared to 70% nationally.

Summary

NSW has the largest population of any State or Territory in Australia and provides the largest public health system in Australia to service the health needs of that population. The State continues to perform on par, and often above the national average, compared with the overall Australian health system performance and can also claim international recognition for its health system.

Excellent results have been achieved through the success of a multitude of different initiatives, particularly in recent years and the efforts of the staff providing and managing those services. Resources continue to be directed towards enhancing the health of the community in strategies focused on illness prevention, mental health and Indigenous health to name just a few. The State's achievements compared with international results are particularly significant in light of the growing demand for health services and continual population pressures experienced in this State.

Table 2: Selected Activity and Performance Measures by State and Territory, 2009-10*

ACTIVITY MEASURE	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
Public Acute and Psychiatric hospital beds per 1,000 population	2.7	2.4	2.5	2.4	3.0	2.7	2.6	3.1	2.6
Total public and private hospital beds per 1,000 population	3.7	3.8	3.9	3.9	4.4	4.6	3.7	3.6	3.8
Total public hospital admissions per 1,000 population	204.3	248.8	204.8	222.8	217.3	188.0	263.6	486.8	221.4
Emergency Department presentations (000s)	2,443	1,592	1,578	823	555	159	107	133	7,390
% Emergency Department presentations seen 'on time'	75	72	66	64	67	63	63	56	70
% Emergency Department presentations ending in admission	27	33	23	23	30	21	24	26	27
Surgical admissions from the elective waiting list (000s)	199	156	114	61	44	17	10	9	610
Surgical admissions from the waiting list per 1,000 population	27.6	28.3	25.4	27.0	27.1	32.9	27.6	41.7	27.5
% Elective Surgical admissions waiting more than 365 days	4.9	2.8	2.5	1.5	1.1	8.7	9.5	5.7	3.5
% Planned Surgical admissions admitted 'on time'	87	83	80	87	90	69	65	70	84
Non-admitted patient care individual occasions of service (000s)**	18,974	6,341	9,500	4,098	1,619	630	550	370	42,081

* Caution is needed in comparing activity data due to the differences between States and Territories in the coverage of data captured, particularly in the case of emergency department and surgical waiting list numbers. ** January to June 2010. *** Non-admitted occasions of service include: dialysis, pathology, radiology and organ imaging, endoscopy and related procedures, other medical/surgical/obstetric, mental health, alcohol and drug, dental, pharmacy, Allied Health, community health, district nursing and other outreach services. Sources: AIHW, *Australian Hospital Statistics 2009-10*, June 2011. AIHW, *Australian Hospital Statistics 2009-10*: Emergency department care and elective surgery waiting times, Nov, 2010. Department of Health and Ageing, *The Elective Surgery Waiting List Reduction Plan*, January to June 2010.

Goal 1 // Keep People Healthy

Reduce Smoking Rates

NSW Health achievements during 2010-11 in relation to reducing smoking rates included:

- Partnering with the Cancer Council NSW to provide cessation training to community service organisations working with disadvantaged communities in NSW. A total of $808,000 was allocated to 55 training sessions involving 100 organisations and approximately 700 staff.
- Implementation of a Smoke-free mental health project providing support for NSW Health mental health professionals to promote and support cessation among mental health consumers.
- Development of the Quit for New Life Program to provide intensive smoking cessation support for Aboriginal women during and following pregnancy. The program will commence in 2011-12.
- Continued funding of $1.2 million has supported the NSW SmokeCheck project since 2007-08. This project aims to address the prevalence of smoking in Aboriginal communities by facilitating delivery of brief smoking cessation interventions with Aboriginal consumers. In phase 2,549 participants completed training in tobacco control with nearly half of participants identifying as Aboriginal.
- Development and delivery of accredited tobacco cessation training through the Aboriginal Health College.
- Establishment of the inaugural Aboriginal Health and Medical Research Council Tobacco Resistance and Control Symposium in June 2011.
- Ongoing enforcement of *Smoke Free Environments Act and Public Health (Tobacco) Act* through Public Health Units, including more than 600 sales to minors controlled purchase operations.
- Regulation of display, promotion and sale of tobacco products and Tobacco Retailer Notification Scheme covering more than 8,500 tobacco retailers at more than 13,000 premises in NSW. More than 2,500 inspections of premises for compliance with legislation were conducted across NSW.
- *Strategic Directions for Tobacco Control in NSW 2011-2016* discussion paper released for public consultation in November 2010. There were 802 submissions from community members, industry, non-government organisations and health services.

Reduce Overweight and Obesity Rates

NSW Health achievements during 2010-11 in relation to reducing overweight and obesity rates included:

- Development of the NSW Healthy Children Implementation Plan following review of evidence and consultation with key stakeholders. The Healthy Children Initiative is part of the National Partnership Agreement on Preventive Health which brings more than $100 million to NSW over 2009-10 to 2014-15. The initiative will roll-out evidence based early childhood and school nutrition and physical activity programs across NSW to achieve increases in fruit and vegetable consumption and physical activity and reductions in overweight and obesity among children between 5 and 16 years of age.
- Participation of over 1,200 long day care services and 192 government primary schools in healthy eating and physical activity programs.
- Delivery of more than 100 Targeted Family Nutrition and Physical Activity (Go4Fun®) programs across NSW, reaching over 900 children and their families with an intensive program supporting healthy lifestyles in families with an overweight or obese child.
- Completion of the Schools Physical Activity and Nutrition Survey 2010 in 101 schools across NSW with more than 8,000 students between Kindergarten and Year 10 participating. The survey measured participant height and weight, dietary intake information and fundamental movement skills through physical measures and participant and proxy surveys.
- Provision of chronic disease risk factor reduction coaching in a free, six-month personalised coaching program as part of the NSW Get Healthy Information and Coaching Service. During 2010-11 more than 8,000 contacts were made to the Get Healthy Information and Coaching Service with approximately 1,400 requests for information and 1,700 requests for coaching.

Immunisation

As a result of childhood immunisation programs during 2010-11 the Department:

- Maintained high immunisation coverage rates of children at 1 year of age (91%) and two years of age (92.4%).
- Maintained high immunisation coverage rates of Aboriginal children fully immunised at 12 months of age (86%) and two years of age (91.8%).

- Implemented a vaccination strategy targeting provision of free whooping cough vaccine to new parents, grandparents and adults who regularly care for infants.
- Continued to implement routine adolescent school-based vaccination services and introduced comprehensive protocols for school-based immunisation programs.
- Released Policy Directive 2011_005 *Occupational assessment, screening and vaccination against specified infectious diseases*.
- Managed the NSW Vaccine Centre ensuring the effective distribution of vaccines to NSW immunisation providers.

Preventing Falls Among Older People

NSW Health achievements during 2010-11 in relation to preventing falls among older people included:

- The *NSW Health Policy for Prevention of Falls and Harm from Falls among Older People: 2011-2015* was released on 30 May 2011. The Policy describes future and ongoing actions that NSW Health, including the NSW Department of Health, Local Hospital Networks, the Ambulance Service of NSW, and Clinical Excellence Commission, will undertake to support prevention of falls and fall-related harm among older people. The policy includes actions in three key domains - health promotion, NSW Health clinical services and NSW Health residential aged care services.
- Delivery of the evidence-based falls prevention program, *Stepping On*, which was designed to assist older people self-manage falls risks and establish a regular habit of balance and strength exercise. In 2010-11, Stepping On reached 1,958 older at risk people, with 127 programs held in diverse NSW locations.
- Support for the *Otago Home Based Exercise Program*, a home-based, individually tailored strength and balance retraining program shown to reduce falls among frail older people. From program roll-out in February 2011, there has been an average of 13 new referrals each week. At the end of June 2011, 147 clients had commenced on the program.
- Launch of the *Active and Healthy* website, an innovative online directory of physical activity providers which incorporate evidence based falls prevention training in their programs, in February 2011. Approximately 10,000 visitors viewed www.activeandhealthy.nsw.gov.au between its release in early February and June 2011.
- The NSW Falls Prevention Network's 2011 annual forum on translating research into practice was attended by 325 professionals from hospitals, community services, residential aged care, health promotion, local government and consumer representative.
- Ongoing support for implementation of the Australian Commission on Safety and Quality in Health Care falls prevention best practice guidelines in NSW Health clinical settings.

Preventing Injury

Development of the Aboriginal Injury and Safety Prevention Demonstration Grants Program and call for expressions of interest undertaken during the reporting period. The program will provide $6.5 million for evidence-based programs improving Aboriginal health outcomes by preventing injury.

Statewide Infant Screening Hearing

The SWISH program screens over 99% of babies born in NSW for congenital sensorineural hearing loss. In 2010-11 the program purchased new screening equipment for the SWISH program following an open tender process (at a cost of $3.5 million). A range of consumer resources were developed or revised to inform parents about the program including:

- development of an antenatal DVD in 13 languages
- revision of brochures for parents during screening and referral in 26 languages
- development of brochures to inform partners of the need for referral to diagnostic audiology in 26 languages
- further translations of the *Hearing loss and Your Baby: the Next Step* resource for parents of infants diagnosed with hearing loss in 12 languages
- development of a DVD about how to communicate with babies who have been diagnosed with a hearing loss in 12 languages.

Aboriginal Maternal and Infant Health Service

The Aboriginal Maternal and Infant Health Service (AMIHS) involves midwives working together with Aboriginal Health Education Officers in small teams to provide culturally sensitive, women centred care for Aboriginal women, based on primary care principles and provided in partnership with Aboriginal people. The services build on universal maternity services that are available in NSW while adding an innovative approach to make services more accessible and appropriate for Aboriginal women.

The 33 AMIHS programs, delivering services in over 50 locations across the State, increased the opportunity for Aboriginal women to access culturally appropriate antenatal care early. Through the Closing the Gap initiative additional secondary mental health and drug and alcohol services are being established in selected AMIHS sites.

The Training and Support Unit for Aboriginal mothers, babies and children (TSU) has been established in the Clinical Education and Training Institute – Rural Division to provide training and support to AMIHS as well as the early childhood program Building Strong Foundations for Aboriginal Children, Families and Communities (BSF).

Cross Agency Risk Assessment and Management – Domestic and Family Violence

NSW Health has been working with the NSW Police Force, Department of Attorney General and Justice, Department of Family and Community Services (Community Services) and non-government agencies to develop a Framework to identify and assess prospective risk of domestic and family violence to individuals and families and co-ordinate interventions to manage and/or reduce this risk. The Framework is predicated on developing common understandings of risk factors, risk levels, and management of risk, sharing information between agencies, and workforce development. A three-month trial of the Framework was undertaken and an independent evaluation was conducted on the implementation issues. An options paper is currently being developed on the way forward for this project.

Statewide Eyesight Preschooler Screening (StEPS) program

The Statewide Eyesight Preschooler Screening (StEPS) program is an initiative of the NSW Health and is a free vision screening program for all four year old children in NSW. The StEPS program actively identifies and targets 4 year old children in NSW by offering the program in preschools/child care centres and Child and Family Health Services throughout NSW.

In the 2010 calendar year approximately 94% of children were offered the StEPS program and 66,000 children accessed the program and received a free vision screen. As a result of the program, more than 4,000 children were identified with a possible vision problem and referred to an eye health professional for a full diagnostic vision assessment and treatment where applicable. Over 1,500 of these children were identified with a significant vision loss and referred as requiring a high priority assessment and treatment.

Review of NSW Health Counselling Services

A *Final Report on the Review of NSW Health Counselling Services: Child Protection Counselling Services; Sexual Assault Services; Child Protection Units; Domestic and Family Violence services mapping* was completed in February 2011 and is available on the NSW Health website. The need for a review in this area was the subject of three whole of government cross-agency plans: *Interagency Plan To Tackle Child Sexual Assault in Aboriginal Communities 2006-2011* (ACSA); *Keep Them Safe: a shared approach to Child Wellbeing 2009-2010*; and *Stop the Violence End the Silence Domestic and Family Violence Plan 2010-2015*.

The review report found that all Child Protection Counselling Services, Sexual Assault Services and Child Protection Units were delivering counselling services that are based on sound theoretical principles and good empirical evidence. The Review also provided a draft performance monitoring and reporting framework for the 17 Child Protection Counselling Services and the counselling functions of 52 Sexual Assault Services.

The report was distributed to the Chief Executives of the Local Health Networks and the Department of Health commenced implementation action in collaboration with the Health Service and key interagency partners.

Prenatal Reporting Guidelines

During 2010-11, NSW Health in collaboration with the Department of Family and Community Services, Community Services progressed the Statewide implementation of new prenatal reporting arrangements where there is risk of significant harm to an unborn child. The NSW Health Prenatal Reporting Guidelines issued in June 2011 provide guidance to health workers for reporting such risk and on engaging vulnerable pregnant women who may be the subject of an Unborn Child High Risk Birth Alert issued by the Department of Family and Community Services in necessary health care services and other supports.

Under the SAFE START model NSW Health worked to ensure that the health-related needs of vulnerable pregnant women and unborn children were met. Efforts included provision of psychosocial assessment and depression screening for women expecting or caring for an infant and linking mothers, infants and families at risk of adverse physical and mental health outcomes to a network of supports and health related services.

Child Wellbeing Units

The Health Child Wellbeing Units (CWUs) are now a well established part of the NSW Health system and provide mandatory reporters from the NSW health workforce with assistance in applying the new reporting threshold of 'risk of significant harm'. They also help to build cases of cumulative risk by communicating with CWUs in other government agencies. When concerns are below the statutory threshold, CWUs assist mandatory reporters to decide how best to assist children and families, from within their agencies capabilities, as well as from other services.

The Health CWU received over 8,000 inbound calls in 2010-11 with the most frequent reason being the report of concern for a child /young person from a mandatory reporter and advice on action required. The CWU model was evaluated in early 2011 and was found to have successfully established alternative reporting pathways for child protection concerns.

Sustaining NSW Families

The NSW Health sustained health home visiting program now known as *Sustaining NSW Families* (SNF) aims to improve the health, developmental, and wellbeing outcomes of infants and children, and to support and strengthen the capacity of parents to provide a safe and nurturing environment for their children. The target group for this intervention is socially and economically disadvantaged families with a particular focus on women with high levels of antenatal depression and the program is currently operating across five sites in NSW.

In order to compare the various service models, an evaluation is being developed to assist in defining the client group who will most benefit from this service. The evaluation has been extended until 2014.

Universal Health Home Visiting

The Families NSW Strategy is the NSW Government's whole of government prevention and early intervention strategy for families with children aged 0-8 years of age. The Families NSW Strategy is based on a population level approach to care. In NSW the strategy is jointly implemented by NSW Ministry of Health, the Department of Education and Communities (DEC), Human Services – Family and Community Services (FaCS), Housing NSW and Ageing Disability and Home Care (ADHC) as well as local government and community organisations. Universal Health Home Visiting (UHHV) is one program under the Families NSW Strategy.

The purpose of the UHHV is to enhance access to postnatal child and families services by providing all families with the opportunity to receive their first postnatal health service by a Child and Family Health Nurse within their home environment.

Local Health Networks continued to review local data collection systems and facilitate the timely transfer of birth information between Maternity and Child Health Services to improve transition of care between these services in the perinatal period.

Goal 1 // Performance Indicators

Reduced Smoking

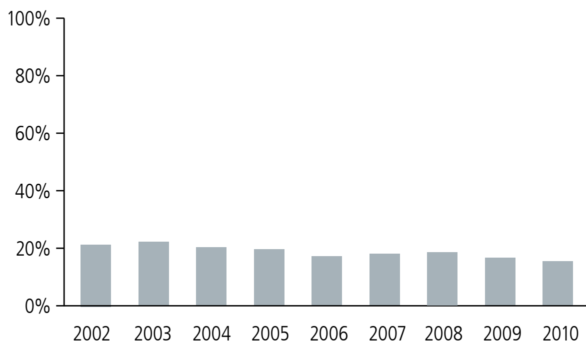
Desired Outcome

Reduce the proportion of NSW population who smoke.

Context

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

Current (Daily or Occasional) Smoking in Adults Aged 16 Years and Over, NSW

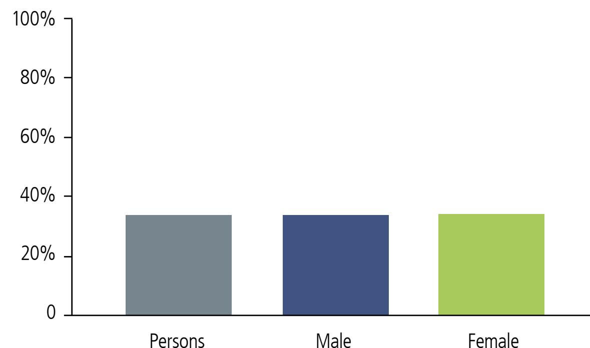


Source: NSW Population Health Survey, Centre for Epidemiology and Research

Interpretation

Since 2009, there has been no significant change in the proportion of adults aged 16 years and over who were current (daily or occasional) smokers. Between 1997 and 2010, there has been a significant decrease in the proportion of adults aged 16 years and over who were current smokers (24.0% to 15.8%). The decrease has been significant in males and females, and in rural-regional and metropolitan health districts.

Current (daily or occasional) smoking in adults aged 16 years and over, NSW



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

Interpretation

In 2006-2009, 33.9% of Aboriginal adults aged 16 years and over were current (daily or occasional) smokers. There was no significant difference between males and females, or between urban and rural health areas. Between 2002–2005 and 2006-2009, there has been a significant decrease in the proportion of Aboriginal adults who were current smokers (41.2% to 33.%). Between 1997-1998 and 2006-2009, there has been no significant change in the proportion of Aboriginal adults aged 16 years and over who were current (daily or occasional) smokers; however, there has been a significant decrease in Aboriginal females (44.2% to 34.2%) and in urban health areas (45.8% to 30.%).

Related Policies and Programs

- SmokeCheck.
- Smoking cessation training programs.

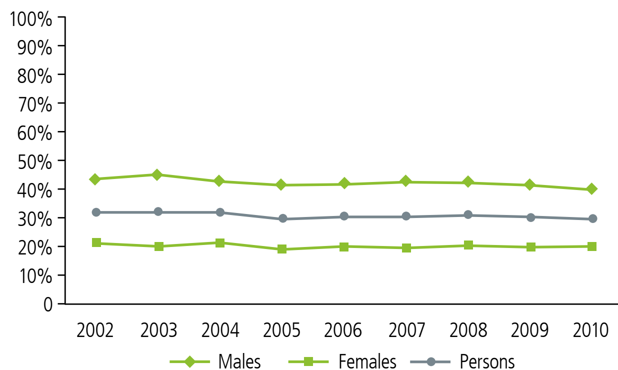
Risk Drinking

Introduction

Excessive alcohol consumption has adverse health consequences and contributes to aggressive behaviour, family disruption, and reduced productivity. While higher levels of consumption are associated with higher levels of harm, high rates of harm have been found among low-to-moderate drinkers on the occasions they drink to intoxication.

In February 2009, the *2001 Australian Alcohol Guidelines* were replaced with the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, which are based on modelling of the lifetime risk of harm from drinking. The indicator of the proportion of adults who consume more than two standard drinks on a day when they consume alcohol is based on the 2009 guideline for lifetime risk of harm from drinking alcohol. The State Plan target is to reduce total risk drinking to below 25% of the adult population by 2012.

More than 2 standard drinks on a day when consuming alcohol by year, adults aged 16 years and over, NSW, 2002-2010



Source: New South Wales Population Health Survey 2010 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Interpretation

In 2010, 29.9% of adults aged 16 years and over consumed more than two standard drinks on a day when consuming alcohol.

- A significantly higher proportion of males (40.2%) consumed more than two standard drinks a day, compared with females (19.9%).
- Among males, the proportion decreased with age (from 53.3% in those 16-24 years to 14.4% in those 75 years and over).
- Among females, the proportion decreased with age (from 42.5% in those 16-24 years to 2.0% in those 75 years and over).

Since 2002, there has been a significant decrease in the proportion of adults aged 16 years and over who consumed more than two standard drinks on a day when consuming alcohol (32.1% to 29.9%). The decrease has also been significant in rural-regional health districts.

Overweight and Obesity

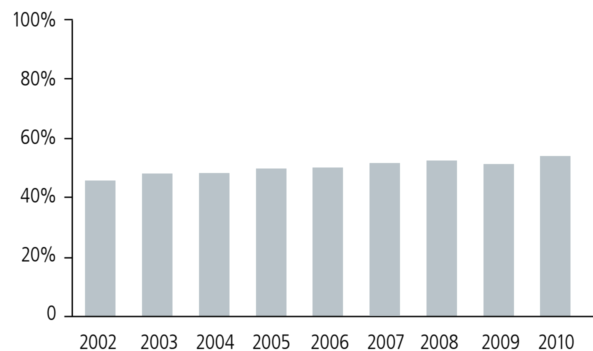
Desired Outcome

Prevent further increase in level of overweight and obesity.

Context

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

Overweight or obesity in adults aged 16 years and over, NSW



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

Interpretation

Since 2009, there has been a significant increase in the proportion of adults aged 16 years and over who were either overweight or obese based on self-reported height and weight (51.6% to 54.3%). The increase was significant in females. Between 1997 and 2010, there has been a significant increase in the proportion of adults who were overweight or obese based on self reported height and weight (41.8% to 54.3%). The increase has been significant in males and females, and in rural-regional and metropolitan health districts.

Related Policies and Programs

- Get Healthy Information and Coaching Service.

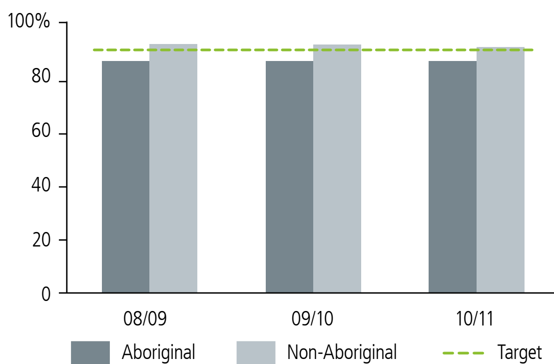
Children Fully Immunised at One Year

Desired Outcome

Reduce illness and death from vaccine preventable diseases in children.

Context

NSW continues to achieve high levels of vaccination coverage, above or consistent with the national average for this age group.



Source: Australian Childhood Immunisation Register

Interpretation

The Australian Childhood Immunisation Register records information on the immunisation status of all children less than seven years of age. NSW continues to achieve high levels of vaccination coverage for this age group, and at the end of June 2011, 91% of non-Aboriginal children and 86% of Aboriginal children, aged one year were fully immunised. Immunisation coverage among Aboriginal children in this age group continues to be below that for non-Aboriginal children but is consistent with the national average. NSW Health continues to conduct culturally appropriate initiatives that target areas of low coverage and immunisation of Aboriginal children.

It is acknowledged that this data may underestimate actual vaccination rates by around 3% due to children being vaccinated late or delays by service providers forwarding information to the Register. The NSW target has been set at >90%.

Related Policies and Programs

- NSW Immunisation Schedule.
- Australian Childhood Immunisation Register.
- National Partnership Agreement on Essential Vaccines.
- National Health Care Agreement.

Adult Immunisation

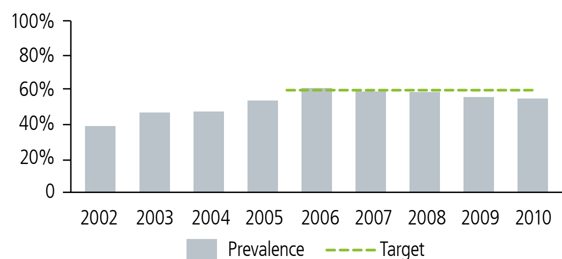
Desired Outcome

Reduced illness and death from vaccine preventable diseases in adults.

Context

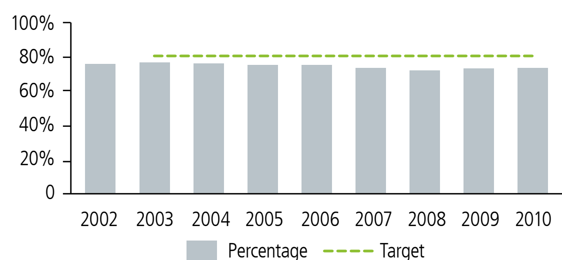
Vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council (NHMRC) and is provided free of charge to persons at high risk of contracting these diseases. NSW health actively promotes influenza and pneumococcal vaccination of adults through direct communication with general practitioners and aged care facilities.

Adults aged 65 years and over vaccinated against pneumococcal disease in the last 5 years, NSW



Source: NSW Health Survey, Centre for Epidemiology and Research

Adults aged 65 years and over vaccinated against influenza in the last 12 months, NSW



Source: NSW Health Survey, Centre for Epidemiology and Research

Interpretation

In adults aged 65 years and over, there has been a significant increase in the proportion of those who were vaccinated against influenza in the last 12 months, from 57.1 in 1997 to 72.7% in 2010.

Similarly, in adults aged 65 years and over, there has been a significant increase in the proportion of those who were vaccinated against pneumococcal disease in the last five years, from 38.6 in 2002 to 54.8% in 2010.

Related Policies and Programs

- NSW Immunisation Schedule.
- National Health Care Agreement.

Fall Injury Hospitalisations

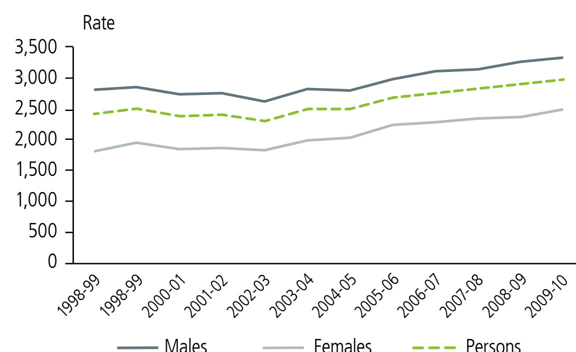
Desired Outcome

Reduce injuries and hospitalisations from fall related injury among people 65 years and over.

Context

Falls are one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW. It is also one of the most expensive. Older people are more susceptible to falls, for reasons including reduced strength and balance, impaired vision, chronic illness and medication use. Over one quarter of people aged 65 years and over living in the community report falling at least once in a year and many fall more than once.

Fall-related injury overnight stay hospitalisations by sex, persons aged 65 years and over, NSW 1998-99 to 2009-10



Source: NSW Admitted Patient Data Collection and ABS population estimates (HOIST), Centre for Epidemiology and Research, NSW Department of Health. Note: Hospital separations were classified using ICD-10-AM. Rates were age adjusted using the Australian Population as at 30 June 2001.

Interpretation

Age-standardised rates of hospitalisations for falls among older people have been increasing for more than 10 years. The rate of hospitalisation for falls is greater for females than for males.

Related Policies and Programs

- NSW Health Policy for Prevention of Falls and Harm from Falls among Older People: 2011-2015.
- Stepping On.
- Otago Home Based Exercise Program.
- Staying Active and On Your Feet booklet.
- Active and Healthy website.
- Support for implementation of the Australian Commission on Safety and Quality in Health Care falls prevention best practice guidelines in NSW Health clinical settings.

Antenatal Visits – Births where the First Maternal Visit was Before 20 Weeks Gestation

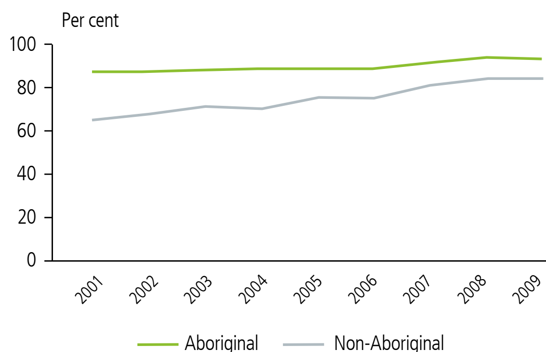
Desired Outcome

Improved health of mothers and babies.

Context

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

Antenatal Visits – Births where the First Maternal Visit was Before 20 Weeks Gestation (%)



Source: Midwives Data Collection (HOIST).

Interpretation

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

Related Policies and Programs

- The Maternity Towards Normal Birth in NSW provides the NSW policy for maternity services.
- The Maternal and Perinatal Health Priority Taskforce and NSW Health support the continued development of a range of models of care including midwifery continuity models of care.
- Early Pregnancy care improvements include the expansion of public antenatal care across NSW including increased access in over 45 rural and regional towns.
- The NSW Aboriginal Maternal and Infant Health Service (AMIHS) is a primary health care strategy to improve perinatal mortality and morbidity provided by midwives and Aboriginal Health Workers. In 2006 the evaluation of the program demonstrated marked improvement in access to antenatal care by Aboriginal mothers in the program areas. The service has expanded with 33 AMIHS services providing care in 50 sites Statewide.

Low Birth Weight Babies – Weighing Less Than 2,500g

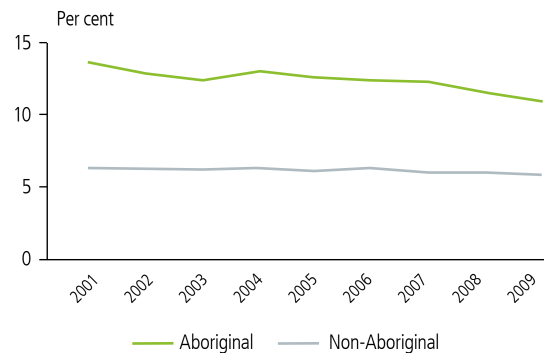
Desired Outcome

Reduced rates of low weight births and subsequent health problems.

Context

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

Low Birth Weight Babies – Births with Birth Weight Less Than 2,500g (%)



Source: Midwives Data Collection (HOIST).

Interpretation

The rates for low birth weight babies are relatively stable, the exception being babies of Aboriginal mothers, which has dropped slightly. However birth weight remains lower than that for babies of non-Aboriginal mothers.

Related Policies and Programs

- For policies and programs associated with this indicator please see Related policies and programs for the indicator Antenatal visits – births where the first maternal visit was before 20 weeks gestation.
- Smoking in pregnancy is a risk factor for low birth weight babies. Under the National Partnership for Indigenous Health, the Quit for New Life project provides a targeted smoking cessation program to families who attend Aboriginal Maternal and Infant Health Service programs and Building Strong Foundations for Aboriginal Children, Families and Communities programs.

Connecting Care (Severe Chronic Disease Management) Program

NSW Health is implementing the *Connecting Care Program* to better connect the care and support of people with chronic diseases who have been hospitalised, or are at risk of hospitalisation, due to their chronic diseases.

The NSW General Practice Council, General Practice NSW and the NSW Agency for Clinical Innovation are key partners in the development and implementation of Connecting Care.

Connecting Care commenced operations in May 2010. The program targets the people with the chronic diseases that result in the most frequent presentations to hospitals, drive the highest health care costs, and respond best to improved care co-ordination and self management support – namely diabetes, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease and hypertension.

Connecting Care builds on the population-based model for integrated primary health care in NSW (HealthOne NSW) and the lessons learnt in its implementation over the last five years. HealthOne NSW brings together Commonwealth-subsidised general practice and State-funded specialist and community health care services to deliver integrated, multidisciplinary team care with people in the community.

Connecting Care aims to reduce the progression and complications of chronic disease, improve the quality of life of people with chronic diseases and support their carers and families; as well as reduce unplanned and potentially preventable admissions to hospitals and improve the health systems capacity to respond to the needs of people with chronic diseases.

The Program provides:

- Care co-ordination to those people who are unable to negotiate the service system due to their complex care and support needs or whose chronic diseases impact on their capacity to function independently in the community.
- Self management support to inform and motivate people to take control of their health.

During 2010-11 over 10,600 people were enrolled in the Connecting Care Program across NSW. This exceeded the enrolment target for the first year of activity by 4,000 patients.

A public tender to engage organisations to provide coaching and related self management support activities was finalised in 2010-11. These self management supports included:

- web-based health coaching systems
- self-management coaching services
- training in self-management support
- remote telemonitoring of chronic disease conditions.

New funding was provided to Local Health Networks to purchase these self management supports and has led to the establishment of telephone based coaching services in many NSW Local Health Networks.

Partnerships between General Practice and Local Health Networks are crucial to the success of the program. NSW Health has funded General Practice NSW to support General Practice to participate in the program. One key tool developed by General Practice NSW was *A Guide to Understanding and Working with General Practice in NSW*. This guide was distributed to every NSW Health Network and was designed to support collaborative work between Local Health Networks and General Practice. In addition NSW Health supported the development of NSW General Practice Service Directory to assist identification of services as part of the Connecting Care Program.

During 2010-11 evaluation of the Connecting Care Program commenced with the engagement of the George Institute to lead a consortium that will determine the impact of the program over the next two years.

The evaluation of the Walgan Tilly (Chronic Care for Aboriginal People) Project was also finalised in 2010-11. The evaluation found that Walgan Tilly has been a valuable initiative in developing the accessibility and appropriateness of Aboriginal Chronic Care services in NSW. One of the key actions arising from the evaluation is increased collaboration between the Walgan Tilly and Connecting Care Programs.

In November 2010 the *Chronic Care for Aboriginal People Model of Care* was launched. The Model of Care is an accessible document that brings all the evidence of what works well for Aboriginal people into a package of how to deliver services to Aboriginal people with or at risk of developing a chronic disease. This Model of Care guides the roll-out of new programs, such as *Connecting Care*, to Aboriginal communities.

The *Connecting Care* program funded the Agency for Clinical Innovation Cardiac Network to revise the Clinical Framework for Heart Failure, develop a Heart Failure Pathway and provide rural clinical education.

The Asthma Foundation was also funded to identify the best way of delivering information to people at risk of repeat hospitalisations due to asthma.

Maternity Services

The *Towards Normal Birth* policy provides direction to NSW maternity services regarding actions to increase the vaginal birth rate in NSW. The Maternity Support Network, comprised of five Midwifery Clinical Nurse Consultants, provides training to maternity services across NSW and supports the development of strategies to implement the steps outlined in the policy to provide woman centred labour and birth care.

Joint Investigation Response Team

The Joint Investigation Response Team (JIRT) is a partnership between NSW Police Force, Department of Family and Community Services (Community Services) and NSW Health which links risk assessment, protective interventions and medical and therapeutic care with the criminal investigation and prosecution system to provide the best outcomes for children. NSW Health has committed to building its role as a partner in the Joint Investigation Response Team partnership through the development of a specialist workforce. In 2010-11 $2.3 million was allocated recurrently for 17 JIRT Health positions to complement existing Sexual Assault Service and Child Protection Counselling staff and improve co-ordination and training.

Child Abuse and Sexual Assault Forensic and Medical

The purpose of this project is to enhance the capacity to provide high quality, timely and accessible forensic and medical services for victims of sexual assault and child abuse. This involves initiatives that focus on professional development, education, remuneration and professional support networks to retain forensic medical examiners. Parallel to this project, a model has been developed to address concerns about the distances some victims are required to travel to access a forensic and medical response.

Youth Health

The *NSW Youth Health Policy 2011 – 2016: healthy bodies, healthy minds, vibrant futures* was released in this reporting year. This policy provides the NSW health system with a fresh approach to providing health services for young people aged between 12 – 24. It is guided by the best evidence available and provides the strategic framework for the provision of health services for young people in NSW over the next five years.

Women's Health

The NSW Women's Health Plan 2009-2011 is currently being implemented. To date, key performance indicators have been developed to monitor and report on achievements in women's health and the Evaluation of the NSW Female Genital Mutilation (FGM) Education program has been completed. Two rural women's health projects have commenced with Lismore and District Women's Health Centre and Waminda - the South Coast Women's Health and Welfare Aboriginal Corporation and NSW Health sponsored the 6th National Women's Health Conference in 2010.

Achievements and Events in Disability

NSW Health initiated the following innovative programs in 2010-11 to improve services for consumers with a disability:

- In January 2011, NSW Health funded a specialist multi disciplinary team for people with Intellectual Disability living in rural and regional NSW. The pilot project focuses on people with Intellectual disability who have complex or chronic health conditions in the Illawarra Shoalhaven region. The Pilot seeks to improve existing health care services through video consultations, training of health professionals and support for local health and disability infrastructure. This pilot project is hosted by South East Sydney Local Health Network (SESLHN). The project receives ongoing support and monitoring from NSW Health. Two new pilot sites are being considered for development based on the SESLHN model.
- NSW Health funded the Agency for Clinical Innovation (ACI) to establish a network for Intellectual Disability (ID Network) made up of professionals, clinicians, non-government agencies, carers and consumers. The ID Network aims to improve primary and specialist care for people with an intellectual disability.

- NSW Health supported the development of a suite of local Acquired Brain Injury (ABI) directories, client information sharing, data management, collaborative assessment and intake processes in regional and rural areas. NSW Health improved equity and access for people with an ABI in the community through ensuring that referral pathways to access local ABI services are established.

The NSW Dementia Services Framework, 2010 – 2015

In September 2010, NSW Health released the NSW Dementia Services Framework 2010 – 2015 in consultation and partnership with Ageing, Disability and Home Care (ADHC). The framework sets the direction for quality dementia care in NSW along the dementia service pathway from community awareness to palliative care. The implementation plan arising from the framework has been informed by key experts from primary health, specialist health services, community support services, research and Alzheimer's NSW.

In March 2011, $1.2 million was allocated to Local Health Networks for the establishment of eight new community dementia clinical nurse consultant positions. These positions will support general practitioners, practice nurses and other health professionals to adopt an early intervention focus that enables timely diagnosis, information and link to carer support services for people living with dementia and their carers.

Carers Legislation

NSW Health worked with Ageing, Disability and Home Care, Department of Family and Community Services (ADHC) to implement the *NSW Carers Recognition Act 2010* across NSW public sector and human services agencies. The Minister for Ageing and Disability Services has the lead responsibility for implementation of the Act.

The NSW Carers Recognition Act recognises the role and contribution of carers to our community and to the people they care for and seeks to increase awareness of this contribution. The Act requires public service agencies to:

- have an understanding of the NSW Carers Charter
- consult with carers on significant policy issues impacting on carers
- have due regard to the needs of staff with caring responsibilities in the development of human resources policies.

As a human service agency NSW Health ensured that our agency reflected the principles of the NSW Carers Charter and will continue to build on the strategies already in place to meet our responsibilities under this important legislation.

Family Referral Services

Family Referral Services (FRS) are a key initiative under the whole of Government *Keep Them Safe Action Plan*, implemented by NSW Health.

Family Referral Services assist children and young people who do not meet the statutory threshold for child protection intervention but would benefit from accessing support to address current problems and prevent escalation. FRS provide information and link vulnerable children young people and their families to a range of support services in their local areas.

The FRS were piloted in three sites for 12 months from May 2010 – April 2011. The independent evaluation report on the pilots has found that the FRS is contributing to the vision that '*children, young people and their families have access to appropriate local services that support their health, wellbeing and development*'. The FRS was expanded to include two more regions in June 2011 as part of continued Statewide roll-out.

Engagement of General Practice in Keep Them Safe Reforms

NSW Health collaborated with General Practice NSW (GP NSW) on initiatives to better support general practitioners and practice nurses in their frontline role in responding to the protection and wellbeing of vulnerable children, young people and their families in NSW and engage them in the reforms arising from the Report of the Special Commission of Inquiry into Child Protection in NSW.

Between October 2010 and June 2011, GP NSW in conjunction with NSW Health delivered 10 sessions of *Keep Them Safe* (KTS) training to eight divisions of General Practice across three Family Referral Services regions (Western NSW, Hunter Central Coast and New England North West). GP NSW has acknowledged the contribution of Health Service staff (child protection trainers and child wellbeing co-ordinators) as facilitators of the sessions.

In June 2011, NSW Health extended its contract with GP NSW to roll-out the KTS training to other regions in the by June 2012.

Statewide and Selected Specialty Services

Statewide and Selected Specialty Services (SSS) require highly trained clinical staff and support services, in addition, the volume of activity is such that outcomes are improved when they are provided at facilities that frequently provide these services.

In order to ensure NSW continues to provide access to high quality specialist services for the people of NSW, Selected Specialty and Statewide Service Plans were developed for both Blood and Marrow Transplantation (BMT) and Spinal Cord Injury.

Implementation of these plans has commenced with the provision of additional acute and sub-acute beds for spinal cord injury services, and a new BMT service developed at Liverpool Hospital for people requiring the most complex forms of blood and marrow transplantation. This Statewide approach to highly specialised care ensures that the health care people need is provided in a safe and efficient manner into the future in order to optimise outcomes.

Telehealth Support for the NSW Statewide Complex Epilepsy Service

The NSW Statewide Complex Epilepsy Service (SCES) networks assist the Sydney Children's Hospital Network (Randwick and Westmead), the Royal Prince Alfred Hospital, Prince of Wales Hospital and Westmead Hospital.

During 2010-11, a collaboration with Australia's Academic and Research Network (AARNet) and investment from NSW Health enabled clinical meetings to be held across the sites using high quality video electroencephalography data in real time. This allowed peers to collaborate on the management of complex cases.

Multi Purpose Services in NSW

The Multi Purpose Services (MPS) model of service delivery is aimed at providing sustainable health and aged care services to rural and remote communities by integrating acute, high and low aged care services.

MPSs play an increasingly important role in delivering health care to rural and remote populations. By June 2011, there were 52 operation MPSs across NSW with more in planning. In 2010-11, construction was completed on three new MPSs in rural NSW and all sites were within the Greater Western Area Health Service. Eugowra MPS, constructed at a cost of $7.72 million, was completed in July 2010. Coonamble, an MPS/HealthOne was completed in August 2010 for a total cost of $15.28 million. Balranald MPS, constructed at a cost of $14.9 million, was completed in September 2010. Eugowra and Balranald were established as part of the National Health Reforms agenda through COAG, with $19.9miilion in capital funding provided towards their redevelopment.

Inpatient Service Planning

In 2010, the Department's service planning tool for sub-acute services, Sub-acute Inpatient Activity Model (SiAM 2010), was updated.

Demands for sub-acute care are driven by a number of factors, including population ageing and the increasing chronic nature of illnesses and SiAM 2010 includes palliative care, maintenance, psycho geriatric (older persons' mental health services) and rehabilitation services and provides medium to long-term projections of sub-acute inpatient services.

SiAM 2010 is a computer based interactive planning tool which is now available for use by all Local Health Networks. SiAM 2010 will assist the new Local Health Networks in updating their local clinical service planning, to better reflect the local population needs for these inpatient services.

Goal 2 // Performance Indicators

Off Stretcher Time < 30 Minutes

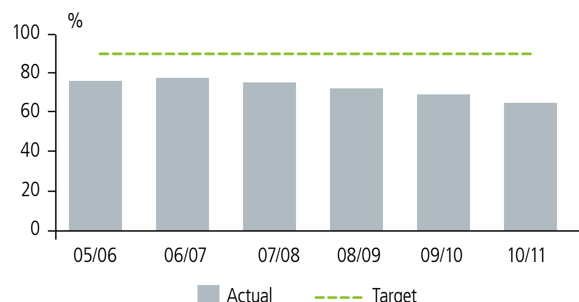
Desired Outcome

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

Context

Timeliness of treatment is a key dimension of emergency care. Better co-ordination between ambulance services and emergency departments allows patients to receive treatment sooner. However, delays in hospitals impact on Ambulance operational efficiency.

Off Stretcher time - transfer of care to the Emergency Department < 30 minutes from ambulance arrival (%) NSW



Source: Ambulance Service of NSW CAD System.

Interpretation

The time taken for the transfer of patients arriving by ambulances to Emergency Departments has been a challenge. In 2010-11 the percentage of ambulance patients transferred within 30 minutes in NSW was 65%. In the same year Ambulance transports increased by 1.5% compared to the previous year.

Related Policies and Programs

The refined emergency department network access system in the Sydney metropolitan, Central Coast and lower Hunter regions aims to get the right patient to the right hospital for the right treatment each time. The automated Ambulance Clinical Services Matrix software ensures that hospital destination options for ambulance officers are those hospitals with the clinical services appropriate to treat the patient. It also takes into account the estimated time of arrival at the nearest hospital, the number of ambulances currently at those hospitals and the a threshold of the number of ambulances each hospital can expect to receive based on community demand.

Hospitals are working to reduce off-stretcher time by ensuring better patient flow through the whole hospital by implementing robust demand management plans and by improving patient flow systems. Patient flow units are established in a large number of hospitals to better co-ordinate the logistics of moving patients between the emergency department and the ward or operating theatre, and between hospitals as required, therefore freeing up beds for newly arrived patients.

NSW Health has developed decision support tools to provide predicted data on patient demand for hospitals thus enabling hospitals to act early in planning service delivery.

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

The provision of more robust community support for patients following discharge has seen a reduction in length of stay leading to improved access to inpatients beds.

Emergency Department Triage Times – Cases Treated within Benchmark Times

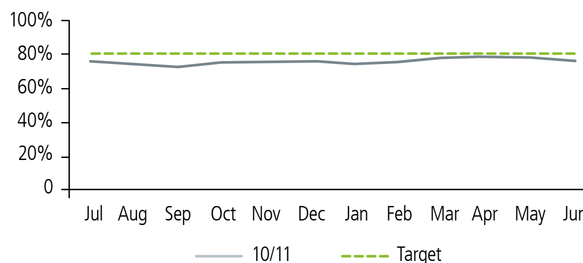
Desired Outcome

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

Context

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

Emergency Department - All triage categories treated within Australian College of Emergency Medicine (ACEM) benchmark times (%)



Source: Emergency Department Information System.

Performance

Interpretation

Emergency Department attendances were stable at around two million in 2010-11. Admissions through the Emergency Department were up 6.5% to 468,471 over the same period. The ACEM benchmark was achieved in the case of 76% of all patients attending an ED.

Emergency Departments always give priority to the most life threatening case. NSW hospitals continue to treat 100% of the most seriously ill (Triage 1) patients within the National Benchmark of two minutes.

For those patients classified as triage category 2 or 'imminently life threatening' the performance in treating patients within 10 minutes in 2010-11 was three percentage points above the Australasian College for Emergency Medicine's (ACEM) target level.

For those patients classified as triage category 3 or 'potentially life threatening' the performance in treating patients within 30 minutes in the year ending June 2011 has been a challenge with 71% of patients seen within target time, below the 75% benchmark set by the ACEM.

In 2010-11 73% of Triage 4 or 'potentially serious' patients had treatment commenced within 60 minutes, above the 70% benchmark set by the ACEM.

Related Policies and Programs

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

Emergency Medicine Units in 14 NSW emergency departments provide a place adjacent to emergency departments where patients who need a longer period of care or observation can be cared for without occupying emergency department beds. This allows for much more efficient processing of new patients as they arrive.

Short Stay Units have been created in a number of hospitals for patients who need shorter periods of admission to a specialty unit. This again allows for much more efficient processing of new patients as they arrive in the emergency department.

Medical Assessment Units (MAU) have been implemented within 28 selected facilities. A total of 340 additional beds have been commissioned across NSW in this Model. MAUs provide rapid access for complex, chronic, non-critical patients to physicians and multi-disciplinary care teams who provide timely assessment and activation of treatment, with a plan for discharge to supported community care usually, within 48 hours. MAUs also provide care for patients being referred by General Practitioners for non-critical care assessment, and those returning for assessment and review following discharge.

A trial of urgent care centres commenced in late 2010.

Emergency Admission Performance – Patients Transferred to an Inpatient Bed within Eight Hours

Desired Outcome

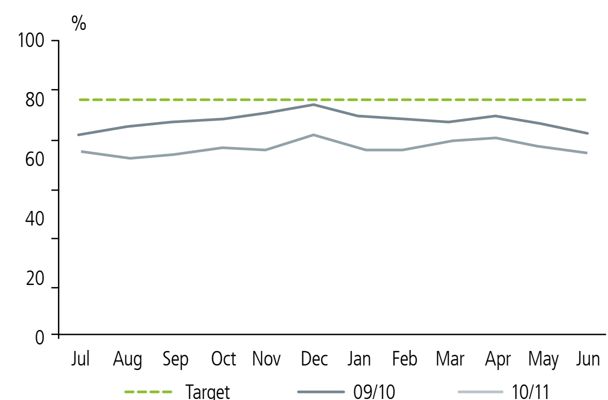
Timely admission from the emergency department for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

Context

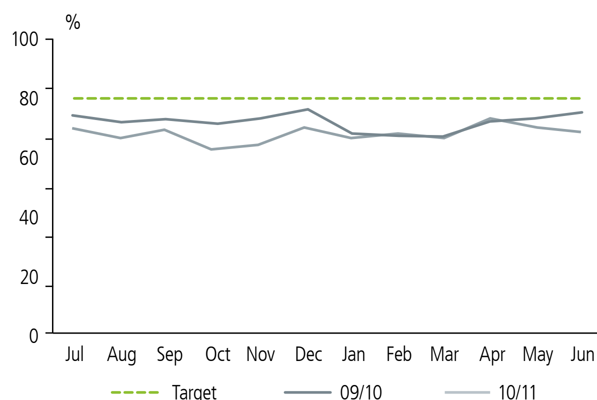
Patient satisfaction is improved with reduced waiting time for admission from the emergency department to a hospital ward, intensive care unit bed or operating theatre. Also, emergency department services are freed up for other patients.

Emergency Admission Performance, Patients Transferred to an Inpatient Bed within Eight Hours (%)

Overall



Mental Health



Source: Emergency Department Information System.

Interpretation

Emergency Admission Performance (EAP) has been a challenge in 2010-11. The percentage of patients who were admitted to a ward or unit bed in less than eight hours from arriving in an Emergency Department was 64%, and was consistently lower than in 2009-10 throughout the year.

EAP for patients being treated for a mental health condition was 68% in 2010-11.

The challenges in relation to EAP are being addressed through careful planning and support particularly the EAP Diagnostic which has been completed in the 15 most challenged hospitals. The Diagnostic outlines priorities for strategy development and each hospital has developed Recovery Plans to improve EAP performance. These include the implementation of Medical Assessment Units at selected facilities, the increase in capacity of community support services, including ComPack, Hospital in the Home and the Rehabilitation for Chronic Disease Policy.

Related Policies and Programs

NSW Health is working with the LHNs to implement a Patient Flow Systems (PFS) approach to managing demand on our hospitals and health services. Through the Essential Elements of Patient Flow Systems hospitals can effectively plan strategies to manage demand well in advance.

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

Psychiatric Emergency Care Centres provide a place where patients presenting at the emergency department with a mental health condition can be provided with more timely and co-ordinated care by specialist psychiatric staff. Funding has been provided for 12 centres throughout the greater metropolitan Sydney area, providing 56 new mental health beds.

Medical Assessment Units (MAU) have been implemented within 28 selected facilities. A total of 340 additional beds have been commissioned across NSW in this model. MAUs provide rapid access for complex, chronic, non-critical patients to physicians and multi-disciplinary care teams who provide timely assessment and activation of treatment, with a plan for discharge to supported community care usually, within 48 hours. MAUs also provide care for patients being referred by General Practitioners for non-critical care assessment, and those returning for assessment and review following discharge.

Establishment of after-hours GP clinics at some of our busiest hospitals, and the commencement of urgent care centres, are further strategies NSW Health is undertaking to ensure that the burden on our EDs is reduced.

Planned Surgery Patients

Desired Outcome

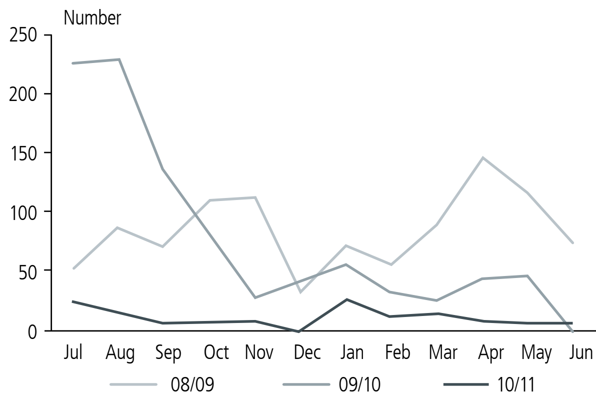
Timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

Context

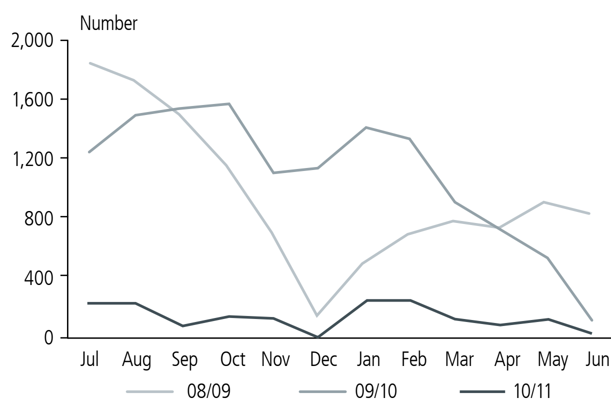
Long wait and overdue patients are those who have not received treatment within the recommended timeframes. The numbers and proportions of long wait and overdue patients represent measures of hospital performance in the provision of elective care. Better management of hospital services helps patients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

Ready for Care Patients Waiting (Number)

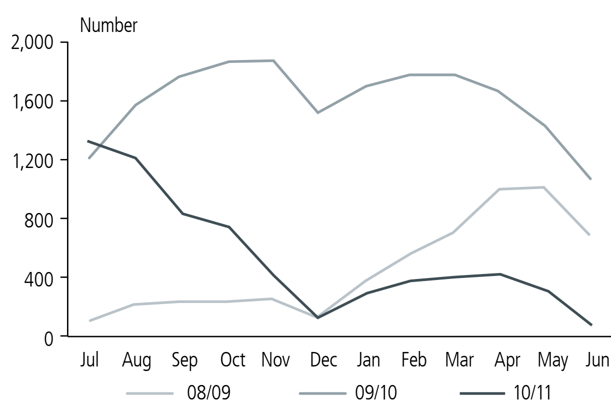
Urgency Category 1 > 30 days



Urgency Category 2 > 90 days



All Urgency Categories 3 >12 months



Source: Waiting List Collection Online System.

Interpretation

At the end of June 2011 there was only 6 Category 1 patients overdue, a significant reduction compared to 74 at the end of July 2009.

The number of Category 2 overdue patients on the waiting list had decreased to 43 compared to 839 in June 2009.

The total number of Category 3 patents was 96 in June 2011, a significant improvement from June 2010 when the number was 1,063.

Related Policies and Programs

- Clinical Services Redesign Program.
- Predictable Surgery Program.
- The Surgery Access Line.
- Waiting Time and Elective Patient Management Policy (March 2009).
- Emergency Surgery Guidelines (June 2009).
- Extended Day Only Admission Policy (July 2011).
- Surgical Activity During Christmas New Year Period Policy (November 2006).

The Waiting Time and Elective Patient Management Policy provides Local Health Networks and Networks direction on: appropriate categorisation of patients, treating patients 'in turn' according to their clinical priority category, the use of clinical review in ensuring patients receive timely review and offering of alternative options to ensure patients are treated in a clinically appropriate timeframes.

The Emergency Surgery Guidelines aim to provide predictable access for emergency surgery cases, thereby reducing the displacement of elective surgery due to emergency surgery demand.

The Extended Day Only Admission policy provides Local Health Networks with certainty in providing access for surgical patients who are day only or overnight admission. The policy provides direction on the diagnosis related groups that should be routinely considered as an extended day only admission.

Mental Health Patients staying in Emergency Department > 24 hours

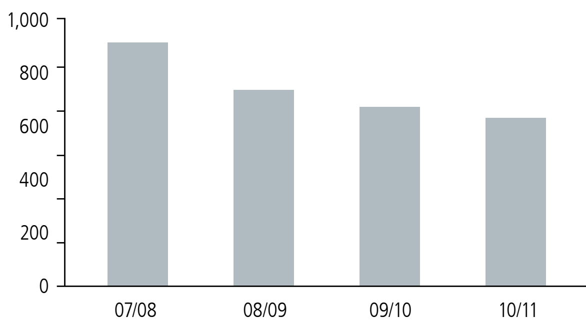
Desired outcome

Improved patient satisfaction and availability of services with reduced waiting time for admission to acute patient care in a Mental Health unit from the emergency department and to improve the availability of emergency department services for other patients.

Context

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

Mental Health Patients staying in ED > 24 hours (number) 2009-10



Source: Emergency Department Information System.

Interpretation

A total of 628 mental health patients spent over 24 hours in ED in 2010-11, this is a 31% decrease compared to 2007-08.

Related Policies and Programs

- Clinical Services Redesign Program.

Implementation of patient flow models of care for mental health patients has resulted in a decline in the number of mental health patients requiring to stay long hours in the Emergency Department.

Additionally the development of responsive Acute Community Mental Health Teams has resulted in patients being referred to alternative treatment locations.

The ongoing development of Psychiatric Emergency Care Centres in major metropolitan hospitals as an alternative model of care for mental health patients has been effective in providing the right care in the right place. Similarly the implementation of Rural Mental Health Emergency Care service models across rural and regional hospital emergency departments has improved timeliness to mental health assessment and co-ordination of care.

It must be noted that there are instances where it is more appropriate to treat mental health patients within an Emergency Department setting until they are medically stable.

Mental Health Acute Post-Discharge Community Care

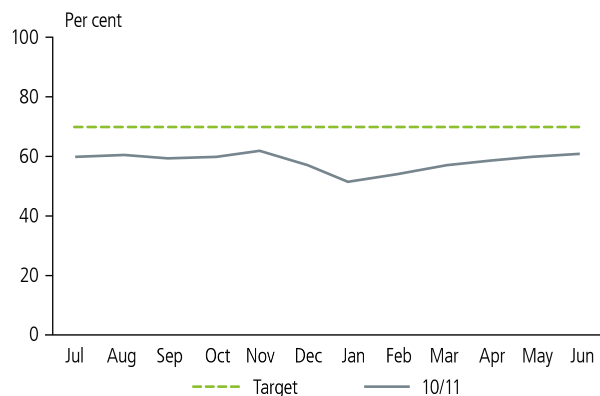
Desired Outcome

Increase patient safety in the immediate post-discharge period and reduce the need for early readmission.

Context

The majority of people with chronic and recurring mental illness are cared for in the community. Continuity of care (follow up and support by professionals and peers) in the community settings for psychiatric patients discharged from a hospital leads to an improvement in symptoms severity, readmission rate, level of functioning and patient assessed quality of life. Early and consistent follow up in the community reduces suicide among hospital discharged mental health patients with high suicide risk and history of self-harm.

Mental Health Acute Post-Discharge Community Care - Follow Up within Seven Days (%)



Source: NSW Health Information Exchange (Inpatient and Mental Health Ambulatory Collections).

Interpretation

This indicator uses the State Unique Patient Identifier (SUPI) to link an acute mental health separation to community contacts for the same person. It is dependent on the level of SUPI coverage in both inpatient and ambulatory data collections.

Data over a period of 12 months (April 2010 – March 2011) show that 51% - 61% of separations from acute mental health care were followed by a recorded community mental health contact within seven days. Decline in the rate of follow-up from October 2010

onwards may partly be due to continuing issues of ambulatory data extract process from local systems at Hunter New England Local Health Network.

Related Policies and Programs

- The Community Mental Health Strategy 2007-2012 (NSW): From prevention and early intervention to recovery describes the model for community mental health services in NSW. The Strategy renews a focus on community mental health and highlights a reform of mental health services to strengthen and develop the capacity of the mental health workforce (public and NGO) and key service partners, GPs, other primary health care services and other government agencies.

Mental Health Ambulatory Contacts

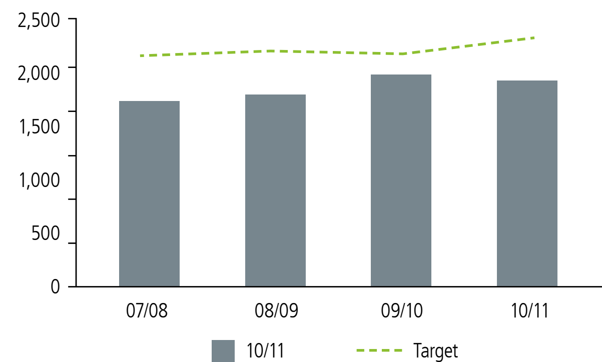
Desired Outcome

Improved mental health and wellbeing. An increase in the number of presentations to mental health services reflects a greater proportion of the population in need of these services gaining access to them.

Context

Mental health problems are increasing in complexity and co-morbidity, with a growing level of acuity in child and adolescent presentations. Despite improvements in access to mental health services, demand continues to rise for a wide range of care and support services. A range of community-based services are being implemented spanning the spectrum of care types from acute care to supported accommodation.

Mental Health Ambulatory Contacts (Number '000)



Source: State Health Information Exchange(Mental Health Ambulatory Collection).Note: Targets are related to the number of ambulatory staff available to deliver service not to the population need.

Interpretation

There has been an increase in the number of ambulatory contacts since 2007-08 although interpretation of these data needs to be treated with caution. Ambulatory contact data continue to be uploaded from Local Health Networks for several months after the close of a reporting period, and data for 2010-11 will therefore not be finalised until late 2011. Therefore the number of contacts presented here are under-reported.

Related Policies and Programs

Major investment in Acute, Non-Acute and community based specialist mental health services and community rehabilitation services.

Initiatives such as the Housing and Accommodation Support Initiative (HASI) have resulted in a reduction of unnecessary hospital admissions. This has led to people being treated more appropriately in the community, leading to better outcomes for both patients and their carers.

Goal 3 // Deliver High Quality Services

Ensuring High Quality Care

The NSW Government successfully implemented the NSW Patient Safety and Clinical Quality Program to deliver healthcare which strengthens the health system and improves patient outcomes.

Between the Flags

NSW Health continued implementation of the *Between the Flags* (BTF) program in collaboration with the NSW Clinical Excellence Commission to improve recognition and response to the clinical deterioration of patients. Standardised systems have been introduced across every NSW hospital to facilitate early recognition of warning signs of clinical deterioration.

These include a standard observation chart for adults with five age-specific charts for children. Charts have been supplemented by e-learning and face to face training for clinical staff. To date over 47,000 front line clinicians provided with awareness training; more than 20,000 have completed the e-learning (DETECT) training package and more than 10,500 have completed face to face training. From July 2010 all Local Health Networks have been required to report monthly against two key performance indicators associated with implementation of the BTF program. These are:

- Rapid response calls per 1,000 separations.
- Cardio-respiratory arrests per 1,000 separations.

These, along with other performance indicators, are reviewed at performance framework meetings between the Department and the executive of Local Health Network.

Reducing Healthcare Associated Infections

The Healthcare Associated Infection (HAI) program comprises five key initiatives. These are:

- hand hygiene
- adherence to precautions to prevent the spread of infections in hospitals
- effective use of cleaning programs; correct use of antibiotics
- adherence to evidence based guidelines in intensive care units.

During 2010-11 the NSW Department of Health:

- incorporated a much stronger focus on infection rates as part of performance reviews with Local Health Networks
- instigated a new escalation methodology where the Chair of the HAI Expert Advisory Committee and the Department met separately with individual LHN executive and infection prevention and control staff where monthly performance could be improved
- developed a draft Healthcare Associated Infection Strategy following a workshop of over 80 clinicians, managers and consumers with wide LHN consultation
- engaged in a national point prevalence survey to look for an emerging strain of *Clostridium Difficile* which had caused serious morbidity in the United Kingdom and other countries. While one LHN retrospective study found 22 patients over the preceding four years, no additional NSW patients were identified in this national study
- released a factsheet on *Clostridium Difficile* with commencement of mandatory monitoring.

The above initiatives were supported by the NSW Health *Infection Monitoring Program* which commenced in January 2008. Health services report on eight mandatory HAI indicators which provide data on bloodstream infections, surgical site infections and multi-resistant organisms in intensive care units. State level data on these eight indicators is reported on the Department's website at www.health.nsw.gov.au under Hospitals.

As part of the point prevalence survey for *Clostridium Difficile* NSW commenced mandatory reporting of this infection from October 2010.

The annual number of Central Line Associated Bacteraemia infections in intensive care units reported for 2010-11 also fell with 27% less infections reported compared to 2009-10. The rate of infection also decreased from 1.22 to 0.7 per 1,000 line days for the same period. A targeted intensive care unit program conducted by the NSW Clinical Excellence Commission enabled implementation of a Central Line Insertion Record which provided clinicians with a checklist to monitor compliance with evidence based practice in this area.

During 2010-11 the total number of the most serious bloodstream infection (*Staphylococcus Aureus*) remained at or below that in 2009-10 despite significant increases in the number of patients treated. The Council of Australian Governments set a benchmark upper limit of two infections per 10,000 occupied bed days. While there remained a number of individual facilities that breached this benchmark at different times during the year, NSW continued to perform well below this benchmark at a State level.

Rates of hand hygiene have been said to impact on *Staphylococcus aureus* infections. In addition to the monitoring and escalation program, audits of hand hygiene have been a focus for 2010-11. These allow the nurse/midwife in charge of the ward or unit to review and monitor local practices and provide an opportunity for benchmarking within and between similar healthcare facilities. The NSW Clinical Excellence Commission has the lead for training hand hygiene auditors as part of a National Hand Hygiene Initiative. Audits are undertaken three times a year involving observation of the performance of hand hygiene by frontline clinicians at critical points in the care of patients.

A total of 400 Gold Standard Assessors and approximately 800 ward auditors have been trained to undertake audits across NSW since NSW joined the National Hand Hygiene Initiative in September 2008. The attrition rate (people no longer working in roles in which auditing is one of their responsibilities) is estimated to be approximately 20%. Data for June 2011 from 182 hospitals across 102,000 opportunities for hand hygiene shows NSW compliance with hand hygiene at 74.7%, above the national average of 71.3%. There has been a sustained increase in hand hygiene compliance across all health care worker groups over time with the combined rate of hand hygiene compliance increasing by 13% since April 2010.

Maintaining a clean environment is important for good infection prevention and control. As part of continuing to improve in this area, NSW Health through its Environmental Cleaning Working Party conducted wide consultation on a new Environmental Cleaning Policy Directive. The Directive is nearing completion and will detail best practice guidelines for all aspects of environmental cleaning in healthcare facilities. The Policy is planned for release in 2011-12.

NSW Health Procedure Safety Checklist

The NSW Department of Health has undertaken work to adapt and implement the World Health Organisation (WHO) Surgical Safety Checklist for all procedures undertaken in NSW Health facilities. The NSW Health Procedure Safety Checklist aims to reduce adverse incidents related to procedures by reinforcing safe practices and fostering improved communication and teamwork between clinical disciplines. A group of medical, nursing and allied clinicians including representatives of the Surgical Services Taskforce, the NSW Clinical Excellence Commission, Chief Obstetrician and Chief Paediatrician are currently finalising the checklist for implementation in 2011-12. The outcome should see a reduction of incorrect procedures in all areas including radiology.

Open Disclosure

Open Disclosure outlines the response staff should employ if an unexpected incident occurs during a patient's care. If an incident occurs patients receive an apology and explanation and are treated with empathy, honesty and transparency in a timely manner. NSW continues to work collaboratively with local and national groups to improve this process with review of current framework finalised for consideration.

High Risk Medicines

In December 2010, following wide consultation on continuing patient safety issues with venous thromboembolism (VTE), the Department facilitated development and issue of a Statewide Policy Directive on VTE prophylaxis. The policy drew on evidence developed by the National Health and Medical Research Council (NHMRC) and outlined that each and every patient in NSW facilities needed to be risk assessed for VTE as well as highlighting preferred approaches. As the NHMRC advice was not definitive on what patients should be given as treatment, the Department has asked that the CEC and the ACI work with surgical and medical specialists to agree best practice in this area and develop guidelines in 2011-12.

During this year the Department also reviewed policy on use of high risk medicines such as Potassium, Vincristine and Anticoagulation, as these medicines have a low safety margin and if misused are likely to cause patient harm. A High-Risk Medicines policy is nearing finalisation for issue in early 2011-12. The policy will promote and support the safe and quality use of high risk medicines and raise awareness of the potential harmful effects of these drugs.

Standardised Charts (Observation and Medication)

Introduction of standardised medication charts significantly reduces the frequency of prescribing errors. In 2006, NSW was the first State in Australia to introduce a standardised National Inpatient Medication Chart which continues today. During 2010-11 a Standardised Paediatric Observation Chart was implemented supplementing the Standardised Adult General Observation as part of the Between the Flags program. Further charts are being developed by the NSW Clinical Excellence Commission for maternity care. Having the same charts used in all hospitals makes it easier for staff to record patient observations and track them over time. There are also colour-coded triggers in BTF charts to identify early warning signs in patients whose clinical condition is deteriorating and prompt early review by an appropriate clinical team.

Nursing and Midwifery Office

Strategic projects of the Nursing and Midwifery Office during 2010-11 included Statewide initiatives such as *Essentials of Care* and *Take the Lead* and the development of resources for wards and units such as *Ways of Working*. Quality patient care by a highly trained nursing and midwifery workforce is the underpinning philosophy for all work undertaken by the Nursing and Midwifery Office.

Essentials of Care

Essentials of Care engages nursing, midwifery and other clinical staff with a focus on improving the experience of the patient and achieving cultural change in the workplace to ensure the provision of high quality patient care. *Essentials of Care* aligns with the CORE values of Collaboration, Openness, Empowerment and Respect.

The roll-out of the *Essentials of Care* Program continued across Local Health Networks in 2010-11. At the end of the year 543 wards/units were engaged in *Essentials of Care*, which represents significant expansion of the program.

In wards/units that had implemented *Essentials of Care* there was evidence of:

- fewer complaints from patients and families
- better communication with patients and families and between the clinical team
- improved accuracy in the completion of documentation.

The first *Essentials of Care* Showcase was held on 8 June 2011 which allowed units and teams involved in the program to share the work they have undertaken and improvements they have been able to make. The Showcase was opened by the Minister for Health and Minister for Medical Research, the Hon. Jillian Skinner and attended by around 350 nurses, midwives and allied health professionals.

Take the Lead

Take the Lead is another initiative which is supporting improved workplace cultures in the NSW health system by empowering Nurse/Midwifery Unit Managers (N/MUMs) in their leadership and ultimately leading to better patient care.

The emphasis is on practical changes that N/MUMs can make in their own work environments to improve patient safety and reliability of care, patient experience, staff wellbeing, efficiency of care delivery and leadership.

To date a total of 1,957 N/MUMs have completed at least one of the program's education modules, which represents a majority of N/MUMs in NSW public hospitals.

An evaluation of *Take the Lead* conducted by the University of NSW indicated that the program had contributed to skills development of N/MUMs, thereby enabling and empowering them to make changes in their workplace. Overall there were indications of improved communication. Where N/MUMs were able to transfer their learning from *Take the Lead* effectively there was evidence of improvements in finances, staff satisfaction and morale and patient care.

The major recommendation is that *Take the Lead* develops in line with the N/MUMs and be subject to continuous improvement.

Monitoring Patient Safety and Quality

In order to reduce risks across NSW public healthcare facilities, NSW Health monitors, analyses and evaluates a number of safety and quality indicators. The performance of health services is compared between similar health services and against stated national benchmarks where available.

Indicators include Healthcare Associated Infections (HAI), serious clinical incidents and complaints management.

HAI Rates Infection Control

Local Health Network (LHNs) provide monthly infection control data for eight indicators to the Department of Health. From October 2010, Clostridium difficile was added as an additional mandatory indicator due to emergence of a new strain in Victoria.

All indicators are publicly reported by State on the NSW Health website at www.health.nsw.gov.au/hospitals/hai/index.asp. Data by hospital for Staphylococcus aureus is also published at http://www.health.nsw.gov.au/hospitals/search.asp.

The Incident Information Management System

The Incident Information Management System (IIMS) assists healthcare professionals across NSW to identify, track and manage clinical, workforce and corporate incidents across the public health system. Implemented within all NSW public hospitals in May 2005, the IIMS was established to ensure that the highest quality of care and safety is provided in the State's hospitals.

NSW Health uses the information contained within the IIMS to identify common elements and make overall improvements to the quality of patient care in NSW. The NSW Clinical Excellence Commission then publishes a six monthly analysis of all IIMS reported incidents. In May 2011, the Department held a major workshop for over 100 staff to review current approaches to categorising and managing incidents and determine how the new Incident Management Policy should be changed. Emergency and other specialist clinicians, consumers, patient safety officers, Directors of Clinical Governance and complaints managers joined the NSW Agency for Clinical Innovation and the NSW Clinical Excellence Commission's patient safety team at the workshop.

During 2010-11 there was detailed discussion on options to upgrade the IIMS electronic system. Following extensive stakeholder consultation, a decision was taken to develop a business case in 2011-12 to support a more comprehensive system. The new system needs to take account of the roll out of electronic medication management systems and the electronic medical record. Minor changes are planned for the existing system in 2011-12, to facilitate its use and effectiveness.

To review how better systems could be established for complaints management, a Forum was held for complaints staff from across NSW. The group considered models for complaints management and strategies required to achieve best practice. The programme featured presentations by the Healthcare Complaints Commission, the Deputy NSW Ombudsman, consumer representatives and complaints handling staff from NSW Health facilities. Forum participants defined the key elements of a best practice model for the complaints management process and the strategies required to achieve it. The group recommended that the Forum be held annually to facilitate networking and education for leaders in complaints management and to enable the sharing of new ideas and perspectives.

Death Reviews

To determine if improvements to systems and processes are required, NSW Health has a process in place that ensures all deaths are reviewed within 45 days and unexpected deaths are examined in depth and where relevant, referred to the Coroner and special committees appointed by the Minister. During 2010-11 The Clinical Excellence Commission worked with the Department and Directors of Clinical Governance on a new system for management of Death Review and a final report for implementation is expected in 2011-12.

National Performance Indicators

During the year NSW Health worked with the Australian Institute of Health and Welfare and other States and Territories to agree on a national performance indicator for Staphylococcus Aureus bloodstream infections for public reporting.

NSW also worked with the Australian Commission on Safety and Quality in Health Care on the development of National Core Hospital-based Outcome indicators such as unplanned readmissions within 28 days, an indicator that can signal a problem with the quality of care.

Supervision for Safety

Statewide principles for supervision for safety were developed following wide consultation. NSW Health engaged with experts and key stakeholders from within the NSW Health system to develop these principles which focus on keeping our care environments safe for patients and safe for learning through practice. An action plan for implementation of these principles throughout the health system is currently being developed.

Clinical Pharmacy Model

During 2010-11 a working group including pharmacists, other clinicians, managers and consumers developed a discussion paper on *Safe Medication Management in NSW Facilities: A Team Approach*. The paper includes review of priority setting for medication review and suggests a new way of doing business based on the perspective of the patient. Following consultation the Department has met with Clinical Networks to ensure proposed processes are well supported by nurses and doctors in particular given their pivotal role in medication prescribing and administration. A Policy is expected in 2011-12.

Safety Alert Broadcast System

The Safety Alert Broadcasting System (SABS) ensures that NSW Health is immediately responsive to patient safety issues. NSW Health undertakes a systematic approach to determining the best mechanism to ensure the required action and management of patient safety issues occurs at Local Health District level. After completing a risk assessment NSW Health determines whether a Safety Alert, Safety Notice or Safety Information Broadcast is the most suitable method of information dissemination.

In 2010-11 a Safety Alert was published which arose from incidents where staff confused MORphine with HYDROmorphine, a drug that is five times more potent than morphine. The alert drew attention to the confusion between the look alike, sound alike names and the complexity of the branding and dosing of available forms of medicine. Health Services were instructed to review storage, prescribing and administration practices to reduce the potential for these errors. In addition four Safety Notices were published relating to maternal sepsis; autonomic dysreflexia; epidural anaesthetic solutions and HYDRO morphine.

Health services were also advised during the year of 14 specific medicine and device recalls from the Therapeutic Goods Administration requiring their urgent attention.

Regulation

The Clinical Safety, Quality and Governance Branch is responsible for inspecting premises for the purposes of licensing or authorising activity under a number of Acts. The Department monitors and ensures compliance with licensing standards under the:

- *Poisons and Therapeutics Goods Act 2006* (and related Regulations)
- *Private Health Facilities Act 2007* (and related Regulations)
- *Assisted Reproductive Technology Act 2007.*

Poisons and Therapeutic Goods

The *Poisons and Therapeutic Goods Act 2006* sets out restrictions on the prescription and supply of drugs and poisons to:

- ensure that medicines and poisons are appropriately available to the public
- minimise harm from the use of medicines and poisons in the community
- promote the quality use of medicines.

Under this legislation premises, including methadone clinics and wholesale scheduled medicine distributors, are inspected for such things as security, cleanliness, stock handling and control, customer authority verification, and record-keeping procedures. Licences are also required for the supply of pharmacy medicines (Schedule 2 substances) by retailers (who are located remotely from the premises of a retail pharmacist), for the supply by wholesale of any poisons or restricted substances and for the manufacture or supply of drugs of addiction. Over 600 wholesale suppliers and manufacturers, clinics or retailers had licenses issued or renewed during the 2010-11 year.

Authorities are also issued by NSW Health to doctors to prescribe drugs of addiction. There are three distinct types of authorities. These are:

- authorities to prescribe opioids for pain
- authorities to prescribe methadone or buprenorphine as part of the NSW Opioid Treatment Program
- authorities to prescribe stimulants (dexamphetamine or methylphenidate) for attention deficit hyperactivity disorder in children, adolescents and adults, as well as other conditions in adults, including narcolepsy and brain damage.

Including the Opioid Treatment Program, the Department processed over 20,000 requests to issue or amend authorities for these drugs of addiction.

Investigations and public alerts during 2010-11 included:

- The theft of large quantities of pseudoephedrine hydrochloride powder and codeine phosphate powder from a licensed contract pharmaceutical manufacturer prompted an urgent review of the security measures in place at the facility and changed licence conditions to prevent any further thefts.
- During 2010-11, 32 drug authorities were withdrawn under the provisions of the Poisons and Therapeutic Goods Act after doctors, nurses, dentists, pharmacists and Ambulance Service paramedics had admitted to the misappropriation and self-administration of drugs of addiction or restricted substances for non-medical purposes (or inappropriate prescribing).
- Separate to this five health professionals were referred to the Health Care Complaints Commission or to the relevant registration authority and 10 letters were issued, warning of breaches to the Poisons and Therapeutic Goods legislation.
- Investigations with NSW Police into the alleged illegal supply of prescription medicines by some community pharmacists to address diversion of anabolic-androgenic steroids, benzodiazepines, schedule 8 opioids and erectile dysfunction medicines to the illicit market. Investigations are ongoing.
- Hair smoothing/straightening treatments recalled by a NSW supplier after the products were found to contain excessive levels of 'free' formaldehyde.
- Working with the NSW Food Authority to alert consumers that three brands of imported coffee and chocolate, marketed and labelled as 'slimming foods' had been recalled from sale after they were found to contain the undeclared drug sibutramine, a prescription medication not available in Australia and not permitted in foods.

Changes to the Act/Regulations during the period included addition of seven synthetic cannabinoids to Schedule 1 of the *Drug Misuse and Trafficking Act 1985* to make them (and their chemical analogues) Prohibited Drugs. For information on these changes go the NSW Health website News section and the Synthetic Cannabinoids Drug and Alcohol Factsheet under Publications and Resources at www.health.nsw.gov.au.

To ensure appropriate and timely treatment for the community, paramedics employed by private sector organisations were authorised to possess and administer a range of pharmaceuticals in the course of emergency treatment in a pre-hospital setting. Such authorities under the provisions of the Poisons and Therapeutic Goods Act are subject to substantial conditions to ensure standards are at least equivalent to that of Ambulance Service of NSW paramedics.

NSW also contributed to the development of the National Pharmaceutical Drug Misuse Strategy and work of the Advisory Committee on Medicines Scheduling and Advisory Committee on Chemicals Scheduling. Public notices inviting comments and final decisions from this committee are published by the Therapeutic Goods Administration website at www.tga.gov.au.

Private Health Facilities

Under the *Private Health Facilities Act 2007* (and related Regulations), private facilities and day procedure centres are reviewed through onsite visits, paper audits, telephone and/or written contact to ensure compliance. The type of audit conducted may be routine or focus on a particular area. After each audit a report is sent to the facility that may ask for improvements to be made. Facilities are monitored to ensure follow up on the progress of these improvements.

Over 130 inspections were conducted during the period, including inspections of 11 newly licensed facilities and 23 licensed facilities which had altered premises. There are currently 85 licensed private hospitals, comprising 7,154 beds, and 89 licensed day procedure centres.

On 1 March 2010, the *Private Health Facilities Act 2007* and the *Private Health Facilities Regulation 2010* commenced, replacing the *Private Hospitals and Day Procedure Centres Act 1988* and related regulations. The classes of licence now include Anaesthesia class, Interventional Neuroradiology class, Radiotherapy class and Rapid Opioid Detoxification class as well as Gastrointestinal endoscopy class. The Regulation provides for licensing of all gastrointestinal endoscopy, defined as 'the use of a flexible endoscope with an internal lumen for the passage of an instrument to examine the upper or lower gastrointestinal tract'. Advice was provided from the Department to gastroenterologists via direct stream fax and to the Medical Board reminding doctors of the changes to the legislation with regard to the *Private Health Facilities Regulation 2010*, noting the Regulation sets out changes for Gastrointestinal endoscopy licensing requirements and provides licensing standards for eighteen classes of facilities.

During 2010-11 there were a number of instances where prescribed services were found to be provided on unlicensed premises. Health practitioners at six facilities were advised to cease providing prescribed services at unlicensed premises, the Medical Council of NSW was notified of a possible breach of the Act by six medical practitioners, and the Psychology Council of NSW was notified of a possible breach of the Act by a registered psychologist.

A Private Health Facilities Advisory Committee was instituted under Part 6 of the new Act, to provide advice to the Minister for Health and the Director-General of the Department of Health on the effective operation of the Act, proposed regulations, and any other matter in respect of private health facilities that is referred to the Committee by the Minister or the Director-General.

The Committee met quarterly from December 2010, and has considered various issues, including the regulatory requirements for anaesthesia class facilities, incident management and the reporting of adverse events by licensed private facilities.

Assisted Reproductive Technology

NSW Health is the authority for the registration of Assisted Reproductive Technology (ART) providers under the *Assisted Reproductive Technology Act 2007*. The ART Act regulates assisted reproductive technology treatment carried out in NSW. It also established a central register which holds information on donors and allows donor conceived adults to access information on donors. The central register only operates in respect of persons conceived after 1 January 2010 with details of surrogacy arrangements now also to be entered on the central register following the commencement of the *Surrogacy Act 2010*, on 2 March 2011.

A voluntary component of the register was also established. This enables donors pre 1 January 2010 to register and provide information about themselves and give consent to release of information to donor offspring.

Following commencement of the Act, the previous Health Minister met with ART providers and members of the Donor Conception Support Group (DCSG) to facilitate engagement in the policy process. During 2010-11 the Department met with consumers and ART providers on four further occasions to improve the Assisted Reproductive Technology process for the NSW Health Central Register. All issues to do with Central Register matching and authentication processes, policy and

content for website were the subject of extensive consultation with all stakeholders including ART Providers and the members of the DCSG. Significant work went into gaining agreement between the DCSG and the ART providers on how the voluntary component of the Central Register works and how privacy concerns can be allayed.

The Department continues to liaise with ART providers and donor conception groups to ensure a supportive process.

The Assisted Reproductive Technology (ART) process for the NSW Health Central Register has been finalised with a new website available at www.health.nsw.gov.au\art.

eHealth and ICT Strategy

Information and Communications Technology (ICT) is an enabler of safe, efficient and patient-centred care. The people of NSW are increasingly able to expect that their healthcare staff can securely access and share relevant clinical information where and when it is needed for patient care.

The eHealth and ICT Strategy Branch (eHICT) leads and co-ordinates the approach to ICT strategy and planning across NSW. It is vital for achieving the health reform necessary to cope with the ageing population, increasing rates of chronic disease and exponential growth in medical knowledge.

eHICT has strong partnerships with State and National eHealth entities and keeps NSW Health engaged with wider eHealth policy, direction and agenda.

NSW now has one of the largest electronic medical record (eMR) systems in Australia. With the foundation elements now largely in place, planning has commenced for the next phase of the eMR, including commencement of an Electronic Medications Management system and replacement of Intensive Care systems. A new payroll system and a state of the art rostering and HR support system is also being rolled out, together with the ongoing refresh and enhancement of our underlying IT infrastructure and networks.

ED Access Website

Development of a website, www.emergencywait.com, with up-to-date information on Emergency Department (ED) activity and wait times. To be launched in July 2011, the site enables the public to search for hospitals of interest and view the:

- number of patients currently waiting to be seen at that hospital's ED
- important relevant contextual information, such as the usual number of patients arriving at the ED for that period of the day
- information on local GP/after hours medical centres and alternatives to the ED.

FirstNet Review

eHICT facilitated an independent review of the Emergency Department component of the Electronic Medical Record known as Cerner FirstNet. The consulting group consulted widely and completed a 'fit-for-purpose' review.

Governance Structure

eHICT established a robust governance framework to guide the branch's strategic function. The eHealth and ICT Strategy Council was inaugurated in 2011 and comprises a mix of NSW Health clinicians, managers, external ICT strategy professionals and consumers. The Council is supported by a Clinical Advisory Group and a Corporate Systems Advisory Group.

ICT Strategy Review

In conjunction with ICT Strategy Council, eHICT has begun a review of its 10-year ICT strategic plan that was supported by Commissioner Garling in his 2008 report on Acute Care in NSW Public Hospitals. The Strategy remains sound in principle but aspects are being revisited and refreshed as is appropriate in light of developments in technology and the national eHealth agenda. A core theme of the strategy will be to get an expanded range of major clinical, corporate and infrastructure programs in place across NSW Health.

National eHealth Agenda

NSW Health was nominated a lead implementation site for the Personally Controlled Electronic Health Record. Lessons learned from pilot sites inform the development of a secure system of records that will enhance care co-ordination and continuity and improve medication management.

Our active participation means national standards and solutions can be incorporated into NSW Health's ICT Forward Plan while maintaining its alignment with national reform agenda.

Through our involvement with the broader Australian eHealth agenda we contribute to the foundation of national infrastructure and ultimately benefit from an electronically interoperable health care system.

Rural Connectivity

Telehealth Supports Rural Service Delivery

During the year, NSW Health established a telehealth 'videoconferencing (VC) bridge', to provide greater interconnectivity between different facilities and Local Health Networks, and provide for greater expansion of the telehealth network.

One of the biggest impediments to expansion of the current reach is the fact that different facilities are not easily able to 'talk' to each other via video. The VC Bridge will 'bridge' the gap.

In concert with the VC Bridge implementation, is the development of a Statewide video strategy, which will provide a roadmap for achieving the 'goal state', i.e. increased access for patient's closer to home and better use of technology, with a greater range of specialities being catered for. The strategy promotes an integrated view, to incorporate existing technologies and allow the LHNs to align on a common strategy in order to maximise delivery of health services via telehealth, both now and into the future.

The Upgrade And Extension Of The Telehealth Network In Rural NSW

In the past 12 months rural sites in NSW were prioritised for extension and refresh of the telehealth network, with more than 36 sites selected, representing a significant expansion of the NSW telehealth system, in addition to a commitment from NSW Health of over $590,000.

Goal 3 // Performance Indicators

Unplanned / Unexpected Readmissions within 28 Days of Separation

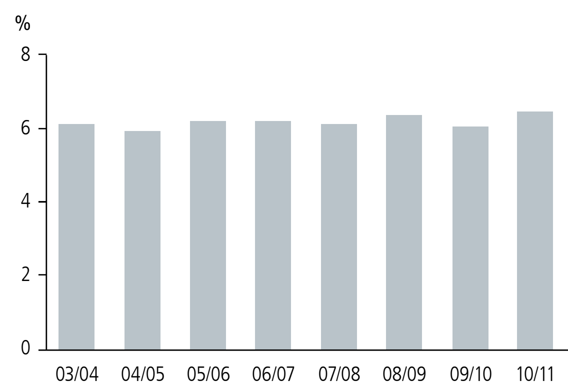
Desired Outcome

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

Context

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

Unplanned/unexpected readmissions within 28 days of separation – all admissions (%)



Source: HIE

Interpretation

Statewide the annual readmission rate has been consistent over the period 2003-04 to 2010-11 with the annual readmission rate varying between 6.0 % and 6.5%. The rate for 2010-11 was 6.5%.

Related Policies and Programs

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

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

In 2008, the NSW Health implemented the Connecting Care (Severe Chronic Disease Management) Program. This Program aims to improve the quality of life of older people with chronic and complex conditions and their carers and families; and to prevent unplanned and avoidable hospital admissions. It achieves this by co-ordinating

a Statewide chronic disease management approach to five major chronic diseases (Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Diabetes, Hypertension, Congestive Heart Failure) that are recognised as having a major impact on the burden of disease in NSW.

Emergency Re-presentations to Emergency Department within 48 Hours

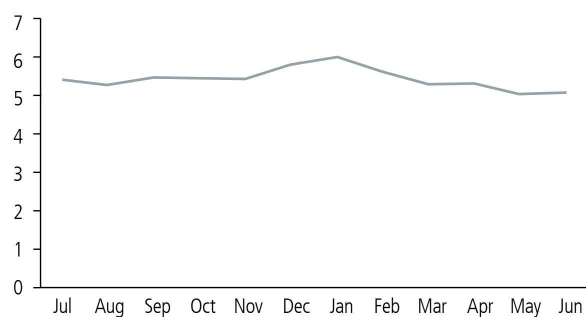
Desired Outcome

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

Context

Facilities with a low readmission rate may be able to demonstrate good patient management practices; facilities with a high readmission rate may indicate clinical problems.

Emergency Representations to Emergency Department Within 48 hours (%)



Source: Emergency Department Information System.

Interpretation

The proportion of emergency re-presentations has fluctuated around 5% over 2010-11.

Related Policies and Programs

- Sustainable Access Program.
- Clinical Services Redesign Program.

Mental Health Readmission within 28 Days

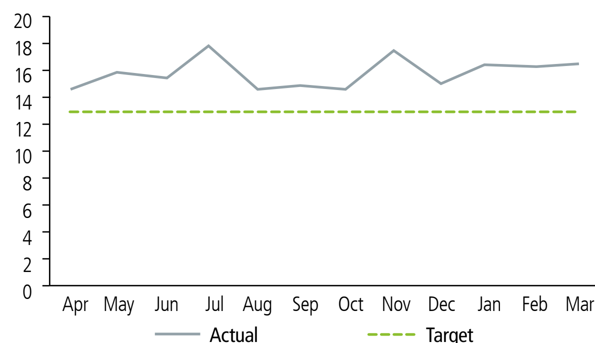
Desired Outcome

Improved mental health and well-being through effective inpatient care and adequate and proper post-discharge follow up in the community.

Context

Readmission to Hospital within 28 days of discharge has become one of the most widely used Key Performance Indicators in Australian health care. Within mental health care, 28 Day Readmission is reported in all Australian jurisdictions. The Australian national mental health KPI set includes the indicator in the domains of effectiveness and continuity, stating 'high levels of readmissions within a short timeframe are widely regarded as reflecting deficiencies in inpatient treatment and/or follow-up care and point to inadequacies in the functioning of the overall system'. (*Key Performance Indicators for Australian Public Mental Health Services (2005). Australian Govt, Canberra. P 46*)

Mental Health Readmission within 28 days (%)



Source: State Health Information Exchange(Inpatient Collection).

Interpretation

This indicator uses the State Unique Patient Identifier (SUPI) to measure the rate of readmission to any NSW mental health facility following an acute or non-acute mental health overnight separation.

Notwithstanding the monthly fluctuations (between 15% and 18% across the period) and two peaks (July and November 2010), on average 16% of persons discharged from mental health inpatient care were readmitted to a mental health facility within 28 days between April 2010 to March 2011.

Related Policies and Programs

NSW Health is investing in a broad spectrum of services necessary to support an effective acute and non-acute bed sector and to ensure it can deliver a comprehensive range of mental health services in NSW. The continuum of care for people with mental illness includes prevention; early intervention; and treatment and community support.

ICU Central Line Associated Bloodstream Infections

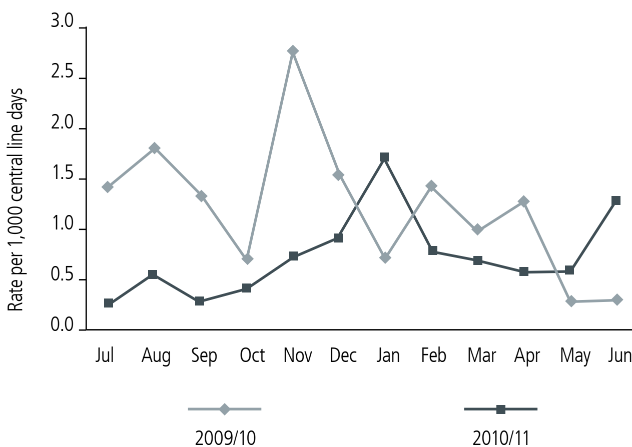
Desired Outcome

Reduction in Intensive Care Unit (ICU) centrally inserted central line associated bloodstream (CLAB) infections.

Context

CLABs are responsible for 20-40% of healthcare associated bloodstream infections. Risks of occurrence differ among clinical units dependent on the type of line used and patient factors. A significant proportion of CLAB events are preventable through adoption of best practice during insertion and ongoing management of the central line.

ICU Central Line Associated Bloodstream (CLAB) Infections (per 1,000 Line Days)



Source: NSW Health Healthcare Associated Infection Data Collection, 1 January 2009 to 30 June 2011 extracted on 26 August 2011. This data is defined in Clinical indicator CI 1.1.

Interpretation

The number of infections reported between July 2010 and June 2011 fell by 27% when compared to the period July 2009 - June 2010. The rate of infection per 1,000 line days has also decreased from 1.22 to 0.7 for the same period.

Ongoing surveillance of the number of infections continues. Inclusion of this measure in performance framework meetings between the NSW Health Department and the executive of Local Health Network allows discussion and evaluation of strategies implemented to reduce the incidence of infection.

Related Policies and Programs

The goal of the NSW Healthcare Associated Infections Prevention Program is to prevent every patient from acquiring a healthcare associated infection or multi-resistant organism colonisation during all stages of their care and treatment. NSW Health provided additional recurrent resources to Local Health Network for improved infection control activity to support key prevention strategies. These strategies include: hand hygiene, correct antibiotic usage, adherence to contact precautions, effective environmental cleaning programs in healthcare facilities; and adherence to Intensive Care Unit central venous catheter insertion guideline.

A Central Venous Access Device (CVAD) and Post Insertion Care Policy Directive is planned for release in 2011-12 which sets out the requirements for the safe insertion and post insertion care of CVADs. The purpose of this policy is to minimise complications from the insertion, management and access of CVADs and to reduce central line associated bloodstream infections for NSW Health facilities.

Relevant policies and reports include:

- NSW Infection Control Policy PD2007_036.
- Prevention and management of multi-resistant organisms PD2007_084.
- Further information about the CLAB Project can be found at the Clinical Excellence Commission website at www.cec.health.nsw.gov.au/moreinfo/CLAB.html.
- Further information about the NSW Healthcare Associated Infections Prevention Program can be found at www.health.nsw.gov.au/quality/hai/.

Staphylococcus Aureus Bloodstream Infections

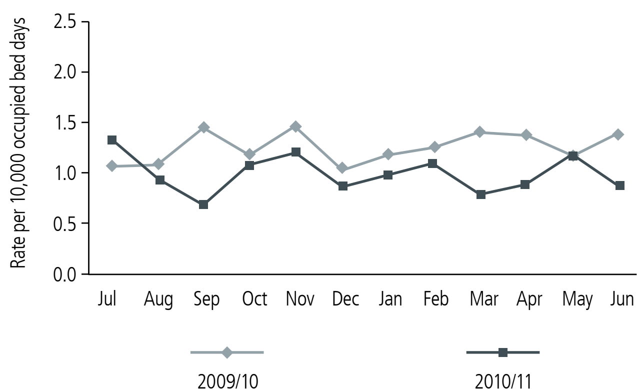
Desired Outcome

Reduction in the number of Staphylococcus aureus bloodstream infections (SA-BSI).

Context

Staphylococcus aureus, a bacterium that commonly colonises human skin and mucosa, is among the most common and more serious causes of community and healthcare associated sepsis. There is emerging evidence that many healthcare associated methicillin-sensitive Staphylococcus aureus (MSSA) and methicillin resistant Staphylococcus aureus (MRSA) infections are preventable through effective infection prevention and control.

Staphylococcus Aureus Bloodstream Infections (SABSI) - (per 10,000 bed days)



Source: NSW Health Healthcare Associated Infection Data Collection, 1 January 2009 to 30 June 2011 extracted on 26 August 2011. This data is defined in Clinical indicator CI 2.1 and CI 2.2

Interpretation

Infection rates during 2010-11 have remained at or below those in 2009–10. The Council of Australian Governments has set a benchmark upper limit of two infections per 10,000 occupied bed days. NSW continued to perform well below this benchmark in both periods. Some individual smaller facilities register a higher infection rate due to the low number of patients (denominator).

Ongoing surveillance of the number of infections continues. Inclusion of this measure in monthly performance framework meetings between the NSW Health Department and the executive of Local Health Network allows discussion and evaluation of strategies implemented to reduce the incidence of infection.

Related Policies and Programs

- See Related Policies and Programs for ICU Central Line Associated Bloodstream Infections.

Clostridium Difficile Infections

Desired Outcome

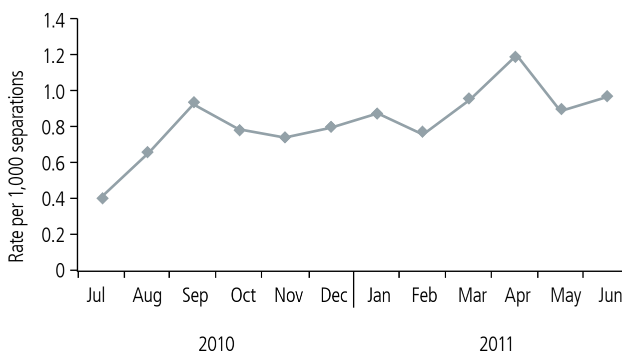
Monitoring of the number of Clostridium Difficile infections with early identification of serious strains.

Context

Clostridium Difficile can be found in stool specimens of many healthy children under the age of one year and some adults.

Where this becomes an infection is usually after a course of antibiotics that have caused other normal protective bacteria in the gut to be overwhelmed. This makes Clostridium Difficile a common cause of antibiotic-associated diarrhoea which can be associated with community or hospital onset. More serious strains of this infection have caused significant problems in patients in the United Kingdom and other countries.

Clostridium Difficile Infections(CDI) – (per 10,000 bed days)



Source: NSW Health Healthcare Associated Infection Data Collection, 1 January 2009 to 30 June 2011 extracted on 26 August 2011. This data is defined in Clinical indicator CI 16.

Interpretation

CDI became a mandatory reporting HAI indicator in October 2010 so comparison cannot yet be made between 2010 and 2011 data.

This infection is a common cause of community diarrhoea and while a moving rate, it has remained constant across NSW since mandatory collection commenced. Ongoing monitoring of incidence is maintained through review

by the NSW Health Department and executives of the Local Health Network. Strategies to minimise the number of infections are subject to ongoing implementation and evaluation at monthly performance framework meetings.

Related Policies and Programs

See Related Policies and Programs for ICU Central Line Associated Bloodstream Infections

Patient Experience Following Treatment

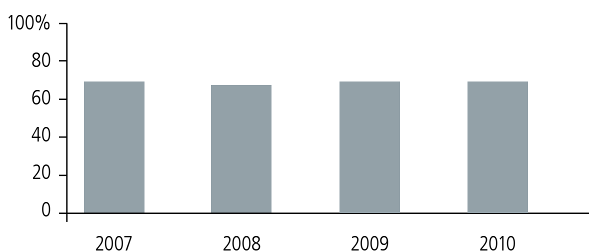
Desired Outcome

Increased satisfaction with health services.

Context

Health services should not only be of good clinical quality but should also result in a satisfactory experience of the 'patient journey'. NSW Health conducts annual Statewide Patient Surveys to gain information from patients across the State about their experience with health care services. Almost 67,000 patients responded to the survey in 2010. The survey is one of several strategies being used to gain a complete picture of patient and carer experience, which can inform service improvement programs.

Patient Experience Following Treatment
– Overall Care Received Very Good or Excellent) (%)



Source: NSW Health Patient Survey 2008, 2009.

Interpretation

All patients surveyed were asked to rate their overall experience on a scale of 'excellent' through 'poor'. In 2010, seven out of 10 patients surveyed reported that the care they received was either 'excellent' (34%) or 'very good' (34%). One-fifth (21%) rated their care as 'good' and 10% reported that the care they had received was either 'fair' (7%) or 'poor' (3%). The proportion of Overnight Inpatients, Outpatients, Mental Health Inpatients and Community Health patients who rated their 'Overall Care' as 'excellent' or 'very good' was significantly higher in 2010 when compared to 2007.

In 2010, four out of every five Community Health patients surveyed in 2010 (82%) reported that the care they received was either 'excellent' (45%) or 'very good' (37%).

Of the inpatient groups, three quarters of Paediatric Inpatients (76%) and Same Day Inpatients (74%) reported that their care was 'excellent' or 'very good'. Fewer Adult Rehabilitation (70%) and Overnight Inpatients (68%) felt this way.

Two-thirds (66%) of the Hospital Outpatients surveyed reported that the care received was 'excellent' or 'very good'. Over half (58%) who were treated as Non-Admitted Emergency patients felt this way.

Those who received mental health services were least positive about their experience, with just over half (51%) of the Mental Health Outpatients surveyed and just under half (49%) of Mental Health Inpatients surveyed reporting that the care they received was either 'excellent' or 'very good'. The proportion of Mental Health Inpatients who said they would definitely recommend the service to family or friends was higher in 2010 when compared to 2007.

Related Policies and Programs

- Clinical Service Redesign Program.

Goal 4 // Manage Health Services Well

National Health Reforms

National health reform aims to improve health outcomes for all Australians. The road to national health reform is challenging. In recent years there have been a number of key national developments, the National Health Care Agreement 2008, the Report of the National Health and Hospitals Reform Commission 2009, the National Health and Hospitals Network Agreement 2010, and the Heads of Agreement on National Health Reform in February 2011.

NSW Health has made a significant contribution to all these developments and continues to do so. Throughout 2010-11 NSW has been at the forefront of the development of strategies for major reform of the Australian health system.

This reform process has been led through the Council of Australian Governments (COAG) where all States and Territories and the Commonwealth are represented by their First Ministers. States and Territories have also collaborated in the national health reform process through the work of the Council for the Australian Federation.

In February 2011 COAG endorsed a Heads of Agreement on National Health Reform. This included a commitment to sign a new National Health Reform Agreement during 2011 which would implement these high level commitments, which included:

- Agreement on devolving operational hospital management to local health networks.
- Commonwealth guarantees concerning growth funding for public hospitals.
- Establishment of a national funding pool for hospital services and a national health funding body to pool Commonwealth and State funding for Local Hospital Networks.
- The introduction of a fair and efficient price for hospital services and an accelerated national approach to Activity Based Funding (ABF) for hospital services to better link to budgets to activity (with block funding for small rural hospitals that are unsuitable for ABF).
- Establishing an independent pricing umpire to set a national efficient price for hospital services – the independent hospital pricing authority.
- Establishment of a national health performance authority, and new national standards for public hospital services.
- Major reforms to primary health care.
- Consolidating policy and funding responsibility for primary health care and aged care services under the Commonwealth Government.

Accordingly, during 2010-11 significant Department of Health work and resources were devoted to the development of a new National Health Reform Agreement by August 2011. At a State level, the Department worked closely with the NSW Department of Premier and Cabinet, Treasury, and Ageing, Disability and Home Care on national health reform policy and planning.

At a national level, NSW Health worked closely with all jurisdictions in developing, implementing, and reviewing national health reform proposals. The Department was extensively involved in national health reform negotiations, national committees and national workshops. In addition, bilateral negotiations with the Commonwealth Department of Health and Ageing, Treasury and Prime Minister and Cabinet were undertaken throughout the year.

National Partnership on Improving Public Hospital Services

The NSW Government will receive up to $1.066 billion in extra health funding from the Commonwealth, primarily in the four years between 2010-11 and 2013-14 to ensure that NSW residents can access elective surgery and emergency department treatments at public hospitals in a timely manner, and to improve access to acute and sub-acute inpatient care.

NSW implementation plans to access this funding were approved by the Commonwealth Government during 2010-11.

The Rural Health Minor Works Program

- The Rural Health Minor Works Program (RHMWP) aims to assist rural health services to fund smaller scale projects which address an identified service need, are of demonstrable benefit to the community, and align with the District Healthcare Services Plans and asset strategic planning. This includes projects such as emergency department upgrades, improvements to consulting suites in small rural hospitals, refurbishments of wards, staff accommodation upgrades, and relocation of services to improve patient and staff amenity and access.
- In 2010, $2 million was allocated across the four formal rural area health services. These projects focused on upgrade and refurbishment of Emergency Departments at Goulburn, new outpatient area at Tweed, Imaging support capacity at Port Macquarie and new staff accommodation at Coolah and Manilla.

- As part of the 2011-12 Federal Budget in May 2011, 63 regional Health and Hospitals Fund (HHF) grants worth $1.33 billion nationally over five years, were announced as supported by the HHF Advisory Board. This budget announcement confirmed Commonwealth contributions included for capital projects under the Region Priority Round HHF for five NSW Health Applications as being: Port Macquarie Expansion $96.0 million, Tamworth Stage 2 Redevelopment $120.0 million, Bega redevelopment $160.1 million, Dubbo Base Hospital $7.1 million and Wagga Wagga Redevelopment $55.1 million. Implementation Plans are the formal agreement between NSW Health and the Commonwealth Department of Ageing and confirm reporting requirements and payment schedule. Delivery of these projects will be undertaken by NSW Health Infrastructure in consultation and collaboration with staff from the relevant Local Health Network.

Medical Workforce

NSW Health undertook a number of recruitment strategies to attract doctors from overseas to vacancies that could not be filled within Australia, including:

- The Panel of Overseas Recruitment Agencies assisted NSW Health in recruiting overseas trained doctors by ensuring that all recruitment agencies on the panel have appropriate quality assurance mechanisms and are cost effective. The Panel assisted in the recruitment of 82 medical practitioners during 2010-11.
- The Area of Need Program program provides international medical graduates with a registration pathway that assists with the supply of doctors and the provision of specialist and general practitioner services to locations in NSW where there is a workforce shortage and therefore limited access to services. Over 188 Area of Need positions were filled by international medical graduates under the Program.

Thirty Medical Locum Agencies have been successful in being registered on the NSW Health Register of Medical Locum Agencies, which sets standards of quality assurance for agencies that assist in providing services to cover short term medical vacancies within NSW public hospitals.

NSW Health continued its marketing strategies using its successful Live + Work brand, career microsite and attendance at nine national and international career fairs and events, with a particular emphasis on Emergency Medicine and Psychiatry.

The Annual Junior Medical Officer bulk recruitment process has been successfully conducted, with 37,239 applications being received for 4,018 positions.

Intern training – 2010-11

NSW Local Health Networks established a record 770 intern training positions for commencement in the 2011 clinical year. Offers for training positions were made to all medical graduates who applied for intern training in NSW. This included all domestic graduates from NSW and interstate universities (Commonwealth Supported Places and Domestic Full Fee Paying), Australian Medical Council graduates, and International Full Fee paying students who applied for intern training positions in NSW. There were 764 positions filled via the intern allocation process undertaken by the Clinical Education and Training Institute, with six vacancies remaining once all applicants commenced their positions on 10 January 2011.

Rural Preferential Recruitment 2010-11

The Rural Preferential Recruitment (RPR) Scheme allows doctors to spend the majority of their first two years training in a rural location. The RPR Scheme is co-ordinated by the Clinical Education and Training Institute as part of the overall intern allocation process. The RPR Scheme is open to all guaranteed applicants (Australian Citizens/Permanent Residents in a Commonwealth Supported Place (CSP) and domestic full fee paying graduates from a NSW university) and graduates from an interstate or New Zealand university who undertook Year 12 studies in NSW. The RPR scheme is a merit selection process, and occurs prior to the main allocation rounds. Applicants who were not successful in the RPR process are still eligible to gain an allocation through the main round. Following a modest start of 15 graduates in 2007, the RPR Scheme recruited 56 junior doctors to rural prevocational training positions in 2011.

Regional Preferential Recruitment 2010-11

Regional Preferential Allocation was piloted in 2011. The Regional Preferential Allocation program facilitates the priority filling of regional hospital positions and enables regional university medical graduates to continue their prevocational training in a regional area. Under this program, medical graduates spend the majority of their two years of prevocational training in a regional hospital setting. There were 73 trainee doctors allocated across the Gosford-Wyong, Hunter New England and Wollongong prevocational networks. These Networks include the Gosford District Hospital. Wyong Hospital, Shell Harbour Hospital, Shoal Haven District Memorial Hospital, Bulli Hospital, Wollongong Hospital, Belmont District Hospital, Calvary Mater Newcastle, The Mater Hospital, The Maitland Hospital, Manning Rural Referral Hospital, Tamworth Rural Referral Hospital and the Royal Newcastle Centre.

NSW General Practitioner Procedural Training Program

With recurrent funding of $3.5 million, the NSW General Practitioner Procedural Training Program provides opportunities for GP/GP Registrars to gain experience in procedural general practice that will equip them to practise in rural areas. Up to 30 procedural training posts have been established in rural NSW in the five specialities of anaesthetics, obstetrics, emergency medicine, surgery and mental health. Since the Program's inception in 2003, 285 full-time, part-time and flexible training positions have been taken up by GPs and GP trainees across these five specialties. NSW rural hospitals providing GP procedural training to date include Armidale, Bathurst, Bega, Broken Hill, Coffs Harbour, Dubbo, Goulburn, Griffith, Lismore, Manning, Maitland, Moruya, Murwillumbah, Orange, Port Macquarie, Shoalhaven, Tamworth, Tweed Heads and Wagga Wagga.

Emergency Department Workforce Planning Process

In 2010-11 the roll-out of the *Emergency Department Workforce Analysis Tool* commenced with workshops facilitated by Department of Health staff in 46 NSW emergency departments. The tool was developed by the Emergency Department Workforce Reference Group following a research project in 2009 to provide evidence based and multidisciplinary principles and guidelines for staffing and skill mix in emergency departments. The report produced from the workshop provides strategies for use by local management for tailoring the skill mix to the particular circumstances of the emergency department. The tool and the *Emergency Department Workforce Research Project Report* are available on the NSW Health website Publications page.

Health Workforce

Healthcare Assistant Initiative

The Healthcare Assistant Initiative continued in 2010–11 to support the development of a improved ways of working to provide patient care, where healthcare assistants such as Assistants in Nursing (AINs) and Allied Health Assistants (AHAs) support the work of health professionals. The Initiative promoted better utilisation of skills within the professional workforce with the provision of care based on team members' scope of practice and level of competence.

A resource for health services employing AINs in acute care environments was published, titled *Assistants in Nursing working in the acute care environment*. The resource includes information on processes to assess and evaluate the incorporation of AINs into clinical environments, an overview of the education and development of AINs, the components establishing the scope of practice of an AIN; and delegation and supervision guidelines. The resource is available on the NSW Health website under Health Professionals' Training. A major element of this initiative also involved providing opportunities to gain a nationally recognised qualification for Assistants in Nursing in acute care through a joint training initiative between Local Health Networks, training providers, NSW Department of Education and Training and co-ordinated by the Department of Health.

Eight Healthcare Assistant Co-ordinator positions were created in health services to co-ordinate workforce redesign initiatives, in particular the promotion of assistant roles in allied health (AHA) and to foster understanding of training and employment opportunities for AHAs. Participation by existing AHAs to undertake the Certificate IV Allied Health Assistance qualification continues particularly in rural health services. A further 25 rural AHAs embarked on the training course for the Certificate IV with a combination of recognition of prior training and studies at TAFE NSW. The NSW Rural Allied Health Assistant Project Evaluation 1st Interim Report was released in December 2010. The report findings identified broad acceptance of the role of qualified rural AHAs and noted that these workers achieved the most impact in improving access to allied health service in multidisciplinary community health and services for elderly patients.

Graduate Health Management Program (GHMP)

In 2011, 41 trainees participated in the Australasian College of Health Service Management Graduate Health Management Program. This comprised 23 first year trainees who commenced in February 2011, with 18 trainees continuing into their second year including three aboriginal trainees. The GHMP is funded by NSW Health to develop health system managers through a combination of work placement and formal postgraduate studies in health management. All trainees who graduated from the 2009-10 Program have secured employment in health management roles.

VET in Schools Program

Since 2007, NSW Health has been offering the VET In Schools program which combines nationally recognised training with practical work experience to give high schools students a taste of careers in health.

The program has a number of models, which enable Year 11 and 12 students to complete Vocational and Education and Training (VET) qualifications in nursing and allied health alongside their Higher School Certificate. Since the start of 2011 a new Human Services Industry Curriculum Framework enables students to study these qualifications as part of their HSC and with an optional exam to count towards their Australian Tertiary Admissions Index. In 2011, 728 students participated in the program in NSW, more than double the initial 2007 intake.

Productivity Places Program

NSW Health has worked with the Department of Education and Training to secure priority access to qualifications under the national Productivity Places and Strategic Skills Programs, to meet needs of the existing health workforce and to target priority qualifications towards job seekers looking for careers in health. Over the period ending December 2010, a total of 1,820 qualifications were taken up by NSW Health services.

Aboriginal Workforce

Aboriginal Drug and Alcohol Traineeship Program

In June 2009, the Minister for Health approved a non-government organisation grant to the NSW Network of Alcohol and Other Drug Agencies (NADA) to manage the Non-government Aboriginal Drug and Alcohol Traineeship pilot project.

For the pilot project NADA managed and implemented three undergraduate traineeships leading to a tertiary qualification for Aboriginal people working in the non-government drug and alcohol sector. NADA and NSW Health have partnered with the Aboriginal Health College and the University of Wollongong to deliver the courses through the Aboriginal Health College over the three years of the traineeships. The Trainees will graduate at the end of 2012.

In working toward achieving the National Partnership Agreement on Closing the Gap of Indigenous Health Outcomes, NSW Health is increasing the proportion of tertiary qualified Aboriginal drug and alcohol professionals through funding four additional Aboriginal Drug and Alcohol Traineeships in the NSW public drug and alcohol sector and Aboriginal Maternal and Infant Health Services commencing in late 2010.

Also an Aboriginal Drug and Alcohol Traineeship Co-ordinator to support the trainees while they undertake their work placements and studies has been funded in Northern Sydney Central Coast Local Health Network.

Aboriginal Mental Health Worker Training Program

The NSW *Aboriginal Mental Health and Wellbeing Policy 2006-2010* identifies the need to strengthen the Aboriginal mental health workforce. The Aboriginal Mental Health Worker Training Program was initiated in 2007 as a key action to achieve this outcome. Using a traineeship model the Program provides permanent employment for Aboriginal Mental Health Workers within NSW Health while they undertake a degree course, clinical placements and on the job training.

The end of 2009 saw the first wave of graduates through the three year Program. Of the 10 funded positions rolled out in Phase 1 of the Program, nine graduated and seven of these either remain in NSW Health's employment or are working in an Aboriginal Medical Service. This is a major success in relation to capacity building of mental health services to address the mental health and social and emotional wellbeing of Aboriginal people in NSW. A the end of June 2011 there were 47 traineeship positions across NSW.

An additional 10 Aboriginal Mental Health Worker positions were funded and have been rolled out into the Aboriginal Community Controlled Health Services. This brings to 24 the number of Aboriginal Mental Health Workers in the Aboriginal Community Controlled Health Services funded by NSW Health. Service Development Reporting received from the funded Aboriginal Community Controlled Health Services indicates that by June 2011 most were successful in recruiting an Aboriginal Mental Health Worker.

NSW Department of Health Aboriginal Allied Health Cadetships

The NSW Department of Health Aboriginal Allied Health Cadetship Program was introduced for second semester 2010 and offers opportunities to Aboriginal students undertaking the final three years full-time study in an approved undergraduate allied health course. The cadetship provides financial support while studying and the Cadets are employed in a NSW public health organisation. At the end of June 2011 four allied health cadets in university programs are participating in the initiative. Upon successful completion of their university studies and professional registration or membership being granted, the new graduate will be offered ongoing employment.

Nursing and Midwifery Workforce

Nursing Re-connect

The Nursing Re-connect initiative attracts nurse and midwives who have been out of the workforce for less than five years back to our hospitals. Nurses continue to be employed through the general and mental health Re-connect and the one year retention rate is 82%. The program commenced in 2002 and at June 2010, 2060 nurses and midwives have been employed in the public health system through the Nursing Re-connect initiative – 1,330 in the metropolitan area, 740 in rural and regional areas and 163 mental health positions.

Retaining Existing Workforce

There were a number of initiatives funded to retain and enhance the skills of nurses and midwives working in the NSW public health system.

Over $3.4 million was provided for 1,449 scholarships for nurses and midwives employed in facilities across NSW.

2010-11 marked the second year of the Judith Meppem Scholarships which provided another four nurses with the opportunity to undertake study tours to observe and learn about innovation and best practice in nursing and/or midwifery and apply their increased knowledge in the NSW public health system.

Nurse/midwife study leave received $6 million, allowing positions to be 'backfilled'. Funding of more than $14 million was provided for initiatives such as support for new general and midwifery graduates and ongoing clinical skill development, including *Essentials of Care*, take the lead and *Ways of Working* projects.

Aboriginal Nursing and Midwifery Strategy

A priority for the Nursing and Midwifery Office is the continued growth of the Aboriginal nursing and midwifery workforce.

The Cadetship program is funded by NSW Health and the Commonwealth Department of Education Employment and Workplace Relations (DEEWR) and aims to increase the trained Aboriginal workforce at Diploma and Degree levels.

Aboriginal students studying Bachelors of Nursing or Midwifery, or Diplomas of Enrolled Nursing are employed at their local hospital while studying full time. The cadetship offers a study allowance while the students are studying and during the long summer breaks provides a paid three month work experience placement in their field of study. At the completion of the cadetship, an offer of ongoing employment is made.

At June 2011, there were 53 cadets in NSW.

During the year, the DVD *Your mob, My mob, Our mob* to promote employment opportunities in the NSW public health system for Aboriginal people, and has been widely distributed.

Ways of Working

The Nursing and Midwifery Office commenced the *Ways of Working* (WOW) Project in mid 2010 to explore the ways that nurses organise their clinical work and to develop a framework and guidelines to support a collaborative nursing model. These collaborative approaches will help to build future nurses' skills and capacities.

The objectives of *WOW* are:

- improved patient outcomes
- more efficient use of nursing resources
- improved communication between staff
- Improved support for staff new to an area of practice
- Improved capacity to effectively utilise different skills within the nursing team.

A *WOW Resource* has been developed to assist Nurse Unit Managers and interested nurses in the implementation of a collaborative nursing model on their wards and units.

The *WOW Resource* contains educational material, tools, guidelines for implementation and a film – *Making it Real. Making it Real* showcases nurses working in a collaborative nursing model across the course of a shift.

Birthrate Plus

Birthrate Plus has been adopted by NSW Health and the NSW Nurses Association as the recognised tool to measure and ensure reasonable workloads for midwives in public maternity services to meet requirements in the Nurses and Midwives Award.

At year end roll-out was underway across maternity services, focusing on education of local services to implement and embed the tool to ensure long term sustainability.

Centralised Applications for Postgraduate Student Midwives (CAPSM)

CAPSM is now in its second year and provides a single point of application for the recruitment of postgraduate student midwives into maternity services for the clinical component of their midwifery training.

All operational aspects of recruitment remain with Local Health Networks.

CAPSM provides data regarding student midwifery education opportunities and gaps in NSW to inform workforce planning.

Goal 4 // Performance Indicators

Staff Turnover – Non Casual Staff Separation Rate (%)

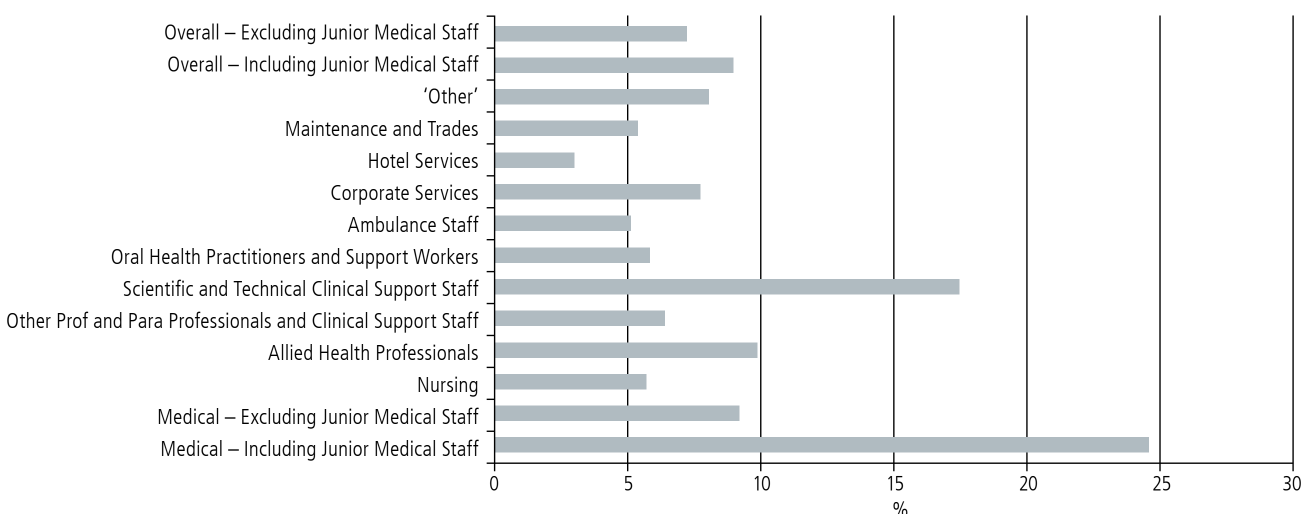
Desired outcome

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

Context

Human resources represent the largest single cost component for Health Services. High staff turnover rates are associated with increased costs in terms of advertising for and training new employees, lost productivity and potentially a decrease in the quality and safety of services and the level of services provided. Factors influencing turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational restructure. Monitoring turnover rates over time will enable the identification of areas of concern and development of strategies to reduce turnover.

Non-Casual Staff Turnover Rate by Treasury Group



Source: DOH-Health Information Exchange -Premier's Workforce Profile Data Collection. Excludes Third Schedule Facilities, Health System Average inclusive of all Health Services, Health Support Services and Ambulance Service of NSW.

Data required for this indicator has been derived from the State Health Information Exchange.

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

Interpretation

In 2010-11 the estimated average staff turnover for non-casual staff employed within the health system was 8.9% (7.2% when excluding Junior Medical Officers).

With the creation of Local Health Networks and Health Reform Transition Offices from January 2011 only six months of data is available for those organisations so reporting of this indicator is restricted to award groupings.

Related Policies and Programs

- Flexible work policies.
- Family Friendly work policies.

Professional Staff

Desired outcome

Addressing the shortfall in the supply of health professionals.

Context

Delivery of quality health services depends on having adequate numbers of skilled staff working where they are needed. Addressing the shortfall in the supply of health professionals and ensuring an even distribution of staff around the State are key priorities for the future. There has been a continued focus on health workforce at a State and national level over recent years, with a range of strategies and initiatives showing positive results. Since 2007, there have been significant increases in professional staff across the NSW public health system as outlined in the table below.

Professional staff numbers

	JUNE 2007	JUNE 2008	JUNE 2009	JUNE 2010	JUNE 2011	INCREASE OVER 2007 (%)
Salaried Medical	7,318	7,866	8,140	8,524	8,938	22.1%
Nursing	38,101	39,043	39,142	39,352	40,303	5.8%
Allied Health	7,387	7,487	7,936	8,088	8,677	17.5%

Interpretation

Since 2007, there have been significant increases in professional staff across the NSW public health system as outlined above.

Clinical staff as a proportion of all NSW Health staff has continued to rise from 71.8% in 2007 to 72.6% in 2011.

Related Policies and Programs

- Flexible work policies.
- Family Friendly work policies.

Clinical Staff

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

Desired outcome

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

Context

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

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

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

Clinical staff

	JUN 07	JUN 08	JUN 09	JUN 10	JUN 11
Medical, nursing, allied health, other health professionals, scientific and technical staff, oral health practitioners and ambulance clinicians as a proportion of all staff %	71.8 %	72.0 %	72.2 %	72.4 %	72.6%

Source: Health Information Exchange (HIE) and Health Service local data.

Interpretation

From June 2007 to June 2011, the percentage of 'clinical staff', as a proportion of total staff increased from 71.8% to 72.6% with an additional 6,364 health professionals working in the public health system. From June 2010 to June 2011 the NSW public health system employed an additional 414 medical practitioners. This increase reflects the ongoing commitment of NSW Health and its Health Services to direct resources to front line staff to meet strong growth in demand.

Related Policies and Programs

- Continuation of strategies aimed at recruitment and retention of clinical staff within the system.
- Continuation of the Shared Services and Corporate Reforms Strategies.

Sick Leave – Annual Average per FTE (hours)

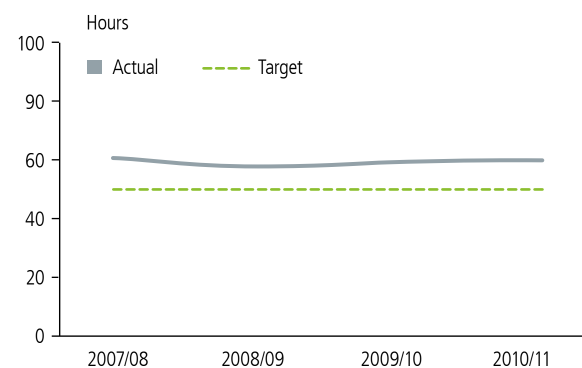
Desired outcome

Reduce the amount of paid sick leave taken by staff.

Context

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

Sick Leave – Annual Average Per FTE (Hours)



Source: State Health Information Exchange (HIE).
Note: Excludes Third Schedule Facilities. Health System Average inclusive of all Area Health Services, Health Support Services and Ambulance Service of NSW.

Interpretation

There has been a reduction in sick leave from 2007–08 to 2010-11. The trend over the last four years has been downwards. This forms the baseline for sector-wide improvements going forward.

Related Policies and Programs

Sick leave reduction targets, based on whole-of-government targets set by Premier's Department, have been included in the Health Service Performance Agreements, with the Department providing regular reports on progress against targets. Policy directive Sick Leave Management (PD2009_050) promotes an active approach to sick leave management and requires the development and implementation of strategies and procedures for the effective and sensitive management of sick leave absences by staff.

Workplace Injuries

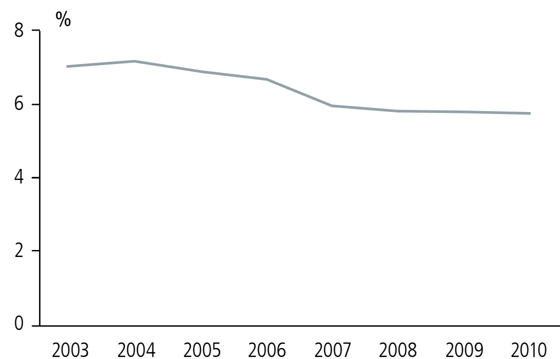
Desired Outcome

Minimising workplace injuries as far as possible.

Context

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

Workplace Injuries



Source: Treasury Managed Fund via WorkCover NSW.

Interpretation

NSW Health continued to manage risks associated with NSW Health workplaces. Workplace injuries have been stable.

Related Policies and Programs

- Injury Management and Return to Work.
- Occupational Health Safety and Injury Management Profile.
- Protecting People and Property: NSW Health security risk management policy and Procedures (the Security Manual).
- Workplace Health and Safety Better Practice Guide.
- Zero Tolerance to Violence Policy and Procedures.

Aboriginal Staff as a Proportion of Total (%)

Desired Outcome

To meet and exceed the Government's policy of 2.6% representation of Aboriginal staff in the NSW Health workforce.

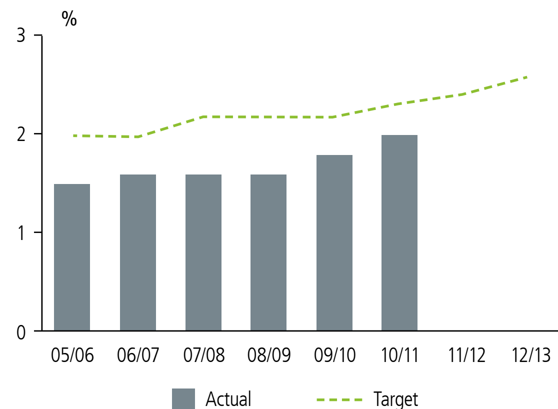
Context

NSW Health is committed to excellence in the provision of health services to Aboriginal people to assist in closing the health gap and improving the overall health and wellbeing of Aboriginal people.

To achieve this objective, NSW Health has identified the significance of achieving current and future benchmarks in the recruitment and retention of Aboriginal staff.

Strategies to increase the number of Aboriginal staff will assist in the improvement of Aboriginal health by significantly increasing employment outcomes for Aboriginal people through the development of affirmative action strategies, which focus on recruitment, training and career development.

Aboriginal staff as a proportion of total (%)



Source: Premier's Workforce Profile Data Collection.
Note: Excludes Third Schedule Facilities. NSW Health Average inclusive of all Local Health Networks, Health Support Services and Ambulance Service of NSW.

Interpretation

There has been an increase of 33% in Aboriginal staff from 2005-06 to 2010-11. This increase in Aboriginal staff is the result of better representation in the growth of the NSW Health Workforce. This demonstrates that NSW Health is undertaking better recruitment, training and career development for Aboriginal People.

Related Policies and Programs

Good Health – Great Jobs, the NSW Health Aboriginal Workforce strategic Framework for 2011-2015 contains a range of actions to deliver a 2.6% Aboriginal health workforce by 2015. Key outcomes of the Framework include:

- Employ and retain Aboriginal health workforce employees through the implementation of specifically designed Aboriginal identified and/or target recruitment and retention processes.
- Ensure the Aboriginal workforce has access to ongoing professional development, education and training and clear career pathways.
- Provide leadership and innovation to ensure the continuing growth and development of the NSW Aboriginal health workforce.
- Map the NSW Health Aboriginal workforce by occupation, salary level, location and classification to ensure workforce distribution matched community needs.
- Provide employment to Aboriginal university graduates in health professions.
- Maximise the number of staff who have complete the *Respecting the Difference: Aboriginal Cultural Training for NSW Health*.

Financial Report

Image // Mt Druitt Hospital

Financial Report

Content

Financial Report

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Performance

Against 2010–11 Budget Allocation

NSW Health is the major provider of health services to the NSW public and comprises around 27% of NSW General Government Sector expenditures as compared to 25% a decade ago.

The Statement of Comprehensive Income for the year ended 30 June 2011 has been prepared in accordance with the NSW Treasury Reporting Code for Budget Dependent General Government Sector Agencies.

The Statement of Comprehensive Income identifies that total expenses for 2010-11 amounted to $15.4 billion which is a 6.5% increase over 2009-10. An average of $42 million is expended each day.

User charges, where applied, are not based on full cost recovery or on commercial returns and instead reflect a contribution to the operating costs of health services. As a result of these financial arrangements, the Department's performance measurement is best reflected in the net cost of providing those services.

For the year ending 30 June 2011, this net cost was $13.20 billion. Measured against the budget of $13.24 billion the variation was favourable by $45 million i.e. a variance of 0.34% which is within the performance bands framed by Treasury. This favourable result was largely due to the deferral of a $25 million grant to the Brain and Mind Institute and offsets relating increases under Commonwealth Specific Purpose Payments less adjustments for Long Service Leave liability. Details of these variations are included at Note 39 of the Department's audited financial statements for 2010-11.

The NSW Government increased its consolidated funding for operating and capital needs to the NSW Department of Health from the Consolidated Fund by $872 million or 7.2% to $13.027 billion in 2010-11.

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

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

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

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

- $9.4 billion for salaries and employee related expenses ($8.9 billion in 2009-10)
- $188 million for food and domestic services ($180 million in 2009-10)
- $1.3 billion for drugs, medical and surgical supplies ($1.3 billion in 2009-10)
- $217 million for insurance ($218 million in 2009-10)
- $595 million for visiting medical staff ($555 million in 2009-10).

The financial statements identify that, whilst $525.1 million was charged for depreciation and amortisation on Property, Plant and Equipment and Intangibles, an amount of $816.0 million was incurred in capital expenditure. This constitutes a real increase in the value of health assets and reflects the significant capital works program to improve NSW Health's asset base.

Since 30 June 2005 the total assets of NSW Health have increased by $3.05 billion or 32% to $12.6 billion. The most significant movement has been the increase in Property, Plant and Equipment and Intangible Assets of $2.19 billion or 26% which, reflects the injection of capital funding referenced above and the independent revaluations of assets.

Cash and Other Financial Assets have also increased by $505 million since 30 June 2005 to $1.37 billion flowing from factors such as increased monies held as restricted assets together with movements in various Statement of Financial Position items. The cash/TCorp movement in 2010-11 alone was an increase of $352 million, inclusive of increases to cover the increase in restricted assets ($38 million), the cash retained to meet future payments for taxation, superannuation , payroll deductions and other payables ($176 million) and increases relating to planned capital expenditures ($83 million) to be utilised in 2011-12.

Total Liabilities since June 2005 have increased by some $0.61 billion or 23% to $3.15 billion. This generally comprises:

- an increase in Payables of $435 million inclusive of Goods and Services Tax and increases in payroll deductions and superannuation accruals
- an overall decrease in Employee entitlements or Provisions of $289 million due firstly to the transfer of Long Service Leave liability of $1.629 billion to the Crown Entity on 31 December 2010 offset by various Award movements that have occurred together with changes in the measurement of leave values to accord with revised Australian Accounting Standards
- an increase in Borrowings of $380 million due principally to contractual and accounting arrangements for various Private/Public Partnerships for the construction of infrastructure
- an increase in Other Liabilities of $72 million, largely comprised of Income In Advance for the Royal North Shore Hospital Car Park.

General Creditors > 45 days at the end of the year

For 2010-11, the NSW Health performance benchmark for payment of trade creditors was 45 days. Whilst this is a benchmark, there is an expectation that creditors are to be paid within contract or agreed terms unless payment is disputed over the condition or quantum of goods and services or the amount invoiced.

Payment of trade creditors within benchmark is a key performance indicator that is monitored through NSW Health's Performance Management Framework.

Performance at balance date in the past five years against trade creditor benchmarks reported by controlled entities of NSW Health is:

DATE	VALUE OF GENERAL ACCOUNTS NOT PAID WITHIN 45 DAYS ($M)
30 June 2007	0
30 June 2008	75.2
30 June 2009	69.3
30 June 2010	0
30 June 2011	0.9

As at 30 June 2011, controlled entities of NSW Health had $0.9 million Trade Creditors over 45 days that were ready for payment. The final creditor position was determined based on data as at midnight 30 June 2011. All entities had sufficient cash to pay these creditors and only the timing of month end payment cycles, where invoices were released for payment after individual entities had finalised their end of month vendor payment files for June 2011, prevented these creditor payments being made.

NSW Health is working with suppliers to improve invoice procedures and ensure goods and services are not supplied without an approved purchase order in place. Suppliers are also being asked to forward their invoices directly to Health Support Services (NSW Health's shared services provider) for faster processing. Escalation procedures are in place for creditors and contact telephone numbers are provided on purchase orders.

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Consolidated Financial Statements

The Department is required under the *Annual Reports (Departments) Act 1985* to present the annual financial statements of each of its controlled entities.

This has been achieved by tabling the 2010-11 annual financial statements of each Health Service and other reporting entities before Parliament. For these purposes the report of each Health Service and other reporting entities should be viewed as a volume of the Department of Health's overall report.

Key indicators and comparatives at a Consolidated NSW Health level are:

NSW Health Key Financial Indicators

NSW HEALTH KEY FINANCIAL INDICATORS				
	2010-11 $M	2009-10 $M	Increase on Previous Year $M	Increase on Previous Year %
Expenses	15,424	14,481	+943	+6.5
Revenue	2,301	2,180	+121	+5.6
Net Cost of Service	13,199	12,354	+845	+6.8
Recurrent Appropriation	12,547	11,708	+839	+7.2
Capital Appropriation	480	447	+33	+7.4
Net Assets	9,534	7,679	+1,855	+24.2
Total Assets	12,641	11,935	+706	+5.9
Total Liabilities	3,107	4,256	-1,149	-27.0

Source: Audited Financial Statements

2010–11 TOTAL EXPENSES COMPARISONS						
	2010–11 $M	2009–10 $M	2008–09 $M	2007–08 $M	2006–07 $M	2005–06 $M
Expenses Include:						
Salaries and employee related expenses	9,433	8,886	8,547	7,959	7,394	6,961
Food and domestic supplies	188	180	177	172	164	183
Drugs, medical and surgical supplies	1,292	1,262	1,188	1,165	1,040	918
Insurance	217	218	206	216	220	212
Maintenance	356	343	341	321	331	282
Visiting medical staff	595	555	535	520	468	441

Source: Audited Financial Statements

MOVEMENT IN KEY FINANCIAL INDICATORS OVER THE LAST 6 YEARS						
	June 2011 $M	June 2010 $M	June 2009 $M	June 2008 $M	June 2007 $M	2005–06 $M
Assets						
Property, Plant and Equipment and Intangibles	10,596	10,299	9,935	9,656	9,083	8,729
Inventories	126	128	135	105	115	108
Cash and Financial Assets	1,373	1,022	914	864	907	860
Receivables	474	422	373	390	317	295
Other	72	64	52	34	27	28
Total	12,641	11,935	11,409	11,049	10,449	10,020
Liabilities						
Payables	1,098	967	1,008	1,052	751	711
Provisions	1,411	2,888	2,599	2,331	2,179	2,002
Borrowings	461	261	267	101	36	48
Other	137	140	73	75	42	75
Total	3,107	4,256	3,947	3,559	3,008	2,836
Equity	**9,534**	**7,679**	**7,462**	**7,490**	**7,441**	**7,184**

Source: Audited Financial Statements.

2010–11 and Forward Years

In 2011-12 $16.4 billion has been provided for the delivery of health care services in NSW, an increase of 6.1% or $949 million over than the previous year.

Key initiatives from the 2011-12 State Budget for NSW Health include:

More Beds, More Nurses

- $36 million to open 150 more beds, including acute care, intensive care and mental health beds, and neonatal cots.
- $21 million to open 69 sub-acute beds in the second year of the COAG National Partnership Agreement, for services including general rehabilitation, palliative care and mental health.
- $8.8 million for an extra 1,600 planned surgical procedures as part of the Government's commitment to achieve 13,000 more procedures over the next four years.
- $4 million towards the Government's commitment to employ 275 more Clinical Nurse/Midwife Educators and Clinical Nurse/Midwife Specialists over the next four years.
- $80 million to employ 900 more nurses by June 2012 to support a reasonable workload for nurses and midwives and provide better patient care.
- $10 million towards clinical reform and redesign, to improve hospital efficiency and bed use so more patients can be treated.
- $4 million to provide more 10 hour night shifts for nurses.
- $3 million to meet increased demand for renal services, particularly dialysis.
- $3.3 million to enhance services across rural and remote health services, including improving access to early stroke management.

Medical Workforce

- $1.2 million to employ five more doctors in the Prince of Wales Hospital emergency department.
- $4 million to provide more medical graduate positions in public hospitals and more opportunities for junior doctors to undertake specialist training.

Mental Health

- $2 million for Lifeline's telephone and counselling services.
- $3.4 million to improve access to specialist child and adolescent mental health services.
- $1.3 million for medical health research, including the Schizophrenia Research Chair and program and the Mental Health Clinical Academic Research Program.

Preventative Health

- $15 million to provide 11,750 more enrolments in the Connecting Care Program to strengthen out-of-home care and support people with chronic conditions.
- $2 million to support health checks in around 600 participating pharmacies to assist in the early identification of people with chronic diseases.
- $7 million to increase programs that help reduce drug and alcohol addiction.
- $500,000 to enhance NSW Telehealth services at Nepean Hospital to expand the range of pilot models of care.
- $500,000 to support the work of Life Education.
- $2.2 million to meet the growth in demand for organ and tissue donation services and tissue-typing services for solid organ and bone marrow transplants.

Medical Research

- $32 million a year for the Medical Research Support Program, including $5 million of a $20 million commitment over four years to improve medical research.
- $2.9 million on the Spinal Cord Injury and Other Related Neurological Conditions Research Grants Program.
- $36 million in capital grants for Prince of Wales Neurosciences, Australian Advanced Clinical Trials and the Children's Medical Research Institute.
- $20 million for the Children's Medical Research Institute at Westmead.

Community based services

$7 million extra for the Isolated Patient Transport and Accommodation Scheme to assist remote patients with the cost of accommodation and travel to specialist treatment facilities.

- $3 million for the Program of Appliances for Disabled People and $2 million for the Home Oxygen Service to improve access to essential equipment for people with a disability.
- $1.5 million to improve refugee health services.
- $1 million to enhance specialised multidisciplinary care to people with an intellectual disability and complex needs.

INDEPENDENT AUDITOR'S REPORT

NSW Department of Health

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the NSW Department of Health (the Department), which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, the statement of changes in equity, the statement of cash flows, service group statements and summary of compliance with financial directives for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information of the Department and the consolidated entity. The consolidated entity comprises the Department and the entities it controlled at the year's end or from time to time during the financial year.

Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Department and the consolidated entity, as at 30 June 2011, and of the financial performance and the cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2010.

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

Department Head's Responsibility for the Financial Statements

The Department Head is responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards and the PF&A Act, and for such internal control as the Department Head determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Department Head, as well as evaluating the overall presentation of the financial statements.

Level 15, 1 Margaret Street, Sydney NSW 2000 | GPO Box 12, Sydney NSW 2001 | t 02 9275 7101 | f 02 9275 7179 | e mail@audit.nsw.gov.au | audit.nsw.gov.au

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

My opinion does *not* provide assurance:

- about the future viability of the Department or the consolidated entity
- that they have carried out their activities effectively, efficiently and economically
- about the effectiveness of their internal control
- about the assumptions used in formulating the budget figures disclosed in the financial statements
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about any other information which may have been hyperlinked to/from the financial statements.

Independence

In conducting my audit, I have complied with the independence requirements of the Australian Auditing Standards and other relevant ethical pronouncements. The PF&A Act further promotes independence by:

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

Peter Achterstraat
Auditor-General

25 November 2011
SYDNEY

Certification of Accounts

For the year ended 30 June 2011

Certification of Parent/Consolidated Financial Statements, NSW Department of Health for the Year Ended 30 June 2011

Pursuant to Section 45F of the Public Finance and Audit Act 1983, we state that in our opinion:

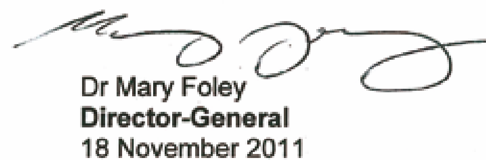
(i) The financial statements have been prepared in accordance with:

- Australian Accounting Standards (which include Australian Accounting Interpretations)
- the requirements of the *Public Finance and Audit Act 1983, the Public Finance and Audit Regulations 2010,* and the Treasurer's Directions.

(ii) The financial statements exhibit a true and fair view of the financial position and financial performance of the NSW Department of Health.

(iii) There are no circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.

John Roach
Chief Financial Officer



Dr Mary Foley
Director-General
18 November 2011

Statement of Comprehensive Income

for the year ended 30 June 2011

UNAUDITED					UNAUDITED		
PARENT					CONSOLIDATED		
Actual 2011 $000	Budget 2011 $000	Actual 2010 $000		Notes	Actual 2011 $000	Budget 2011 $000	Actual 2010 $000
			Expenses excluding losses				
			Operating Expenses				
132,009	130,200	124,834	– Employee Related	3	9,432,979	9,651,661	8,885,670
675,959	675,506	456,506	– Other Operating Expenses	4	4,391,946	4,322,979	4,135,386
3,584	3,997	4,389	Depreciation and Amortisation	5	525,138	545,086	492,605
12,381,251	12,325,030	11,909,030	Grants and Subsidies	6	1,032,160	959,048	939,307
–	–	–	Finance Costs	7	41,811	36,560	27,823
13,192,803	**13,134,733**	**12,494,759**	**Total Expenses excluding losses**		**15,424,034**	**15,515,334**	**14,480,791**
			Revenue				
104,743	78,100	72,618	Sale of Goods and Services	8	1,808,715	1,783,655	1,661,129
12,656	12,980	15,050	Investment Revenue	9	90,569	89,189	74,419
28,568	34,880	82,880	Grants and Contributions	10	313,597	334,213	367,974
6,540	5,707	5,188	Other Revenue	11	87,976	84,845	76,852
152,507	**131,667**	**175,736**	**Total Revenue**		**2,300,857**	**2,291,902**	**2,180,374**
(279)	–	(1,269)	Loss on Disposal	12	(26,562)	–	(9,719)
–	–	(82)	Other Losses	13	(49,730)	(20,543)	(44,332)
13,040,575	**13,003,066**	**12,320,374**	**Net Cost of Services**	**35**	**13,199,469**	**13,243,975**	**12,354,468**
			Government Contributions				
12,546,945	12,575,537	11,708,076	Recurrent Appropriation	15	12,546,945	12,575,537	11,708,076
479,596	534,195	447,373	Capital Appropriation	15	479,596	534,195	447,373
22,908	22,908	6,549	Asset Sale Proceeds Transferred to Parent		–	–	–
6,302	6,302	6,897	Acceptance by the Crown Entity of Employee Benefits	16	336,194	298,726	155,845
13,055,751	**13,138,942**	**12,168,895**	**Total Government Contributions**		**13,362,735**	**13,408,458**	**12,311,294**
15,176	**135,876**	**(151,479)**	**RESULT FOR THE YEAR**		**163,266**	**164,483**	**(43,174)**
			Other Comprehensive Income				
–	–	21,498	Net Increase/(Decrease) in Property, Plant and Equipment Asset Revaluation Reserve		63,004	–	280,948
–	**–**	**21,498**	**Other Comprehensive Income for the Year**		**63,004**	**–**	**280,948**
15,176	**135,876**	**(129,981)**	**TOTAL COMPREHENSIVE INCOME FOR THE YEAR**		**226,270**	**164,483**	**237,774**

The accompanying notes form part of these financial statements

Statement of Changes in Equity

for the year ended 30 June 2011

CONSOLIDATED	NOTES	ACCUMULATED FUNDS $000	ASSET REVALUATION SURPLUS $000	AVAILABLE FOR SALE RESERVE $000	TOTAL $000
Balance at 1 July 2010		5,291,341	2,372,651	15,371	7,679,363
Result For The Year		163,266	–	–	163,266
Other Comprehensive Income:					
Net Increase in Property, Plant and Equipment		–	63,004	–	63,004
Other Transfers		81,692	(66,321)	(15,371)	–
Total Other Comprehensive Income		**81,692**	**(3,317)**	**(15,371)**	**63,004**
Total Comprehensive Income For The Year		**244,958**	**(3,317)**	**(15,371)**	**226,270**
Transactions With Owners In Their Capacity As Owners					
Decrease in Net Assets From Equity Transfers	41	1,628,858	–	–	1,628,858
Balance at 30 June 2011		**7,165,157**	**2,369,334**	**0**	**9,534,491**
Balance at 1 July 2009		**5,346,631**	**2,112,411**	**2,773**	**7,461,815**
Result For The Year		(43,174)	–	–	(43,174)
Other Comprehensive Income:					
Net Increase in Property, Plant and Equipment		–	280,948	–	280,948
Available for Sale Financial Assets:					
– Transfers on Disposal		1,466	–	(1,466)	–
– Other - Transfers		6,644	(20,708)	14,064	–
Total Other Comprehensive Income		**8,110**	**260,240**	**12,598**	**280,948**
Total Comprehensive Income For The Year		**(35,064)**	**260,240**	**12,598**	**237,774**
Transactions With Owners In Their Capacity As Owners					
Increase in Net Assets From Equity Transfers	41	(20,226)	–	–	(20,226)
Balance at 30 June 2010		**5,291,341**	**2,372,651**	**15,371**	**7,679,363**

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

for the year ended 30 June 2011

PARENT	NOTES	ACCUMULATED FUNDS $000	ASSET REVALUATION SURPLUS $000	TOTAL $000
Balance at 1 July 2010		64,762	108,934	173,696
Result For The Year		15,176	–	15,176
Total Comprehensive Income For The Year		15,176	–	15,176
Balance at 30 June 2011		79,938	108,934	188,872
Balance at 1 July 2009		223,560	92,643	316,203
Result For The Year		(151,479)	–	(151,479)
Other Comprehensive Income:				
Net Increase in Property, Plant and Equipment		–	21,288	21,288
Disposal of Non-Current Assets Held for Sale		4,997	(4,997)	–
Other		210	–	210
Total Other Comprehensive Income		**5,207**	**16,291**	**21,498**
Total Comprehensive Income For The Year		**(146,272)**	**16,291**	**(129,981)**
Transactions With Owners In Their Capacity As Owners				
Increase in Net Assets From Equity Transfers	41	(12,526)	–	(12,526)
Balance at 30 June 2010		**64,762**	**108,934**	**173,696**

The accompanying notes form part of these financial statements.

Statement of Financial Position

as at 30 June 2010

UNAUDITED					UNAUDITED		
PARENT					CONSOLIDATED		
Actual 2011 $000	Budget 2011 $000	Actual 2010 $000		Notes	Actual 2011 $000	Budget 2011 $000	Actual 2010 $000
			ASSETS				
			Current Assets				
235,104	161,100	61,616	Cash and Cash Equivalents	18	1,125,145	993,036	886,595
62,856	64,928	89,928	Receivables	19	506,979	407,043	409,806
32,274	34,771	34,771	Inventories	20	126,387	128,172	128,172
–	–	–	Financial Assets at Fair Value	21	207,451	124,318	124,318
12,438	12,216	64,216	Other Financial Assets	22	–	–	–
–	–	–	Non-Current Assets Held for Sale	24	46,698	14,708	39,011
342,672	**273,015**	**250,531**	**Total Current Assets**		**2,012,660**	**1,667,277**	**1,587,902**
			Non-Current Assets				
–	–	–	Receivables	19	12,459	12,458	12,458
–	–	–	Financial Assets at Fair Value	21	40,464	10,605	10,605
344	453	57,453	Other Financial Assets	22	–	–	–
			Property, Plant and Equipment				
129,916	129,521	131,744	– Land and Buildings	25	9,190,564	9,369,607	9,027,188
4,676	4,981	4,981	– Plant and Equipment	25	835,574	698,874	742,086
–	–	–	– Infrastructure Systems	25	344,767	357,779	357,779
134,592	134,502	136,725	Total Property, Plant and Equipment		10,370,905	10,426,260	10,127,053
–	–	–	Intangible Assets	26	225,226	195,662	172,290
–	–	–	Other	23	24,636	24,636	24,636
134,936	**134,955**	**194,178**	**Total Non-Current Assets**		**10,673,690**	**10,669,621**	**10,347,042**
477,608	**407,970**	**444,709**	**Total Assets**		**12,686,350**	**12,336,898**	**11,934,944**
			LIABILITIES				
			Current Liabilities				
207,327	189,391	185,391	Payables	28	1,143,407	916,174	967,143
–	–	–	Borrowings	29	12,009	11,267	14,355
14,750	16,549	16,145	Provisions	30	1,401,735	2,854,212	2,760,457
2,427	2,427	–	Other	31	24,980	18,740	18,740
224,504	**208,367**	**201,536**	**Total Current Liabilities**		**2,582,131**	**3,800,393**	**3,760,695**
			Non-Current Liabilities				
–	–	–	Borrowings	29	449,102	443,794	246,021
422	417	407	Provisions	30	9,524	127,767	127,767
63,810	63,310	69,070	Other	31	111,102	121,098	121,098
64,232	**63,727**	**69,477**	**Total Non-Current Liabilities**		**569,728**	**692,659**	**494,886**
288,736	**272,094**	**271,013**	**Total Liabilities**		**3,151,859**	**4,493,052**	**4,255,581**
188,872	**135,876**	**173,696**	**Net Assets**		**9,534,491**	**7,843,846**	**7,679,363**
			EQUITY				
108,934	108,934	108,934	Reserves		2,369,334	2,372,651	2,372,651
79,938	26,942	64,762	Accumulated Funds		7,165,157	5,455,824	5,291,341
			Amounts Recognised in Equity				
–	–	–	Relating to Assets Held for Sale	24	–	15,371	15,371
188,872	**135,876**	**173,696**	**Total Equity**		**9,534,491**	**7,843,846**	**7,679,363**

The accompanying notes form part of these financial statements

Statement of Cash Flows

for the year ended 30 June 2011

UNAUDITED					UNAUDITED		
PARENT					CONSOLIDATED		
Actual 2011 $000	Budget 2011 $000	Actual 2010 $000		Notes	Actual 2011 $000	Budget 2011 $000	Actual 2010 $000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
(119,792)	(123,484)	(111,359)	Employee Related		(8,841,108)	(9,229,863)	(8,561,236)
(12,381,251)	(12,325,030)	(11,909,030)	Grants and Subsidies		(1,032,160)	(959,048)	(1,033,238)
–	–	–	Finance Costs		(41,811)	(36,560)	(27,823)
(621,044)	(731,819)	(409,185)	Other		(5,062,546)	(4,999,932)	(4,667,677)
(13,122,087)	**(13,180,333)**	**(12,429,574)**	**Total Payments**		**(14,977,625)**	**(15,225,403)**	**(14,289,974)**
			Receipts				
147,831	78,100	55,927	Sale of Goods and Services		2,343,935	1,766,079	1,877,317
12,656	8,516	6,800	Interest Received		79,954	89,189	54,251
47,441	22,407	164,989	Other		493,632	1,015,521	889,295
207,928	**109,023**	**227,716**	**Total Receipts**		**2,917,521**	**2,870,789**	**2,820,863**
			Cash Flows from Government				
12,546,945	12,575,537	11,708,076	Recurrent Appropriation		12,546,945	12,575,537	11,708,076
479,596	534,195	447,373	Capital Appropriation		479,596	534,195	447,373
22,908	22,908	6,549	Asset Sale Proceeds Transferred to Parent		–	–	–
13,049,449	**13,132,640**	**12,161,998**	**Net Cash Flows from Government**		**13,026,541**	**13,109,732**	**12,155,449**
135,290	**61,330**	**(39,860)**	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	**35**	**966,437**	**755,118**	**686,338**
			CASH FLOWS FROM INVESTING ACTIVITIES				
600	–	360	Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		19,719	74,462	66,729
39,928	39,928	40,317	Proceeds from Sale of Investments		–	–	19,652
(2,330)	(1,774)	(954)	Purchases of Land and Buildings, Plant and Equipment, Infrastructure Systems and Intangibles		(623,692)	(709,844)	(638,920)
–	–	–	Purchases of Investments		(112,992)	–	(14,739)
38,198	**38,154**	**39,723**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(716,965)**	**(635,382)**	**(567,278)**
			CASH FLOWS FROM FINANCING ACTIVITIES				
–	–	–	Proceeds from Borrowings and Advances		–	–	46,906
–	–	–	Repayment of Borrowings and Advances		(10,922)	(13,295)	(53,700)
–	**–**	**–**	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**(10,922)**	**(13,295)**	**(6,794)**
173,488	**99,484**	**(137)**	**NET INCREASE/(DECREASE) IN CASH**		**238,550**	**106,441**	**112,266**
61,616	61,616	60,324	Opening Cash and Cash Equivalents		886,595	886,595	774,329
–	–	1,429	Cash transferred in as a result of administrative restructuring		–	–	–
235,104	**161,100**	**61,616**	**CLOSING CASH AND CASH EQUIVALENTS**	**18**	**1,125,145**	**993,036**	**886,595**

The accompanying notes form part of these financial statements

Summary of Compliance with Financial Directives

for the year ended 30 June 2011

	2011				2010			
	RECURRENT APPROPRIATION $000	EXPENDITURE/ NET CLAIM ON CONSOLIDATED FUND $000	CAPITAL APPROPRIATION $000	EXPENDITURE/ NET CLAIM ON CONSOLIDATED FUND $000	RECURRENT APPROPRIATION $000	EXPENDITURE/ NET CLAIM ON CONSOLIDATED FUND $000	CAPITAL APPROPRIATION $000	EXPENDITURE/ NET CLAIM ON CONSOLIDATED FUND $000
Original Budget Appropriation/Expenditure								
Appropriation Act	12,682,912	12,651,883	534,195	479,596	11,701,281	11,692,663	405,446	405,446
S45 Appropriations Act - transfers from another agency	4,080	4,080	(54,599)	–	–	–	–	–
S24 PF&AA Transfer of functions between departments	(73,000)	(73,000)	–	–	–	–	–	–
S26 PF&AA Commonwealth Specific Purpose Payments	(38,455)	(38,455)	–	–	–	–	–	–
	12,575,537	12,544,508	479,596	479,596	11,701,281	11,692,663	405,446	405,446
Other Appropriations/Expenditure								
Treasurer's Advance	2,437	2,437	–	–	15,500	15,500	41,927	41,927
Transfers to/from another agency (S28 of the Appropriation Act)	–	–	–	–	(87)	(87)	–	–
	2,437	2,437	–	–	15,413	15,413	41,927	41,927
Total Appropriations/ Expenditure / Net Claim on Consolidated Fund (includes transfer payments)	12,577,974	12,546,945	479,596	479,596	11,716,694	11,708,076	447,373	447,373
Amount drawn down against Appropriation		12,546,945		479,596		11,708,076		447,373
Liability to Consolidated Fund *		–		–		–		–

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

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

Service Group Statement

for the year ended 30 June 2011

DEPARTMENT'S EXPENSES AND REVENUES	SERVICE GROUP 1.1** PRIMARY AND COMMUNITY BASED SERVICES		SERVICE GROUP 1.2** ABORIGINAL HEALTH SERVICES		SERVICE GROUP 1.3** OUTPATIENT SERVICES		SERVICE GROUP 2.1** EMERGENCY SERVICES		SERVICE GROUP 2.2** INPATIENT HOSPITAL SERVICES	
	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses excluding losses										
Operating Expenses										
– Employee Related	733,315	696,954	44,059	34,467	990,576	951,134	1,137,703	1,008,585	4,088,217	3,876,989
– Other Operating Expenses	277,511	266,434	17,322	15,032	429,471	368,948	403,249	476,479	2,507,680	2,236,701
Depreciation and Amortisation	26,684	28,319	1,362	1,021	71,479	56,365	60,194	54,388	268,112	250,868
Grants and Subsidies	92,741	149,395	25,867	17,828	130,666	100,172	51,905	33,619	296,908	199,932
Finance Costs	4,935	1,941	322	98	3,569	1,869	2,647	1,848	12,611	13,207
Total Expenses excluding losses	1,135,186	1,143,043	88,932	68,446	1,625,761	1,478,488	1,655,698	1,574,919	7,173,528	6,577,697
Revenue										
Sale of Goods and Services	49,312	44,140	3,547	251	327,114	140,339	155,916	230,687	921,289	900,330
Investment Revenue	6,345	5,637	183	149	8,712	6,890	6,010	5,032	34,342	28,369
Grants and Contributions	30,124	32,840	1,397	1,773	29,540	31,331	10,666	13,502	84,887	112,571
Other Revenue	6,189	5,013	164	99	12,400	9,009	7,109	9,097	32,846	27,135
Total Revenue	91,970	87,630	5,291	2,272	377,766	187,569	179,701	258,318	1,073,364	1,068,405
Gain/ (Loss) on Disposal	(670)	(240)	(38)	(8)	(1,053)	(576)	(620)	(1,731)	(21,943)	(26,820)
Other Losses	(425)	(546)	(36)	(11)	(1,108)	(1,121)	(15,670)	(23,070)	(29,331)	(17,238)
Net Cost of Services	1,044,311	1,056,199	83,715	66,193	1,250,156	1,292,616	1,492,287	1,341,402	6,151,438	5,553,350
Government Contributions ***										
RESULT FOR THE YEAR	1,044,311	1,056,199	83,715	66,193	1,250,156	1,292,616	1,492,287	1,341,402	6,151,438	5,553,350
Other Comprehensive Income										
Net Increase in Property, Plant and Equipment Asset Revaluation Reserve	4,002	17,844	134	599	7,534	33,588	5,747	25,623	31,743	141,580
Available for Sale Financial Assets Valuation Gains	–	–	–	–	–	–	–	–	–	–
Total Other Comprehensive Income	4,002	17,844	134	599	7,534	33,588	5,747	25,623	31,743	141,580
TOTAL COMPREHENSIVE INCOME	**1,048,313**	**1,074,043**	**83,849**	**66,792**	**1,257,690**	**1,326,204**	**1,498,034**	**1,367,025**	**6,183,181**	**5,694,930**
Administered Revenues										
Consolidated Fund										
– Taxes, Fees and Fines										
Total Administered Revenues										

* Service group statements focus on the key measures of service delivery performance.

** The name and purpose of each service group is summarised in Note 17.

The service group statement uses statistical data to 31 December 2010 to allocate the current period's financial information on expenses and revenue to each service group.

No changes have occurred during the period between 1 January 2011 and 30 June 2011 which would materially impact this allocation.

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

Service Group Statement

for the year ended 30 June 2011

SERVICE GROUP 3.1** MENTAL HEALTH SERVICES		SERVICE GROUP 4.1** REHABILITATION AND EXTENDED CARE SERVICES		SERVICE GROUP 5.1** POPULATION HEALTH SERVICES		SERVICE GROUP 6.1** TEACHING AND RESEARCH		NOT ATTRIBUTABLE		TOTAL	
2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010
$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
933,021	850,629	783,679	737,907	223,027	216,984	499,382	512,021	–	–	9,432,979	8,885,670
250,014	194,362	225,324	232,239	133,765	194,887	147,610	150,304	–	–	4,391,946	4,135,386
34,861	38,671	38,515	42,326	7,423	6,598	16,508	14,049	–	–	525,138	492,605
76,005	96,892	155,350	146,359	160,517	161,454	42,201	33,656	–	–	1,032,160	939,307
2,788	2,051	12,899	6,185	1,622	270	418	354	–	–	41,811	27,823
1,296,689	1,182,605	1,215,767	1,165,016	526,354	580,193	706,119	710,384	–	–	15,424,034	14,480,791
44,305	34,303	190,930	188,267	20,771	12,348	95,531	110,464	–	–	1,808,715	1,661,129
3,038	2,890	6,101	6,559	4,151	3,835	21,687	15,058	–	–	90,569	74,419
14,334	5,224	30,719	34,299	26,886	30,043	85,044	106,391	–	–	313,597	367,974
1,192	1,548	9,760	6,047	8,370	7,469	9,946	11,435	–	–	87,976	76,852
62,869	43,965	237,510	235,172	60,178	53,695	212,208	243,348	–	–	2,300,857	2,180,374
(719)	(540)	(920)	20,587	(482)	(123)	(117)	(268)	–	–	(26,562)	(9,719)
(519)	(371)	(1,175)	(1,255)	(702)	(160)	(764)	(560)	–	–	(49,730)	(44,332)
1,235,058	1,139,551	980,352	910,512	467,360	526,781	494,792	467,864	–	–	13,199,469	12,354,468
								13,362,735	12,311,294	13,362,735	12,311,294
1,235,058	1,139,551	980,352	910,512	467,360	526,781	494,792	467,864			163,266	(43,174)
5,599	24,960	5,234	23,337	1,026	4,573	1,984	8,844	–	–	63,004	280,948
–	–	–	–	–	–	–	–	–	–	–	–
5,599	24,960	5,234	23,337	1,026	4,573	1,984	8,844	–	–	63,004	280,948
1,240,657	**1,164,511**	**985,586**	**933,849**	**468,386**	**531,354**	**496,776**	**476,708**			**226,270**	**237,774**
								1,570	1,398	1,570	1,398
								1,570	1,398	1,570	1,398

Service Group Statement

for the year ended 30 June 2011

DEPARTMENT'S ASSETS AND LIABILITIES	SERVICE GROUP 1.1** PRIMARY AND COMMUNITY BASED SERVICES		SERVICE GROUP 1.2** ABORIGINAL HEALTH SERVICES		SERVICE GROUP 1.3** OUTPATIENT SERVICES		SERVICE GROUP 2.1** EMERGENCY SERVICES		SERVICE GROUP 2.2** INPATIENT HOSPITAL SERVICES	
	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
ASSETS										
Current Assets										
Cash and Cash Equivalents	50,245	46,800	3,478	1,328	122,680	87,983	120,782	89,471	536,930	362,424
Receivables	24,686	11,065	5,257	–	52,683	45,225	34,438	28,236	263,624	246,886
Inventories	4,749	3,988	665	124	9,331	7,467	7,018	6,097	52,817	61,445
Financial Assets at Fair Value	8,633	6,780	1,335	227	26,728	16,130	13,946	8,673	99,332	66,461
Non-Current Assets Held for Sale	4,388	10,968	114	81	3,498	1,321	2,862	3,100	19,746	18,978
Total Current Assets	92,701	79,601	10,849	1,760	214,920	158,126	179,046	135,577	972,449	756,194
Non-Current Assets										
Receivables	404	308	11	4	1,187	552	422	929	6,683	7,641
Financial Assets at Fair Value	902	588	38	11	4,399	676	1,948	367	19,488	5,703
Property, Plant and Equipment										
– Land and Buildings	495,740	573,358	16,964	19,246	1,047,094	1,079,229	913,152	823,306	4,770,415	4,549,083
– Plant and Equipment	53,138	46,646	6,742	1,390	103,449	85,890	86,062	83,909	405,377	374,746
– Infrastructure Systems	22,515	19,856	2,402	921	42,851	47,817	27,534	28,411	167,016	187,265
Intangible Assets	14,516	11,843	724	167	26,531	6,527	17,534	6,464	116,942	101,974
Other	962	999	54	44	3,680	2,725	1,684	1,396	12,381	15,282
Total Non-Current Assets	588,177	653,598	26,935	21,783	1,229,191	1,223,416	1,048,336	944,782	5,498,302	5,241,694
Total Assets	680,878	733,199	37,784	23,543	1,444,111	1,381,542	1,227,382	1,080,359	6,470,751	5,997,888
LIABILITIES										
Current Liabilities										
Payables	62,441	39,982	8,159	1,570	94,901	70,586	94,604	90,356	635,628	636,039
Borrowings	979	1,257	134	64	1,046	1,254	888	937	5,087	7,262
Provisions	87,921	213,181	7,009	9,893	149,433	297,187	194,574	322,636	622,119	1,215,386
Other	2,406	1,580	274	52	2,725	2,238	1,952	1,452	10,104	7,726
Total Current Liabilities	153,747	256,000	15,576	11,579	248,105	371,265	292,018	415,381	1,272,938	1,866,413
Non-Current Liabilities										
Borrowings	21,996	15,191	1,851	879	30,820	17,683	28,655	13,281	151,860	96,014
Provisions	980	9,526	142	346	893	13,514	681	20,067	3,935	53,245
Other	3,101	3,061	139	57	13,309	14,287	6,763	6,453	54,174	65,353
Total Non-Current Liabilities	26,077	27,778	2,132	1,282	45,022	45,484	36,099	39,801	209,969	214,612
Total Liabilities	179,824	283,778	17,708	12,861	293,127	416,749	328,117	455,182	1,482,907	2,081,025
Net Assets	**501,054**	**449,421**	**20,076**	**10,682**	**1,150,984**	**964,793**	**899,265**	**625,177**	**4,987,844**	**3,916,863**

*Service group statements focus on the key measures of service delivery performance.

** The name and purpose of each service group is summarised in Note 17.

Assets and liabilities that are specific to service groups are allocated accordingly, e.g. Non-Current Assets Held for Sale. Remaining assets and liabilities are apportioned to service groups in accordance with the methodology advised in Note 2 (ac),thereby ensuring that the benefit of each asset and the liabilities incurred in the provision of services are duly recognised in each service group.

Service Group Statement

for the year ended 30 June 2011

SERVICE GROUP 3.1** MENTAL HEALTH SERVICES		SERVICE GROUP 4.1** REHABILITATION AND EXTENDED CARE SERVICES		SERVICE GROUP 5.1** POPULATION HEALTH SERVICES		SERVICE GROUP 6.1** TEACHING AND RESEARCH		NOT ATTRIBUTABLE		TOTAL	
2011	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011	2010
$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
90,254	60,467	98,251	94,588	19,256	11,184	83,269	132,350	–	–	1,125,145	886,595
28,500	17,530	44,548	30,981	25,542	5,791	27,701	24,092	–	–	506,979	409,806
5,526	4,116	5,793	6,001	34,932	35,967	5,556	2,967	–	–	126,387	128,172
11,734	8,334	13,234	9,367	5,293	1,819	27,216	6,527	–	–	207,451	124,318
2,405	1,990	6,561	1,980	703	298	6,421	295	–	–	46,698	39,011
138,419	92,437	168,387	142,917	85,726	55,059	150,163	166,231	–	–	2,012,660	1,587,902
551	214	1,744	1,040	603	160	854	1,610	–	–	12,459	12,458
2,641	814	2,249	1,226	606	88	8,193	1,132	–	–	40,464	10,605
822,752	801,998	691,431	749,851	87,463	146,946	345,553	284,171	–	–	9,190,564	9,027,188
69,118	53,007	82,082	62,150	9,865	10,883	19,741	23,465	–	–	835,574	742,086
32,280	27,643	37,066	27,451	2,259	5,154	10,844	13,261	–	–	344,767	357,779
17,774	15,426	18,025	24,592	3,658	1,246	9,522	4,051	–	–	225,226	172,290
1,586	1,305	2,315	1,517	498	298	1,476	1,070	–	–	24,636	24,636
946,702	900,407	834,912	867,827	104,952	164,775	396,183	328,760	–	–	10,673,690	10,347,042
1,085,121	992,844	1,003,299	1,010,744	190,678	219,834	546,346	494,991	–	–	12,686,350	11,934,944
64,840	32,978	97,502	57,468	35,783	10,970	49,549	27,194	–	–	1,143,407	967,143
1,231	1,292	2,359	1,318	130	384	155	587	–	–	12,009	14,355
132,133	259,099	104,311	229,241	27,904	63,661	76,331	150,173	–	–	1,401,735	2,760,457
2,903	1,972	3,626	2,072	282	361	708	1,287	–	–	24,980	18,740
201,107	295,341	207,798	290,099	64,099	75,376	126,743	179,241	–	–	2,582,131	3,760,695
26,631	17,078	175,283	75,105	3,550	3,414	8,456	7,376	–	–	449,102	246,021
1,271	11,031	1,453	10,149	77	2,992	92	6,897	–	–	9,524	127,767
11,733	11,106	9,712	9,068	1,125	807	11,046	10,906	–	–	111,102	121,098
39,635	39,215	186,448	94,322	4,752	7,213	19,594	25,179	–	–	569,728	494,886
240,742	334,556	394,246	384,421	68,851	82,589	146,337	204,420	–	–	3,151,859	4,255,581
844,379	**658,288**	**609,053**	**626,323**	**121,827**	**137,245**	**400,009**	**290,571**	**–**	**–**	**9,534,491**	**7,679,363**

1. The NSW Department of Health Reporting Entity

(a) The NSW Department of Health (the Department), as a reporting entity, comprises all the entities under its control, namely the Area Health Services (operative to 31 December 2010), the 15 Local Health Networks established from 1 January 2011, the Sydney Children's Hospital Network, the Justice Health Service, the Clinical Excellence Commission (CEC), the Bureau of Health Information, the Agency for Clinical Innovation (ACI), the Clinical Education and Training Institute, the Albury Base Hospital, the Albury Wodonga Health (Employment Division) and the Health Administration Corporation (which includes the operations of the Ambulance Service of NSW, Health Support Services, Health Infrastructure and ACI-CEC Policy and Technical Support). All of these entities have been constituted under the *Health Services Act 1997*. The Department also controls the Graythwaite Trust which was established per Supreme Court order. All of the above are reporting entities in their own right.

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

(b) The Department's consolidated financial statements also include results for the parent entity thereby capturing the Central Administrative function of the Department.

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

(d) The Department is a NSW Government Department. The Department is a not-for-profit entity (as profit is not its principal objective). The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

(e) These consolidated financial statements for the year ended 30 June 2011 have been authorised for issue by the Chief Financial Officer and Director-General on 18 November 2011.

2. Summary of Significant Accounting Policies

Basis of Preparation

The NSW Department of Health's financial statements are general purpose financial statements which have been prepared in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the *Public Finance and Audit Act 1983*, *Public Finance and Audit Regulation 2010*, and the Financial Reporting Directions published in the Financial Reporting Code for Budget Dependent General Government Sector Agencies or issued by the Treasurer under Section 9(2)(n) of the Act.

Property, plant and equipment, assets held for sale (or disposal groups) and financial assets at "fair value through profit or loss" and available for sale are measured at fair value. Other financial statement items are prepared in accordance with the historical cost convention.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

Judgements, key assumptions and estimations made by management are disclosed in the relevant notes to the financial statements.

Comparative figures are, where appropriate, reclassified to give meaningful comparison with the current year.

Statement of Compliance

The consolidated and parent entity financial statements and notes comply with Australian Accounting Standards, which include Australian Accounting Interpretations.

New accounting standards issued but not yet effective

No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. Set out below are changes to be effected, their date of application and the possible impact on the financial statements of the Department.

AASB 2010-07, Financial Instruments, arising from the issuance of AASB 9, Financial Instruments, in AASB 2009-5 in December 2010, has mandatory application from 1 July 2013 and will not be early adopted by the Department.

AASB 124 and AASB 2009-12, Related Party Transactions, have application from 1 July 2011 but are assessed as having no material impact on the Department.

AASB 2009-14, Amendments to Australian Interpretation - Prepayment of a Minimum Funding Requirement, has application from 1 July 2011 and principally addresses contributions relating to future service. It has no impact on the Department.

AASB 1053 and AASB 2010-2, Application of Tiers of Australian Accounting Standards, have application from 1 July 2013 and may result in a lessening of reporting requirements, dependent on the mandate of Treasury.

AASB 2010-04, Annual Improvements, has application from 1 July 2011 and is assessed as having no material impact on the Department.

AASB 2010-5, Editorial Corrections, applies from 1 July 2011 and principally addresses editorial amendments to a range of Australian Accounting Standards and Interpretations. It is assessed as having no impact on the Department.

AASB 2010-6, Disclosures on Transfers of Financial Assets, has mandatory application from 1 July 2011 and is assessed as having no impact on the Department.

AASB 2010-8, Deferred Tax Recovery of Underlying Assets, has mandatory application from 1 July 2012 but will have no impact on the Department.

AASB 2010-9, Severe Hyperinflation and Removal of Fixed Dates for First Time Adopters, has application from 1 July 2011 and is assessed as having no impact on the Department.

AASB 2010-10, Removal of Fixed Dates for First Time Adopters, has application from 1 July 2013 and is assessed as having no impact on the Department.

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

(a) Employee Benefits and Other Provisions

i) Salaries and Wages, Annual Leave, Sick Leave and On-Costs

At the consolidated level of reporting, liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that are due to be settled within 12 months after the end of the period in which the employees render the service are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All annual leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term". On-costs of between 15.3% to 21.1% are applied to the value of leave payable at 30 June 2011, such on-costs being consistent with actuarial assessment (comparable on-costs for 30 June 2010 were 17%).

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

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

ii) Long Service Leave and Superannuation

Responsibility for Long Service Leave liability transferred to the Crown Entity with effect from 31 December 2010. As is the case with other Budget Sector agencies both the Defined Benefit Superannuation (State Authorities Superannuation Scheme and State Superannuation Scheme) and Long Service Leave liabilities are now assumed by the Crown Entity. However, the Department still maintains responsibility for liabilities accrued on future leave taken in service (consequential factors), e.g. workers compensation, superannuation and annual leave.

Long Service Leave is measured at present value in accordance with AASB 119, Employee Benefits. This is based on the application of certain factors (specified in Treasury Circular 11/06) to employees with five or more years of service, using current rates of pay. These approximate present value.

The Department's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Department accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 28, "Payables".

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

iii) Other Provisions

Other provisions exist when the Department has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

(b) Insurance

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

(c) Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred in accordance with Treasury's mandate for general government sector agencies.

(d) Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of income are discussed below.

i) Parliamentary Appropriations and Contributions

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

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

ii) Sale of Goods and Services

Revenue from the sale of goods is recognised as revenue when the Department transfers the significant risks and rewards of ownership of the assets. Revenue from the rendering of services is recognised as revenue when the service is provided.

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

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

iii) Investment Revenue

Interest revenue is recognised using the effective interest method as set out in AASB 139, *Financial Instruments: Recognition and Measurement*. Rental revenue is recognised in accordance with AASB 117, *Leases* on a straight line basis over the lease term. Dividend revenue is recognised in accordance with *AASB 118 Revenue* when the Department's right to receive payment is established.

Royalty revenue is recognised in accordance with *AASB 118* on an accrual basis in accordance with the substance of the relevant agreement.

iv) Grants and Contributions

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

(e) Accounting for the Goods and Services Tax (GST)

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

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

Cash flows are included in the Statement of Cash Flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which is recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

(f) Intangible Assets

The Department recognises intangible assets only if it is probable that future economic benefits will flow to the Department and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition.

All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite. Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Department's intangible assets, the assets are carried at cost less any accumulated amortisation.

Computer software developed or acquired by the Department is recognised as an intangible asset and amortised over three to five years based on the useful life of the asset for both internally developed assets and direct acquisitions.

Intangible assets are tested for impairment where an indicator of impairment exists. If the recoverable amount is less than its carrying amount the carrying amount is reduced to recoverable amount and the reduction is recognised as an impairment loss.

(g) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Department. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition (see also assets transferred as a result of an equity transfer – Note 2(z)).

Fair value is the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

(h) Capitalisation Thresholds

Individual items of property, plant and equipment and intangible assets costing $10,000 and above are capitalised.

(i) Depreciation of Property, Plant and Equipment

Depreciation is provided for on a straight-line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the NSW Department of Health. Land is not a depreciable asset. All material separately identifiable components of assets are depreciated over their shorter useful lives.

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

Buildings	2.5%
Electro Medical Equipment	
– Costing less than $200,000	10.0%
– Costing more than or equal to $200,000	12.5%
Computer Equipment	20.0%
Infrastructure Systems	2.5%
Office Equipment	10.0%
Passenger Motor Vehicles	12.5%
Motor Vehicles, Other	20.0%
Plant and Machinery	10.0%
Linen	25.0%
Furniture, Fittings and Fixtures	5.0%

"Infrastructure Systems" means assets that comprise public facilities and which provide essential services and enhance the productive capacity of the economy including roads, bridges and seawalls.

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported.

(j) Revaluation of Non-Current Assets

Physical non-current assets are valued in accordance with the "Valuation of Physical Non-Current Assets at Fair Value" Policy and Guidelines Paper (TPP07-1). This policy adopts fair value in accordance with AASB 116, Property, Plant and Equipment and AASB 140, Investment Property.

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence the asset's fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

The Department's policy is to revalue Land and Buildings and Infrastructure every three years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date. As a result of the health sector restructure in 2010/11 those Local Health Networks within the former North Sydney Central Coast Area Health Service and Sydney West Area Health Service were permitted to defer formal valuation until 2011/12 given that the frequency of valuations was still within Treasury policy requirements of valuations every five years at minimum, the Health Services were able to demonstrate that assets were still reported at fair value and formal revaluations were scheduled for completion early in the 2011/12 year.

To ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date, indices provided in expert advice from the Land and Property Management Authority are applied. The indices reflect an assessment of movements in the period between revaluations. Non-specialised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value. Values assigned to Land and Buildings and Infrastructure have been modified accordingly.

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

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

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

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

As a not-for-profit entity revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

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

(k) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, the Department is effectively exempted from AASB 136, *Impairment of Assets* and impairment testing. This is because *AASB 136* modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are material. Selling costs are regarded as immaterial.

(l) Maintenance

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a part or component of an asset, in which case the costs are capitalised and depreciated.

(m) Leased Assets

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

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

Operating lease payments are charged to the Statement of Comprehensive Income in the periods in which they are incurred.

(n) Inventories

Inventories are stated at the lower of cost and net realisable value, adjusted when applicable, for any loss of service potential. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

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

(o) Non-Current Assets (or disposal groups) Held for Sale

The Department has certain non-current assets (or disposal groups) classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets (or disposal groups) held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

(p) Investments

Investments are initially recognised at fair value plus, in the case of investments not at fair value through profit or loss, transaction costs.

The Department, through its controlled Health Services determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

> *Fair value through profit or loss* – The Department, through its controlled Health Services subsequently measures investments classified as "held for trading" or designated upon initial recognition "at fair value through profit or loss" at fair value. Financial assets are classified as "held for trading" if they are acquired for the purpose of selling in the near term. Derivatives are also classified as held for trading. Gains or losses on these assets are recognised in the Result for the Year.
>
> The Hour-Glass Investment facilities are designated at fair value through profit or loss using the second leg of the fair value option i.e. these financial assets are managed and their performance is evaluated on a fair value basis, in accordance with a documented risk management strategy, and information about these assets is provided internally on that basis to the agency's key management personnel.
>
> The risk management strategy of the Department and its controlled Health Services has been developed consistent with the investment powers granted under the provision of the *Public Authorities (Financial Arrangements) Act 1987*. TCorp investments are made in an effort to improve interest returns on cash balances otherwise available whilst also providing secure investments guaranteed by the State market exposures. The movement in the fair value of the Hour-Glass Investment Facilities incorporates distributions received as well as unrealised movements in fair value and is reported in the line item "investment revenue".

(q) Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are accounted for in the Result for the Year when impaired, de-recognised or through the amortisation process.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

(r) Impairment of Financial Assets

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the entity will not be able to collect all amounts due.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the Result for the Year.

When an available for sale financial asset is impaired, the amount of the cumulative loss is removed from equity and recognised in the Result for the Year, based on the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss previously recognised in the Result for the Year.

Any reversals of impairment losses are reversed through the Result for the Year, where there is objective evidence, except reversals of impairment losses on an investment in an equity instrument classified as "available for sale" must be made through the reserve. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

(s) De-recognition of Financial Assets and Financial Liabilities

A financial asset is de-recognised when the contractual rights to the cash flows from the financial assets expire; or if the agency transfers the financial asset:

- where substantially all the risks and rewards have been transferred; or
- where the entity has not transferred substantially all the risks and rewards, if the entity has not retained control.

Where the entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the entity's continuing involvement in the asset.

A financial liability is de-recognised when the obligation specified in the contract is discharged or cancelled or expires.

(t) Payables

These amounts represent liabilities for goods and services provided to the NSW Department of Health and its controlled entities and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the NSW Department of Health and its controlled entities.

(u) Borrowings

Loans are not held for trading or designated at fair value through profit or loss and are recognised at amortised cost using the effective interest rate method. Gains or losses are recognised in the Result for the Year on de-recognition.

(v) Trust Funds

The Department's controlled entities receive monies in a trustee capacity for various trusts as set out in Note 33. As the controlled entities perform only a custodial role in respect of these monies and because the monies cannot be used for the achievement of NSW Health's objectives, they are not brought to account in the financial statements.

(w) Administered Activities

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

Transactions and balances relating to the administered activities are not recognised as Departmental revenue but are disclosed as "Administered Revenues" in the service group statement.

The accrual basis of accounting and all applicable accounting standards have been adopted.

(x) Budgeted Amounts

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

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

(y) Exemption from Public Finance and Audit Act 1983

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

(z) Equity and Reserves

Asset Revaluation Reserve

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets. This accords with Department's policy on the revaluation of property, plant and equipment as discussed in Note 2(j).

Accumulated Funds

The category, "Accumulated Funds", includes all current and prior period retained funds.

(aa) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies is designated as a contribution by owners by NSWTPP 09-3 and recognised as an adjustment to "Accumulated Funds". This treatment is consistent with *Australian Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities*.

Transfers arising from an administrative restructure between government departments are recognised at the amount at which the asset was recognised by the transferor government department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

(ab) Emerging Assets

The NSW Department of Health's emerging interest in car parks and hospitals has been valued in accordance with "Accounting for Privately Financed Projects" (TPP06-8). This policy requires the Department of Health and its controlled entities to initially determine the estimated written down replacement cost by reference to the project's historical cost escalated by a construction index and the system's estimated working life. The estimated written down replacement cost is then allocated on a systematic basis over the concession period using the annuity method and the Government Bond rate at commencement of the concession period.

(ac) Service Group Statements Allocation Methodology

Expenses and revenues are assigned to service groups in accordance with statistical data for the twelve months ended 31 December 2010 which is then applied to the current period's financial information.

In respect of Assets and Liabilities the Department requires that all Health Services take action to identify those components that can be specifically identified and reported by service groups. Remaining values are attributed to service groups in accordance with values advised by the Department, e.g. depreciation/amortisation charges form the basis of apportioning the values for Intangibles and Property, Plant & Equipment.

Notes to and Forming Part of the Financial Statements

for the year ended 30 June 2011

3. Employee Related Expenses

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Employee related expenses comprise the following specific items:		
104,190	98,911	Salaries and Wages	7,423,046	6,955,611
2,949	3,306	Superannuation – Defined Benefit Plans	170,743	152,254
8,455	4,500	Superannuation – Defined Contribution Plans	614,077	566,981
3,192	3,404	Long Service Leave	292,338	351,195
6,578	7,866	Recreation Leave	777,128	715,417
630	1,017	Workers' Compensation Insurance	139,532	124,986
6,015	5,830	Payroll Tax and Fringe Benefits Tax	7,221	6,601
–	–	Death and Disability	8,894	12,625
132,009	**124,834**		**9,432,979**	**8,885,670**
		The following additional information is provided:		
–	–	Employee Related Expenses Capitalised - Land and Buildings	–	766
–	–	Employee Related Expenses Capitalised - Intangibles	5,695	6,754
–	**–**		**5,695**	**7,520**

4. Other Operating Expenses

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
–	–	Blood and Blood Products	88,465	82,567
910	429	Domestic Supplies and Services	72,933	91,600
105,285	111,552	Drug Supplies	650,792	614,208
–	–	Food Supplies	115,322	88,324
447	507	Fuel, Light and Power	144,209	112,766
161,035	58,940	General Expenses (b)	279,097	187,355
10,067	7,071	Information Management Expenses	181,909	106,617
194,507	195,698	Insurance	217,121	218,193
170,946	45,405	Interstate Patient Outflows, NSW*	198,015	184,210
654	1,952	Medical and Surgical Supplies	641,157	648,248
		Maintenance (c)		
1,535	1,016	Maintenance Contracts	117,359	107,901
656	1,033	New/Replacement Equipment under Capitalisation Threshold	151,266	123,378
2,548	3,080	Maintenance and Repairs Non Contract	87,734	111,974
–	1	Operating Lease Motor Vehicles - Minimum Lease Payments	55,985	40,071
2,024	1,868	Postal and Telephone Costs	44,800	50,638
3,168	2,659	Printing and Stationery	45,866	43,062
240	706	Rates and Charges	23,261	16,737
6,090	6,701	Rental	52,503	46,057
99	674	Special Service Departments	240,675	348,260
13,468	14,764	Staff Related Costs	109,979	70,640
–	–	Sundry Operating Expenses (a)	206,787	207,767
2,280	2,450	Travel Related Costs	71,411	79,830
–	–	Visiting Medical Officers	595,300	554,983
675,959	**456,506**		**4,391,946**	**4,135,386**

4. Other Operating Expenses (continued)

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		In 2010-11 a uniform mapping methodology was utilised across all entities under the control of the Department. In some cases this has resulted in movements within reportable line items from the previous year's comparatives. The changes have no impact on the overall value of Net Cost of Services reported.		
		**With effect from 1 January 2011 the Department assumed responsibility for all payments made for treatment provided to NSW residents by other states and territories. The cost was formerly borne by Area Health Services.*		
		(a) Sundry Operating Expenses comprise:		
–	–	Aircraft Expenses (Ambulance)	62,071	60,843
–	–	Contract for Patient Services	134,012	136,340
–	–	Isolated Patient Travel and Accommodation Assistance Scheme	10,704	10,584
–	**–**		**206,787**	**207,767**
		(b) General Expenses include:		
8,160	5,221	Advertising	12,864	9,504
25,469	–	Bad Debt expense*	25,469	–
200	185	Books, Magazines and Journals	6,653	7,085
		Consultancies		
2,290	1,077	– Operating Activities	14,241	15,337
101	713	– Capital Works	2,471	2,405
1,947	1,925	Courier and Freight	16,862	15,088
350	326	Auditors Remuneration – Audit of Financial Statements	5,661	3,895
68,959	–	Forgiveness of prior health service debt to the Department	–	–
1,103	989	Legal Services	7,094	6,834
107	211	Membership/Professional Fees	4,269	4,749
–	–	Operating Leases (excl. Motor Vehicles)	34,444	28,236
–	–	Payroll Services	290	249
–	–	Private/Public Partnership Operating Expenses	54,059	41,972
354	347	Security Services	10,700	10,711
368	120	Translator Services	4,195	2,935
–	–	Quality Assurance/Accreditation	4,319	3,821
415	199	Data Recording and Storage	4,981	3,572
		**The Bad Debt expense includes $21.1 million for Elective Surgery Waiting Lists. The Department had recognised this amount as revenue in 2009/10 having satisfied the Commonwealth's criteria for payment. Monies were ultimately received in 2010/11 by Treasury which provided the due funds to the Department within the level of Consolidated Fund support.*		
		(c) Reconciliation – Total Maintenance		
4,739	5,129	Maintenance Expense – Contracted Labour and Other (Non-Employee Related), included in Note 4 above	356,359	343,254
–	75	Employee Related Maintenance Expense included in Note 3	25,833	59,941
4,739	**5,204**	**Total Maintenance Expenses included in Notes 3 and 4**	**382,192**	**403,195**

5. Depreciation and Amortisation

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
2,241	2,223	Depreciation – Buildings	322,229	296,953
1,343	1,774	Depreciation – Plant and Equipment	167,932	158,754
–	–	Depreciation – Infrastructure Systems	15,869	14,477
–	–	Amortisation – Leased Buildings	1,992	3,080
–	392	Amortisation – Intangibles	17,116	19,341
3,584	**4,389**		**525,138**	**492,605**

6. Grants and Subsidies

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
23,996	19,914	Payments to the National Blood Authority and the Red Cross Blood Transfusion Service net of payments recognised in Note 4	23,996	19,914
140,917	–	Operating Payments to Other Affiliated Health Organisations*	546,890	491,628
6,332	6,866	Capital Payments to Affiliated Health Organisations	9,765	10,077
		Grants-		
141,645	138,933	Cancer Institute NSW	141,645	138,933
9,118	10,425	External Research	11,120	11,932
4,201	4,490	NSW Institute of Psychiatry	4,490	4,490
96	1,993	National Drug Strategy	96	1,993
73,368	65,837	Non-Government Voluntary Organisations	151,894	144,088
11,912,886	11,597,280	Payments to Controlled Health Entities	–	–
68,692	63,292	Other Payments	142,264	116,252
12,381,251	**11,909,030**		**1,032,160**	**939,307**

*Responsibility for payment of the St Vincents Mater Group of hospitals transferred to the Department from 1 January 2011.
In previous years the grant payments were made by Area Health Services.

7. Finance Costs

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
–	–	Finance Lease Interest Charges	34,728	470
–	–	Other Interest Charges*	7,083	27,353
–	**–**		**41,811**	**27,823**

The increase in 2010/11 reflects the progression of private/public partnership funding arrangements.

8. Sale of Goods and Services

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		(a) Sale of Goods comprise the following:-		
–	–	Sale of Prosthesis	47,879	44,728
–	–	Cafeteria/Kiosk	20,903	17,232
–	–	Linen Service Revenues – Non-Health Services	9,282	9,586
–	–	Meals on Wheels	2,149	2,203
–	–	Pharmacy Sales	7,251	7,136

8. Sale of Goods and Services (continued)

PARENT 2011 $000	PARENT 2010 $000		CONSOLIDATED 2011 $000	CONSOLIDATED 2010 $000
		(b) Rendering of Services comprise the following:		
–	–	Patient Fees	528,168	418,984
–	–	Staff-Meals and Accommodation	7,634	6,636
		Infrastructure Fees		
–	–	– Monthly Facility Charge	239,398	219,878
–	–	– Annual Charge	72,122	72,705
65,886	53,214	Department of Veterans' Affairs Agreement Funding	306,686	315,358
–	–	Ambulance Non-Hospital User Charges	70,988	68,402
–	–	Use of Ambulance Facilities	3,772	3,581
–	–	Motor Accident Authority Third Party Receipts	96,549	78,203
–	–	Car Parking	17,442	20,444
–	–	Child Care Fees	10,199	10,059
–	–	Clinical Services	12,674	41,019
–	–	Commercial Activities	29,236	50,328
–	–	Fees for Medical Records	1,854	2,350
–	–	Services Provided to Non-NSW Health Organisations	24,610	21,823
–	–	Highly Specialised Drugs	190,973	191,449
–	–	PADP Patient Co-payments	189	573
4,846	3,298	Personnel Services – Institute of Psychiatry	4,846	3,298
10,354	6,830	Personnel Services – Health Professional Councils Authority	10,354	6,830
525	978	Patient Inflows from Interstate	525	978
23,132	8,298	Other	93,032	47,346
104,743	**72,618**		**1,808,715**	**1,661,129**

In 2010-11 a uniform mapping methodology was utilised across all entities under the control of the Department. In some cases this has resulted in movements within reportable line items from the previous year's comparatives. The changes have no impact on the overall value of Net Cost of Services reported.

9. Investment Revenue

PARENT 2011 $000	PARENT 2010 $000		CONSOLIDATED 2011 $000	CONSOLIDATED 2010 $000
		Interest		
–	–	– TCorp Hour-Glass Investment Facilities Designated at Fair Value through Profit or Loss	16,174	27,654
12,656	13,147	– Treasury Banking System	12,656	13,147
		– Other	31,890	13,450
–	–	Lease and Rental Income	21,436	17,399
–	–	Royalties	241	91
–	1,903	Other	8,172	2,678
12,656	**15,050**		**90,569**	**74,419**

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10. Grants and Contributions

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
–	–	Clinical Drug Trials	18,518	20,515
13,638	44,303	Commonwealth Government Grants	73,735	92,170
–	23,430	Health Super Growth	–	23,430
–	–	Industry Contributions/Donations	66,540	68,872
–	–	NSW Government Grants	18,457	18,742
5,553	5,670	Grants from Cancer Institute of NSW	57,281	59,984
–	100	Research Grants	25,672	37,659
–	–	University Commission Grants	236	457
9,377	9,377	Other Grants	53,158	46,145
28,568	**82,880**		**313,597**	**367,974**

11. Other Revenue

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Other Revenue comprises the following:		
3	–	Commissions	2,265	2,315
–	–	Conference and Training Fees	5,270	6,101
473	477	Treasury Managed Fund Hindsight Adjustment	29,934	21,973
–	–	Sale of Merchandise, Old Wares and Books	734	500
6,064	4,711	Sundry Revenue	49,773	45,963
6,540	**5,188**		**87,976**	**76,852**

12. Gain/(Loss) on Disposal

PARENT 2011 $000	PARENT 2010 $000		CONSOLIDATED 2011 $000	CONSOLIDATED 2010 $000
7,036	2,776	Property, Plant and Equipment	224,182	323,475
(6,157)	(1,147)	Less Accumulated Depreciation	(180,313)	(271,363)
879	**1,629**	**Written Down Value**	**43,869**	**52,112**
(600)	(360)	Less Proceeds from Disposal	(17,326)	(20,411)
(279)	**(1,269)**	**Loss on Disposal of Property, Plant and Equipment**	**(26,543)**	**(31,701)**
108,880	45,119	Financial Assets at Fair Value	–	19,652
(108,880)	(45,119)	Less Proceeds from Disposal	–	(19,652)
–	**–**	**Gain/(Loss) on Disposal of Financial Assets at Fair Value**	**–**	**–**
–	–	Intangible Assets	–	683
–	–	Less Accumulated Amortisation	–	(138)
		Written Down Value	**–**	**545**
–	–	Less Proceeds from Disposal	–	–
–	**–**	**Loss on Disposal of Intangible Assets**	**–**	**(545)**
–	–	Assets Held for Sale	2,412	23,791
–	–	Less Proceeds from Disposal	(2,393)	(46,318)
–	**–**	**Gain/(Loss) on Disposal of Assets Held for Sale**	**(19)**	**22,527**
(279)	**(1,269)**	**Total Loss on Disposal**	**(26,562)**	**(9,719)**

13. Other Losses

PARENT 2011 $000	PARENT 2010 $000		CONSOLIDATED 2011 $000	CONSOLIDATED 2010 $000
–	(82)	Impairment of Receivables	(46,643)	(44,332)
–	–	Write off of Shares	–	–
–	–	Decrement on Land Revaluation	(3,087)	–
–	**(82)**		**(49,730)**	**(44,332)**

14. Conditions on Contributions-Consolidated

	PURCHASE OF ASSETS $000	HEALTH PROMOTION, EDUCATION AND RESEARCH $000	OTHER $000	TOTAL $000
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date	22,559	146,626	54,638	223,823
Contributions recognised in previous years which were not expended in the current financial year	129,048	379,481	102,150	610,679
Total amount of unexpended contributions as at balance date	**151,607**	**526,107**	**156,788**	**834,502**

Comment on restricted assets appears in Note 27.

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15. Appropriations

	PARENT AND CONSOLIDATED	
	2011 $000	2010 $000
Recurrent Appropriations		
Total Recurrent Draw-Downs from NSW Treasury (per Summary of Compliance)	12,546,945	11,708,076
Total	**12,546,945**	**11,708,076**
Comprising:		
Recurrent Appropriations (per Statement of Comprehensive Income)	12,546,945	11,708,076
Total	**12,546,945**	**11,708,076**
Capital Appropriations		
Total Capital Draw-Downs from NSW Treasury (per Summary of Compliance)	479,596	447,373
Total	**479,596**	**447,373**
Comprising:		
Capital Appropriations (per Statement of Comprehensive Income)	479,596	447,373
Total	**479,596**	**447,373**

16. Acceptance by the Crown Entity of Employee Benefits and Other Liabilities

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		The following liabilities and/or expenses have been assumed by the Crown Entity or other government agencies:		
2,949	3,306	Superannuation – Defined Benefit	170,743	152,254
3,192	3,404	Long Service Leave*	165,290	3,404
161	187	Payroll Tax	161	187
6,302	**6,897**		**336,194**	**155,845**

* With effect from 31 December 2010 the Crown Entity assumed responsibility for the Long Service Leave liability of all Health Services controlled by the NSW Department of Health.

17. Service Groups of the Department

Service Group 1.1 Primary and Community Based Services

Service Description: This service group covers the provision of health services to persons attending community health centres or in the home, including health promotion activities, community based women's health, dental, drug and alcohol and HIV/AIDS services. It also covers the provision of grants to non-Government organisations for community health purposes.

Objective: This service group contributes to making prevention everybody's business and strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:

- improved access to early intervention, assessment, therapy and treatment
- services for claims in a home or community setting
- reduced rate of avoidable hospital admissions for conditions identified in the State Plan that can be appropriately treated in the community and
- reduced rate of hospitalisation from fall-related injury for people aged 65 years and over.

Service Group 1.2 Aboriginal Health Services

Service Description: This service group covers the provision of supplementary health services to Aboriginal people, particularly in the areas of health promotion, health education and disease prevention. (Note: This Service Group excludes most services for Aboriginal people provided directly by Local Health Networks and other general health services which are used by all members of the community).

Objective: This service group contributes to ensuring a fair and sustainable health system by working towards a range of intermediate results that include the following:

- the building of regional partnerships for the provision of health services
- raising the health status of Aboriginal people and
- promoting a healthy lifestyle.

Service Group 1.3 Outpatient Services

Service Description: This service group covers the provision of services provided in outpatient clinics including low level emergency care, diagnostic and pharmacy services and radiotherapy treatment.

Objective: This service group contributes to creating better experiences for people using health services and ensuring a fair and sustainable health system by working towards a range of intermediate results including improving, maintaining or restoring the health of ambulant patients in a hospital setting through diagnosis, therapy, education and treatment services.

Service Group 2.1 Emergency Services

Service Description: This service group covers the provision of emergency ambulance services and treatment of patients in designated emergency departments of public hospitals.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results including reduced risk of premature death or disability by providing timely emergency diagnostic treatment and transport services.

Service Group 2.2 Inpatient Hospital Services

Service Description: This service group covers the provision of health care to patients admitted to public hospitals.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results that include the following:

- timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and patient satisfaction and
- reduced rate of unplanned and unexpected hospital readmissions.

Service Group 3.1
Mental Health Services

Service Group: This service group covers the provision of an integrated and comprehensive network of services by Local Health Networks and community based organisations for people seriously affected by mental illness and mental health problems. It also includes the development of preventative programs which meet the needs of specific client groups.

Objective: This service group contributes to strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:

- improving the health, wellbeing and social functioning of people with disabling mental disorders and
- reducing the incidence of suicide, mental health problems and mental disorders in the community.

Service Group 4.1
Rehabilitation and Extended Care Services

Service Description: This service group covers the provision of appropriate health care services for persons with long-term physical and psycho-physical disabilities and for the frail-aged. It also includes the coordination of the Department's services for the aged and disabled, with those provided by other agencies and individuals.

Objective: This service group contributes to strengthening primary health and continuing care in the community and creating better experiences for people using the health system by working towards a range of intermediate results including improving or maintaining the wellbeing and independent functioning of people with disabilities or chronic conditions, the frail and terminally ill.

Service Group 5.1
Population Health Services

Service Description: This service group covers the provision of health services targeted at broad population groups including environmental health protection, food and poisons regulation and monitoring of communicable diseases.

Objective: This service group contributes to making prevention everybody's business by working towards a range of intermediate results that include the following:

- reduced incidence of preventable disease and disability and
- improved access to opportunities and prerequisites for good health.

Service Group 6.1
Teaching and Research

Service Description: This service group covers the provision of professional training for the needs of the New South Wales health system. It also includes strategic investment in research and development to improve the health and wellbeing of the people of New South Wales.

Objective: This service group contributes to ensuring a fair and sustainable health system by working towards a range of intermediate results that include the following:

- developing the skills and knowledge of the health workforce to support patient care and population health and
- extending knowledge through scientific enquiry and applied research aimed at improving the health and wellbeing of the people of New South Wales.

18. Cash and Cash Equivalents

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Current		
235,104	61,616	Cash at Bank and On Hand	795,971	342,319
–	–	Short Term Deposits	329,174	544,276
235,104	**61,616**		**1,125,145**	**886,595**
		Cash and cash equivalent assets recognised in the Statement of Financial Position are reconciled at the end of the financial year to the Statement of Cash Flows as follows:		
235,104	61,616	Cash and Cash Equivalents (per Statement of Financial Position)	1,125,145	886,595
235,104	**61,616**	**Closing Cash and Cash Equivalents (per Statement of Cash Flows)**	**1,125,145**	**886,595**
		Refer to Note 40 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.		

19. Receivables

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Current		
34,416	52,659	(a) Sale of Goods and Services	274,263	266,259
6,840	1,901	Goods and Services Tax	161,464	74,031
1,055	1,016	Personnel Services – Institute of Psychiatry	1,055	1,016
714	755	Personnel Services – HPCA	714	755
19,139	30,454	Other Debtors	92,954	88,278
62,164	**86,785**	**Sub Total**	**530,450**	**430,339**
(1,016)	(171)	Less Allowance for Impairment	(60,032)	(57,623)
1,708	3,314	Prepayments	36,561	37,090
62,856	**89,928**		**506,979**	**409,806**
		(b) Movement in the Allowance for Impairment		
		Sale of Goods and Services		
(171)	(96)	Balance at 1 July	(48,057)	(40,402)
171	7	Amounts written off during the year	46,219	32,543
–	–	Amounts recovered during the year	–	52
(1,016)	(82)	(Increase)/decrease in allowance recognised in result for the year	(44,263)	(40,250)
(1,016)	**(171)**	**Balance at 30 June**	**(46,101)**	**(48,057)**
		(c) Movement in the Allowance for Impairment		
		Other Debtors		
–	–	Balance at 1 July	(9,566)	(6,296)
–	–	Amounts written off during the year	2,034	803
–	–	Amounts recovered during the year	(657)	1
–	–	(Increase)/decrease in allowance recognised in result for the year	(5,456)	(4,074)
–	**–**	**Balance at 30 June**	**(13,645)**	**(9,566)**
		Non-Current		
–	–	(a) Sale of Goods and Services	569	849
–	–	Other Debtors	34	–
–	–	**Sub Total**	**603**	**849**
–	–	Less Allowance for Impairment	(286)	(275)
–	–	Prepayments	12,142	11,884

19. Receivables (continued)

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
–	–		12,459	12,458
		(b) Movement in the Allowance for Impairment		
		Sale of Goods and Services		
–	–	Balance at 1 July	(275)	(526)
–	–	Amounts written off during the year	–	251
–	–	(Increase)/decrease in allowance recognised in result for the year	(11)	–
–	**–**	**Balance at 30 June**	**(286)**	**(275)**
		(c) Movement in the Allowance for Impairment		
		Other Debtors		
–	–	Balance at 1 July	–	–
–	–	Amounts written off during the year	–	8
–	–	(Increase)/decrease in allowance recognised in result for the year	–	(8)
–	**–**	**Balance at 30 June**	**–**	**–**
		Receivables (both Current and Non-Current) includes:		
–	–	Patient Fees – Compensable	17,401	16,685
–	–	Patient Fees – Ineligibles	30,623	19,950
–	–	Patient Fees – Other	77,941	59,070

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired are disclosed in Note 40.

20. Inventories

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Current – Held for Distribution		
26,217	29,134	Drugs	79,499	67,644
6,057	5,637	Medical and Surgical Supplies	41,361	54,341
–	–	Food Supplies	29	1,115
–	–	Engineering Supplies	384	493
–	–	Other Including Goods in Transit	5,114	4,579
32,274	**34,771**		**126,387**	**128,172**

21. Financial Assets at Fair Value

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Current		
–	–	TCorp Hour-Glass Investment Facilities	207,451	124,318
–	**–**		**207,451**	**124,318**
		Non-Current		
–	–	TCorp Hour-Glass Investment Facilities	40,464	10,605
–	**–**		**40,464**	**10,605**

Refer to Note 40 for further information regarding credit risk, liquidity risk and market risk arising from financial instruments.

22. Other Financial Assets

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Current		
12,438	64,216	Advances Receivable – Intra Health	–	–
12,438	**64,216**		–	–
		Non-Current		
344	57,453	Advances Receivable – Intra Health	–	–
344	**57,453**		–	–

Note 4(b) includes an expense item of $69M in respect of the forgiveness of prior Health Service debt to the Department. Refer to Note 40 for further information regarding credit risk, liquidity risk and market risk arising from financial instruments.

23. Other Assets

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Non-Current		
–	–	Emerging Rights to Assets (Refer to Note 2 (ab))	24,636	24,636
–	–		**24,636**	**24,636**

Car parks at Sydney Hospital, Prince of Wales Hospital, St George Hospital and Royal North Shore Hospital are included above as are the Bowral Private Hospital, Prince of Wales Private Hospital, Bowral Private Medical Imaging and the Bankstown Medical General Practitioner Service.

24. Non-Current Assets (or Disposal Groups) Held for Sale

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Assets Held for Sale		
–	–	Land and Buildings	46,587	38,716
–	–	Infrastructure Systems	111	295
–	**–**		**46,698**	**39,011**
		Amounts Recognised in Equity Relating to Assets Held for Sale		
–	–	Available for Sale Financial Asset Revaluation Increments/(Decrements)	–	15,371
–	**–**		**–**	**15,371**

The assets held for sale all relate to properties that have been classified as surplus to need. The sale of these assets is expected to be realised within the next reporting period.

25. Property, Plant and Equipment

	PARENT	
	2011 $000	2010 $000
Land and Buildings – Fair Value		
Gross Carrying Amount	201,649	206,985
Less Accumulated Depreciation and Impairment	(71,733)	(75,241)
Net Carrying Amount	**129,916**	**131,744**
Plant and Equipment – Fair Value		
Gross Carrying Amount	26,668	25,630
Less Accumulated Depreciation and Impairment	(21,992)	(20,649)
Net Carrying Amount	**4,676**	**4,981**
Total Property, Plant and Equipment Net Carrying Amount at Fair Value	**134,592**	**136,725**

25. Property, Plant and Equipment – Reconciliation

	PARENT			
	LAND $000	BUILDINGS $000	PLANT AND EQUIPMENT $000	TOTAL $000
Year Ended 30 June 2011				
Net Carrying Amount at Start of Year	67,060	64,684	4,981	**136,725**
Additions	–	413	1,917	**2,330**
Disposals	–	–	(879)	**(879)**
Depreciation Expense	–	(2,241)	(1,343)	**(3,584)**
Net Carrying Amount at End of Year	**67,060**	**62,856**	**4,676**	**134,592**
Year Ended 30 June 2010				
Net Carrying Amount at Start of Year	52,713	60,895	6,291	**119,899**
Additions	–	157	797	**954**
Disposals	(963)	(333)	(333)	**(1,629)**
Net Revaluation Increment Less Revaluation Decrements Recognised in Reserves	15,100	6,188	–	**21,288**
Other	210	–	–	**210**
Depreciation Expense	–	(2,223)	(1,774)	**(3,997)**
Net Carrying Amount at End of Year	**67,060**	**64,684**	**4,981**	**136,725**

All Land and Buildings for the parent entity were valued by the Department of Finance and Services independently of the Department on 1 July 2009. Plant and Equipment is predominantly recognised on the basis of depreciated cost.

25. Property, Plant and Equipment

	CONSOLIDATED	
	2011 $000	2010 $000
Land and Buildings – Fair Value		
Gross Carrying Amount	15,846,755	15,442,263
Less Accumulated Depreciation and Impairment	(6,656,191)	(6,415,075)
Net Carrying Amount	**9,190,564**	**9,027,188**
Plant and Equipment – Fair Value		
Gross Carrying Amount	2,573,260	1,909,048
Less Accumulated Depreciation and Impairment	(1,737,686)	(1,166,962)
Net Carrying Amount	**835,574**	**742,086**
Infrastructure Systems – Fair Value		
Gross Carrying Amount	628,221	625,364
Less Accumulated Depreciation and Impairment	(283,454)	(267,585)
Net Carrying Amount	**344,767**	**357,779**
Total Property, Plant and Equipment Net Carrying Amount at Fair Value	**10,370,905**	**10,127,053**

25. Property, Plant and Equipment – Reconciliation

	CONSOLIDATED					
	LAND $000	BUILDINGS $000	LEASED BUILDINGS $000	PLANT AND EQUIPMENT $000	INFRASTRUCTURE SYSTEMS $000	TOTAL $000
Year Ended 30 June 2011						
Net Carrying Amount at Start of Year	1,593,862	7,369,896	63,430	742,086	357,779	**10,127,053**
Additions	4,873	453,125	–	285,120	2,857	**745,975**
Assets Held for Sale	(10,099)	–	–	–	–	**(10,099)**
Disposals	(6,188)	(14,031)	–	(23,650)	–	**(43,869)**
Net Revaluation Increment Less Revaluation Decrements Recognised in Reserves	7,195	52,722	–	–	–	**59,917**
Depreciation Expense	–	(322,229)	(1,992)	(167,932)	(15,869)	**(508,022)**
Reclassification of Intangibles	–	–	–	(50)	–	**(50)**
Net Carrying Amount at End of Year	**1,589,643**	**7,539,483**	**61,438**	**835,574**	**344,767**	**10,370,905**
Year Ended 30 June 2010						
Net Carrying Amount at Start of Year	1,630,074	7,069,818	55,429	721,934	338,112	**9,815,367**
Additions	1,557	402,946	898	196,817	4,301	**606,519**
Assets Held for Sale	(19,477)	(6,315)	–	(1,724)	(102)	**(27,618)**
Disposals	(7,464)	(24,161)	–	(20,473)	(14)	**(52,112)**
Net Revaluation Increment Less Revaluation Decrements Recognised in Reserves	8,971	237,361	4,663	–	29,953	**280,948**
Administrative Transfers	(20,226)	–	–	–	–	**(20,226)**
Depreciation Expense	–	(296,953)	(3,080)	(158,754)	(14,477)	**(473,264)**
Reclassifications	427	(12,800)	5,520	6,847	6	**–**
Reclassification of Intangibles	–	–	–	(2,561)	–	**(2,561)**
Net Carrying Amount at End of Year	**1,593,862**	**7,369,896**	**63,430**	**742,086**	**357,779**	**10,127,053**

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

Valuations for each of the Health Services are performed regularly within a three year cycle. Revaluation details are included in the individual entities' financial reports.

In accordance with the fair value requirements of AASB 116 the land, buildings and infrastructure assets for those Health Services that last performed revaluations in 2007/08 have had a factor applied in relation to the movement in the market and variation in the building and infrastructure costs. The adjustment has been performed on a gross basis in accordance with note 2 (j).

This factor gave consideration to the valuation of Physical Non-Current Assets at Fair Value at that time. The indices used have been determined by the Department of Finance and Services.

26. Intangible Assets

	PARENT	
	2011 $000	2010 $000
Software		
Cost (Gross Carrying Amount)	–	2,117
Less Accumulated Amortisation and Impairment	–	(2,117)
Total Intangible Assets at Net Carrying Amount	**–**	**–**

26. Intangibles – Reconciliation

	PARENT
	Software $000
Year Ended 30 June 2011	
Net Carrying Amount at Start of Year	–
Net Carrying Amount at End of Year	**–**

	PARENT
	Software $000
Year Ended 30 June 2010	
Net Carrying Amount at Start of Year	392
Amortisation (Recognised in Depreciation and Amortisation)	(392)
Net Carrying Amount at End of Year	**–**

26. Intangible Assets

	CONSOLIDATED	
	2011 $000	2010 $000
Software		
Cost (Gross Carrying Amount)	331,622	261,570
Less Accumulated Amortisation and Impairment	(106,396)	(89,280)
Net Carrying Amount	**225,226**	**172,290**
Other		
Cost (Gross Carrying Amount)	–	139
Less Accumulated Amortisation and Impairment	–	(139)
Net Carrying Amount	**–**	**–**
Total Intangible Assets at Net Carrying Amount	**225,226**	**172,290**

26. Intangibles – Reconciliation

	CONSOLIDATED		
	SOFTWARE $000	OTHER $000	TOTAL $000
Year Ended 30 June 2011			
Net Carrying Amount at Start of Year	172,290	–	**172,290**
Additions – Internal Development	70,002	–	**70,002**
Reclassifications From Plant and Equipment	50	–	**50**
Amortisation (Recognised in Depreciation and Amortisation)	(17,116)	–	**(17,116)**
Disposals	–	–	**–**
Net Carrying Amount at End of Year	**225,226**	**–**	**225,226**
Year Ended 30 June 2010			
Net Carrying Amount at Start of Year	119,422	139	**119,561**
Additions – Internal Development	70,054	–	**70,054**
Reclassifications From Plant and Equipment	2,561	–	**2,561**
Amortisation (Recognised in Depreciation and Amortisation)	(19,202)	(139)	**(19,341)**
Disposals	(545)	–	**(545)**
Net Carrying Amount at End of Year	**172,290**	**–**	**172,290**

27. Restricted Assets

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		The Department's financial statements include the following assets which are restricted by externally imposed conditions, e.g. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.		
–	–	Specific Purposes	378,850	367,308
–	–	Perpetually Invested Funds	6,972	6,905
–	–	Research Grants	162,630	164,602
–	–	Private Practice Funds	249,839	221,536
–	–	Other	36,211	35,891
–	**–**		**834,502**	**796,242**

Details of Conditions on Contributions appear in Note 14.

Major categories included in the Consolidation are:

Category	**Brief Details of Externally Imposed Conditions**
Specific Purposes Trust Funds	Donations, contributions and fundraisings held for the benefit of specific patient, Department and/or staff groups.
Perpetually Invested Trust Funds	Funds invested in perpetuity. The income therefrom used in accordance with donors' or trustees' instructions for the benefit of patients and/or in support of hospital services.
Research Grants	Specific research grants.
Private Practice Funds	Annual Infrastructure Charges raised in respect of Salaried Medical Officers Rights of Private Practice arrangements.

28. Payables

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Current		
1,260	1,022	Accrued Salaries, Wages and On-Costs	147,339	138,681
395	682	Taxation and Other Payroll Deductions	150,180	76,769
61,465	54,121	Superannuation Guarantee Charge Payables	75,836	54,121
78,973	51,750	Creditors	698,785	606,933
		Other Creditors		
–	–	– Capital Works	71,267	90,639
65,234	77,816	– Intra Health Liability	–	–
207,327	**185,391**		**1,143,407**	**967,143**

29. Borrowings

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Current		
–	–	Treasury Advances Repayable – Secured	1,901	3,145
–	–	Finance Leases [See note 32(d)] – Secured	2,501	4,477
–	–	Other- Long Bay PPP	978	799
–	–	Other- Mater PPP	6,629	5,934
–	**–**		**12,009**	**14,355**
		Non-Current		
–	–	Treasury Advances Repayable – Secured	4,626	3,557
–	–	Finance Leases [See note 32(d)] – Secured	9,000	10,688
–	–	ANZAC Foundation loan from Sydney University	1,568	1,822
–	–	Other- Long Bay PPP	82,043	83,117
–	–	Other- Mater PPP	140,208	146,837
–	–	Other- Orange PPP	162,092	–
–	–	Other- Royal North Shore PPP	49,565	–
–	**–**		**449,102**	**246,021**

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 40.

30. Provisions

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Current Employee Benefits and Related On-Costs		
7,406	7,976	Recreation Leave – Short Term Benefit	727,607	703,855
4,099	4,749	Recreation Leave – Long Term Benefit	570,669	505,908
62	342	Long Service Leave – Short Term Benefit *	354	133,053
558	3,078	Long Service Leave – Long Term Benefit *	3,717	1,326,096
–	–	Death and Disability (Ambulance Service of NSW)	7,719	7,151
–	–	Sick Leave – Long Term Benefit	427	596
2,625	–	Long Service Leave Consequential Factors	91,242	83,798
14,750	**16,145**	**Total Current Provisions**	**1,401,735**	**2,760,457**
		Non-Current Employee Benefits and Related On-Costs		
91	407	Long Service Leave – Conditional *	409	118,076
–	–	Sick Leave – Long Term Benefit	56	56
–	–	Death and Disability (Ambulance Service of NSW)	2,854	2,854
331	–	Long Service Leave Consequential Factors	6,205	6,781
422	**407**	**Total Non-Current Provisions**	**9,524**	**127,767**
		Aggregate Employee Benefits and Related On-Costs		
14,750	16,145	Provisions – Current	1,401,735	2,760,457
422	407	Provisions – Non-Current	9,524	127,767
78,291	55,825	Accrued Salaries, Wages and On-Costs (refer to Note 28)	373,355	249,378
93,463	**72,377**		**1,784,614**	**3,137,602**

*The decrease in Long Service Leave liability results from acceptance of the liability by the Crown Entity from 31 December 2010. From that date the liability is restricted to consequential employment factors only.

As indicated in Note 2(a) i) leave is classified as current if the employee has an unconditional right to payment.

Short Term/Long Term classification is dependent on whether or not payment is anticipated within the next twelve months.

31. Other Liabilities

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		Current		
2,427	–	Income in Advance	24,980	18,702
–	–	Other	–	38
2,427	**–**		**24,980**	**18,740**
		Non-Current		
63,113	69,070	Income in Advance	110,405	119,996
697	–	Other	697	1,102
63,810	**69,070**		**111,102**	**121,098**

At 30 June 2011 the Department held $65.354 Million as Income in Advance relating to licensing rights for the future use of the Royal North Shore Hospital car park. At Consolidated level, the Income in Advance principally relates to the Royal North Shore Car Park and monies received from the Sydney University as a contribution towards the construction costs of a research and education facility. Upon commissioning of the facility the University will partly occupy the facility and the income in advance will be exhausted over the term of occupation. Income in advance has also been received as a consequence of Health Services entering into agreements for the sale of surplus properties and the provision and operation of private facilities and car parks.

32. Commitments for Expenditure

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		(a) Capital Commitments		
		Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment, infrastructure and intangible assets contracted for at balance date and not provided for:		
–	–	Not later than one year	141,063	326,432
–	–	Later than one year and not later than five years	181,429	348,717
–	–	Later than five years	2,102,698	2,778,631
–	**–**	**Total Capital Expenditure Commitments (Including GST)**	**2,425,190**	**3,453,780**

The Government is committed to capital expenditures as follows in accordance with the Department's Asset Acquisition Program:

	2011 $000	2010 $000
Not later than one year	655,351	807,105
Later than one year and not later than five years	1,172,052	1,675,388
Later than five years	44,918	–
Total Capital Program	**1,872,321**	**2,482,493**

However, Contractual Commitments are confined to the values reported above for 2011 ($2.425 billion) and 2010 ($3.454 billion).

PARENT 2011 $000	PARENT 2010 $000		CONSOLIDATED 2011 $000	CONSOLIDATED 2010 $000
		(b) Other Expenditure Commitments		
		Aggregate other expenditure contracted for at balance date and not provided for:		
56,563	50,058	Not later than one year	321,858	387,930
42,069	18,731	Later than one year and not later than five years	514,338	563,189
1,189	–	Later than five years	3,559,107	3,852,480
99,821	**68,789**	**Total Other Expenditure Commitments (Including GST)**	**4,395,303**	**4,803,599**

Major commitments relate to contracts for Public Private Partnership provision of services – see Notes 32(f) to (i).

32. Commitments for Expenditure (continued)

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
		(c) Operating Lease Commitments		
		Commitments in relation to non-cancellable operating leases are payable as follows:		
7,377	7,128	Not later than one year	145,035	123,054
15,950	23,279	Later than one year and not later than five years	271,458	248,023
–	–	Later than five years	159,716	40,628
23,327	**30,407**	**Total Operating Lease Commitments (Including GST)**	**576,209**	**411,705**
		The operating leases include motor vehicles arranged through a lease facility negotiated by NSW Treasury as well as electro medical equipment. Operating leases have also been included for information technology equipment. These operating lease commitments are not recognised in the financial statements as liabilities.		
		(d) Finance Lease Commitments		
		Minimum lease payment (Including GST) commitments in relation to finance leases are payable as follows:		
–	–	Not later than one year	48,101	4,913
–	–	Later than one year and not later than five years	203,012	15,556
–	–	Later than five years	933,934	265
–	**–**	**Minimum Lease Payments (Including GST)**	**1,185,047**	**20,734**
–	–	Less: Future Financing Charges	(624,298)	(3,684)
–	–	Less: GST Component	(107,733)	(1,885)
–	**–**	**Present Value of Minimum Lease Payments**	**453,016**	**15,165**
–	–	Current (Note 29)	9,130	4,477
–	–	Non-Current (Note 29)	443,886	10,688
–	**–**		**453,016**	**15,165**
		The present value of finance lease commitments is as follows:		
–	–	Not later than one year	9,130	4,477
–	–	Later than one year and not later than five years	50,740	10,475
–	–	Later than five years	393,146	213
–	**–**		**453,016**	**15,165**
		The finance lease commitment is in respect of the Hawkesbury Private Hospital. The term of the lease is 20 years and is expected to expire in 2016 at which time the ownership of the buildings transfers to the NSW State Government.		

(e) Contingent Asset Related to Commitments for Expenditure

The total "Commitments for Expenditure" above includes input tax credits of $11M in relation to the Parent Entity and $780M in relation to NSW Health that are expected to be recoverable from the Australian Taxation Office. The comparatives for 2009/10 are $9M and $790M respectively.

(f) Calvary Mater Hospital, Newcastle Private/Public Partnership (PPP)

In 2005-06, the Health Administration Corporation entered into a contract with a private sector provider, Novacare Project Partnership for financing, design, construction and commissioning of a new Mater Hospital, a mental health facility and refurbishment of existing buildings, and facilities management and delivery of ancillary non-clinical services on the site until November 2033. The redevelopment was completed on 16 June 2009.

In 2008 and 2009, the former Hunter New England Area Health Service (HNEAHS) transferred the Mater Hospital to Calvary Mater Newcastle and recognised the transfer as a grant expense of $106.81 million. The recognition is based on the fact that services are delivered by Little Company of Mary Health Care being a Third Schedule Hospital health care provider which is outside the accounting control of either the Hunter New England Local Health Network (HNELHN) or the Department.

Upon construction completion, HNEAHS recognised the new mental health facility as an asset of $39.29 million. The refurbished Convent and McAuley buildings at the Mater Hospital site as occupied by HNEAHS, was also recognised as an asset and offsetting liability of $11.08 million. The basis for the accounting treatment is that services will be delivered by HNELHN on the site of Mater Hospital for the duration of the Head Lease of these facilities until November 2033.

In addition, the Hunter New England Area Health Service recognised the liability (now transferred to the HNELHN) to Novacare, payable over the period to 2033, for the construction of both hospitals.

An estimate of the commitments is as follows:

(a) Commitments – Repayment of PPP liability (Borrowings)

NOMINAL	2011 $000	2010 $000
Not later than one year	7,292	6,527
Later than one year and not later than five years	39,264	34,831
Later than five years	114,965	126,690

(b) Capital Commitments – PPP Mental Health Building and Refurbished Buildings (PPP interest)

NOMINAL	2011 $000	2010 $000
Not later than one year	5,065	4,637
Later than one year and not later than five years	17,601	18,788
Later than five years	30,814	33,921

(c) Other PPP Expenditure Commitments – Redevelopment of Mater Hospital (which was recognised as a grant after completion of construction) and provision of facilities management and other non-clinical services to both hospitals.

NOMINAL	2011 $000	2010 $000
Not later than one year	26,634	26,414
Later than one year and not later than five years	112,611	107,059
Later than five years	532,685	565,643

The liability to pay Novacare for the redevelopment of the Mater Hospital is based on a financing arrangement involving CPI-linked finance and fixed finance. An interest rate adjustment will be made as appropriate for the CPI-linked interest component over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

The expenditure commitments include Goods and Services Tax. Related input tax credits of $81M (2010: $83M) are expected to be recoverable from the Australian Taxation Office.

(g) Long Bay Forensic and Prison Hospitals Private/Public Partnership

In 2006-07 a private sector company, PPP Solutions (Long Bay) Pty Limited, was engaged to finance, design, construct and maintain the Long Bay Forensic and Prison Hospitals at Long Bay under a Project Deed. The development was a joint project between the NSW Department of Health and the Department of Corrective Services. The new development was completed in December 2008.

After construction was completed, Justice Health, a statutory health corporation, operated and recognised the new Hospital, the Operations Building and the Pharmacy Building as an asset of $86 million. The basis for the accounting treatment is that services are being delivered by Justice Health for the duration of the term until May 2034.

In addition, Justice Health will recognise the liability to PPP Solutions, payable over the period to 2034 for the construction of the new facilities.

An estimate of the commitments is as follows:

(a) Repayment of PPP Non-Current Liability – New Forensic Hospital and Operations Building

NOMINAL	2011 $000	2010 $000
Not later than one year	1,076	973
Later than one year and not later than five years	5,574	5,039
Later than five years	84,685	86,296

(b) Capital Commitments – PPP interest

NOMINAL	2011 $000	2010 $000
Not later than one year	9,698	9,801
Later than one year and not later than five years	37,521	38,056
Later than five years	107,501	116,663

(c) Other Expenditure Commitments – Provision of Facilities Management and Other Non-Clinical Services to the New Facilities.

NOMINAL	2011 $000	2010 $000
Not later than one year	8,704	8,560
Later than one year and not later than five years	40,213	38,679
Later than five years	272,860	283,098

The expenditure commitments include Goods and Services Tax. Related input tax credits of $52M (2010: $53M) are expected to be recoverable from the Australian Taxation Office.

(h) Orange and Associated Health Services Private/Public Partnership

In December 2007, a private sector company, Pinnacle Healthcare (OAHS) Pty Limited, was engaged to finance, design and construct the new Orange Hospital and new health facilities including Orange Tertiary Mental Health and other expansion works. Pinnacle will refurbish existing buildings and provide facilities management and delivery of ancillary non-clinical services for these hospital facilities and the new Bathurst Hospital under a Project Deed. Provision of facilities maintenance commenced in April 2007, followed by other non-clinical support services in December 2008.

In 2008/09, NSW Health requested a contract variation to expand the Orange Hospital and health facilities to accommodate additional clinical services. Following the change procedures in the Project Deed and subsequent government approval, the Project Deed was amended through the Deed of Amendment No. 1 in June 2010.

Upon completion of construction of the new facilities including the Orange Hospital in March 2011 Western NSW Local Health Network (LHN) recognised these facilities as an asset of $162.1 million under the original PPP financing arrangements. The basis for the accounting treatment is that services will be delivered by Western NSW LHN for the duration of the term until December 2035.

In addition, Western NSW LHN recognised the liability to Pinnacle Healthcare, payable over the period to 2035 for the construction of the new Orange Hospital, Orange Tertiary Mental Health and refurbished facilities.

The construction costs of the extended works due to the State variations were progressively paid outside of the PPP financing during construction. Western NSW LHN recognised the extended works as its assets at the completion of construction in March 2011.

An estimate of the commitments including the amendments is as follows:

(a) Repayment of PPP Non-current Liability (Borrowing) Orange Hospital and Various Facilities

NOMINAL	2011 $000	2010 $000
Not later than one year	–	–
Later than one year and not later than five years	–	–
Later than five years	178,300	–

(b) Capital Commitments – New Orange Hospital and Health Facilities

NOMINAL	2011 $000	2010 $000
Not later than one year	15,896	22,663
Later than one year and not later than five years	67,631	68,916
Later than five years	262,280	482,148

(c) Other Expenditure Commitments - Provision of Facilities Management and Other Non-Clinical Services to the New and Existing Facilities

NOMINAL	2011 $000	2010 $000
Not later than one year	30,325	25,008
Later than one year and not later than five years	125,481	117,946
Later than five years	1,011,265	1,009,921

The expenditure commitments include Goods and Services Tax. Related input tax credits of $154 million (2010: $157 million) are expected to be recoverable from the Australian Taxation Office.

(i) Royal North Shore Hospital Private/ Public Partnership

In October 2008, a private sector company, InfraShore Pty Limited, was engaged to finance, design and construct the new Royal North Shore Hospital, the new Community Health Facility and a new car park. InfraShore is required to provide facilities management services and delivery of ancillary non-clinical support services for these hospital facilities, the new Research and Education Centre (the Kolling Building) and some existing facilities under a Project Deed. Provision of facilities maintenance commenced in October 2009 and other support services commenced in April 2010. The new development will be completed in stages and full service commissioning is anticipated in 2014/15.

Upon completion of each stage the Northern Sydney Local Health Network (NSLHN) will operate and recognise the new Community Health Facility, the new Royal North Shore Hospital and the new car park facility as an asset of $722 million. In addition NSLHN will recognise the liability to InfraShore, payable over the period to 2036 for these facilities.

In March 2011 stage 1 of the new Community Health Building was completed on target. NSLHN recognised the Community Health Building as an asset of $49.565 million. The basis for the accounting treatment is that services will be delivered by NSLHN for the duration of the term until 2036. NSLHN recognised the PPP liability, payable from 2011/12 to 2036 for the construction of the Community Health Building.

The car park facilities across the Hospital campus are managed under a separate licence agreement with InfraShore Parking Pty Ltd over 28 years to match the Project Deed term. The new car park will be treated as a capital purchase with deferred settlement.
Under the securitisation structure for the Car Park Licence Agreement, on 28 April 2010, the Department received an upfront payment that represented the net present value of the annual base licence fee for the term from the InfraShore Asset Management Trust. The prepaid car park licence fee ($68.711 million) was initially recognised as deferred revenue (a liability) to be subsequently released to revenue on a systematic basis over the licence term.

An estimate of the commitments is as follows:

(a) Repayment of PPP non current liability (Borrowing) – New Community Health Building

NOMINAL	2011 $000	2010 $000
Not later than one year	–	–
Later than one year and not later than five years	–	–
Later than five years	54,521	–

(b) Commitments – PPP interest in relation to the New Community Health Building

NOMINAL	2011 $000	2010 $000
Not later than one year	5,649	–
Later than one year and not later than five years	23,290	–
Later than five years	100,038	–

(c) Capital Commitments – New Acute Hospital, Health Facilities and Car Park

NOMINAL	2011 $000	2010 $000
Not later than one year	6,065	–
Later than one year and not later than five years	162,811	107,309
Later than five years	2,102,698	2,262,562

(d) Other Expenditure Commitments – Provision of Facilities Management and Other Non-Clinical Services to the New Existing Clients

NOMINAL	2011 $000	2010 $000
Not later than one year	59,446	35,047
Later than one year and not later than five years	213,848	177,318
Later than five years	1,742,155	1,682,619

The expenditure commitments include Goods and Services Tax. Related input tax credits of $407M (2010: $388M) are expected to be recoverable from the Australian Taxation Office.

33. Trust Funds

The NSW Department of Health's controlled entities hold Trust Fund monies of $81.371 Million which are used for the safe keeping of patients' monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Department and its controlled entities perform only a custodial role and cannot use them for the achievement of their objectives. The following is a summary of the transactions in the trust account:

	PATIENT TRUST		REFUNDABLE DEPOSITS		PRIVATE PRACTICE TRUST FUNDS		TOTAL TRUST FUNDS	
	2011 $000	2010 $000	2011 $000	2010 $000	2011 $000	2010 $000	2011 $000	2010 $000
Cash Balance at the Beginning of the Financial Year	5,495	4,687	8,930	10,438	49,389	54,111	**63,814**	**69,236**
Receipts	8,672	6,267	31,719	4,034	376,218	432,683	**416,609**	**442,984**
Expenditure	(6,897)	(5,459)	(27,713)	(5,542)	(364,442)	(437,405)	**(399,052)**	**(448,406)**
Cash Balance at the End of the Financial Year	**7,270**	**5,495**	**12,936**	**8,930**	**61,165**	**49,389**	**81,371**	**63,814**

34. Contingent Assets and Liabilities (Parent and Consolidated)

(a) Claims on Managed Fund

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

(b) Workers Compensation Hindsight Adjustment

TMF normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 2004/05 fund year and an interim adjustment for the 2006/07 fund year were not calculated until 2010/11. As a result, the 2005/06 final and 2007/08 interim hindsight calculations will be paid in 2011/12.

(c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB 127, Affiliated Health Organisations listed in the Third Schedule of the *Health Services Act, 1997* are only recognised in the Department's consolidated financial statements to the extent of cash payments made.

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

(d) Mater Hospital Private/Public Partnership

Note 32 provides disclosure of commitments for expenditure concerning the Mater Hospital Private/ Public Partnership under which the Health Administration Corporation has entered into a contract with a private sector provider, Novacare Project Partnerships for financing, design, construction and commissioning of a range of health facilities.

The liability to pay Novacare for the redevelopment of the Mater Hospital is based on a financing arrangement involving CPI linked finance and fixed finance. An interest rate adjustment will be made as appropriate for the CPI linked interest component over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

(e) Forensic Hospital – Long Bay, Private/Public Partnership

The liability to pay PPP Solutions for the development of the Long Bay Forensic Hospital is based on a financing arrangement involving non-indexable availability charges and interest rate adjustments. Other service fees are to be indexed in accordance with inflation and wages escalation. The estimated value of the contingent liability associated with indexation is unable to be fully determined because of uncertain future events.

Note 32 also provides disclosure of commitments for expenditure for this project.

(f) Orange Hospital and Associated Health Services Private/Public Partnership

The liability to pay Pinnacle Healthcare for the development of the Orange Hospital and health facilities is based on a financing arrangement involving CPI indexed annuity bond. An interest rate adjustment will be made in accordance with the CPI index over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

Note 32 also provides disclosure of commitments for expenditure for this project.

(g) Royal North Shore Hospital Private/Public Partnership

The liability to pay InfraShore for the development of the Royal North Shore Hospital and health facilities is based on a CPI linked financing arrangement. An adjustment to the PPP capital financing payment will be made in accordance with the CPI index over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

Note 32 also provides disclosure of commitments for expenditure for this project.

(h) Claim by Lessee of Certain Property – Sydney South West Area Health Service (SSWAHS)

Contingent Liability / Debtor

A claim was made against Sydney Local Health Network (Part of the former SSWAHS) by the lessee of certain property controlled by the SLHN on the Royal Prince Alfred Hospital campus, on which the lessee had agreed to construct a carpark and private hospital to be operated by the lessee. The lessee sought damages principally because it claimed its failure to commence construction of the hospital and to complete the carpark was caused by SLHN. The lessee also sought to be restored to possession and an account of net revenue from the incomplete carpark since termination.

The Supreme Court judgement in favour of SLHN on virtually all issues was handed down in 2008/09. Costs were awarded against the lessee in favour of SLHN.

The lessee appealed to the Court of Appeal. There was no alteration to the finding that SLHN did not cause the lessee's failure to commence construction of the hospital and complete the carpark. It was for other reasons that the lessee was not ready, willing and able to comply. Accordingly, the lessee's claim for substantial damages failed.

However the Court of Appeal ordered that the lessee be restored to possession, entitling the lessee to an account of net revenue from the carpark since termination or damages for being out of possession, less rental of more than $4 million which the lessee has not paid. Taking into account the many issues in the proceedings and overlap between them, SLHN was ordered to pay 25% of the lessee's costs of the trial in the Supreme Court. The issues on appeal were much narrower. SLHN was ordered to pay 50% of the lessee's costs of the appeal. Any payment to the lessee for the period of being out of possession will take into account that the lessee was not in a position to construct a hospital at the date of termination. It is expected that a period of up to 12 months will expire before the proceeding to determine quantum is heard.

The lessee has not yet sought to be restored to possession. Although the lessee remains obliged to construct a hospital, the timetable for doing so has expired. The lessee has indicated a willingness to construct a hospital, however the lessee would need an extended timetable to do so. The Network is considering termination. Discussions between the parties are proposed.

(i) Interstate Patient Flows, Australian Capital Territory

In 2010/11 a joint undertaking by both the NSW Department of Health and ACT Health for a clinical and resource costing audit was performed on a subset of NSW patient records at the Canberra Hospital relating to the period of 2006/07 to 2008/09. The audit assessed the reasonableness of the rapid increases in the number of separations/statistical discharges and same day admissions through ACT emergency departments for NSW patients since 2006/07 as well as making recommendations on the appropriate process of regular auditing and data checking relating to NSW patient inflows to the ACT.

Whilst the audit was completed in May 2011 the financial outcome is still subject to ongoing negotiations between the respective Departments. It is further influenced by the need to finalise non-admitted data and cost of capital calculations for the years of 2006/07 to 2008/09.

(j) Invoices in Dispute with Royal Flying Doctor Service (RFDS)

In May 2011 the legal representative for the RFDS issued a letter of demand for unpaid tax invoices in the sum of $0.630 million (GST included). These invoices relate to staff provided to Dubbo Base Hospital and billed to the Greater West Area Health Service (now the Western NSW Local Health Network) for the three years July 2006 to June 2009. There was no clear contractual arrangement for this three year period. The value of the tax invoice for the 2008/09 financial year is $0.384 million (GST inclusive).

Based on legal advice to pay *quantum meruit* (as much as the party doing the service deserves) and 2008/09 roster evidence, the Western Local Health Network estimated its total indebtedness to be $0.244 million (GST inclusive) and paid this to RFDS on 30 June 2011 as full and final satisfaction of all invoices. This dispute is not yet subject to Court action but may result in subsequent litigation.

(k) Other Legal Matters

One legal matter is currently on foot, which carries a potential total liability of $50,000. This compares with two matters reported for 2009/10 for which a contingency of $78,000 was reported.

35. Reconciliation of Cash Flows from Operating Activities to Net Cost of Services

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
135,290	(39,860)	Net Cash Used on Operating Activities	966,437	686,338
(3,584)	(4,389)	Depreciation	(525,138)	(492,605)
(1,016)	(82)	Allowance for Impairment	(49,730)	(44,332)
(6,302)	(6,897)	Acceptance by the Crown of Employee Benefits	(336,194)	(155,845)
(68,959)	–	Debt Forgiveness	–	–
1,380	(606)	(Increase)/ Decrease in Provisions	(147,993)	(288,799)
(28,553)	32,123	Increase / (Decrease) in Prepayments and Other Assets	142,130	100,951
(19,103)	(143,742)	(Increase)/ Decrease in Creditors	(195,878)	4,992
(279)	(1,269)	Net Loss on Sale of Property, Plant and Equipment	(26,562)	(9,719)
(12,546,945)	(11,708,076)	Recurrent Appropriation	(12,546,945)	(11,708,076)
(479,596)	(447,373)	Capital Appropriation	(479,596)	(447,373)
(22,908)	–	Asset Sale Proceeds Transferred to the NSW Department of Health	–	–
–	(203)	Other	–	–
(13,040,575)	**(12,320,374)**	**Net Cost of Services**	**(13,199,469)**	**(12,354,468)**

36. Non-Cash Financing and Investing Activities

PARENT			CONSOLIDATED	
2011 $000	2010 $000		2011 $000	2010 $000
–	–	Property, Plant & Equipment acquired, PPP arrangement	211,657	–
		Assets Received by Donation	–	5,724
–	**–**		**211,657**	**5,724**

37. 2010–11 Voluntary Services

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

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

38. Unclaimed Monies

Unclaimed salaries and wages of Health Services are paid to the credit of Treasury in accordance with the provisions of the *Industrial Relations Act 1996*, as amended.

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

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

39. Budget Review (Consolidated)

Net Cost of Services

The actual Net Cost of Services of $13.199 Billion was less than the Statement of Comprehensive Income budget by $45 Million. The Statement of Comprehensive Income budget is confined only to specific Government appropriations or variations in Commonwealth Specific Purpose Payments approved in accordance with Section 26 of the *Public Finance & Audit Act* and does not take into account the total approved consolidated recurrent funding as provided to the NSW Department of Health.

NSW Treasury has effected other funding reductions resulting in an adjusted result of $14 million which is within performance bands framed by Treasury.

Details of all adjustments from the reported budget follow:

		$M
Variation from Initial State Budget of $13,200 million		**(1)**
Treasury Funded Variations		
• *Section 45, Appropriations Act* Transfers – National Partnership on Homelessness $2.653M and Government Radio Network (Ambulance Service) $1.427M	(4)	
• *Section 26, Public Finance and Audit Act* variations in Commonwealth Specific Purpose Payments – Essential Vaccines ($5.398M), Improving Hospital Services ($25.671M), Indigenous Early Childhood Development ($2.721M) and Other ($4.665M)	38	
• Impact of Long Service Leave on Crown Entity Acceptance of Liability	(78)	(44)
Variation from Budget disclosed in Statement of Comprehensive Income		**(45)**
Treasury Funding Adjustments not covered by Budget adjustment		
• Treasurer's Advance Payments/ Other (e.g. Expansion of Drug Court in Hunter)	1	
• Deferral of Brain and Mind Research Institute grant payment	25	
• Rollover of Keep Them Safe program	5	31
Variation from Budget		**(14)**

Result for the Year

The Result for the Year is derived as the difference between the above Net Cost of Services result and the additional amounts approved by Government for recurrent services, capital works and superannuation/long service leave costs:

	$M
• Variation from budget for Net Cost of Services as shown in Statement of Comprehensive Income	(45)
• Reductions in recurrent appropriation as reflected in Treasury funding variations shown above	29
• Treasury adjustments for variations in Asset Acquisition Program	54
• Crown acceptance of employee liabilities (a non-cash expense to the Department)	(37)
Variation from Budget	**1**

Assets and Liabilities

Net assets increased by $1,691 million above the budget provided. This included the following variations:

	$M
• Movements in Property, Plant and Equipment per acquisitions and independent asset revaluations less disposals, the reclassification of assets held for sale and depreciation charges	(55)
• Increase in Intangibles	30
• Decrease in Provisions of $1,571M largely as a result of the transfer of Long Service Leave liability to the Crown Entity on 31 December 2010	1,571
• Increase in Receivables, e.g. in respect of monies owing for Highly Specialised Drugs and the treatment of patients eligible under the Department of Veterans' Affairs funding criteria	100
• Increase in Cash and Other Financial Assets largely due to increases in Taxation and Superannuation liability at "point of time" measurement at 30 June 2011, the increased value of restricted assets and the planned use of monies to meet various budget strategies in 2011/12.	245
• Increase in Payables	(227)
• Increase in classification of assets being held for disposal	32
• Increase in Borrowings	(6)
• Other	1
Total	**1,691**

Cash Flow

Cash Flows from Operating Activities

Payments

2010–11 total payments were less than budget by $248 million, the principal component of which was the decrease in Employee Related payments ($389 million) offset by additional grants of $73 million and an increase in Other Payments of $63 million.

Receipts

2010–11 total receipts were $47 million more than budget estimates, major variations occurred in respect of Sale of Goods and Services $578 million and Other Receipts $522 million.

Cash Flows from Government

The decrease of $83 million in Cash Flows from Government results from reduced recurrent funding of $29 million referenced above and a reduction of $55 million for capital consistent with the revised timelines for projects.

Cash Flows from Investing Activities

The main component in the increase of $82 million is Health Service investments.

40. Financial Instruments

The Department's principal financial instruments are outlined below. These financial instruments arise directly from the Department's operations or are required to finance its operations. The Department does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Department's main risks arising from financial instruments are outlined below, together with the Department's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Director General has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced by the Department, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit Committee/internal auditors on a continuous basis.

a) Financial Instrument Categories

PARENT		TOTAL CARRYING AMOUNTS AS PER THE STATEMENT OF FINANCIAL POSITION	
		2011 $000	2010 $000
Class:			
Financial Assets	**Category**		
Cash and Cash Equivalents (Note 18)	N/A	235,104	61,616
Receivables (Note 19)[1]	Loans and receivables (at amortised cost)	54,308	84,713
Financial Assets at Fair Value (Note 21)	At fair value through profit or loss (designated as such upon initial recognition)	–	–
Other Financial Assets (Note 22)	Loans and receivables (at amortised cost)	12,739	121,669
Total Financial Assets		**302,151**	**267,998**
Financial Liabilities			
Payables (Note 28)[2]	Financial liabilities (at amortised cost)	145,396	131,191
Other (Note 31)		697	–
Total Financial Liabilities		**146,093**	**131,191**

1 Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7)
2 Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7)

CONSOLIDATED		TOTAL CARRYING AMOUNTS AS PER THE STATEMENT OF FINANCIAL POSITION	
		2011 $000	2010 $000
Class:			
Financial Assets	**Category**		
Cash and Cash Equivalents (Note 18)	N/A	1,125,145	886,595
Receivables (Note 19)[1]	Loans and receivables (at amortised cost)	309,271	299,259
Financial Assets at Fair Value (Note 21)	At fair value through profit or loss (designated as such upon Available-for-Sale Financial Assets (At fair value) initial recognition)	247,915	134,923
Other Financial Assets (Note 22)	Loans and receivables (at amortised cost)	–	–
Total Financial Assets		**1,682,331**	**1,320,777**
Financial Liabilities			
Borrowings (Note 29)		461,111	260,376
Payables (Note 28) [2]	Financial liabilities (at amortised cost)	917,391	903,351
Other (Note 31)		697	1,140
Total Financial Liabilities		**1,379,199**	**1,164,867**

1 Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7)
2 Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7)

(b) Credit Risk

Credit risk arises when there is the possibility of the Department's debtors defaulting on their contractual obligations, resulting in a financial loss to the Department. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the Department, including cash, receivables, and authority deposits. No collateral is held by the Department. The Department has not granted any financial guarantees.

Credit risk associated with the Department's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards.

Authority deposits held with NSW TCorp are guaranteed by the State.

Cash

Cash comprises cash on hand and bank balance deposited in accordance with *Public Authorities (Financial Arrangements) Act* approvals. Interest is earned on daily bank balances at rates between 4.56% and 4.65% for the Parent and between 4.5% and 6.0% for the Consolidated entity. This compares to rates of 2.9% to 4.4% in the previous year for the Parent and 2.45% to 7.0% for the Consolidated entity. The TCorp Hour-Glass cash facility is discussed in para (d) below.

Receivables – trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. Procedures as established in the NSW Department of Health Accounting Manual and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect the amounts due. The evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

The Department is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Of the total trade debtor balance at year-end, $50.569 million (2010: $80.377 million) for the Parent and $174.533 million (2010:$182.178 million) for the Consolidated related to debtors that were not past due and not considered impaired. Debtors of $2.633 million (2010:$4.336 million) for the Parent and $134.738 million (2010:$117.081 million) for the Consolidated were past due but not considered impaired. Together these represent 98.2% (2010: 99.8%) for the Parent and 83.7% (2010: 83.8%) for the Consolidated, of total trade debtors. Most of the debtors of the Department and its controlled entities are Health Insurance Companies or Compensation Insurers settling claims in respect of inpatient treatments. There are no debtors which are currently not past due or impaired whose terms have been renegotiated.

Patient Fees Ineligibles represent the majority of financial assets that are past due or impaired.

PARENT	TOTAL [1 2] $000	PAST DUE BUT NOT IMPAIRED [1 2] $000	CONSIDERED IMPAIRED [1 2] $000
2011			
<3 months overdue	1,474	1,474	–
3 months – 6 months overdue	99	99	–
> 6 months overdue	2,076	1,060	1,016
	3,649	2,633	1,016
2010			
<3 months overdue	2,860	2,860	–
3 months – 6 months overdue	120	120	–
> 6 months overdue	1,527	1,356	171
	4,507	4,336	171

CONSOLIDATED	TOTAL [1 2] $000	PAST DUE BUT NOT IMPAIRED [1 2] $000	CONSIDERED IMPAIRED [1 2] $000
2011			
<3 months overdue	108,084	77,015	31,069
3 months – 6 months overdue	41,253	29,315	11,938
> 6 months overdue	45,719	28,408	17,311
	195,056	134,738	60,318
2010			
<3 months overdue	84,738	63,730	21,008
3 months – 6 months overdue	31,614	19,640	11,974
> 6 months overdue	58,627	33,711	24,916
	174,979	117,081	57,898

1 Each column in the table represents 'gross receivables'.
2 The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7 and excludes receivables that are not past due and not impaired. Therefore, the 'total' will not reconcile to the receivables total recognised in the Statement of Financial Position.

Authority Deposits

Controlled entities of the Department have placed funds on deposit with TCorp, which has been rated "AAA" by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed "at call" or for a fixed term. For fixed term deposits, the interest rate payable by TCorp is negotiated initially and is fixed for the term of the deposit, while the interest rate payable on at call deposits vary. The deposits at balance date across Health Services under the control of the NSW Department of Health were earning interest rates ranging between 5.41% and 7.00% (2010 4.39% and 8.12%) while over the year the weighted average interest rates reported by Health Services ranged between 5.24% and 5.42% (2010 4.37% and 7.74%). None of these assets are past due or impaired.

c) Liquidity Risk

Liquidity risk is the risk that the Department will be unable to meet its payment obligations when they fall due. The Department and its controlled entities continuously manage risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The Department and its controlled entities have negotiated no loan outside of arrangements with the NSW Treasury or the Private Public Partnership arrangements negotiated through Treasury.

During the current and prior year, there were no defaults or breaches on any loans payable. No assets have been pledged as collateral. The Department's controlled entities' exposure

to liquidity risk is significant. However, this risk is minimised as the NSW Department of Health has indicated its ongoing financial support to those entities. Risks to the Department are not considered significant as the Department is a budget dependent agency that is funded to continue to provide essential health services.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. It is expected that amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the NSW Department of Health. This requires that, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received.

In those instances where settlement cannot be effected in accordance with the above, e.g. due to short term liquidity constraints within the Health Services, terms of payment are negotiated with creditors.

The table below summarises the maturity profile of the Department's financial liabilities together with the interest rate exposure.

Maturity Analysis and Interest Rate Exposure of Financial Liabilities

PARENT			INTEREST RATE EXPOSURE			MATURITY DATES		
	Weighted Average Effective int rate %	Nominal Amount $000	Fixed Interest Rate $000	Variable Interest Rate $000	Non-Interest Bearing $000	< 1 Yr $000	1-5 Yr $000	> 5 Yr $000
2011								
Payables:								
Accrued Salaries, Wages, On-Costs and Payroll Deductions	–	1,593	–	–	1,593	1,593	–	–
Creditors	–	144,207	–	–	144,207	144,207	–	–
Other Liabilities	–	697	–	–	697	–	697	–
Total	**–**	**146,497**	**–**	**–**	**146,497**	**145,800**	**697**	**–**
2010								
Payables:								
Accrued Salaries, Wages, On-Costs and Payroll Deductions	–	1,625	–	–	1,625	1,625	–	–
Creditors	–	129,566	–	–	129,566	129,566	–	–
Other Liabilities	–	–	–	–	–	–	–	–
Total	**–**	**131,191**	**–**	**–**	**131,191**	**131,191**	**–**	**–**

CONSOLIDATED	Weighted Average Effective int rate %	Nominal Amount $000	INTEREST RATE EXPOSURE Fixed Interest Rate $000	Variable Interest Rate $000	Non-Interest Bearing $000	MATURITY DATES < 1 Yr $000	1-5 Yr $000	> 5 Yr $000
2011								
Payables:								
Accrued Salaries, Wages, On-Costs and Payroll Deductions	–	147,339	–	–	147,339	147,339	–	–
Creditors	–	770,052	–	–	770,052	770,052	–	–
Borrowings:								
Other Loans and Deposits	9.35	448,042	448,042	–	–	8,539	46,366	393,137
Finance leases	6.7	11,501	–	11,501	–	–	2,501	9,000
Other Liabilities	–	1,568	–	–	–	–	1,568	–
Total		**1,378,502**	**448,042**	**11,501**	**917,391**	**925,930**	**50,435**	**402,137**
2010								
Payables:								
Accrued Salaries, Wages, On-Costs and Payroll Deductions	–	205,779	–	–	205,779	205,779	–	–
Creditors	–	697,572	–	–	697,572	697,572	–	–
Borrowings:								
Other Loans and Deposits	8.79	245,211	245,211	–	–	9,878	41,184	194,149
Finance leases	6.7	15,165	–	15,165	–	4,477	10,475	213
Other Liabilities	–	1,140	–	–	1,140	38	1,102	–
Total		**1,164,867**	**245,211**	**15,165**	**904,491**	**917,744**	**52,761**	**194,362**

Notes:

1. The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the Department can be required to pay. The tables include both interest and principal cash flows and therefore will not reconcile to the Statement of Financial Position.
2. Of the $46.366 million disclosed in the 2011 "other loans and deposits" time band 1-5 yrs, the Department has no intent to effect payments in advance of maturity dates on or prior to 30 September 2011.

d) Market Risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The exposures of the Department and its controlled entities to market risk are primarily through interest rate risk on borrowings and other price risks associated with the movement in the unit price of the Hour-Glass Investment facilities. The Department and its controlled entities have no exposure to foreign currency risk and do not enter into commodity contracts.

The effect on the reported result and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the Department and its controlled entities operate and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the statement of financial position date. The analysis is performed on the same basis for 2010. The analysis assumes that all other variables remain constant.

Interest Rate Risk

Exposure to interest rate risk arises primarily through the interest bearing liabilities held by the Department's controlled entities.

However, Health Services are not permitted to borrow external to the NSW Department of Health and the NSW Treasury. Both Treasury and NSW Department of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. The Department does not account for any fixed rate financial instruments at fair value through profit or loss or as available-for-sale. Therefore, for these financial instruments, a change of interest rates would not affect profit or loss or equity. A reasonably possible change of +/-1% is used consistent with current trends in interest rates. The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility. The Department's exposure to interest rate risk is set out below and addresses both the Parent and the Consolidated Entity.

PARENT	CARRYING AMOUNT $000	-1% Result	-1% Equity	+1% Result	+1% Equity
2011					
Financial Assets					
Cash and Cash Equivalents	235,104	(2,351)	(2,351)	2,351	2,351
Receivables	54,308	–	–	–	–
Other Financial Assets	12,739	–	–	–	–
Financial Liabilities					
Payables	145,396	–	–	–	–
Other	697	–	–	–	–
2010					
Financial Assets					
Cash and Cash Equivalents	61,616	(616)	(616)	616	616
Receivables	84,713	–	–	–	–
Other Financial Assets	121,669	(1,217)	(1,217)	1,217	1,217
Financial Liabilities					
Payables	131,191	–	–	–	–

CONSOLIDATED	CARRYING AMOUNT $000	-1% Result	-1% Equity	+1% Result	+1% Equity
2011					
Financial Assets					
Cash and Cash Equivalents	1,125,145	(11,251)	(11,251)	11,251	11,251
Receivables	309,271	–	–	–	–
Financial Assets at Fair Value	247,915	(2,479)	(2,479)	2,479	2,479
Financial Liabilities					
Borrowings	461,111	4,611	4,611	(4,611)	(4,611)
Payables	917,391	–	–	–	–
Other	697	7	7	(7)	(7)
2010					
Financial Assets					
Cash and Cash Equivalents	886,595	(8,866)	(8,866)	8,866	8,866
Receivables	299,259	–	–	–	–
Financial Assets at Fair Value	134,923	(1,349)	(1,349)	1,349	1,349
Financial Liabilities					
Borrowings	260,376	2,604	2,604	(2,604)	(2,604)
Payables	903,351	–	–	–	–
Other	1,140	11	11	(11)	(11)

Other Price Risk – TCorp Hour-Glass facilities

Exposure to 'other price risk' primarily arises through the investment in the TCorp Hour-Glass Investment Facilities, which are held for strategic rather than trading purposes. Neither the Department nor its controlled entities have direct equity investments. Units in the following Hour-Glass investment trusts are confined to controlled entities only with the Parent entity having no such investments:

FACILITY	INVESTMENT SECTORS	INVESTMENT HORIZON	2011 $000	2010 $000
Cash facility	Cash, money market instruments	Up to 1.5 years	221,745	223,924
Strategic cash facility	Cash, money market and other interest rate instruments	1.5 years to 3 years	78,960	85,085
Medium-term growth facility	Cash, money market instruments, Australian and International bonds, listed property, Australian and International shares	3 years to 7 years	68,406	63,621
Long-term growth facility	Cash, money market instruments, Australian and International bonds, listed property, Australian and International shares	7 years and over	80,686	53,217

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily.

NSW TCorp as trustee for each of the above facilities is required to act in the best interest of the unit holders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. However, TCorp, acts as manager for part of the Cash facility. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the Hour-Glass facilities limits the exposure to risk of the Department and its controlled entities, as it allows diversification across a pool of funds, with different investment horizons and a mix of investments.

NSW TCorp provides sensitivity analysis information for each of the investment facilities, using historically based volatility information collected over a ten year period quoted at two standard deviations (i.e. 95% probability). The TCorp Hour-Glass Investment facilities are designated at fair value through profit or loss and therefore any change in unit price impacts directly on profit (rather than equity).

A reasonably possible change is based on the percentage change in unit price (as advised by TCorp) multiplied by the redemption value as at 30 June each year for each facility (balance from Hour-Glass Statement).

		IMPACT ON PROFIT/LOSS	
	Change in unit price	2011	2010
Hour-Glass Investment – Cash facility	1%	1,002	2,699
Hour-Glass Investment – Strategic cash facility	2 to 5%	748	1,419
Hour-Glass Investment – Medium-term growth facility	7 to 24%	3,169	6,476
Hour-Glass Investment – Long-term growth facility	15%	9,307	7,982

e) Fair Value Compared to Carrying Amount

Financial instruments are generally recognised at cost, with the exception of the TCorp Hour-Glass facilities, which are measured at fair value. As discussed, the value of the Hour-Glass Investments is based on the share of the value of the underlying assets of the facility held by controlled entities of the Department, based on the market value. The Parent entity has no such investments. All of the Hour-Glass facilities, are valued using 'redemption' pricing.

The amortised cost of financial instruments recognised in the Statement of Financial Position approximates the fair value because of the short term nature of many of the financial instruments. There are no financial instruments where the fair value differs from the carrying amount.

f) Fair Value Recognised in the Statement of Financial Position

The Department uses the following hierarchy for disclosing the fair value of financial instruments by valuation technique:

Level 1 derived from quoted prices in active markets for identical assets/liabilities.

Level 2 derived from inputs other than quoted prices that are observable directly or indirectly.

Level 3 derived from valuation techniques that include inputs for the asset/liability not based on observable market data (unobservable inputs).

	LEVEL 1 $000	LEVEL 2 $000	LEVEL 3 $000	2011 TOTAL $000
TCorp Hour-Glass Investment Facility	–	449,797	–	449,797

(The table above only includes financial assets as no financial liabilities were measured at fair value in the Statement of Financial Position).

There were no transfers between level 1 and 2 during the period ended 30 June 2011.

41. Increase/(Decrease) in Net Assets from Equity Transfers

Parent

2010/11

No equity transfers occurred in 2010/11.

2009/10

Land transferred from the Parent entity ($13.955 million) to the Graythwaite Trust with effect from 1 July 2009 in accordance with the Supreme Court order in this matter. Based on control, the trust is included in the consolidated statements of the Department.

Upon the dissolution of HealthQuest an amount of $1.429 million in net assets also transferred to the Parent but had no effect on the consolidated values as both entities were under Departmental control.

Consolidated

2010/11

Long Service Leave totalling $1.629 Billion transferred to the Crown Entity on 31 December 2010. No other transfers were effected outside of the Department in 2010/11. However a series of equity transfers were effected within the Departmental controlled health services e.g. the establishment of Local Health Networks and the Sydney Children's Hospital Network.

2009/10

Land upon which the Parramatta Justice Precinct is now located transferred at 30 June 2010 to the Department of Justice and State Planning Authority respectively.

Land values transferred are as follows:

	$000
Department of Justice	5,940
State Planning Authority	14,286
Total	**20,226**

42. Post Balance Date Events

a) Establishment of Ministry of Health

No matters have arisen subsequent to balance date that would require these financial statements to be amended.

However, in 2011–12 the NSW Department of Health will be replaced by the Ministry of Health with four core functions:

- Westminster role supporting the Ministers and Government, e.g. Budget, Cabinet, Parliamentary policy processes;
- Regulatory functions, e.g. licensing private hospitals, prosecutions under tobacco control and other public health legislation;
- Public health functions, e.g. Population health, prevention, disease surveillance;
- Health system manager including purchasing and securing and distributing resources responsibly.

(b) Transfer of Callan Park Hospital to Leichhardt Council

Given the relocation of health services from the Callan Park site to Concord Hospital an offer has been made to Leichardt Municipal Council for a 99 year lease of 40 of the 60 hectares contained in the Callan Park site. On 19 July 2011 the Council endorsed the establishment of a Trust to oversee Callan Park and the implementation of a Callan Park Master Plan to guide decisions on future use of this site. It is anticipated that control of this site will formally pass to Council in 2011–12.

Based on transfer of 40 hectares the potential reduction in the Department's land and buildings and infrastructure assets approximates $42 million.

END OF AUDITED FINANCIAL STATEMENTS

Funding and Expenditure

Appendix 1

Image // St George Hospital

Funding and Expenditure

Appendix 1

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Accounts Age Analysis

Accounts Receivable Ageing as at 30 June 2011

CATEGORY	2010-11		2009-10	
	$000	%	$000	%
< 30 Days	56,773	91.3	80,640	92.9
30/60 Days	1,003	1.6	222	0.3
60/90 Days	1,102	1.8	265	0.3
> 90 Days	3,286	5.3	5,658	6.5
TOTAL	**62,164**		**86,785**	

In 2010–11, the receivable balance under 30 days has reduced by around $23.9 million, the major component being revenues accrued at 30 June 2010 for Elective Surgery which was duly paid by the Commonwealth in 2011-12.

The balance over 90 days has also reduced, the major component of the balance being Highly Specialised Drugs ($2.3 million).

Accounts Payable Ageing as at 30 June 2011

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
Sep 2010	58,608	1	0	1	0
Dec 2010	45,639	1	0	0	0
Mar 2011	52,310	52	6	7	0
Jun 2011	207,323	3	0	1	0

The June quarter payables is higher than the other quarters by around $155 million, due to the year end accrual of First State Superannuation expenses paid on behalf of Health Services ($61 million), Cross Border Accrual ($33 million), Capital Expenditure incurred in advance of milestones project ($34 million), Accrual of Salaries ($1 million), Energy Australia ($9 million), and other sundry creditors ($17 million).

QUARTER	TOTAL ACCOUNTS PAID ON TIME		TOTAL AMOUNT PAID
	%	$000	$000
Sep 2010	99.6	3,692,290	3,707,118
Dec 2010	99.4	3,289,781	3,309,639
Mar 2011	99.3	3,314,007	3,337,369
Jun 2011	99.3	3,464,257	3,488,678

Capital Works and Asset Management

Strategic Asset Management

Significant Achievements 2010–11

- Capital expenditure of $898 million was achieved against $742 million spent in 2009-10.
- Approximately $24 million worth of construction contracts for projects with a total estimated value less than $10 million were awarded. Contracts for projects over $10 million is subject to a separate report by Health Infrastructure.
- The forward capital program, Asset Acquisition Program (AAP), was endorsed with an estimated $4.7 billion in committed funding over the next four years (2011–12 to 2014–15).
- A total of 18 properties were disposed of during 2010–11 in accordance with government policy with gross sales proceeds totalling in the order of $23 million.
- An audit of NSW Health System Capital Infrastructure, Equipment and Technology was completed.

Major Priorities for 2011–12

- Full expenditure of the approved 2011-12 asset acquisition program of $1,082.4 million.
- Investment in 2011-12 to focus on:
  - Infrastructure, Equipment and Technology investments by the Local Health Districts and Health support Services (Projects >$10 million managed by Health Infrastructure).
  - Statewide programs including: Information and Communications Technology (ICT) Ambulance, Radiotherapy, Health Technology Mental Health, Rural Health, HealthOne Repairs, Maintenance, Renewals (RMR).
- Co-ordination of Local Health District Asset Strategic Plans based on their revised service plans and aggregation into the 2012-13 NSW Health Asset Strategy.
- Co-ordination of and funding/implementation agreements for Allied Health Organisation projects benefitted by capital grants including the Lifehouse at RPA Cancer Centre and various Research Entity projects.
- Procurement and implementation of a replacement asset management and maintenance ICT System to enable Asset Portfolio Management, Asset Maintenance and Environmental Sustainability requirements on NSW Health.
- Enhancement to NSW Health System processes and reporting of energy management, waste reduction and recycling government policies.

The following table outlining capital works completed during 2009–10 represents NSW Health's asset acquisitions for the year. NSW Health's major assets are listed under the profiles of each area health service

Capital Works Completed During 2010–11

PROJECT	TOTAL COST $M	COMPLETION DATE
NORTHERN TRANSITION OFFICE		
Central Coast Local Health Network		
Woy Woy Hospital Refurbishment	0.50	Jun 2011
Wyong Hospital - CT Scanner	1.20	Mar 2011
Hunter New England Local Health Network		
Calvary Mater Newcastle - MRI	3.20	Jun 2011
COAG Elective Surgery	4.17	Jun 2011
James Fletcher Hospital - 20 Bed Unit	8.92	Sep 2010
John Hunter Hospital - Medical Skills Laboratory	1.62	Dec 2010
John Hunter Hospital - Nuclear Medical SPECT CT	0.80	Feb 2011
HealthOne - Karuah	0.50	Jun 2011
HealthOne - Quirindi	2.87	Apr 2011
Maitland Hospital - Emergency Department	10.33	Dec 2010
Mid North Coast Local Health Network		
COAG Emergency Department	0.72	Jun 2011
Medical Imaging Implementation	2.58	Jun 2011
Northern NSW Local Health Network		
Ballina District Hospital - Dental Clinic Expansion	0.97	Apr 2011
COAG Elective Surgery	1.51	Jun 2011
COAG Emergency Department	1.33	Jun 2011
Grafton Base Hospital - Surgical Services and Emergency Department	19.74	Mar 2011
Lismore Base Hospital - Brain Injury Rehabilitation Services	0.52	Jun 2011
The Tweed Hospital - Outpatients Department	0.75	Jan 2011
Northern Sydney Local Health Network		
Royal North Shore Hospital - Replacement Linear Accelerator	3.30	Jul 2010
Royal North Shore Hospital - Interim Psychiatric Emergency Care Centre	1.10	Aug 2010
SOUTHERN TRANSITION OFFICE		
COAG Elective Surgery	2.70	Jun 2011
Electronic Medical Record Implementation	0.99	Jul 2010
Illawarra Shoalhaven Local Health Network		
COAG Elective Surgery	0.87	Mar 2011
Shellharbour Hospital - Child and Adolescent Inpatient Unit	4.40	May 2011
Shellharbour Hospital - Renal Illawarra	4.50	May 2011
Murrumbidgee Local Health Network		
COAG Emergency Department	1.00	Jun 2011

PROJECT	TOTAL COST $M	COMPLETION DATE
COAG Flexible Capital - Deniliquin Hospital CT Scanner	1.00	Jun 2011
Griffith Base Hospital - Facade Remedial Works	2.46	Mar 2011
Wagga Wagga Base Hospital - Sterilising Equipment Upgrade	0.70	Aug 2010
South Eastern Sydney Local Health Network		
COAG Emergency Department	1.39	Jun 2011
COAG Elective Surgery	1.58	Mar 2011
Prince of Wales Hospital - Edmund Blackett Building Roof/Stonework	1.30	Jul 2010
Prince of Wales Hospital - Psychiatric Emergency Care Centre	2.63	Mar 2011
St George Hospital - Brachytherapy Equipment	0.54	Jun 2011
St George Hospital - Brachytherapy Suite	0.69	Mar 2011
Sydney Local Health Network		
Concord Repatriation Hospital - Renal Services	1.60	Jun 2011
Royal Prince Alfred Hospital - Stage 2	47.65	Aug 2010
WESTERN TRANSITION OFFICE		
Cerner Pathology Licenses	0.61	May 2011
Infrastructure Strategy Stage 1	3.23	Jan 2011
Information Technology Department - Infrastructure	2.00	Oct 2010
Information Technology Department - Other Equipment	0.95	May 2011
PACS/RIS Implementation	2.00	Dec 2010
Far West Local Health Network		
Balranald Multipurpose Service	14.22	Sep 2010
Nepean Blue Mountains Local Health Network		
Nepean Hospital - CT Scanner (COAG)	0.90	Jun 2011
Nepean Hospital - Cancer Day Care and Linear Accelerator Replacement	4.15	Feb 2011
Nepean Hospital - SPECT CT Replacement	0.68	Feb 2011
Area Wide Equipment Program - Lithgow Patient Monitoring	0.65	Aug 2010
South Western Sydney Local Health Network		
Bowral and Campbelltown Hospitals - Lifts Upgrade	0.88	Jun 2011
Camden District Hospital - Dementia Day Centre	1.22	May 2011
COAG Flexible Capital - Campbelltown Hospital - New MRI	3.00	Jun 2011
Medical Imaging Implementation	8.67	Feb 2011
Western NSW Local Health Network		
COAG Emergency Department	1.45	Jun 2011
COAG Elective Surgery	1.18	Jun 2011
Coonamble Multipurpose Service	14.44	Nov 2010
Orange Base Hospital/Bloomfield - Associated Health Services	162.09	Apr 2011
Orange Base Hospital/Bloomfield - Oral Health Expansion	1.44	May 2011
Orange Base Hospital/Bloomfield - Radiotherapy	18.96	May 2011
Orange Base Hospital/Bloomfield - Redevelopment	77.8	May 2011
Western Sydney Local Health Network		
Auburn Hospital - Community Hub	13.66	Dec 2010
Blacktown Hospital - Cardiac Catheterisation Unit	4.50	Sep 2010
Blacktown Hospital - CT Scanner	1.20	Nov 2010
Blacktown Hospital - Simulation Centre	4.50	May 2011
COAG Flexible Capital	2.50	Mar 2011
Information Technology Department - Other Equipment	0.95	May 2011
Information Technology Department - Project (EMR/PAS Rollout)	2.50	Aug 2010
Mt Druitt Hospital - Operating Theatre Suite	0.83	Feb 2011
SPECIALIST HEALTH NETWORKS		
Ambulance Service of NSW		
Administration - Desk Top Replacement	2.57	Jun 2011
Fleet Replacement - Ambulances	38.77	Jun 2011
Fleet Replacement - Vehicles	7.00	Jun 2011
Station Upgrade - Nelson Bay	2.12	Mar 2011
Medical Equipment and Maintenance	10.00	Jun 2011
Sydney Children's Hospitals Network		
The Children's Hospital at Westmead - Neonatal Intensive Care Unit	0.80	Jun 2011
The Children's Hospital at Westmead - Replacement Anaesthetic Machines	1.50	Sep 2010

Note: Only projects with an estimated total cost over $0.5 million shown.

Credit Card Certifications

It is affirmed that for the 2010-11 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 expenses
- 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.

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

Procurement cards

The Department has also encouraged the use of procurement cards across all areas 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.

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.

Non-Government Organisations Funded

By the NSW Department of Health 2010–11

ABORIGINAL HEALTH	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$2,021,742	Peak body providing advocacy and support for NSW Aboriginal community controlled health services, advising Governments on Aboriginal health matters and a formal partner with NSW Health on Aboriginal health issues. Funding is given for operational and administrative costs, chronic disease, quality improvement and maternal and child health programs.
Aboriginal Medical Service Co-op Ltd	$461,100	Preventive health care, drug and alcohol and chronic disease management and maternal health programs for the Aboriginal community in the Sydney inner city area.
Aboriginal Medical Service Western Sydney Co-op Ltd	$557,550	Preventive health care, chronic disease management and drug and alcohol programs for the Aboriginal community in the western Sydney area.
Albury Wodonga Aboriginal Health Service Inc	$7,690	Foetal heart monitor and diabetes testing equipment.
Awabakal Newcastle Aboriginal Co-op Ltd	$497,300	Preventive health care, drug and alcohol, ear health and family health programs for Aboriginal community in the Newcastle area.
Biripi Aboriginal Corporation Medical Centre	$226,600	Preventive health care drug and alcohol and family health programs for the Aboriginal community in the Taree area.
Bourke Aboriginal Health Service Ltd	$226,600	Public health, family health and drug and alcohol programs for the Aboriginal community in Bourke and surrounding areas.
Bulgarr Ngaru Medical Aboriginal Corporation	$80,000	Family health program in the Grafton area.
Bulgarr Ngaru Medical Aboriginal Corporation - Casino Aboriginal Medical Service	$200,000	Chronic disease prevention and management program in the Casino area.
Centacare Wilcannia-Forbes	$143,700	Family health program in Narromine and Bourke.
Coonamble Aboriginal Health Corporation	$80,000	Family health program in the Coonamble area.
Cummeragunja Housing and Development Aboriginal Corporation	$80,300	Preventive health program for Aboriginal community in the Cummeragunja, Moama and surrounding areas.
Durri Aboriginal Corporation Medical Service	$380,700	Drug and alcohol program for the Aboriginal communities in the Kempsey area, and one-off funding for a retinal camera.
Durri Aboriginal Medical Service - Goorie Galbans	$121,400	Family health program in the Kempsey area.
Forster Local Aboriginal Lands Council	$81,100	Family health program in the Forster area.
Galambila Aboriginal Health Service Inc.	$225,080	Chronic disease prevention and management program for Aboriginal community in the Coffs Harbour area.
Grace Cottage Inc	$87,700	Family health program for communities in the Dubbo area.
Griffith Aboriginal Medical Service	$34,500	One-off funding for a retinal camera.
Illaroo Cooperative Aboriginal Corporation	$52,100	Personal care worker for the Rose Mumbler Retirement Village.
Illawarra Aboriginal Medical Service	$240,800	Preventive health care, drug and alcohol programs, youth health and welfare services and a childhood nurse for the Aboriginal community in the Illawarra area.
Intereach NSW Inc	$86,900	Family health program in the Deniliquin area.
Katungul Aboriginal Corporation Community and Medical Services	$71,300	Ear health program for Aboriginal communities of the far south coast region.
Maari Ma Health Aboriginal Corporation	$517,209	Family health, chronic disease prevention and management programs, and one-off funding for equipment to support chronic disease program.
MDEA and Nureen Aboriginal Women's Co-operative	$84,317	Counselling and support service for Aboriginal women and children in the Manning district and one-off equipment funding.
Ngaimpe Aboriginal Corporation	$183,800	Residential drug and alcohol program for men in the Central Coast area and one-off funding supporting literacy and numeracy program.
NSW Rural Doctors Network Ltd	$83,790	One-off funding for an echocardiogram to support chronic disease management in Far West NSW.
The Oolong Aboriginal Corporation	$174,400	Residential drug and alcohol treatment, located in the Nowra area.
Orana Haven Aboriginal Corporation (Drug and Alcohol Rehabilitation Centre)	$98,450	Residential drug and alcohol program, located near Brewarina.
Orange Aboriginal Health Service	$19,274	Equipment to support the chronic disease program.
Riverina Medical and Dental Aboriginal Corporation	$433,900	Preventive health care, drug and alcohol, ear health and family health services for the Aboriginal community in the Riverina region.
South Coast Medical Service Aboriginal Corporation	$181,900	Preventive health care and drug and alcohol programs for the Aboriginal community in the Nowra area and one-off funding for a retinal camera.
Tharawal Aboriginal Corporation	$180,700	Preventive health care, drug and alcohol programs for the Aboriginal community in the Campbelltown area and one-off funding for a retinal camera.

ABORIGINAL HEALTH	AMOUNT	DESCRIPTION
Walgett Aboriginal Medical Service Co-op Ltd	$276,400	Preventive health care and drug and alcohol programs for the Aboriginal community in the Walgett area.
WAMINDA (South Coast Women's Health and Welfare Aboriginal Corp)	$81,100	Family health program in the South Coast area.
Weigelli Centre Aboriginal Corporation	$72,000	Residential drug and alcohol program for Aboriginal people in the Cowra area.
Wellington Aboriginal Corporation Health Service	$196,900	Drug and alcohol, youth and family health programs for the Aboriginal community in and around Wellington.
Yerin Aboriginal Health Services Inc	$338,500	Preventive health care, ear health and family health programs for the Aboriginal people in the Wyong area and funds for administration.
Yoorana Gunya Family Healing Centre Aboriginal Corporation	$153,400	Family health program for the Aboriginal community in Forbes and surrounding areas.
TOTAL	**$9,040,202**	

AIDS	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$914,434	Implementation of the following Statewide Projects with Aboriginal communities in NSW: • HIV/AIDS, hepatitis C and sexually transmissible infections (STI) • Diploma of Community Services (Case Management) with a focus on Aboriginal Sexual Health distance learning package • harm minimisation • sexual and reproductive health social marketing and hepatitis C treatment social marketing.
Aboriginal Medical Service Co-operative Ltd	$182,700	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections education and prevention programs for local Aboriginal communities. Statewide distribution of condoms via Aboriginal Community Controlled Health Organisations.
Aboriginal Medical Service Western Sydney Co-op Ltd	$82,412	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities.
Albury Wodonga Aboriginal Health Service Inc	$49,500	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
ACON Health Ltd	$10,447,344	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 • HIV/AIDS information provision.
Australasian Society for HIV Medicine Inc	$1,723,400	Provision of training for accreditation of general practitioners prescribing HIV or hepatitis C treatments under Section 100 of the National Health Act and training, education and support for general practitioners involved in the management and care of HIV, HCV and HBV and Sexual Health training for nurses. Provision of HIV, hepatitis B and hepatitis C training targeting other health care providers including nurses and Aboriginal health workers together with general workforce development support for the NSW HIV and related diseases Program.
Awabakal Newcastle Aboriginal Co-op Ltd	$49,500	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Biripi Aboriginal Corporation Medical Centre	$169,824	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities.
Bourke Aboriginal Health Service Ltd	$15,250	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Bulgarr Ngaru Medical Aboriginal Corporation	$184,824	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities.

AIDS	AMOUNT	DESCRIPTION
Coomealla Health Aboriginal Corporation	$169,824	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities.
Coonamble Aboriginal Health Corporation	$103,824	Provision of sexual and reproductive health programs for local Aboriginal communities.
Diabetes Australia - NSW	$2,025,757	Provision of free needles and syringes to registrants of the National Diabetic Services Scheme resident in NSW.
Durri Aboriginal Corporation Medical Service	$80,875	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Family Planning NSW	$100,000	Provision of sexual and reproductive health evaluation framework for Aboriginal communties in NSW.
Griffith Aboriginal Medical Service	$203,824	Provision of sexual and reproductive health programs for local Aboriginal communities and provision of hepatitis C treatment programs for Aboriginal communities.
Hepatitis NSW (HNSW)	$1,364,300	HNSW is a Statewide community based organisation that provides information, support, referral, education, and prevention and advocacy services for all people in NSW affected by hepatitis C. HNSW works actively in partnership with other organisations and the affected communities to bring about improvement in the quality of life and to prevent the transmission of hepatitis C.
Illawarra Aboriginal Medical Service	$47,000	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Katungul Aboriginal Corporation Community and Medical Services	$66,000	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
National Centre in HIV Social Research – University of NSW	$336,988	Analysis and reporting of HIV, sexually transmissible infections and viral hepatitis social/ behavioural data. Monitoring of risk behaviour among populations at risk of HIV and sexually transmissible infections and provision of research into living with HIV and related diseases.
NSW Users and AIDS Association Inc	$1,395,035	NUAA is a Statewide community-based organisation that provides HIV/AIDS and hepatitis C prevention education, harm reduction, advocacy, referral and support services for people who inject drugs.
Pharmacy Guild of Australia (NSW Branch)	$1,357,953	Co-ordination of the Pharmacy Fitpack Scheme (Needle Syringe Program) in retail pharmacies throughout NSW.
Pius X Aboriginal Corporation	$66,000	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Positive life NSW	$753,400	Statewide community based education, information and referral support services for people living with HIV/AIDS.
South Coast Medical Service Aboriginal Corporation	$46,125	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
Tharawal Aboriginal Corporation	$66,000	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
The Kirby Institute – University of NSW	$453,544	Analysis and reporting of HIV, sexually transmissible infections and viral hepatitis surveillance data. Monitoring of prevalence, incidence and risk factors among populations at risk of HIV, sexually transmissible infections and viral hepatitis.
Walgett Aboriginal Medical Service Co-op Ltd	$101,250	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of hepatitis C treatment programs for local Aboriginal communities.
Wellington Aboriginal Corporation Health Service	$15,250	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities.
TOTAL	**$22,572,137**	

ALTERNATIVE BIRTHING	AMOUNT	DESCRIPTION
Durri Aboriginal Corporation Medical Service	$179,300	Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area.
Walgett Aboriginal Medical Service Co-op Ltd	$179,300	Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area.
TOTAL	**$358,600**	

CARERS	AMOUNT	DESCRIPTION
Association of Genetic Support of Australasia (AGSA)	$111,100	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	$60,700	Family and Carers support program supporting family and carers of people with Huntington's disease.
Autism Spectrum Australia	$222,300	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.
CanRevive Inc	$63,600	Grant program supporting Aboriginal and Culturally and Linguistically Diverse (CALD) carers.
Carers NSW Inc	$628,300	Grant for peak body role including health professional training, biennial conference, information and advice and E-bulletin.
Cerebral Palsy Alliance	$111,100	Carers Link program supporting parents and carers of people with cerebral palsy and other significant physical disability via mutual support and education initiatives.
Drug and Alcohol Multicultural Education Centre (DAMEC)	$86,100	Grant program supporting Aboriginal and Culturally and Linguistically Diverse (CALD) carers.
Disability and Aged Information Service Inc	$112,000	Working Carers Support Gateway providing internet based information and support service for low income employed carers.
Down Syndrome Association of NSW Inc	$108,400	All the Way program supporting carers of people with Down Syndrome via information and peer support.
Link Up Aboriginal Corporation	$93,300	Grant program supporting Aboriginal and Culturally and Linguistically Diverse (CALD) carers.
Macedonian Australian Welfare Association	$117,200	Grant program supporting Aboriginal and Culturally and Linguistically Diverse (CALD) carers.
Multiple Sclerosis Society Ltd	$33,400	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 (MDANSW)	$86,500	Care for carers program providing information and support to carers of people with muscular dystrophy and other neuromuscular disorders.
Parkinson's NSW Inc	$22,914	Support for Parkinson's NSW Awareness Week activities.
The Cancer Council NSW	$56,300	Cancer Carers Support Online providing a Statewide education program using facilitator-led online delivery and telegroup support.
Yarkuwa Indigenous Knowledge Centre	$92,300	Grant program supporting Aboriginal and Culturally and Linguistically Diverse (CALD) carers.
TOTAL	**$2,005,514**	

COMMUNITY SERVICES	AMOUNT	DESCRIPTION
Association for the Wellbeing of Children in Healthcare Ltd	$155,800	Advocacy for the needs of children, young people and families within the health care system focusing upon the psycho-social needs of children and young people.
Council of Social Service NSW (NCOSS)	$207,500	Grant to support NCOSS Management Support Unit with the aim of developing management capacity of Health funded NGOs and to employ a Health Policy Officer to address effective policy development, communication, co-ordination and advocacy work.
Health Consumers NSW	$50,000	Health Consumers NSW is the peak State voice for NSW health consumers. Its principal aim is to provide a voice for health consumers in NSW, to enable them to participate in shaping health services and decisions in our State.
NSW Association for Youth Health Inc	$110,900	Peak body working with and advocating for the youth health sector in NSW to promote the health and wellbeing of young people aged 15 to 25 years.
QMS (Quality Management Services) Inc	$316,700	Assist with the NGO Quality Improvement Program for NGOs funded under NSW Health's NGO Grant Program.
United Hospital Auxiliaries of NSW Inc	$171,200	Peak organisation providing co-ordination and central administration for members of the United Hospital Auxiliaries.
Women's Health NSW	$174,400	Peak body for the co-ordination of policy, planning, service delivery, staff development, training, education and consultation between non-government women's health services, the Department and other government and non-government services.
TOTAL	**$1,186,500**	

DRUG AND ALCOHOL	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$150,000	Grant to continue the policy/project officer position and aboriginal drug and alcohol network projects.
Aboriginal Medical Service Co-op Ltd	$253,300	Multi-purpose Drug and Alcohol Centre.
Australian Red Cross (NSW Division)	$250,000	Four-year project funding to deliver the alcohol and other drug overdose prevention education program for families and carers of users in NSW.
Drug and Alcohol Multicultural Education Centre (DAMEC)	$575,500	Statewide program targeting health and related professionals to assist them to appropriately service CALD customers.
Family Drug Support	$325,750	Grant to support services for families of drug and alcohol affected people.
Life Education NSW Ltd	$1,758,000	A registered training organisation providing health oriented educational program for primary school children.
Macquarie University Department of Psychology	$60,600	Project funding for a drug and alcohol education curriculum content in the Master of Social Health course.
Network of Alcohol and Other Drugs Agencies Inc	$1,103,810	Peak body for non-government organisations providing alcohol and other drug services.
NSW College of Nursing	$15,000	Grant for the development of two post graduate drug and alcohol nursing subjects.
NSW Users and AIDS Association Inc	$77,588	Funding to assist with the development and facilitation of the Drug and Alcohol Consumer Sub Committee.
Pharmacy Guild of Australia (NSW Branch)	$1,430,000	NSW Pharmacy Incentive Scheme that involves the payment of incentives to pharmacists to encourage them to participate in the State's methadone/ buprenorphine program.
Salvation Army Blue Mountains Recovery Services	$111,250	Grant to provide aftercare services for people that undergo detoxification treatment.
The Construction Industry Drug and Alcohol Foundation - Foundation House	$200,000	Foundation House is the Construction Industry Drug and Alcohol Foundation treatment centre providing both inpatient and outpatient support for building and construction industry personnel, members of their families and members of the general public.
The Oolong Aboriginal Corporation	$255,950	A residential drug and alcohol treatment and referral service for Aboriginal people.
Uniting Care NSW/ ACT	$3,125,700	Medically Supervised Injecting Centre trial.
University of Sydney - Brain and Mind Research Institute	$375,000	Research into Alcohol Related Brain Injury (ARBI).
TOTAL	**$10,067,448**	

HEALTH PROMOTION	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$808,230	Prevention partnerships for Aboriginal People in closing the Gap in Indigenous Health Outcomes.
Healthy Kids Association Inc	$400,000	Promotion of healthy food choices for children.
KIDSAFE NSW Inc	$208,800	Prevention of deaths and injuries to children under the age of 15.
National Heart Foundation of Australia (NSW Division)	$401,800	The Heart Foundation Prevention in Primary Health Care program aims to increase awareness of the benefits of addressing lifestyle risk factors and support effective intervention within general practice.
TOTAL	**$1,818,830**	

MENTAL HEALTH	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$156,000	Peak body advising State and Federal Governments on Aboriginal health matters and provide advocacy and support for Aboriginal community controlled health services.
Aboriginal Medical Service Co-op Ltd	$258,300	Mental Health workers project and mental health youth project for Aboriginal community in the Sydney inner city area.
Aboriginal Medical Service Western Sydney Co-op Ltd	$78,700	Mental Health worker project for Aboriginal community.
ACON Health Ltd	$150,000	Grant for the Peace of Mind Mental Health Literacy Program.
After Care	$525,313	Family and Carer Mental Health Projects.
Aged and Community Services Association of NSW and ACT Inc.	$120,000	Co-ordination of the Positive Living in Aged Care (PLAC) project.
Albury Wodonga Aboriginal Health Service Inc	$78,700	Mental Health worker project for Aboriginal community.

MENTAL HEALTH	AMOUNT	DESCRIPTION
Awabakal Newcastle Aboriginal Co-op Ltd	$88,500	Mental Health worker project for Aboriginal community in the Newcastle area.
Black Dog Institute	$1,425,600	Programs to advance the understanding, diagnosis and management of mood disorders through research, education, training and population health approaches.
Bulgarr Ngaru Medical Aboriginal Corporation	$90,300	Mental Health worker project for Aboriginal community.
Carers NSW Inc	$461,250	Three five-year Family and Carer Mental Health Projects.
Centacare Wilcannia-Forbes	$525,313	Family and Carer Mental Health Projects.
Centre for Developmental Disability Studies	$200,000	Provision of a medical and health consultant service for people with developmental disabilities.
Coomealla Health Aboriginal Corporation	$88,500	Mental Health worker project for Aboriginal community.
Cummeragunja Housing and Development Aboriginal Corporation	$88,500	Mental Health worker project for Aboriginal community.
Frederic House	$176,900	Project grant for mental health services at aged care facility.
Galambila Aboriginal Health Service Inc.	$78,700	Mental Health worker project for Aboriginal community.
General Practice NSW	$312,312	Project grant to enhance the system of shared care and service linkage between NSW Health and general practice in NSW.
Katungul Aboriginal Corporation Community and Medical Services	$83,400	Mental Health worker project for Aboriginal community.
Mental Health Carers ARAFMI NSW Inc	$474,950	Five-year Family and Carer Mental Health Projects.
Mental Health Coordinating Council NSW	$1,283,800	Peak organisation funded to support NGO sector efforts to provide efficient and effective delivery of mental health services plus three-year project funding for the NGO Development Officers Strategy project and the Professional Development Scholarships program.
Mission Australia	$1,165,313	A specialist outreach support program for people with mental health issues.
Neami Ltd	$600,000	Neami Resource and Recovery is a community based outreach service offering a structured, strength based assessment and support process whereby consumers' aspirations and goals shape the context for the interventions offered.
Network of Alcohol and Other Drugs Agencies Inc	$310,227	Peak body for non-government organisations providing alcohol and other drug services.
New Horizons Enterprises Ltd	$540,000	The Recovery and Resource Services Program provides individualised rehabilitation and recovery services for people with a mental illness. This program utilises community, social, leisure and vocational services.
NSW Consumer Advisory Group - Mental Health Inc (NSW CAG)	$1,036,600	Contribution to consumer and carer input into mental health policy making process and one off for Mental Health Copes project.
Parramatta Mission	$1,151,845	Five-year Family and Carer Mental Health Projects.
Peer Support Foundation Ltd	$230,400	Social skills development program, providing education and training for youth, parents, teachers, undertaken in schools across NSW.
Psychiatric Rehabilitation Australia (PRA)	$860,000	Provide support and access to quality community social, leisure and recreation opportunities and vocational and educational services for people with mental illness.
Riverina Medical and Dental Aboriginal Corporation	$78,700	Mental Health worker project for Aboriginal community.
Schizophrenia Fellowship of NSW Inc	$2,059,596	Three five-year Family and Carer Mental Health Projects.
Schizophrenia Research Institute	$1,994,000	Support for a comprehensive research program across hospitals, universities and research institutes to discover the ways in which to prevent and cure schizophrenia.
South Coast Medical Service Aboriginal Corporation	$169,700	Mental Health worker for local Aboriginal community.
St Luke's Anglicare Ltd	$180,000	Recovery and Resource Services are to support people with mental illness to access quality mainstream community social, leisure and recreation opportunities and vocational and educational services.
Tharawal Aboriginal Corporation	$78,700	Mental Health worker project for Aboriginal community.
University of Wollongong - IHMRI	$960,439	Grant to support the treatment of personality disorder project.
Walgett Aboriginal Medical Service Co-op Ltd	$157,400	Mental Health worker project for Aboriginal community.
WAMINDA (South Coast Women's Health and Welfare Aboriginal Corp)	$78,700	Mental Health worker project for Aboriginal community.
Weigelli Centre Aboriginal Corporation	$78,700	Mental Health worker project for Aboriginal community.
Wellington Aboriginal Corporation Health Service	$86,200	Project grant for the employment of a clinical team leader (psychologist) Aboriginal mental health focus.
Yerin Aboriginal Health Services Inc	$78,700	Mental Health worker project for Aboriginal community.
TOTAL	**$18,640,258**	

ORAL HEALTH	AMOUNT	DESCRIPTION
Aboriginal Medical Service Co-op Ltd	$107,600	Aboriginal oral health services.
Aboriginal Medical Service Western Sydney Co-op Ltd	$394,100	Aboriginal oral health services.
Albury Wodonga Aboriginal Health Service Inc	$304,884	Aboriginal oral health services.
Awabakal Newcastle Aboriginal Co-op Ltd	$156,800	Aboriginal oral health services.
Biripi Aboriginal Corporation Medical Centre	$156,800	Aboriginal oral health services.
Bulgarr Ngaru Medical Aboriginal Corporation	$379,500	Aboriginal oral health services.
Bulgarr Ngaru Medical Aboriginal Corporation - Casino Aboriginal Medical Service	$218,300	Aboriginal oral health services.
Durri Aboriginal Corporation Medical Service	$379,500	Aboriginal oral health services.
Health Reform Transition Office Northern (Armidale reauspice)	$418,100	Aboriginal oral health services.
Illawarra Aboriginal Medical Service	$273,900	Aboriginal oral health services.
Katungul Aboriginal Corporation Community and Medical Services	$410,300	Aboriginal oral health services.
Maari Ma Aboriginal Corporation	$172,100	Aboriginal oral health services.
Orange Aboriginal Health Service	$299,000	Aboriginal oral health services.
Pius X Aboriginal Corporation	$156,300	Aboriginal oral health services.
Riverina Medical and Dental Aboriginal Corporation	$413,200	Aboriginal oral health services.
South Coast Medical Service Aboriginal Corporation	$237,500	Aboriginal oral health services.
Tharawal Aboriginal Corporation	$273,900	Aboriginal oral health services.
Walgett Aboriginal Medical Service Co-op Ltd	$107,600	Aboriginal oral health services.
Yerin Aboriginal Health Services Inc	$300,000	Aboriginal oral health services.
TOTAL	**$5,159,384**	

RURAL DOCTORS SERVICES	AMOUNT	DESCRIPTION
NSW Rural Doctors Network Ltd	$1,331,400	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 focused on providing financial and other support to medical students undertaking rural NSW placements. Also for 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 regional based hospital.
TOTAL	**$1,331,400**	

CHRONIC CARE FOR ABORIGINAL PEOPLE	AMOUNT	DESCRIPTION
Aboriginal Medical Service Co-op Ltd	$76,800	Preventive vascular health program for Aboriginal community in the Sydney inner city area.
Asthma Foundation of NSW	$50,000	Undertake asthma community education programs.
Biripi Aboriginal Corporation Medical Centre	$70,700	Preventive vascular health program for Aboriginal community in the Taree area.
Durri Aboriginal Corporation Medical Service	$70,800	Preventive vascular health program for Aboriginal community in the Kempsey area.
Galambila Aboriginal Health Service Inc.	$70,800	Preventive vascular health program for Aboriginal community in the Coffs Harbour area.
TOTAL	**$339,100**	

Other Funding Grants

ORGANISATION NAME	AMOUNT	DESCRIPTION
Aboriginal Affairs NSW	10,000	Contribution towards Aboriginal Affairs NSW 2010-11
Aboriginal Medical Service	10,000	Funding for House of BlackSTAR
Aftercare	1,210,375	Housing and Accommodation Support Initiatives projects
Aftercare	379,200	Set up and support for the Housing and Accommodation Support Initiative
Agency for Clinical Innovation	4,794	Hepatology Nursing Scholarships
Albury Wodonga Health	92,946	Grant for Obstetrics Registration Training Position
Anex Inc.	13,182	Sponsor Schools to the Australian Drugs Conference hosted by ANEX
Anzac Health and Medical Research Foundation	120,917	Funding for the Cardiometabolic Health in Psychosis program
Asylum Seekers Centre Inc.	40,000	Asylum Seekers Centre (ASC) Health Care Program
Australasia Society of Clinical Immunology and Allergy	50,000	Anaphylaxis training for Health Professionals
Australia and New Zealand Intensive Care Society	287,816	Australia and New Zealand Intensive Care Society core bi-national Intensive Care databases
Australian College of Health Services	152,613	Graduate Health Management Program 2010-11
Australian Hearing	40,502	Funding of longitudinal outcomes of children with hearing impairment study
Australian Medical Association	10,000	Sponsorship of Australian Medical Association Career Expo
Australian Medical Association	6,000	Sponsorship of Doctors In Training (DIT) Ball
Australian Society for the Study of Obesity	5,000	Sponsorship of Society Scientific Meeting 2010
Beyond Blue	1,200,000	Interim Operating grant
Biaggio Signorelli Foundation	100,000	Grant to support the early detection, treatment and care of Mesothelioma
Box and Dice Activity	19,138	Diversional Therapy Kits for Older People Mental Health Kids Unit
Canrevive Inc.	39,980	Culturally and Linguistically Diverse (CALD) funding - Aboriginal Female Carers Funding
Children's Hospital Westmead	4,650	Development of a new Youth Health Policy 2010-2014
Clinical Excellence Committee	15,000	Secretariat and reporting for the Maternity Root Cause Analysis Review Committee
Community Health Education Groups (CHEGS)	26,844	Tooty Fruity Vegetable Physical Activity
Conexion Event Management P/L	5,000	International Stillbirth Alliance (ISA) and International Society for the Study and Prevention of Infant Death (ISPID) Conference funding
Coonamble Aboriginal Health Service	282,000	Purchase property 17 Tooloon St, Coonamble
Creative Festival Entertainment	26,500	Sponsorship of the Big Day Out and Field Day
Cultural Partners	25,000	Research into Aboriginal women's mental health, drug and alcohol, pregnancy and post-natal campaign
Curtin University	100,000	Funding for research project - Reducing impulsive behaviour in repeat violent offenders, using a Selective Serotonin Reuptake Inhibitor
Day of Difference Foundation	100,000	Grant to support families of critically ill children in hospital
Department of Health and Ageing	43,919	Australian Bone Marrow Donor registry for the National Cord Blood Collection network
Department of Health and Ageing	1,629,852	Australian Childhood Immunisation Register
Department of Health and Ageing	1,785,300	Contribution to Australian Commission on Safety and Quality in healthcare
Department of Health, Victoria	51,097	NSW contribution to the National Mental Health Workforce Advisory Committee
Department of Human Services	20,000	Contribution to support the implementation of Therapy Services
Department of Juvenile Justice	2,670,619	Implementation of Magistrate Early Referral into Treatment Program
Department of Premier and Cabinet	150,000	Support Product Red Landmark Campaign 2010
Department of Premier and Cabinet	149,000	Support for Premiers Council for Active Living
Department of Premier and Cabinet	25,000	Redfern Aboriginal Medical Service
Department of Premier and Cabinet	63,500	Contribution towards Tackling Violence program
Drug and Alcohol Multicultural Education Centre (DAMEC)	40,000	Culturally and Linguistically Diverse (CALD) funding - Aboriginal Female Carers Funding
Fight Cancer Foundation	750,000	NSW Contribution to Albury/Wodonga Cancer Patient Carer and Accommodation Centre
Fuzzy Events	10,500	Sponsorship of the Big Day Out and Field Day
Galambila Aboriginal Health Service	10,000	Capital Works Funding

ORGANISATION NAME	AMOUNT	DESCRIPTION
General Practice NSW	34,091	Keep Them Safe funding for 'A shared approach to Child Wellbeing 2009-2014'
General Practice Training	20,000	Funding and support 2010-11
Healthy Kids Association	210,090	Nutrition in Schools project
Illawarra and Shoalhaven Local Health District	90,956	NSW Dementia Risk reduction awareness
Illawarra Division of General Practice	54,545	Dementia Risk Reduction project
Intereach NSW Inc.	250,000	Deniliquin Family Centre Grant
Kamira Farm Inc	281,600	Grants residential rehabilitation service for women with children
Katoomba Neighbourhood	4,057	Providing opportunities for day based recovery services for people living with or recovering from a mental illness
Kidney Health Australia	20,000	Aust Better Health Initiative - Measure Up Funding National Campaign
Lismore and District Women's Health Centre	29,828	Improving women's health in rural and remote areas
Local Government and Shires Association	104,500	Health Local Government Policy Grant
Lyndon Community	49,956	Drug and alcohol use by farm workers and contractors: an intervention strategy to improve workplace safety
Maari Ma Health Aboriginal Corporation	35,000	Capital funding
Macedonian Australian Welfare Association	40,000	Culturally and Linguistically Diverse (CALD) funding - Aboriginal Female Carers Funding
Mental Health Association	45,455	Safe Start - Mental Health Promotion Campaign
Mental Health Association	112,000	Mental Health Month and the Mental Health Matters Awards ceremony
Mental Health Carers ARAFMI NSW Inc	5,000	Funding for mental health consumers to attend ARAFMI conference
Mental Health Coordinating Council	100,000	Smoking cessation program for mental health consumers
Mental Health Council of NSW	15,504	Contribution to the Mental Health Consumer and Carer Forum
Mildura Aboriginal Corporation	50,568	Balranald Aboriginal Health Service
Mission Australia	1,799,193	Housing and Accommodation Support Initiatives projects
Multiple Sclerosis Limited	454,545	Healthone Lidcombe Project
Music NSW Inc	10,000	Grant to the peak youth network for drug and alcohol-free entertainment in New South Wales
National Call Centre Network Ltd	10,573,141	Governance and Operational Costs
National Heart Foundation	40,000	Nutrition Club Project
National Heart Foundation (WA Division)	20,350	Australian Physical Activity Network Grant Payment for 2010-11
Neami Limited	6,160,226	Housing and Accommodation Support Initiatives projects
Neuroscience Research Australia	131,673	NSW Falls Prevention Network project
New England Division of General Practice	17,045	Memory Assessment Program
New Horizons Enterprises Limited	4,841,822	Housing and Accommodation Support Initiatives projects
North Coast NSW GP Training	39,038	Regional Training Provider funding and support 2010-11
North Sydney and Central Coast Area Health Service	100,000	Funding for the establishment of a memorial Trust Fund for Michelle Beets
Northern Sydney Local Health District	28,579	Specification, programming and testing of data modelling
NSW Cancer Council	80,000	Training to Mental Health professionals on smoking in Mental Health
NSW Cancer Council	33,182	Australian Better Health Initiative - Measure Up Funding National Campaign
NSW Department of Community Service	75,000	NSW Health contribution for Adolescents with complex needs Panel Brokerage Funds
NSW Department of Community Services	77,419	Training for Community Services staff working with drug related problems in the key areas of welfare service
NSW Department of Community Services	168,635	Implementation of Magistrate Early Referral into Treatment Program
NSW Department of Corrective Services	1,506,084	Support for a number of specialist drug and alcohol counselling positions and the co-ordination of drug and alcohol programs conducted in NSW correctional facilities
NSW Department of Education	219,185	Implementation of Magistrate Early Referral into Treatment Program
NSW Department of Education and Training	149,642	NSW Sexual Health in Schools Project 2010-11
NSW Department of Education and Training	594,000	Live Life Well at Schools
NSW Food Authority	75,000	Evaluation and communication of components of fast choices initiatives

ORGANISATION NAME	AMOUNT	DESCRIPTION
NSW Housing	100,000	Funding for a senior liaison position for the Housing Accommodation Support Initiatives
NSW Housing	150,000	Contribution for the implementation of the Housing and Mental Health agreement
NSW Land and Housing Corporation	100,000	Grant for the cost of establishing a GP surgery in the common ground at Camperdown
NSW Nurses Association	72,727	Bob Fenwick Memorial Mentoring Initiative
NSW Police	138,469	Implementation of Magistrate Early Referral into Treatment Program
NSW Police	459,713	Development of drug and alcohol training and other programs
NSW Police	130,000	Funding for Clinical Nurse Consultant position for the NSW Police Force Mental Health Intervention Team
NSW School Canteen Association	120,000	Enhanced Nutrition in School Setting project
NSW State Library	150,000	Drug information in libraries
NSW Therapeutic Advisory Group	267,386	NSW Therapeutic Advisory Group Grants 2010-11 Funding Agreement
NSW Users and AIDS Association	46,661	Grant to support Drug and Alcohol Consumer Participation
On Track Community	673,156	Housing and Accommodation Support Initiatives projects
Oolong Aboriginal Corporation	177,100	Grant for Upgrade of Oolong House
Parramatta Mission	1,692,251	Housing and Accommodation Support Initiatives projects
Pius X Aboriginal Corporation	310,500	Capital Works extension funding
Psychiatric Rehabilitation Australia	1,701,044	Housing and Accommodation Support Initiatives projects
Public Health Association	4,545	Sponsorship of Public Health Association of Australia (PHAA) Conference
Richmond Fellowship of NSW	4,790,570	Housing and Accommodation Support Initiatives projects
Richmond Fellowship of NSW	340,491	Housing and Accommodation Support Initiative - Drug And Alcohol Project
Rock Eisteddfod Challenge	100,000	Sponsorship of the 2010 Rock Eisteddfod Challenge
Royal Australian and New Zealand College of Psychiatry	700,000	NSW Rural Psychiatry Program
Royal Australian College of General Practitioners	14,950	Research and Development of Dementia Guidelines Web Based Publication
Schizophrenia Fellowship NSW	5,000	Mental Health Sports Network grant
Schizophrenia Research Institute	500,000	Grant for the Macquarie Group Foundation Chair
Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)	76,000	Funding to expand Neurofeedback capacity to provide therapy to clients
South Coast Medical Aboriginal Service	47,401	Capital Works funding
South Eastern Sydney And Illawarra Area Health Service	90,956	NSW Dementia Risk Reduction Awareness Campaign
South Eastern Sydney And Illawarra Area Health Service	1,250	Grant for Public Forum 'Positive Ageing - A good news story'
South Western Sydney Local Health District	20,000	Research project- Cultural Respect
St Luke's Anglicare	254,250	Housing and Accommodation Support Initiatives projects
St Vincent de Paul Society	13,193	Cross Agency Risk Assessment and Management Domestic and Family Violence
Standing Together Against Crimes of Sexual Assault (STACSA)	4,400	Grant to purchase food van
Suicide Prevention Australia	50,000	Sponsorship of the World Suicide Prevention Day 2010
Sutherland Shire Family Services	15,094	Cross Agency Risk Assessment and Management Domestic and Family Violence
The George Institute	175,000	Partnership Grant to 'Reduce Salt in the Australian Diet'
The Hammond Care Group	540,267	Special Care Program for older people with severe behavioural and psychiatric symptoms associated with dementia and/or mental illness
The Sax Institute	150,000	Study of Environment on Aboriginal Resilience and Child Health
The Sax Institute	250,000	National Collaboration Research Infrastructure Strategy Funding 2010-11
The Sax Institute	74,621	Aboriginal Injury Prevention Program
The Sax Institute	1,841,400	Capacity Building Infrastructure Grant
The Sax Institute	200,000	Demonstration Grant Funding 2010-11
The Sax Institute	45,455	Contribution to Aboriginal Health Research Conference

ORGANISATION NAME	AMOUNT	DESCRIPTION
The Sax Institute	16,650	Support Services for the NSW Research and Evaluation Network
The Wayside Chapel	1,500,000	Capital Grant Funding
Tobwabba Aboriginal Medical Service	80,000	Funding for Demountable Building
Transplant Australia	325,000	Donation for transplant Games 2011
University of New South Wales	18,535	Funding for research program - Pap Test screening for cervical cancer among women with a substance use disorder hospital admission in NSW
University of New South Wales	45,625	Funding for research program - A brief intervention for traumatised clients of alcohol and other drug treatment services
University of New South Wales	103,575	Grants for the evaluation of the National Partnership Agreement on Homelessness program
University of New South Wales	150,000	Funding for literature reviews on gay, lesbian, bisexual and transgender communities and alcohol and other drug use, co-morbidity and mental health issues
University of New South Wales	200,000	The NSW Child Development Study
University of New South Wales	99,271	Review of the implementation of Youth Mental Health Services Models in NSW
University of New South Wales	61,824	Salary and wages for Chief Psychiatrist
University of New South Wales	18,408	The development of participant satisfaction survey of youth mental health services in NSW
University of New South Wales	520,000	Master of Forensic Mental Health Program
University of New South Wales	42,727	Mental health frequent presenters project
University of New South Wales	12,500	Human Factors and Patient Safety
University of New South Wales	235,600	Hepatitis C incidence and transmission study
University of New South Wales	70,000	Commonwealth Health Risk Factor Management Efficiency Trial
University of New South Wales	49,950	Community Nursing Project
University of New South Wales	53,000	NSW Health Impact Assessment Project
University of New South Wales	215,250	Injury Risk Management Centre
University of New South Wales	12,500	Human Factors and Patient Safety
University of New South Wales	37,500	Assessing the adaptive capacity of Hospital facilities to cope with climate related weather events
University of New South Wales	75,000	National Health and Medical Research Centre Falls Research study
University of New South Wales	5,000	Optimising Decentralised Membrane BioReactors for Water Use
University of Newcastle	35,000	Grant for scoping study for rural NSW Transcultural Education Library Resources
University of Newcastle	1,122,500	Mental Health and Wellbeing in rural and remote NSW
University of Newcastle	1,130,810	Drought Mental Health Assistance Package
University of Sydney	6,999	Grant for research into alcohol use and harm minimisation strategies among university students
University of Sydney	55,300	Research funding for decision making processes in relation to risk and community treatment orders
University of Sydney	13,000	Funding for the research into efficacy of oxytocin adjunct treatments in anorexia nervosa in-patients
University of Sydney	5,473	Funding for Eating Disorder scholarship conference
University of Sydney	115,000	Support ongoing capacity building of NSW Health Services in the skills required to provide quality treatment and care to people with an eating disorder
University of Sydney	800,000	Physical Activity Nutrition and Obesity Research Group
University of Sydney	48,244	Schools Physical Activity and Nutrition Survey 2010
University of Sydney	100,452	Funding for position of Chair of Medical Physics
University of Sydney	1,000	Sponsorship of Masters of Health Informatics
University of Sydney	30,000	Biostatistics Collaboration Australia
University of Sydney	158,000	Smokecheck Project
University of Tasmania	10,000	Understand the health effects of landscape burning and biomass smoke in Australian cities and towns
University of Technology	149,838	Practice change in Primary Health Care
University of Technology Sydney	104,440	Funding for the Cognitive Behavioural Therapy and Early Psychosis research project

ORGANISATION NAME	AMOUNT	DESCRIPTION
University of Western Sydney	368,457	Men's Health and Information Resource Centre
University of Wollongong	13,128	Funding for research program - Cultural engagement in substance abuse treatment for Indigenous Australians
University of Wollongong	19,829	Funding for research program - Alcohol sponsorship of the National Rugby League: What is its impact on young males
Various Community Drug Action Teams	302,742	Drug and alcohol misuse
Various Councils	1,667,909	Grants for Fluoridation Program
Various NGOs	607,551	Grants for residential rehabilitation services for clients from Adult Drug Court
Wagga Wagga Women's and Children's Refuge	14,293	Cross Agency Risk Assessment and Management Domestic and Family Violence
Walgett Aboriginal Medical Service	219,135	Purchase 2 transportable homes
Warren Shire Council	50,000	Donation to Warren Family Health Centre
Weigelli Centre Aboriginal Corporation	171,276	Refurbishing Works at Weigelli
Womensport and Recreation NSW	15,000	Schools Breakfast Funding
Yarkuwa Indigenous Knowledge Centre	40,000	Culturally and Linguistically Diverse (CALD) funding - Aboriginal Female Carers Funding
Yerin Aboriginal Health Service	350,000	Grant to purchase Alsin Rd Wyong property
TOTAL	**68,790,294**	

Research and Development

Capacity Building Infrastructure Grants Program

The Capacity Building Infrastructure Grants Program is a competitive funding program administered by the NSW Department of Health. Its purpose is to build capacity and strengthen public health and health services research that is important to NSW Health and leads to changes in the health of the population and health services in NSW.

The first two rounds of funding under the Program ran from July 2003 to June 2006 and from July 2006 to December 2009. A review found that the Program had increased the success of funded organisations in attracting research funding and in the translation of research into policy and practice. Applications were invited for Round Three of the Program in July 2009. Grants of up to $500,000 per year are available to successful applicants. Round Three of the Program runs until June 2013.

The objectives of the Program are:

1. To increase high quality and internationally recognised public health and health services research in NSW.
2. To support the generation of research findings which address NSW Health priorities.
3. To encourage the adoption of research findings in health policies, programs and services in NSW.

Grants paid under this program for 2010-11 are as follows:

GRANT RECIPIENT	AMOUNT	PURPOSE
Hunter Medical Research Institute	$499,181	Public Health Program - Capacity Building Group.
Western Sydney Local Health District	$500,000	Centre for Infectious Diseases and Microbiology - Public Health.
University of New South Wales	$500,000	Centre for Primary Health Care and Equity.
University of New South Wales	$500,000	Australian Institute of Health Innovation.
University of Sydney	$500,000	Australian Rural Health Research Collaboration.
University of Sydney	$356,146	Prevention Research Collaboration.
TOTAL	**$2,855,327**	

Operating Consultants

Table 1: Consultancies equal to or more than $50,000

CONSULTANT	COST	TITLE / DESCRIPTION
Management Services		
ARTD Consultants	$67,273	Evaluation of the NSW Aboriginal Mental Health Worker Training Program.
ARTD Consultants	$72,434	Review of NSW Health Counselling Services.
Cancer Council NSW	$258,500	NSW Smoking Care Project.
Ernst and Young	$66,643	Financial review of an NGO providing Drug and Alcohol rehabilitation services.
Health Policy Analysis	$78,750	Evaluation of NSW Service Plan for Specialist Mental Health Services for Older People 2005-2015.
JA Projects P/L	$115,000	Development of Adult Acute Inpatient Clinical Service Standards.
Nous Group	$100,081	Population health strategic priorities and organisational planning.
Nous Group	$78,400	Review Longer Stay Older Patients 2006-10.
University of NSW	$140,000	Statewide evaluation of Drug and Alcohol Consultation Liaison Services.
University of Sydney	$103,000	Statewide Addiction Medicine Fellowship Training Program 2010-11.
University of Technology	$127,273	Statewide evaluation of Drug and Alcohol Consultation Liaison Services.
Urbis P/L	$74,823	Evaluation of Keep Them Safe Whole Family Team pilots.
Sub Total	**$1,282,176**	
Operating Finance		
Sphere Property Corporation P/L	$70,875	Review of methodologies for Capital Investment projects.
Sub Total	**$70,875**	
Organisational Review		
KPMG Consulting	$58,182	Undertake further evaluation of the Medically Supervised Injecting Centre.
The George Institute	$113,636	Develop, implement and evaluate the Health Tracker project.
Sub Total	**$171,818**	
Training		
Linda R Scott & Associates	$62,034	Film production Take the Lead and Essentials of Care programs.
The Association of Children's Welfare Agencies Inc.	$60,000	Develop Statewide Comorbidity Clinical Guidelines Training Package.
Sub Total	**$122,034**	
Consultancies equal to or more than $50,000	**$1,646,902**	

Table 2: Consultancies less than $50,000
During the year 38 other consultancies were engaged in the following areas:

	COST	TITLE / DESCRIPTION
IT Services	$50,400	
Management Services	$431,634	
Organisational Reviews	$128,508	
Training	$32,062	
Consultancies less than $50,000	**$642,605**	
Total Consultancies	**$2,289,507**	

Risk Management and Insurance Activities

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

The following tables detail frequency and total claims cost, dissected into occupation groups and mechanism of injury group, for the three financial years 2008-09, 2009-10 and 2010-11.

Table 1: Workers Compensation – frequency and total claims cost

OCCUPATION GROUP	2010-11				2009-10				2008-09			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Nurses	2,694	38%	24.3	37%	2,072	31%	19.3	35%	2,460	37%	17.7	38%
Hotel Services	1,352	19%	10.6	16%	1,170	18%	10.8	20%	1,156	17%	8.0	17%
Medical/Medical Support	949	14%	9.2	14%	804	12%	7.8	14%	799	12%	5.2	11%
General Administration	763	11%	8.4	13%	652	10%	6.9	12%	486	7%	3.7	8%
Ambulance	727	10%	7.0	11%	758	11%	5.4	10%	598	9%	6.0	13%
Maintenance	242	3%	2.2	3%	226	3%	2.2	4%	154	2%	1.2	3%
Linen Services	134	2%	0.9	1%	115	2%	0.6	1%	114	2%	1.0	2%
Not Grouped	166	2%	3.3	5%	852	13%	2.3	4%	933	14%	3.7	8%
Total	**7,027**	**100%**	**65.9**	**100%**	**6,649**	**100%**	**55.3**	**100%**	**6,700**	**100%**	**46.5**	**100%**

MECHANISM OF INJURY GROUP	2010-11				2009-10				2008-09			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Body stress	3,015	43%	26.5	41%	2,739	41%	24.8	45%	2,821	42%	21.8	47%
Slips and Falls	1,264	18%	11.3	17%	1,205	18%	10.4	19%	1,092	16%	7.8	17%
Mental Stress	517	7%	11.4	18%	406	6%	8.1	15%	369	6%	5.9	13%
Hit by Objects	762	11%	5.5	8%	1,092	16%	5.8	10%	990	15%	4.6	10%
Motor Vehicle	535	8%	4.1	6%	576	9%	3.8	7%	544	8%	3.4	7%
Other causes	934	13%	7.1	10%	631	9%	2.4	4%	884	13%	3.0	6%
Total	**7,027**	**100%**	**65.9**	**100%**	**6,649**	**100%**	**55.3**	**100%**	**6,700**	**100%**	**46.5**	**100%**

Source: Data for fund year 2010-11 from SICorp DataWarehouse

Table 2: Analysis

	2010-11	2009-10	2008-09
Number of Employees FTE	102,097	103,418	102,867
Salaries and Wages $M	9,026	8,910	8,521
No. of claims per 100 FTE	6.88	6.43	6.51
Average Claims Cost – $	9,388	8,322	6,934
Cost of Claims per FTE – $	646	535	452
Cost of Claims as % of S&W	0.73	0.62	0.55

Source: Data for fund year 2010-11 from SICorp DataWarehouse.
Note: FTE is an estimate for each year.

Table 3: Average Cost ($ per claim)

	2010-11	2009-10	2008-09
Nurses	9,016	9,327	7,181
Hotel Services	7,831	9,271	6,884
Medical/Medical Support	9,690	9,643	6,517
Body Stress	8,787	9,051	7,734
Slips and Falls	8,965	8,666	7,164
Mental Stress	22,087	19,924	15,951

Note: Average cost includes all benefits, weekly and medical costs, rehabilitation, settlement and legal costs.

Legal Liability

This covers actions of employees, health services and incidents involving members of the public. Legal liability claims are long-tail, meaning they may extend over many years. Data covering the period from 1 January 2002 to 30 June 2011 is presented below and collected in this format following the introduction of the Health Care Liability Act 2001.

There has been an increase in the premium of 1.8% for the 2010-11 period compared to the increase of 8.6% in 2009-10. This is a positive outcome as the 1.8% increase is less than the expected inflationary increase of 7%. The main driver of this outcome is large claim experience being less than predicted in recent years.

Statistics at 30 June 2011 for the period 1 January 2001 to 30 June 2011 detail Identified High Frequency or Claims Severity Practice Areas as follows:

PRACTICE AREA DESCRIPTION	NO. OF CLAIMS	% OF TOTAL CLAIMS	NET INCURRED ($,000)	% OF TOTAL COST
Specialist Emergency Medicine	451	12%	$123,543	11%
Specialist Obstetrics	189	5%	$172,353	16%
Specialist Surgery – Orthopaedic	178	5%	$34,091	3%
Specialist Surgery - General	100	3%	$15,498	1%
Specialist Psychiatry	136	3%	$18,977	2%
Specialist Paediatrics	51	1%	$39,466	4%

Health Liability – Top 10 Practice Areas

Health Liability Claims from 1 January 2002 to 30 June 2011

PRACTICE AREA DESCRIPTION	NO. OF CLAIMS	% OF TOTAL CLAIMS	NET INCURRED ($,000)	% OF TOTAL COST
Specialist Obstetrics	189	5%	$172,353	16%
Specialist Emergency Medicine	451	12%	$123,543	11%
General Practice – Obstetrics	166	4%	$119,989	11%
General Practice – Other	521	13%	$112,727	10%
Obstetrics and Gynaecology	171	4%	$91,361	8%
General Practice-procedural	305	8%	$45,499	4%
Specialist Paediatrics	51	1%	$39,466	4%
Midwifery	41	1%	$35,660	3%
Specialist Surgery – Orthopaedic	178	5%	$34,091	3%
Neonataology	12	0%	$24,855	2%
Top 10 Total	**2,085**		**$799,544**	

Visiting Medical Officer and Honorary Medical Officer – Public Patient Indemnity Cover

With effect from 1 January 2002, the NSW Treasury Managed Fund provided coverage for all visiting medical officers (VMOs) and honorary medical officers (HMOs) treating public patients in public hospitals, provided that they each signed a service agreement and a contract of liability coverage with their public hospital organisation. In accepting this coverage, VMOs and HMOs agreed to a number of risk management principles that assist with the ongoing reduction of incidents in NSW public hospitals.

VMO - Top Five Practice Areas

VMO Claims from 1 January 2002 to 30 June 2011

PRACTICE AREA DESCRIPTION	NO. OF CLAIMS	% OF TOTAL CLAIMS	NET INCURRED $,000	% OF TOTAL COST
Specialist Surgery – Orthopaedic	120	11%	$15,335	9%
Specialist Obstetrics	73	7%	$14,851	9%
General Surgery	97	9%	$14,595	8%
General Practice – Obstetrics	44	4%	$13,499	8%
General Practice - Other	81	8%	$13,330	8%
Top Five Total	**415**		**$71,609**	

Since the commencement of the VMO Scheme on 30 June 2011 4,807 incidents were reported of which 1,065 are or have been converted and managed as claims. There were 1,466 incident notifications remaining open as notifications only, with 2,276 notifications finalised.

For the specific period ending 1 July 2010 - 30 June 2011, 454 incidents have been notified, thus allowing early management as applicable. Of these, 109 have been or are being managed as claims with 326 incident notifications remaining open as notifications only and 19 notifications finalised.

The VMO premium for the 2010-11 policy period has continued to reduce, once again due to a positive claims experience. The 2010-11 premium is $33.4 million, down from $37.6 million for the 2009-10 policy period.

Since its inception in 1999 for specialist sessional VMOs, this indemnity has been extended to cover private patients in the rural sector, all private paediatric patients and Obstetricians and Gynaecologists seeing public patients in public hospitals has also been incorporated. From June 2009, cover was extended to permit VMOs to treat privately referred non-inpatients at NSW public hospitals.

The policy for retrospective cover for VMOs and HMOs for incidents prior to 1 January 2002 continues. As at 30 June 2011, the Department had granted indemnity in respect of 86 cases compared to 42 cases in 2009-10.

Other Insurable Risks

Property

Property remains a minor risk with statistics at 30 June 2011 indicating that small claims have remained stable over recent funds years. There has been a 6.9% increase in premiums for 2010-11 compared to the 5.9% increase in premium in 2009-10.

The main drivers of the increase in Property premium of $639,000 (6.9%) are:

- an increase in Total Asset Value from $18,432,232,306 in 2009-10 to $19,081,806 in 2010-11
- an increase in large claims over recent years.

The three most common claim types for the 2010-11 period were storm/water damage, accidental damage and theft/burglary.

Since 1 July 2000 to 30 June 2011, 5,077 claims have been lodged at a total net cost of $52,777,873.[1]

Claim costs are Storm/Water Damage 51% (39%), Accidental Damage 11% (20%), Theft/Burglary 12% (15%), Fusion/Electrical Faults 11% (7%) Other 15% (19%).

Claims excesses apply to liability and property claims and equate to 50% of the cost of the claim, capped at $10,000 and $6,000 respectively. These financial excesses remain in place to support and encourage local risk management practices.

NSW Treasury Managed Fund

Insurable risks are covered by the NSW Treasury Managed Fund (a self insurance arrangement of the NSW Government implemented on 1 July 1989) of which the Department is a member agency. 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.

Financial responsibility for workers compensation and motor vehicles was devolved to Health Services as of 1 July 1989, while liability, property and miscellaneous are held centrally as master managed funds.

The workers compensation deposit premium funding is an allocation of the TMF's target premium based on benchmark criteria. The deposit premiums for workers compensation is adjusted through a hindsight calculation process after three years and five years.

1 From 1 January 2011, all claims information and reporting was collected centrally through the Treasury Managed Fund Data Warehouse. The number of property claims reported in the 2009-10 Annual Report for the period 1 July 2000 to 30 June 2009 has been corrected to 4,745 with an incurred cost of $48, 692,772.

The cost of insurance in 2010-11 for NSW Health is identified under Premium. Benchmarks are the budget allocation.

	PREMIUM $M	BENCHMARK $M	VARIATION $M	% FUNDING
Workers Compensation	$142.2	$156.3	$14.1	110%
Motor Vehicle	$8.6	$8.7	$0.1	101%
Property	$9.8	$9.5	-$0.3	96.3%
Liability	$162.5	$161.2	-$1.6	99%
Miscellaneous	$0.6	$0.57	-$0.03	95%
Total TMF	**$329.1**	**$336.27**		
VMO	$33.3	$33.3	$0.00	100%
Total	**$362.4**	**$369.57**		

Workers compensation 2004-2005 final five years and 2006-2007 interim three years were declared and adjusted as at 30 June 2011, with the Department receiving surpluses of $23.1 million and $7.3 million respectively. In total, NSW Health received a total surplus hindsight adjustment of $30.5 million.

Motor vehicle deposit premiums are also hindsight adjusted after 18 months. The motor vehicle hindsight premium for the 2008-09 fund year as at 31 December 2009 is a $817,111 deficit. Of this, the former Sydney South West Area Health Service, based on claims experience, has a $415,686 deficit and Ambulance has a $347,753 deficit. Of the improved performers, the former Sydney West Area Health Service achieved a $72,892 surplus and the former South Eastern Sydney and Illawarra Area Health Service, a $37,851 surplus.

Benchmarks (other than VMOs) are funded by NSW Treasury. Workers Compensation and motor vehicles are actuarially determined and premiums include an experience factor. The aim of the deposit premium funding is to allocate deposit premium across the TMF with reference to benchmark expectations of relative claims costs for the agencies in the TMF and to provide a financial incentive to improve injury and claims management outcomes.

Risk Management Initiatives

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

- The ongoing development of the VMO Incident Reporting System (an early incident reporting system that allows VMOs to report any incident that may trigger a medical liability claims).
- Continuing development of the Workers Compensation Risk Control Group comprising representatives from across NSW Health entities, to identify and initiate strategic risk control measures for the management of workers compensation claims and premiums over the next three years.
- Development of the Operational Risk Management Plan to identify and implement control strategies as a proactive means of managing workers compensation incidents and eliminating recurrences.
- Development of a Return To Work Co-ordinators Network to develop and provide training to these staff across NSW Health to ensure consistent application of our Injury Management and Return To Work procedures. This initiative is to be rolled out across all TMF Agencies and will be facilitated and driven by NSW Health.
- Development of policies and procedures in relation to property owned or in the care, control or custody of NSW Health to ensure all liabilities are managed with a clear line of control.

Internal Audit and Risk Management Attestation

Internal Audit and Risk Management Attestation for the 2010-2011 Financial Year for the Department of Health, NSW

I, Dr Mary Foley, am of the opinion that the Department of Health, NSW has internal audit and risk management processes in place that are, in all material respects, compliant with the core requirements set out in Treasury Circular NSW TC 09/08 *Internal Audit and Risk Management Policy*. These processes provide a level of assurance that enables senior management of the Department of Health, NSW to understand, manage and satisfactorily control risk exposures.

I, Dr Mary Foley am of the opinion that the Audit and Risk Committee for the Department of Health, NSW is constituted and operates in accordance with the independence and governance requirements of Treasury Circular NSW TC 09/08 . The Chair and Members of the Audit and Risk Committee are:

- Mr Jon Isaacs, Independent Chair (appointed July 2009 for three years)
- Mr Alex Smith, Independent Member 1 (appointed March 2010 for three years), and
- Karen Crawshaw, non-independent Member 1 (appointed March 2010 for three years).

I, Dr Mary Foley, declare that this Internal Audit and Risk Management Attestation is made on behalf of the Department of Health, NSW.

Dr Mary Foley
Director-General, NSW Health

September 2011

Contact Officer:
Ross Tyler
Manager, Internal Audit
Department Of Health, NSW
9391 9640

Three-Year Comparison

of key items of expenditure

Employee Related Expenses	2011		2010		2009		Increase/decrease (%) compared to previous year	
	$000	% Total Expense	$000	% Total Expense	$000	% Total Expense	2011	2010
Salaries and Wages	7,439,161	48.23	6,974,837	48.17	6,741,560	48.71	6.66	3.46
Long Service Leave	292,338	1.90	351,195	2.43	265,690	1.92	-16.76	32.18
Annual Leave	777,128	5.04	715,417	4.94	731,189	5.28	8.63	-2.16
Workers Comp. Insurance	139,532	0.90	124,986	0.86	119,454	0.86	11.64	4.63
Superannuation	784,820	5.09	719,235	4.97	688,666	4.98	9.12	4.44
Sub Total	9,432,979	61.16	8,885,670	61.36	8,546,559	61.75	6.16	3.97
Other Operating Expenses								
Food and Domestic Supplies	188,255	1.22	179,924	1.24	176,710	1.28	4.63	1.82
Drug Supplies	650,792	4.22	607,048	4.19	615,745	4.45	7.21	-1.41
Medical & Surgical Supplies	641,157	4.16	655,408	4.53	541,965	3.92	-2.17	20.93
Special Service Departments	240,675	1.56	348,260	2.40	271,476	1.96	-30.89	28.28
Insurance	217,121	1.41	218,193	1.51	206,488	1.49	-0.49	5.67
Domestic Charges	72,933	0.47	91,600	0.63	89,227	0.64	-20.38	2.66
Other Sundry/General								
Operating Expenses *	1,429,354	9.27	1,136,717	7.85	1,056,621	7.63	25.74	7.58
Visiting Medical Officers	595,300	3.86	554,983	3.83	535,023	3.87	7.26	3.73
Maintenance	356,359	2.31	343,253	2.37	341,489	2.47	3.82	0.52
Depreciation	525,138	3.40	492,605	3.40	479,689	3.47	6.60	2.69
Grants and Subsidies								
Payments to Third Schedule and other Contracted Hospitals	580,651	3.76	521,619	3.60	568,441	4.11	11.32	-8.24
Other Grant Payments	451,509	2.93	417,688	2.88	389,539	2.81	8.10	7.23
Finance Costs	41,811	0.27	27,823	0.19	22,458	0.16	50.27	23.89
TOTAL EXPENSES	**15,424,034**		**14,480,791**		**13,841,430**		**6.51**	**4.62**

*Includes Cross Border Charges, Rental Expenses, Postal Expenses, Rates and Charges and Motor Vehicle Expenses
Source: Audited Financial Statements 2010–11 and 2009–10

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Workforce

Appendix 2

Image // Sutherland Hospital

Workforce

Appendix 2

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Human Resources within the Department

The Workplace Relations and Management Branch (WRMB) is responsible for developing, implementing and evaluating a broad range of human resource initiatives for the NSW Department of Health.

Within WRMB, the Human Resources Operations Unit (HRO) provides comprehensive human resource management services for the organisation, including expert advice on organisational design, staffing needs and conditions of employment, and staffing issues such as professional development, performance management, grievance resolution and industrial relations issues. The Health Executive Service Unit is located in HRO and provides a comprehensive human resource management service for the Senior and Health Executive Services with NSW Health.

Achievements

- Implementation of business process improvements enabling HRO to provide more accurate data on staffing and positions throughout the Department.
- Facilitated national health reform initiatives through the management of the appointment of health executives to the new Local Health Networks.
- Continued provision of services to facilitate several successful functional realignments and restructuring programs within the Department. This included a large amalgamation of private sector health professional councils with existing health sector organisations (appoximately 98 positions) together in the Health Professionals Councils Authority (HPCA), a transfer of functions to another health service and internal restructures.
- Provision of accurate Leave Liability calculations for NSW Treasury and continued provision of fortnightly and monthly payroll services to the Department and other Health entities within timeframes.
- Payment Summaries issued before due date.
- Successful implementation of a major upgrade to the Human Resource Information System.
- Award salary increase processed for Nurse Managers in March and backdated to July 2010.
- Voluntary Redundancy estimates calculated for 39 staff in June 2010.

Industrial Relations Policies and Practices

The Department maintained a harmonious industrial relationship with staff and unions throughout the year. The majority of issues were discussed and resolved collaboratively. There were two industrial disputes during the year. The first dispute related to the devolution of staff from the Strategic Information Management Branch to Health Support Services. The second matter related to an overpayment to a staff member. Both disputes were successfully resolved through conciliation.

In December 2010 the Department introduced a new Flextime agreement following negotiation with the NSW Public Service Association and the NSW Nurses' Association. The new agreement better suits the needs of the Department and promotes a more efficient use of leave.

The Joint Consultative Committee (JCC), consisting of departmental staff, officials and delegates of both the NSW Public Service Association and the NSW Nurses' Association, met five times throughout the year.

Matters discussed at the JCC meetings included restructuring of Divisions and Branches, devolution and realignment of branch functions, and revisions of various Departmental policies including the Restructuring Policy and policy for managing grievances.

Learning and Development

A comprehensive range of learning and development programs and services were provided to assist staff in achieving corporate goals and priorities and in developing their individual careers. Some 30 courses were available each quarter, with the addition of new programs including Essentials for New Managers, Effective Relationships, Accounting and Purchasing Systems and Writing in the Public Sector.

Thirty-two members of staff undertook the Diploma of Government in 2010-11, a nationally accredited qualification consisting of core and elective units. This Diploma provided employees with the opportunity achieve formal recognition of their current skills, knowledge, work and life experience while at the same time allowing further development of competencies aligned to their role.

The Department's training courses continue to be aligned to, and reinforce the NSW Public Sector Capability Framework.

The Department has also supported staff members with professional development pursuits and granted study leave to a number of employees in 2010-11. The various fields of education undertaken by staff will contribute to the individual's ongoing professional development while also supporting departmental and wider public sector objectives.

Scholarships

The Department supported two key scholarships in 2010-11:

- Margaret Samuel Memorial Scholarship for Women
- Peter Clark Memorial Scholarship for Men.

In 2010-11 the Department actively encouraged employees to apply for Executive Development programs offered by the Department of Premier and Cabinet. These programs support professional career pursuits which will benefit both the individual and the Department.

NSW Health Workforce

Senior Executive Performance Statements

Dr Mary Foley

Position Title: Director-General
SES Level: 8
Remuneration: $453,250
Period in Position: 3 months

The Premier determined that Dr Foley's performance for 2010–11 was sound.

Significant Achievements in 2010–11

- Undertook a review of the governance arrangements for NSW Health. Led a Governance Review Team charged with reviewing the functions, structures and responsibilities of entities within the public health system.
- Undertook consultations with stakeholders and staff on future governance arrangements for NSW Health.
- Provided oversight to the development of legislation to establish the Local Health Districts.
- Provided high level advice and support to the Minister for Health and Minister for Mental Health on matters across the portfolio.
- Established the Office of Medical Research to support innovative research, treatments and technologies aimed at improving patient care.
- Provided advice to the Minister for Health and Premier to ensure a strong position for NSW in the negotiations on the National Health Reform.

Note: Prof. Debora Picone AM was Director-General until 1 April 2011.

Dr Richard Matthews, AM

Position Title: Deputy Director-General, Strategic Development
SES Level: 7
Remuneration: $392,350
Period in Position: 7 years

The Director-General has expressed satisfaction with Dr Matthews' performance during 2010-11.

Dr Matthews achieved the performance criteria contained win his performance agreement.

Significant Achievements in 2010–11

- Achieved responsibilities for NSW Health as outlined in *Keep Them Safe – A Shared Approach to Child Wellbeing*.
- Achieved progress in implementing actions in *Caring Together – The Health Action Plan for NSW* and finalised NSW Health response to the Community Health Review (CHR) in the context of *Caring Together*.
- Headed NSW Health's participation in and contribution to national negotiations on health system reform, leading to the National Health and Hospitals Network (NHHN) Agreement at COAG, which includes additional funding for NSW.
- Led NSW Health planning for implementation of the NHHN Agreement, including establishment of the NSW Health NHHN Transition Office.
- Progressed opportunities for improving the productivity of NSW public hospitals, through the key projects, including the NSW Health Costs and Outcome Study and the development of a Health Care Atlas for NSW.
- Continued to drive implementation of the NSW Government's Third Drug Budget (2007–08 – 2010–11); and the new National Drug Strategy.
- Continued to drive implementation of NSW Mental Health Policy (Interagency Action Plan on Better Mental Health; New Directions in Mental Health; and State Plan Priority Delivery Plan) and National Mental Health Policy.
- Developed new Statewide evidence based strategic plans for improving mental health and drug and alcohol services in NSW, through improved planning processes, funding accountability, including by working with AHS, NGO sector and the community.
- Led the submission to Treasury of the Maintenance of Effort Proposal for Asset Investment, in conjunction with DDG HSS.
- Led the continued expansion of the MPS Program and finalisation of the Business Case development for Future MPS developments.

Dr Tim Smyth

Position Title: Deputy Director-General, Health System Quality, Performance and Innovation
SES Level: 7
Remuneration: $392,350
Period in Position: 2 years 8 months

The Director-General has expressed satisfaction with Dr Smyth's performance during 2010-11.

Dr Smyth substantially achieved the performance criteria contained in his performance agreement. While working closely with health services and providing a clear focus on improving patient flow in acute hospitals, the performance of the acute hospital system on transfer of care to the Emergency Department from the Ambulance Service and time taken for admission of patients to an inpatient bed did not reach national benchmarks during 2010-11 in the face of strong growth in demand.

Significant Achievements in 2010–11

- Completion of the Surgery Futures project and commencement of the Rural Surgery Futures project.
- Review and realignment of functions of the former Strategic Information Management Branch with Health Support Services ICT and commencement of a new eHealth & ICT Strategy Branch.
- Active contribution to the development of the national electronic health record through membership of the joint jurisdictional policy group.
- Contribution to national safety and quality agenda through appointment as Commissioner of the Australian Commission on Safety and Quality in Health Care.
- Completion of a national review of the Emergency Department triage process.
- Commencement of Urgent Care Centres.
- Significant reduction in long wait planned surgery patients and achievement of Commonwealth targets under the Elective Surgery Wait List Reduction Program.
- Undertaking the Rehabilitation Redesign project.
- Commencement of the Ambulance Service paramedic pre-hospital rapid assessment and early treatment/ thrombolysis program for patients with confirmed myocardial infarction.
- Maintenance of an effective performance management framework for health services and revision of the monthly performance report content and layout.
- Establishment of the Private Health Facilities Advisory Committee.

Karen Crawshaw

Position Title: Deputy Director-General, Health System Support
SES Level: 7
Remuneration: $392,350
Period in Position: 3 years 9 months

Ms Crawshaw has achieved the performance criteria contained in her performance agreement, which focus on strategic leadership in workforce, finance and budget, corporate and business services, assets and aquisition management, procurement, corporate governance, risk management, legal services and the Health Legislative Program.

Significant Achievements in 2010–11

- Responsible for strategic oversight of NSW Health budget performance to achieve a balanced Net cost of Service result for NSW Health.
- Responsible for strategic oversight of the NSW Health Capital Program and 10 year capital investment plan.
- Led governance of the public health system transition from Area Health Services to Local Health Networks, subsequently Districts from 1 July 2011, as part of implementing national health reforms. Including legislative changes, design of transitional structures, establishment of new boards and senior executive teams, peak industrial consultation and associated workforce, asset and financial changes.
- Led significant industrial negotiations and arbitrations including the 2010 nurses' wages and conditions bargaining involving a major industrial campaign for enhanced wages and conditions to achieve a settlement within approved government policy parameters.
- Strategic leadership of Statewide initiatives to attract more doctors and nurses to NSW public health system including the Area of Need program, the Live + Work campaign, overseas recruitment strategies, Nursing Re-Connect and nursing and midwifery educational scholarships.
- Strategic leadership of initiatives to enhance the flexibility and capacity of the NSW Health workforce including development of a Hospitalist training program, the Assistant in Nursing initiative, performance review system for Visiting Medical Officers and a Statewide training package for financial management training.
- Strategic design and leadership of a program of activities to improve organisational culture across NSW Health including conduct of a Statewide staff survey, the promulgation of a culture improvement framework for NSW Health and range of initiatives to effectively address workplace bullying.

- Oversight of the Health Legislative Program including:
  - *Public Health Act 2010*, to promote, protect and improve public health for people living in NSW
  - *Health Services Amendment (Local Health Networks) Act 2010*, to implement reforms to the health system for the purposes of the National Health and Hospitals Network Agreement
  - *Health Services Amendment (Local Health Districts and Boards) Act 2011*, to constitute Local Health Districts and establish boards for such Districts.

Dr Kerry Chant

Position Title: Deputy Director-General, Population Health and Chief Health Officer
SES Level: 6
Remuneration: $351,200
Period in Position: 2 years 6 months

The Director-General has expressed satisfaction with Dr Chant's performance during 2010-11.

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

Significant Achievements in 2010–11

- Release of the *Health of the People of New South Wales - Report of the Chief Health Officer. Summary Report, 2010.*
- Establishment of the Aboriginal Population Health Training Initiative in 2010-11 in partnership with population health services in Local Health Networks.
- Increased coverage of water fluoridation to approximately 95.2 % of the NSW population with 18 Councils having implemented fluoridation since 2005.
- Released the revised NSW Falls Plan in May 2011.
- Released the Aboriginal Family Health Strategy in May 2011.
- Continued high levels of vaccination coverage for Aboriginal children aged 12-<15 months, with a marginal increase in 2010-11.
- Implementated phase one of a Statewide hepatitis C education and awareness campaign.
- Statewide STI testing and condom reinforcement social marketing campaign targeting young people conducted and evaluated.
- Strategic Directions for Tobacco Control in NSW 2011–2016 discussion paper released for public consultation between 30 November and 28 January 2011.
- Evaluation of the Get Healthy coaching line which showed that for those who completed six months of coaching there was a reported average reduction in weight of 3.7 kg and reduction in waist circumference by an average of 4.3 cm.
- *Public Health Act 2010* assented to in December 2010.
- Launch of Public Health Incident Control Systems and Public Health Emergency Management online learning modules for the NSW Health system.
- Support of local public health responses to NSW floods early 2011.
- Provision of public health support to deployments to Christchurch (earthquakes), Japan (earthquakes, tsunami and resulting radiation emergency) and Queensland (floods).

David Gates

Position Title: Chief Procurement Officer, Health System Support
SES Level: 6
Remuneration: $312,850
Period in Position: 3 years 5 months

The Deputy Director-General, Health Support Services has expressed satisfaction with Mr Gates' performance during 2010-11.

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

Significant Achievements in 2010–11

- Effective co-ordination of NSW Health capital investment of $898 million against the approved 2010-11 BP4 program.
- Managed the 10 year capital investment plan development and approval processes, including the mid-year review and submission of the NSW Health Asset Strategy based on an aggregation of Local Health Network Plans to meet Government requirements.
- Managed the disposal of $23 million of surplus property on behalf of the Local Health Networks in accordance with Government policies.
- Strategic management of business reform projects to increase system efficiency and effectiveness including design and development of reforms for Non Emergency Patient Transport, Pathology, Medical Imaging and NSW Research entities.
- Responsible for leading the development of environmental sustainability programs across NSW Health.

- Strategic direction of NSW Health procurement programs, including system implementation of the revised accreditation process developed by the Department of Finance and Services, and delegated functions of the State Contracts Control Board on Health Specific State Contracts.
- Managed the provision of essential corporate and infrastructure support for the NSW Department of Health.

John Roach

Position Title: Chief Financial Officer, Health System Support
SES Level: 6
Remuneration: $312,850
Period in Position: 2 years

The Deputy Director-General, Health Support Services has expressed satisfaction with Mr Roach's performance during 2010-11.

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

Significant Achievements in 2010–11

- Provided effective financial management and control of the $15.5 billion NSW Health Recurrent Budget achieving a balanced Net Cost of Service result for the financial reporting year.
- Timely allocation of annual budgets to Health Services within a strengthened financial control and reporting framework to ensure effective monitoring of core recurrent and capital expenditure, recurrent revenue budgets and liquidity management.
- Undertook monthly performance review meetings with Health Service Chief Executives to provide financial leadership and direction to ensure that compliance with financial benchmarks and targets were being monitored and remedial actions were being implemented where required.
- Negotiation and submission of system wide recurrent financial information to NSW Treasury for annual Maintenance of Effort requirements and funding enhancements.
- Provided financial leadership and guidance on the financial transition from the former Area Health Services to Local Health Networks, subesequently Districts from 1 July 2011. Actions included management of the process for reallocation of cost centres and financial budgets and oversight of the completion of financial statements for the closure of the former Area Health Services.
- Continued to lead the development and progressive implementation of the new Statewide Management Reporting Tool incorporating budgetary and financial ledger information for use by staff at all levels within NSW Health.
- Governed the progressive roll-out of the new Statewide Patient Management Billing System in three locations in NSW with the remaining roll-out to occur during 2011-12.
- Provided leadership and financial advice for the planning of the future funding arrangements under the National Health Reform Agreement.

Annie Owens

Position Title: Director Workplace Relations and Management, Health System Support
SES Level: 5
Remuneration: $252,381
Period in Position: 3 years

The Deputy Director-General, Health Support Services has expressed satisfaction with Ms Owens' performance during 2010-11.

Ms Owens achieved the performance criteria contained in her performance agreement.

Significant Achievements in 2010–11

- Managed peak level relationships and consultation with employee associations including the health unions, the Australian Medical Association (NSW) and the NSW Rural Doctors Association.
- Conducted detailed negotiations with the NSW Nurses' Association in relation to the 2010-11 nurses' wages and conditions bargaining to develop an agreed Memorandum of Understanding.
- Directed the development and Statewide implementation of new workload agreements for nursing staff.
- Conducted detailed negotiations with HSUeast in relation to the ambulance officers' wages and conditions bargaining to develop an agreed Memorandum of Understanding.
- Managed industrial issues arising from the introduction of new geographic boundaries and organisational structures for Local Health Networks, subsequently Districts from 1 July 2011, including consultation with unions on related policies and principles, to facilitate a smooth transition.

- Managed significant arbitrations in the Industrial Relations Commission including arbitrations to progress Health's proposals to transition ambulance employees into the new classification of Paramedic Specialist – Extended Care, and successful litigation allowing the Department to continue to decide re-classification applications in relation to the medical officer classification of registrar.
- Managed introduction of Statewide Human Resource Management initiatives in relation to the elimination of bullying including the Statewide reporting system for bullying complaints and an anti-bullying advisors network for NSW Health, and development of a new policy to prevent and manage workplace bullying.
- Management of Occupational Health and Safety responsibilities including preparation for the introduction of national harmonisation legislation, published new procedures for Injury Management and Return-to-Work and the development of a Violence Prevention and Management Training Framework.

Leanne O'Shannessy

Position Title: Director Legal and Corporate Governance and General Counsel, Health System Support
SES Level: 5
Remuneration: $259,801
Period in Position: 4 months

The Deputy Director-General, Health Support Services has expressed satisfaction with Ms O'Shannessy's performance during 2010-11.

Ms O'Shannessy achieved the performance criteria contained in her performance agreement.

Significant Achievements in 2010–11

- Provided legal advice on legal and legal policy issues and related matters to the senior executive of public health organisations, the Department of Health and the Minister.
- Managed the Health Legislative Program including the Subordinate Legislative Program and the passage of a new Public Health Act 2010.
- Oversaw the Department's relationship with key external accountability bodies such as the State Coroner, Health Care Complaints Commission (HCCC), Independent Commission Against Corruption (ICAC), and the NSW Ombudsman.
- Managed the appointment of a panel to provide services across the State to public health organisations in medico-legal matters, including in clinical negligence and coronial matters through the issuing of a Statewide tender.
- Supported the implementation of national health reforms and transition to local health districts, including developing amendments to the Health Services Act to establish new governance structures and managing required corporate governance activities including appointments of boards.
- Provided advice and support to NSW Health investigation officers and environmental health officers on compliance issues and investigations and oversaw the conduct of prosecutions of breaches of health legislation.
- Provided legal assistance, advice and support to agencies within NSW Health in relation to matters of Statewide significance, including medico legal matters and end of life decision making.
- Oversaw the operation of the Health Professional Councils Authority and the administrative support provided to NSW Health Professional Councils by the Authority.

Significant Workplace Relations Matters

Agreements on wage increases were signed with the NSW Nurses' Association (public hospital nurses), the HSUeast (Ambulance Officers), and the Australian Medical Association (Visiting Medical Officers). The agreed changes to wages and conditions of employment were implemented through variations to industrial awards and related policies.

The Agreement with the Nurses' Association involved intensive negotiations over more than six months in relation to the nurses' claim for an inflexible system of ratios. This claim was not met and the resulting agreement instead provides for more flexible way of delivering nursing hours. It includes a significant commitment to provide additional nursing hours.

Considerable effort has gone into consultation with Local Health Networks and the NSW Nurses' Association to co-ordinate and plan the first round implementation of 'nursing hours' wards; which will continue as more wards are identified and prioritised for conversion to nursing hours.

The MOU with HSUeast covering Ambulance Officers involved substantial changes to workplace arrangements and conditions of employment which will fund the wages increases above the Treasury funded 2.5% increases in wages. These were negotiated with HSUeast and included variations to payments to transferred officers, recall to work provisions, removal of accommodation and utilities payments as well as reform of workplace and staff deployment arrangements.

Work commenced on the development of bargaining agendas and negotiations for the making of new awards to cover around 30 HSUeast awards covering a range of allied health classifications as well as medical officers post 1 July 2011. This work also commenced in relation to staff specialists covered by the Australian Salaried Medical Officers Federation (ASMOF). Claims for increased wages and conditions for these groups have been received from the HSUeast and ASMOF.

The Department managed an award claim by the HSUeast on behalf of medical officers in line with Government wages policy. The HSUeast claim proposes a new salary structure and substantial changes to conditions of employment. An HSUeast claim regarding control centre staff has also been managed in line with Government wages policy. Discussions on these matters are continuing.

The Department managed the workforce issues around the introduction of new geographic boundaries and organisational structures for Local Health Networks (LHNs). Consultative structures have been introduced, involving LHN representatives and unions to provide a forum for canvassing implementation issues, and processes to manage the recruitment of staff to new positions. The implementation and bedding down of the new structures is ongoing.

In September 2009 the IRC recommended the Department and the Nurses' Association conduct a joint study/survey of nurses working night shifts to assess the medical issues raised in the proceedings. The Department and Association are to jointly conduct a study/survey of nurses working night shifts as necessary to properly assess the medical issues raised in the proceedings of the 'night shift case'. The Sydney Nursing School of the University of Sydney was selected to conduct the study and design of the study has commenced.

On 30 October 2010, the Industrial Relations Commission (IRC) decided in favour of the Department declining to make the declaratory orders sought by the HSUeast in the IRC regarding the award definition of a registrar.

Throughout 2010-11 the Department supported the Anti-Bullying Management Advisors Network and has overseen the data collection on bullying complaints within the health system.

For two years from 1 July 2009 onwards Workplace Relations and Management Branch administered all appeals against medical assessments following the dissolution of Health Quest. Over this transitional period, 16 meetings were held and 120 appeal cases were considered by the Appeals Committee. From 1 July 2011, the transition period will end with the introduction of new appeal processes and the Department's involvement concludes.

Key Policies Released in 2010–11

- Prevention and Management of Workplace Bullying in NSW Health (PD2011_018) assists managers to eliminate or minimise the risk of bullying, and manage complaints relating to bullying; and provide staff with information on their rights and obligations where they make a complaint.
- Recruitment and Selection of Staff of the NSW Health Service (PD2011_032) – sets out mandatory standards to be applied when recruiting and selecting staff for employment in the NSW Health Service.
- Employment of Assistants in Nursing (AIN) in NSW Health Acute Care (PD2010_059) - facilitates uniform practices for employing, expanding and developing the Assistant in Nursing role in Public Health acute care facilities. It outlines the education, qualification or equivalency, scope of practice and skills recognition processes to be applied to those in this employment category. It also refers employers to assessment processes for identifying the appropriate clinical environments for Assistants in Nursing allocation in acute care.
- Industrial Consultative Arrangements (PD2011_002) – outlines industrial consultation arrangements on a range of employee matters throughout Local Hospital Networks.
- Staff Specialist Training, Education and Study leave: New Funding Entitlement 2010-2011 (PD2010_061) - sets out the staff specialists' Training, Education and Study Leave funding entitlement for approved TESL for the 2010-11 financial year.
- Medical Officers – Employment Arrangements in the NSW Public Health System (PD2010_074) - outlines the employment arrangements to be applied by public health organisations when engaging medical officers under the Public Hospital (Medical Officer) Award and facilitates a consistent application of employment provisions by public health organisations when medical officers are required to rotate between facilities as part of their pre-vocational or vocational training program.
- Honorary Medical Officer (HMO) Model Contracts (PD2011_009) – provides a model HMO contracts for use by public health organisations.
- Visiting Medical Officer (VMO) Performance Review Arrangements (PD2011_010) - sets out revised arrangements that deal with the performance review of specialist VMOs, and also provides for the scope to reappointment specialist VMOs without advertisement where there has been a satisfactory performance review.

- Employee Assistance Programs: NSW Health Policy and Standards (PD2011_040) - outlines the standards for employee assistance programs (EAP) to ensure staff members have access to professional employee assistance services.

Other significant Occupational Health and Safety (OHS)/HR initiatives

- Policy and Procedures for Injury Management and Return-to-Work – the Department commenced a review of this document and has developed practical procedures for managers/supervisors. These revised policy and procedures will be released in August 2011.
- Code of Conduct – the Department drafted a revised Code of Conduct reflecting the NSW Health CORE values and developed a series of frequently asked questions to support the revised document.
- Managing Staff Exposure to Ionising Radiation – the Department is consolidating existing policies dealing with staff exposure to ionising radiation within an OHS risk management framework. The consolidated policy is expected to be released in late 2011.
- National Harmonisation – in preparation of the introduction of national harmonisation legislation in January 2012, the Department has arranged a briefing for Chief Executives on changes to legislation, developed a series of fact sheets for managers and commenced an update of its Workplace Health and Safety Policy and Better Practice Guide.
- Violence Prevention and Management Training Framework – the Department developed a training framework for violence prevention and management.
- Protecting People and Property (The Security Manual) – This document was revised and prepared for consultation within NSW Health and with unions prior to its finalisation.

TMF Award winner

The Treasury Managed Fund (TMF) recognises excellence in OHS, injury management and risk management in the public sector through its annual awards program. The 2010 TMF Award winners were announced in October 2010 and NSW Health was once again successful with the then South Eastern Sydney Illawarra Area Health Service winning in the injury management category for its project *Creating a sustainable workers compensation performance 2005 – 2010*.

Prevention of Bullying and Harassment

All public health entities are required to report de-identified data to the Ministry of Health on individual complaints known to Human Resources Departments which are assessed initially as a potential bullying complaint.

The total complaints received for the period 1 July 2010 to 30 June 2011 is 232 bullying complaints. This represents 0.24% of the total FTE staff in the health system (based on June 2010 FTE).

NSW DEPARTMENT OF HEALTH, AMBULANCE SERVICE OF NSW, HEALTH SERVICES, HEALTH ADMINISTRATION CORPORATION AND OTHER NSW HEALTH ORGANISATIONS CLINICAL STAFF RATIO TO ALL STAFF AT JUNE FOR EACH YEAR

	June 07	June 08	June 09	June 10	June 11
Medical, nursing, allied health, other health Professionals, Scientific and Technical Officers, oral health practitioners and ambulance clinicians as a proportion of all staff %	71.8%	72%	72.2%	72.4%	72.6%

Source: Health Information Exchange (HIE) and Health Service local data.

Notes: **1** From 2008 the Clinical Staff Ratio is also inclusive of Scientific and Technical Officers. Previous years data has been recast to reflect this change and may show a variation from previous Annual Reports. **2**. It should be noted that the data for 'Clinical Staff' does not currently include all those staff engaged in face-to-face care eg. ward clerks, wardsmen, surgical dressers. It is expected that further refinement of employment data in future years will allow inclusion of these categories where relevant.

NUMBER OF FULL TIME EQUIVALENT STAFF (FTE) EMPLOYED IN THE NSW DEPARTMENT OF HEALTH, HEALTH SUPPORT SERVICES, AMBULANCE SERVICE OF NSW AND HEALTH SERVICES AS AT JUNE FOR EACH YEAR					
	June 07	**June 08**	**June 09**	**June 10**	**June 11**
Medical	7,318	7,866	8,140	8,524	8,938
Nursing	38,101	39,043	39,142	39,352	40,303
Allied Health	7,387	7,487	7,936	8,088	8,677
Other Prof. and Para Professionals	3,351	3,329	3,227	3,042	3,054
Scientific and Technical Clinical Support Staff	5,763	5,727	5,618	5,618	5,738
Oral Health Practitioners and Therapists	998	1,098	1,133	1,106	1,083
Ambulance Clinicians	3,308	3,370	3,587	3,663	3,804
Corporate Services	4,593	4,476	4,378	4,310	4,414
IT Project Implementation Staff	0	0	70	143	181
Hospital Support Workers	11,244	11,649	12,211	12,411	12,645
Hotel Services	8,550	8,551	8,284	8,210	8,326
Maintenance and Trades	1,192	1,164	1,123	1,073	1,032
Other	388	512	369	357	364
Total	92,194	94,270	95,219	95,895	98,558

Source: Health Information Exchange (HIE) 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 are therefore not reported in the Department of Health's Annual Report as employees. **3** Includes full-time equivalent (FTE) salaried Staff employed with Health Services, Ambulance Service of NSW and the NSW Department of Health. All non-salaried Staff such as Visiting Medical Officer (VMO) and other contracted Staff are excluded. **4** 'Medical' includes of Staff Specialists and Junior Medical officers. 'Nursing' includes of Registered Nurses, Enrolled Nurses and Midwives. 'Allied Health' includes Audiologists, Pharmacists, Social Workers, Radiographers and Podiatrists. 'Oral Health Practitioners and Therapists' includes Dental Assistants, Officers, Therapists and Hygienists. 'Other Professionals and Para-Professionals' includes Health Education Officers and Interpreters. 'Ambulance Clinicians' includes Ambulance On-Road Staff and Ambulance Support Staff. 'Corporate Services' includes Hospital Executive, IT, Human Resource and Finance Staff. 'IT Project Implementation Staff' are those appointed for a major IT project implementation. These Staff are temporary. 'Scientific and Technical Support Workers' includes Hospital Scientists and Cardiac Technicians. 'Hotel Services' includes Food Services, Cleaning and Security. 'Maintenance and Trades' includes of Trade Workers, Gardeners and Grounds Management. 'Hospital Support Workers' includes Clinical Support Officers, Ward Clerks, Public Health Officers, Patient Enquiries and Other Clinical Support Staff etc. 'Other' covers employees not grouped elsewhere. **5** FTE associated with the following health organisations are reported separately: The Institute of Medical Education and Training and the Health Professional Registration Boards. HealthQuest closed 30 June 2009. **6** Prior to 2008 FTE associated with Health Support Services was reported separately. Information has been recast to reflect this change and will show variations from previous Annual Report. Health Support Services includes Health Support and Health Technology. **7** Health Executive Service Staff were not consistently included in previous Annual Reports. Figures for 2008 onwards have been adjusted to include these Staff. **8** The Award code for Health and Security Assistants was coded incorrectly as 'Scientific and Technical Clinical Support Staff' prior to 2010. The FTE for these employees has been moved into the correct group 'Hotel Services', for all years. **9** In the 2009 Annual report the corporate Services Staff from Health Technology were incorrectly coded to Hospital Support Workers. This has been corrected. **10** IT Project Implementation Staff have been separated from Corporate Services from June 2009. Corporate Services Staffing has been adjusted for all relevant years. **11** Some of the movement in Allied Health Award Group may have been the result of movements from other Award Groups into Allied Health following Award re-classifications. **12** Albury Hospital, transferred to VicHealth for management purposes from July 2009 has been included in all years for reporting consistency. **13** Rounding of staff numbers to the nearest whole number in this table may cause apparent errors in totals.

NUMBER OF FULL TIME EQUIVALENT STAFF (FTE) EMPLOYED IN OTHER NSW HEALTH ORGANISATIONS AS AT JUNE FOR EACH YEAR					
	June 07	**June 08**	**June 09**	**June 10**	**June 11**
Health Professional Councils Authority	–	–	–	–	87
NHHN Transition Office	–	–	–	–	3
Mental Health Review Tribunal	20	21	26	29	35
Clinical Excellence Commission, Bureau of Health Information, Clinical Education Training Institute, Agency for Clinical Innovation and Policy and Technical Support Unit	–	–	–	–	133
Health Infrastructure	0	7	21	17	37

Source: Health Information Exchange (HIE) and Health Service local data.
Notes: **1** Information on Clinical Excellence Commission, Bureau of Health Information, Clinical Education Training Institute, Agency for Clinical Innovation and Policy and Technical Support Unit was not consistently recorded prior to 2011. **2** Rounding of staff numbers to the nearest whole number in this table may cause apparent errors in totals. **3** The Health Professional Councils Authority was established in 2010-11.

Registered Health Professionals in NSW

PROFESSION	NO. OF REGISTRANTS AS AT 30 JUNE 2011
Chiropractor	1,456
Dental Practitioner	5,619
Medical Practitioner	27,686
Registered Nurse	79,210
Registered Nurse and Midwife	14,169
Registered Midwife	325
Optometrist	1,493
Osteopath	514
Pharmacist	8,110
Physiotherapist	6,589
Podiatrist	919
Psychologist	10,014

Source: Australian Health Practitioner Regulation Agency, June 2011.
Note: Data is based on registered practitioners as at 30 June 2011 whose principal place of practice is in New South Wales.

Senior Executive Service

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

SES LEVEL	AS AT 30 JUNE 2011	AS AT 30 JUNE 2010
8	1	1
7	3	3
6	3	3
5	2	2
4	8	8
3	10	12
2	6	6
1	1	2
Total positions	**34**	**37**

Overseas Visits by Staff

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

Pauline Bergin – Nursing and Midwifery, Health System Performance
International Practice Development Conference, Enhancing Practice
Belfast, Northern Ireland

Zoran Bolevich – Director, Demand and Performance Evaluation, Health System Performance
Royal Australasian College of Medical Administrators (RACMA) Annual Conference
Hong Kong

Janne Boot – Executive Director, Workforce Development, North Coast Area Health Service
British Medical Journal Career Fair
London and Birmingham, UK

Steven Boyages – Chief Executive, Clinical Education and Training Institute
- *Healthcare Information and Management Systems (HIMSS) Asia Leadership Summit*
Daegu, South Korea
- *Healthcare Information and Management Systems Society (HIMMS) Analytics Asia Advisory Committe*
Singapore

Louis Christie – Director, Medical Services Western NSW Local Health Network
British Medical Journal Career Fair
London and Birmingham, UK

Lauren Clark – Project Assistant, Institute of Psychiatry
Third Australasian Mental Health Outcomes Conference
Auckland, New Zealand

Tim Coombs – Manager, Training and Service Development, *Institute of Psychiatry*
Third Australasian Mental Health Outcomes Conference

Auckland, New Zealand

Rosemary Dickson – Network Co-ordinator, NSW Institute of Psychiatry
Third Australasian Mental Health Outcomes Conference
Auckland, New Zealand

Clifford Hughes – Chief Executive Officer, NSW Clinical Excellence Commission
- *International Health Care Conference and International Society for Quality in Health Care Conference*
Singapore and Paris, France
- *Seventh Annual Telluride Patient Safety Educational Roundtable hosted by the Telluride Scientific Research Community (TSRC)*
Colorado, USA

Deborah Hyland – Director, Clinical Safety, Quality and Governance, Health System Performance
ISQua 27th International Conference of the International Society for Quality in Health Care
Paris, France

Wendy Jamieson – Program Leader, NSW Clinical Excellence Commission
ISQua 27th International Conference of the International Society Health Care
Paris, France

Katina Kardamanidis – Epidemiologist, Population Health
World Health Organisation – Global Foodborne Infections Network (WHO-GFN)
Tunis, Tunisia

Bernadette King – Program Leader, NSW Clinical Excellence Commission
ISQua 27th International Conference of the International Society Health Care
Paris, France

Sandy Leask – Senior Policy Advisor, Population Health
International Water Association – World Health Organisation Water Safety Conference
Kuching, Malaysia

Lorraine Lovitt – Leader, NSW Falls Prevention Program, NSW Clinical Excellence Commission
The Australia and New Zealand Falls Prevention Society Conference
Dunedin, New Zealand

David McGrath – Director, Mental Health and Drug and Alcohol Programs, Strategic Development
- *54th session of the Commission on Narcotic Drugs*
Vienna, Austria
- *Study tour related to the work of the Minister for Mental Health's Taskforce to Establish a NSW Mental Health Commission*
New Zealand

Ros Montague – Director, Institute of Psychiatry
World Health Organisation Pacific Islands Mental Health Network (PIMHnet) - conduct mental health training
The Marshall Islands and Palau

Darryl O'Donnell – A/Associate Director, Population Health
6th International Policy Dialogue on HIV/AIDS
Ottawa, Canada

Lina Persson – Project Manager, Population Health
The Consilience Software 2011 User Group Meeting
New York, USA

Mike Rillstone – Chief Executive, Health Support Services
Healthcare Information and Management Systems Society (HIMMS) Analytics Asia Advisory Committee
Singapore

Bruce Sanderson – Director, Clinical Governance Central Coast Local Health Network
British Medical Journal Career Fair
London and Birmingham, UK

Bronwyn Schumack – Manager Patient Safety Program, NSW Clinical Excellence Commission
Halifax 10: The Canadian Healthcare Safety Symposium and to be part of a study tour in patient safety in Chicago and Denver
Canada and USA

Wayne Smith – Director Environmental Health Branch, Population Health
Food Regulation Standing Committee and the Public Safety and Integrity Committee
Wellington, New Zealand

Paula Spokes – A/Manager Surveillance, Population Health
China-Australia Pandemic Influenza Project
China

Raj Verma – Director, Health Service Performance Improvement, Health System Performance
Health Information and Utilisation and Decision Support
Beijing, China

Robyn Weller – Professional Officer, Nursing and Midwifery Council, Health Professional Council Authority
International Council of Nursing (ICN) conference and a professional visit to the Nursing and Midwifery Council in London
Malta and London, UK

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 NSW Department of Health maintains its commitment to the health, safety and welfare of employees and visitors to its workplace.

Highlights

The following Occupational Health and Safety (OHS) Initiatives were implemented during 2010-11:

- Quarterly OHS Committee meetings were held to consult on and review strategies for managing and improving workplace health and safety on behalf of employees and managers.
- As part of the Healthy Lifestyle program, the NSW Department of Health's Get Healthy information and coaching service was made available to employees aiming to improve health and achievement of health-related goals.
- OHS awareness strategies included bi-monthly induction presentations, OHS workplace assessments, the *Safe Work Week* promotion, Seasonal Influenza vaccination program, Australian Red Cross Blood donations, Workstation *Clean-Up Day* and exercise and relaxation activities.

- The NSW Department of Health supported and promoted the WorkCover Authority of NSW, *Hazard a Guess*, a young workers' injury prevention campaign and the Homecomings campaign, emphasizing the importance of workplace safety for workers, family and other members.
- Certified First Aid Officers provided first aid assistance to staff and first aid kits were reviewed and restocked as required. Recertification in Senior First Aid and Automated External Defibrillation was completed.

The NSW Department of Health continued to conduct building emergency evacuation tests and emergency training sessions for fire wardens.

Strategies to improve Occupational Health and Safety included:

- Ongoing commitment to the NSW Department of Health OHS Mission Statement.
- Promotion of Healthy Lifestyle campaigns to staff and managers on general health and wellbeing strategies
- Information, training and consultation with staff and managers on health and safety in the workplace.

Workers Compensation

In accordance with the *Workers Compensation Act 1987* and *Workplace Injury Management and Workers Compensation Act 1998*, the NSW Department of Health provided access to compensation, medical assistance and rehabilitation for employees who sustained a work-related injury.

During 2010-11, 19 new claims were lodged with the NSW Department of Health's insurer. Although this is higher than in 2009-10 (when 15 claims were submitted), the insurer declined or reasonably excused five of the 19 claims.

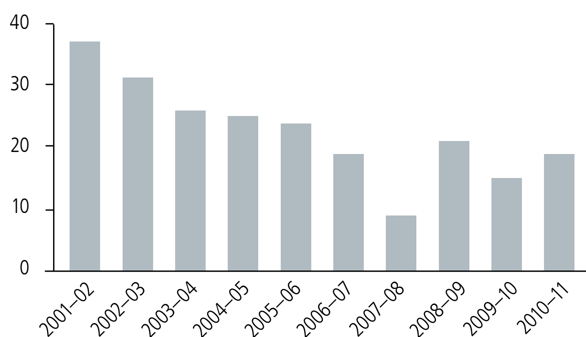
This resulted in fewer accepted claims (14) compared to the previous year (15), and continued the decline in the number workers compensation claims since 2001-02.

The greatest number of accepted workers compensation claims were for journey/vehicle injuries which accounted for five of the 14 claims (five of the 15 in 2009-10) and body stress which accounted for two of the 14 claims (five of the 15 in 2009-10). A slight increase was noted in the amount of slips, trips and falls which represented four of the 14 claims (three of the 15 in 2009-10). The five claims that were denied or reasonably excused were all psychological claims.

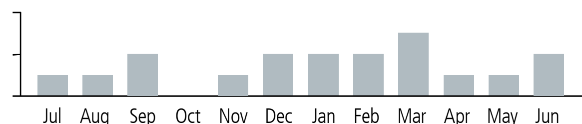
Strategies to improve workers compensation and return to work performance included:

- Achievement of the actions and targets under the Working Together Public Sector Workplace Health and Safety and Injury Management Strategy 2010–2012.
- A focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work-related injuries.
- Frequent claims reviews between the NSW Department of Health and the insurer to monitor claim activity, return to work strategies, industry performance and compensation costs.
- Ongoing commitment to promoting risk management and injury prevention strategies.

Number of New Claims Each Year from 2001-02 to 2010-11 Financial Years



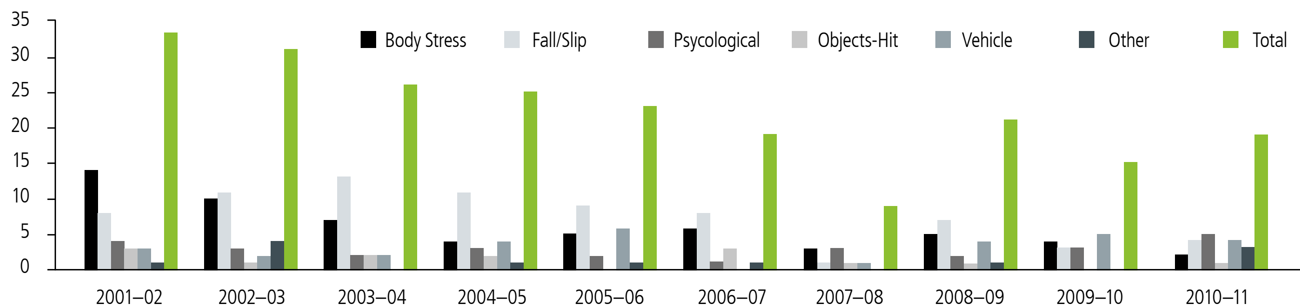
Workers Compensation Claims and Category Each Month for 2010–11



Categories of Workers Compensation Claims Each Month 2009–10

INJURY/ILLNESS	JUL 09	AUG 09	SEP 09	OCT09	NOV 09	DEC 09	JAN 10	FEB 10	MAR 10	APR 10	MAY 10	JUN 10	TOTAL
Body Stress								1				1	2
Fall/slip/trip	1						1	1	1				4
Psychological			1		1				1	1		1	5
Objects- hit		1											1
Vehicle						2	1				1		4
Other			1						2				3
Total	**1**	**1**	**2**	**0**	**1**	**2**	**2**	**2**	**4**	**1**	**1**	**2**	**19**

Workers Compensation Claims by Category from 2001–02 to 2009–10



Categories of Workers Compensation Claims from 2001-02 to 2010-11

YEAR	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11
Body stress	14	10	7	4	5	6	3	5	4	2
Fall/slip	8	11	13	11	9	8	1	8	3	4
Psychological	4	3	2	3	2	1	3	2	3	5
Objects-hit	3	1	2	2	0	3	1	1	0	1
Vehicle	3	2	2	4	6	0	1	2	5	4
Other	1	4	0	1	1	1	0	1	0	3
Total	**33**	**31**	**26**	**25**	**23**	**19**	**9**	**21**	**15**	**19**

Equal Employment Opportunity

The Department of Health has a strong commitment to Equal Employment Opportunity (EEO) and recruits and employs staff on the basis of merit. This provides a diverse workforce and a workplace culture where people are treated with respect.

EEO activities 2010-11

EEO activities for 2010-11 included:

- NSW Department of Health commemorated NAIDOC week with the presentation of Aboriginal Health Awards. NAIDOC stands for the National Aborigines and Islanders Day Observance Committee and celebrations increase awareness of issues affecting Aboriginal and Torres Strait Islanders. It highlights the progress achieved by NSW Health to improve the health outcomes of Aboriginal people in NSW
- National Sorry Day is an Australia-wide observance held on May 26 each year. It gives people the chance to come together and share the steps towards healing for the Stolen Generations, their families and communities. The day was commemorated by the Department of Health in 2011 with the launch of the Aboriginal Health Strategy.
- The Department has a Disability Action Plan demonstrating how the Department contributes to a society in which people with disability participate as full citizens with optimum quality of life and independence.
- The Department undertook an EEO Survey to improve the accuracy of EEO data. The survey achieved a 22% response rate and in particular improved the accuracy of the Department's disability data

Equal Employment Opportunity Management Plan 2011-12

The following initiatives are proposed for the 2011-12 EEO Management Plan:

- Development of an Aboriginal Employment Strategy
  for the Department of Health.
- Implementation of the *Ready Willing and Able* program and the EmployABILITY strategy.

A. Trends in the Representation of EEO Groups[1]

EEO Group	Benchmark or target	% OF TOTAL STAFF[2] 2008	2009	2010	2011
Women	50%	63%	62%	64%	64%
Aboriginal people and Torres Strait Islanders	2.6%[3]	1.08%	1.26%	1.17%	1.00%
People whose first language was not English	19%	18.17%	19.5%	18.5%	10.32%
People with a disability	N/A[4]	1.96%	2.99%	2.75%	2.61%
People with a disability requiring work-related adjustment[5]	1.1% (2011) 1.3% (2012) 1.5% (2013)	N/A	N/A	N/A	2.37%

B. Trends in the Distribution of EEO Groups[6]

EEO Group	Benchmark or target	DISTRIBUTION INDEX[7] 2008	2009	2010	2011
Women	100	93%	93%	95%	93%
Aboriginal people and Torres Strait Islanders	100	n/a	95%	94%	100%
People whose first language was not English	100	93%	91%	86%	92%
People with a disability	100	119%	118%	93%	97%
People with a disability requiring work-related adjustment	100	N/A	N/A	N/A	82%*

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.**1** Staff numbers are as at 30 June. **2** Excludes casual staff. **3** Minimum target by 2015. **4** Per cent employment levels are reported but a benchmark level has not been set. **5** Minimum annual incremental target. **6** A distribution index of 100 indicates that the centre of 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. An index of more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **7** Excludes casual staff.
* EEO survey was conducted in June 2011 elicited a low response rate (22%). A distribution index based on an EEO survey response rate of less than 80% may not be completely accurate.

Employment Screening

In September 2010, the Department's Employment Screening and Review Unit (ESRU) transferred to Workplace Relations and Management Branch. ESRU conducts NSW Health's employment screening functions and manages the NSW Health Service Check Register, criminal and child related allegation management involving NSW Health staff, and maintains policy oversight of activities in these subject areas.

In 2010-11, the ESRU continued to:

- Process National Criminal Record Checks (NCRCs) for positions across NSW Health as well as for NSW Health funded Non Government Organisations.
- Manage the Department's responsibilities as an Approved Screening Agency under the *Commission for Children and Young People Act 1998* and process Working with Children Checks (WWCCs) for positions across both the NSW public and private health sectors.
- Provide expert advice and training on conducting risk assessments for applicants with criminal history, on the management of criminal allegations against NSW Health staff, and on managing NSW Health's responsibilities for responding to reportable allegations under Part 3A of the *Ombudsman Act 1974* and reportable assaults under the *Aged Care Act 1997 (Commonwealth).*

In 2010-11, the ESRU processed a total of 60,988 checks (41,572 WWCCS and 19,416 NCRCs), of which 34,015 (21,336 WWCCs and 12,679 NCRCs) were for positions for paid employment within NSW Health, and 4,635 (988 WWCCs and 3,647 NCRCs) were for volunteer positions within NSW Health. Of all the checks processed, 79.8% were cleared within 48 hours.

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Other Regulatory Reports

Appendix 3

Image // Sydney Hospital

Other Regulatory Reports

Appendix 3

Acts Administered and Legal Change 196

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Sustainability 208

Acts Administered

- *Anatomy Act 1977* No 126
- *Assisted Reproductive Technology Act 2007* No 69
- *Cancer Institute (NSW) Act 2003* No 14 (jointly with the Minister for Medical Research)
- *Drug and Alcohol Treatment Act 2007* No 7
- *Drug Misuse and Trafficking Act 1985* No 226, Part 2A (jointly with the Minister for Police and Emergency Services, remainder, the Attorney General)
- *Fluoridation of Public Water Supplies Act 1957* No 58
- *Gladesville Mental Hospital Cemetery Act 1960* No 45
- *Health Administration Act 1982* No 135
- *Health Care Complaints Act 1993* No 105
- *Health Care Liability Act 2001* No 42
- *Health Practitioner Regulation (Adoption of National Law) Act 2009* No 86 and the Health Practitioner Regulation National Law (NSW) (except section 165B of that Law and section 4 of that Act in so far as it applies section 165B as a law of New South Wales, the Attorney General)
- *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
- *Mental Health Act 2007* No 8
- *Mental Health (Forensic Provisions) Act 1990* No 10, Part 5 (remainder, Attorney General)
- *New South Wales Institute of Psychiatry Act 1964* No 44
- *Poisons and Therapeutic Goods Act 1966* No 31
- *Private Health Facilities Act 2007* No 9
- *Public Health Act 1991* No 10
- *Public Health Act 2010* No 127
- *Public Health (Tobacco) Act 2008* No 94
- *Smoke-free Environment Act 2000* No 69
- *Sydney Hospital (Trust Property) Act 1984* No 133
- *Tuberculosis Act 1970* No 18

Legislative Changes

New Acts

- *Public Health Act 2010* No 127

Amending Acts

- *Health Services Amendment (Local Health Networks) Act 2010* No 97
- *Health Legislation Further Amendment Act 2010* No 96
- *Health Services Amendment (Local Health Districts and Boards) Act 2011* No 4

Repealed Acts

- *Chiropractors Act 2001* No 15
- *Dental Practice Act 2001* No 64
- *Dental Technicians Registration Act 1975* No 40
- *Medical Practice Act 1992* No 94
- *Nurses and Midwives Act 1991* No 9
- *Optical Dispensers Act 1963* No 35
- *Optometrists Act 2002* No 30
- *Osteopaths Act 2001* No 16
- *Pharmacy Practice Act 2006* No 59
- *Physiotherapists Act 2001* No 67
- *Podiatrists Act 2003* No 69
- *Psychologists Act 2001* No 69

Orders

- *Health Services (The Sydney Children's Hospitals Network (Randwick and Westmead)) Order 2010*
- *Health Services Amendment (Hammondcare Health and Hospitals) Order 2010*
- *Health Services Amendment (Areas of Local Health Networks) Order 2010*
- *Health Services (Transfer of Assets, Rights and Liabilities) Order 2010*

Public Health Act 2010

Development of the *Public Health Act 2010* continued through 2010-11 with the Department undertaking extension public consultation on the Public Health Bill 2010, prior to its passage into Parliament in late 2010. Following assent of the 2010 Act (which has not yet commenced), the Department has worked to prepare draft public consultation regulation to support the 2010 Act and development of proposed regulations will continue in 2011-12. It is expected that the 2010 Act and associated regulations will commence in 2012.

Subordinate Legislation

Principal Regulations made

- *Health Administration Regulation 2010*
- *Health Practitioner Regulation National Law Regulation*
- *Health Practitioner Regulation (New South Wales) Regulation 2010*

Significant Amending Regulations made

- *Assisted Reproductive Technology Amendment Regulation 2011*
- *Health Services Amendment (Local Health Districts and Boards) Act 2011*
- *Mental Health Amendment Regulation 2011*
- *Mental Health Amendment (Psychosurgery) Regulation 2010*
- *Mental Health (Forensic Provisions) Amendment (Forensic Patients) Regulation 2010*
- *Mental Health (Forensic Provisions) Amendment Regulation 2010*

Repealed Regulations

- *Chiropractors Regulation 2007*
- *Dental Practice Regulation 2004*
- *Dental Technicians Registration Regulation 2008*
- *Medical Practice Regulation 2008*
- *Nurses and Midwives Regulation 2008*
- *Optical Dispensers Regulation 2007*
- *Optometrists Transitional Regulation 2003*
- *Osteopaths Regulation 2007*
- *Pharmacy Practice Regulation 2008*
- *Physiotherapists Regulation 2008*
- *Podiatrists Regulation 2005*
- *Psychologists Regulation 2008*

Disability Action Plan

2009–14

The Department of Health has developed the NSW Health Disability Action Plan which includes the Disability Action Plans of other agencies within NSW Health. The Department of Health Disability Action Plan can be found as Schedule 1 of the NSW Health Disability Action Plan at www.health.nsw.gov.au.

Achievements to date include:

- NSW Health Area Health Services and Local Health Networks have been assisted in developing their Disability Action Plans (resulting in the NSW Health Disability Action Plan).
- A Specialised Clinical Service Pilot in South Eastern Sydney Local Health Network has been established to address the health needs of people with intellectual disability and the Agency for Clinical Innovation Intellectual Disability Network has been established to identify gaps in services to people with intellectual disability.
- *Being a Healthy Woman*: an educational resource for women with intellectual disability, their families, health care providers and support workers was published and copies were circulated to every group home and large residential facility in NSW. The book is available through the Better Health Centre (02 9816 0452). It has been translated into five community languages and can be downloaded in English, Dinka, Traditional Chinese (Mandarin), Vietnamese, Korean or Arabic from the NSW Health website.
- The development of a training package for General Practitioners was funded to improve communication with people with intellectual disability (available at http://www.gpsynergy.com.au). The training package for General Practitioners can be downloaded by any training body and adapted to meet their needs. NSW Council for Intellectual Disability, NSW Family Planning and NSW Department of Education and Communities have each expressed interest in using the training package.

Department of Health is committed to consulting people with disability and supporting their involvement on its committees. As an example of this, the book was developed following extensive consultation with women with intellectual disability, their families and support workers. The advisory committee on its development included a woman with intellectual disability (with a support worker) and the mother of a woman with intellectual disability.

Government Information

(Public Access) Act 2009

Under the *Government Information (Public Access) Act 2009* (GIPA Act) there is a presumption in favour of the disclosure of Government information unless there is an overriding public interest against disclosure.

The NSW Department of Health undertakes reviews of its information on a regular basis and routinely uploads information on its website that may be of interest to the public.

During the period 1 July 2010 to 30 June 2011, the NSW Department of Health received 123 access applications under the GIPA Act. Of the 123 applications received, 71 applications have been completed within the reporting period, six applications were withdrawn, five applications were invalid, 27 applications were transferred to other agencies, 10 applications have been carried forward to the next reporting period and four applications were dealt with as an informal request.

Of the 71 applications completed, 19 were granted full access; 29 were granted partial access; six were refused access; 10 requests there was no information held; one request the information was publicly available and the Department refused to deal with six applications as the applicant(s) had failed to pay processing charges or the application(s) were an unreasonable diversion of the Department's resources to process in their current wording.

Eight applications were refused in part or in full because the applications involved the disclosure of information referred to in Schedule 1 to the GIPA Act, i.e., information for which there is conclusive presumption of overriding public interest against disclosure (Cabinet information – five applications; and Legal professional privilege – three applications).

The Department received two applications for internal reviews and on each occasion the original decisions were upheld.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Department of Health during 2010–11 is provided below.

Other Regulatory Reports

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	10	5	2	7	1	2	0	3
Members of Parliament	6	12	4	0	0	2	0	2
Private sector business	0	4	0	0	0	1	0	0
Not for profit organisations or community groups	1	2	0	0	0	1	0	0
Members of the public (application by legal representative)	0	2	0	1	0	0	0	0
Members of the public (other)	2	4	0	2	0	0	0	1

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	1	0	0	1	0	0	0	1
Access applications (other than personal information applications)	18	25	6	7	1	6	0	5
Access applications that are partly personal information applications and partly other	0	4	0	2	0	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	5
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	5
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	5
Executive Council Information	0
Contempt	0
Legal professional privilege	3
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	4
Law enforcement and security	0
Individual rights, judicial processes and natural justice	14
Business interests of agencies and other persons	6
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	41
Decided after 35 days (by agreement with applicant)	1
Not decided within time (deemed refusal)	29*
Total	71

*All applications continued to be processed with the applicant receiving Notice of Decision.

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	2	2
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	2	2

*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker.
The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	2
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

Multicultural Policies and Services Program

Achievements 2010–11

HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2010-11
Aids and Infectious Diseases Branch	NSW HIV/AIDS Strategy 2006-2010	Funding is provided to HIV and Related Programs (HARPs), the NSW Multicultural HIV/AIDS and Hepatitis C Service (MHAHS), NSW Users and AIDS Association (NUAA), ACON (formerly the AIDS Council of NSW) for HIV/AIDS programs targeting priority Culturally and Linguistically Diverse (CALD) communities.
Ambulance Service of NSW	Website information for Other Languages	The Ambulance Service of NSW has produced several publications in other languages which are now available on the service's website for download. A series of factsheets are available in Arabic, Chinese, Italian, Greek and Vietnamese. The purpose of the factsheets is to assist people from the multicultural community with: • calling an Ambulance • when to call an Ambulance • patient transport service • information about their Ambulance service. To assist people from the multicultural community when a Paramedic attends their home or the location of a medical emergency, there is a free call phone number on the Other Languages page of the website for the Translating and Interpreting Service.
Blue Mountains Nepean Local Health Network	Development of Diversity in Practice resource kit	A resource kit for early childhood services working with children and families from migrant and refugee families was developed during 2010 and and launched in June 2011. The kit was aimed at early childhood workers, community health workers and workers engaged with families and children (under five) in the Nepean area.
Diversity Health Institute Clearinghouse (DHIC)	Diversity Health Institute Clearinghouse Online Gateway to Australian Multicultural health information.	The DHIC Online Gateway contains freely accessible searchable databases on multicultural health information including translated resources, reports, research, events and training. The site received an average of over 4,035 visits per month. This was an increase of 27% from the monthly average of 3,187 visits last year. The Clearinghouse team also provided approximately 83 information searches in response to enquiries per month for clients, including health service providers, carers and consumers.
Health Protection Branch	Communicable diseases factsheet translations	The communicable diseases branch regularly reviewed factsheets for priority and high burden communicable diseases for translation. To date, 18 disease factsheets and were translated and made available on the internet.
Hunter New England Local Health Network	Nurse Manager Cultural Support	A Network wide, permanent Nurse Manager Cultural Support position was established to monitor and support overseas trained nurses and allied health staff employed by Hunter New England Health. The program was developed to provide specific orientation programs and ongoing communication and monitoring, particularly for overseas trained staff appointed to rural hospital.
Illawarra Shoalhaven Local Health Network	Cardiovascular disease (CVD) prevention program for women from CALD backgrounds	The CVD Prevention program was launched in the Illawarra at an International Women's Day event to raise awareness of heart disease. The event attracted over 400 women from 16 CALD communities. This is a project partnership between Multicultural Health Service, Women's Health Service and Curtin University. It designed, delivered and evaluated culturally relevant activities to reduce risk factors for heart disease and raise awareness of heart attack signs amongst women from newly arrived CALD backgrounds. Programs were designed in consultation with community and implemented for Arabic, Turkish, Serbian, Croatian, Macedonian Italian and Greek communities using translated materials and interpreters.
Mid North Coast Local Health Network	Refugee Health clinic	Humanitarian Refugees were offered health screening at the Refugee Health clinic within one month of their arrival. The clinic facilitated the referral of refugees into mainstream services using interpreters at all health interviews. The clinic negotiated with Community GPs to take on Humanitarian refugees into their practice for ongoing permanent care.
Multicultural Health Communication Service (MHCS)	Multilingual Quitline	The MHCS undertook a number of health promotion activities and programs targeting culturally and linguistically diverse communities including the Multilingual Quitline, Get Healthy and Problem Gambling health promotions initiatives. The service co-ordinated NSW Multicultural Health week and the Multicultural Good Communication Award.
Multicultural HIV/AIDS and Hepatitis C Service	Clinical Support for CALD people living with HIV/AIDS	This program provided bilingual/bicultural support to people from CALD backgrounds living with HIV/AIDS. Over 65 clients are currently supported via the program. The program has a register of over 120 workers speaking more than 40 community languages to provide emotional support to clients living with HIV.
Multicultural Problem Gambling Service for NSW	Multicultural Problem Gambling Service for NSW service enhancement	In the last year, 37 clinicians gained accreditation with nationally recognised competencies as problem gambling counsellors. These clinicians provided problem gambling counselling in the following languages: Arabic, Assyrian, Bosnian, Croatian, Macedonian, Serbian, German, Cantonese, Mandarin, Farsi, Greek, Telegu, Kannadan, Hindi, Marathi, Konkani, Tamil, Malayalam, Indonesian, Korean, Maltese, Spanish, Turkish and Vietnamese.

HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2010-11
North Coast Local Health Network	Nutrition Information Project	Developed a computer-based library of diet sheets in different languages to ensure clients received the correct nutritional advice.
North Sydney Local Health Network	Women's Health Service	The Multicultural Health Service in the Northern Sydney Local Health Network worked with the Multicultural Health Service and local Settlement Grant Project (SGP) workers to increase access to culturally appropriate health information for women from diverse backgrounds and enable them to make more informed decisions about their health and health care.
NSW Education Program on Female Genital Mutilation (FGM)	Zero Tolerance 2011	In 2010 there were approximately 124, 000 women and girls from cultures that practice FGM living in NSW. On 12 February 2011, 147 women from communities that practice FGM attended the Zero Tolerance 2011 event. Some young women were specifically invited, as they are at risk of being pressured by family members to undergo FGM later, when they are over the age of 18 years or maybe about to get married. The day reviewed the work being carried out with specific cultures across the Middle East, Europe and Australia to stop FGM.
NSW Refugee Health Service	Health Information to refugee communities	There were 172 Orientation to the NSW Health System sessions delivered using Bilingual Community Educators, attracting a total of 3,477 participants. The sessions were delivered in Arabic, Assyrian, Farsi, Dari, Karen, Burmese, Rohingyan, Sudanese Arabic, Bhutanese, and Kirundi/Swahili. Some sessions were provided in non refugee languages including Chinese, Vietnamese and English.
Primary Health and Community Partnerships Branch	NSW Refugee Health Plan 2011-2016	Primary Health and Community Partnerships Branch co-ordinated the development of the NSW Refugee Health Plan 2011-2016 which was launched by the Minister for Health at the Marrickville Town Hall on 4 March 2011. The Plan outlines measurable actions and priorities to guide the NSW Health System's work in the area of refuge health over the next five years.
Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)	Capoeira Angola – Project Bantu	STARTTS delivered Capoeira Angola groups at Miller Intensive English Centre (IEC), Fairfield IEC, Evans IEC, Chester Hill IEC, Cabramatta IEC, Liverpool Boys High and at STARTTS Offices in Liverpool and Carramar. Capoeira Angola is an Afro-Brazilian art that can be likened to a dance, or a martial art. Music is an integral part of the game made up of several players including those on five key musical instruments. The groups have been evaluated for their psychosocial benefits using an appropriate assessment tool which confirm the positive benefits of the program. The Evaluation Report is available upon request.
South Eastern Sydney Local Health Network	Multicultural Health Service Strategic Plan: SESLHD 2010-2012 (MHS)	The Multicultural Health Service updated its Strategic Plan to take into consideration organisational changes in response to the national health reforms. The Plan outlines the work the Service will undertake in 2010-2012, under the following four strategic directions: • delivering multicultural health leadership • improving service planning • increasing organisational capacity • enhancing community connection and engagement.
Southern NSW Local Health Network	Women's Health Program Tuberculosis Services Updates	The Network continued to prioritise the needs of women from CALD backgrounds. Approximately 30% of women seen in the well women's clinic in Queanbeyan were from CALD backgrounds, which is approximately double the population prevalence in the region. Ongoing partnership with the NSW Female Genital Mutilation program in the Multicultural Health Unit in Western Sydney assisted in strengthening local capacity. A multicultural health session was included in the regular updates provided to all tuberculosis nurses. In 2010, the session focused on refugee health screening and in 2011 the session focused on cultural competence.
Sydney Local Health Network	Triple P (Positive Parenting Program) for Korean speaking parents	This project aimed to enhance parental competence and confidence in raising children and improving the wellbeing of parents and children. The project targeted Korean speaking parents with children 3-8 years. There was significant demand for the program with 44 participants registering for only 13 positions in the course.
Sydney South West Local Health Network	Keeping community strong and active	This project aimed to increase participation levels of physical activity among the Spanish speaking communities in south west Sydney. Achievements of the program included: • development of promotional material • recruitment of participants via primary health and community services • education on the benefits of physical activity and healthy lifestyles • a culturally appropriate ten session program of physical exercises using Qigong and choreographic movements of Latin dancing was delivered. • evaluation completed after the 10 session program with an average of 25 participants attending each of the sessions.

HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2010-11
Sydney West Local Health Network	Vitamin D and CALD communities: A Quality Improvement Study (Former) SWAHS Arabic Tobacco Strategy	In October 2010, the Auburn Hospital Ante Natal clinic completed a twelve month study which involved routine screening of all pregnant women Vitamin D levels. This was the first antenatal clinic in NSW to screen all women. Preliminary results showed a significant number of CALD women have severe Vitamin D deficiency. An information brochure on Vitamin D for pregnant women and new mothers was developed and translated into 12 languages. The Multicultural Health Team also provided training sessions for junior medical doctors on Vitamin D and CALD communities. Consultations were held with health and welfare professionals and men of Arabic-speaking backgrounds. These consultations identified gaps in knowledge and attitudes towards tobacco smoking and cessation. The issues raised in the consultations were used to inform questions for focus groups in developing a more formal project. Ethics approval was obtained to conduct this project. Two focus groups were completed and three more focus groups are planned.
Transcultural Aged Care Service (TACS)	CALD Aged Care Regional Profiles	Completed aged community population profiles for Inner West, Sydney South West, Western Sydney and South East Sydney Aged Care Planning Regions and placed them on newly developed TACS website. The profiles assisted aged care providers in planning their services, particularly when applying for places during the Aged Care Allocation Rounds.
Transcultural Mental Health Centre (TMHC)	Transcultural Rural and Remote Outreach Project (TRROP)	The TRROP is a partnership between TMHC, the Centre for Rural and Remote Mental Health and four former rural Area Health Services. It is an equity and access initiative that explored models of service delivery for CALD communities in rural areas. It was the first activity of this kind and yielded important information to inform policy, planning and service development. The Project won a silver award in the Mental Health Services Conference of Australia and New Zealand 2010 achievement awards. The five year project report *Transcultural Rural and Remote Outreach Project: Building Partnerships across the Great Divide* was launched and distributed to stakeholders.
Western NSW and Far West Local Health Networks	Orientation process for local facilities	All facilities provided orientation to staff highlighting the specific cultural assets of the CALD population within the local rural context, in particular in services where there are large CALD communities including at Lightening Ridge and Orange
Women's Health at Work Program	Research Project – Issues of Customer Perpetrated Violence and Personal Safety for Women from CALD backgrounds working in small retail workplaces.	In the pilot phase, 19 women were recruited and interviewed. Seven of this group had experienced violent crimes. Four of the 19 women interviewed had experienced robbery; one woman had experienced two attempted robberies. Four of the five incidents were armed robberies (pistol, knife and metal bar). More women are now being interviewed to strengthen the research and it is anticipated that the full report of this work will be completed by August 2011 at which stage WHAW will seek to have the research published.

Planned Initiatives 2011–12

HEALTH SERVICE	PROJECT/INITIATIVE	PLANNED FOR 2010-11
AIDS and Infectious Diseases Branch	NSW Hepatitis B Strategy 2011 - 2016	The AIDS and Infectious Diseases Branch will develop the NSW Hepatitis B Strategy 2011–2016. The Strategy will have a particular focus on migrant communities.
Central Coast Local Health Network	Cervical Screening	Many communities from culturally and linguistically diverse backgrounds experience barriers to accessing cervical screening services including a lack of knowledge of services available and language barriers. The Women's Health Service in the Central Coast Local Health Network will be establishing a project in partnership with the Multicultural Health Service to increase the access of cervical screening services to the local Chinese community. The project will include the provision of a workshop on cervical screening for Chinese women, a follow-up clinic with block-booking of interpreters and the development of translated information on cervical screening services.
Diversity Health Institute Clearing House	Diversit-e: Australia's diversity health e-magazine	Four issues of Diversit-e are planned for the 2011-12 financial year with issues on mental health and health promotion under development for September and December 2011, and further topics for 2012.
Female Genital Mutilation (FGM) Program	NSW FGM Community Education Outreach Project	NSW FGM Community Education Program will take the Women's Health and Traditions (WHATINS) Program to Coffs Harbour in July 2011. This outreach comes at the request of both government and non-government services in the Coffs Harbour area following an increase in population numbers of families who are from communities where FGM is traditionally practiced. The Senior Community Education Officer will be accompanied by bilingual educators from the Sudanese, Ethiopian and Sierra Leonean communities. Women and families living in regional areas are more isolated than city-dwelling families and are therefore less likely to be aware of legislation against the practice of FGM.

HEALTH SERVICE	PROJECT/INITIATIVE	PLANNED FOR 2010-11
Hunter New England Local Health Network	MOMS (Mothers Obstetrics Multicultural Support) Project	The MOMS (Mothers Obstetrics Multicultural Support) postnatal care plan to offer CALD mothers information sessions on the mental health of Mums. The sessions will be presented by psychologists in perinatal care and will be titled Baby Blues. Issues to be covered include social and cultural isolation when giving birth outside your own country and extended family support networks. The program will focus on mental wellbeing, 'baby blues'.
Illawarra Shoalhaven Local Health Network	Signage Audits	Diversity health co-ordinators will support the Network Accreditation Manager and the Corporate Services Committee, to review and improve signage and way finding in local hospitals for people with disabilities and from CALD backgrounds. People with disabilities, advocacy groups, and CALD groups will visit hospitals to assist in identifying barriers to access and navigation.
Mid North Coast Local Health Network	Drumming - to the Beat	A one-off drumbeat workshop will be provided to target young people in the Coffs Harbour area from a CALD background. The initiative will aim to develop healthy social networks in a culturally safe environment.
Multicultural Health Communication Service	Multilingual Health Information in Hospitals	This project will develop an information technology system to provide hospital nursing staff with fast and efficient multilingual translated information specific to health areas they most frequently address.
Multicultural HIV/AIDS and Hepatitis C Service	Harm minimisation project	Work with the Department of Education-funded *Links 2 Learning* program to promote harm minimisation and Hepatitis C awareness and prevention among young people from CALD backgrounds at risk of, or new to, injecting drug use.
Multicultural Problem Gambling Service	Develop and translate factsheets	Develop additional factsheets on impact of gambling specifically for young people as part of education, prevention and early intervention initiative. Factsheets are to be translated into Arabic, Bosnian, Chinese (simplified), Croatian, Farsi, Greek, Indonesian, Italian, Korean, Macedonian, Maltese, Polish, Portuguese, Serbian, Spanish, Tagalog, Turkish, Vietnamese.
Murrumbidgee Local Health Network	Transcultural Mental Health Rural and Remote Outreach	Murrumbidgee Local Health Network aims to engage a project officer to build the capacity of the mental health workforce to work with people from culturally and linguistically diverse backgrounds. It is also hoped that the project can be expanded to include Wagga Wagga and Albury areas.
Nepean Blue Mountains Local Health Network	My First Health Record (Blue Book) DVD	A working group of key stakeholders has been established to explore ways to make the Blue Book more accessible to people from CALD backgrounds, particularly those with low literacy. Several strategies have been devised including a DVD and a power point presentation.
North Sydney Local Health Network	Oral Health Promotion	The Oral Health Service in the Northern Sydney Local Health Network will train bilingual community educators to provide information on oral health, oral health services and appointment processes in community venues. Sessions will be evaluated and the results used to inform future sessions.
Northern NSW Local Health Network	Child and Family Refugee Clinic	A child and family refuge health clinic is to be established in the Local Health Network in the latter half of 2011 to provide health assessments and referrals to newly arrived refugees settling in the area.
NSW Refugee Health Service	Oral Health DVD	In partnership with the Centre for Oral Health Strategy, an oral health DVD will be developed to educate refugee communities about good oral hygiene and accessing dental services.
Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)	New Land – New Life	The next stage of *New Land-New Life* project will include courses at two TAFEs in South Western Sydney and possible access to a larger piece of land at the Fairfield High School with the support of Fairfield MRC. Should the funding and the land be available, a market garden will also be established. The garden would be used to promote healthy lifestyle including exercise and healthy eating as well as meaningful activity.
Southern NSW Local Health Network	Population Health Plan	Southern NSW Local Health Network will develop a population health plan which will include an analysis of multicultural health issues and determine locations of unmet need.
South Eastern Sydney Local Health Network	Negotiating health beliefs training program	Individual's health care beliefs and traditional health practices can at times be in conflict with prescribed care in the mainstream health system. This training program aims to increase knowledge, skills and confidence of clinicians in negotiating with patients from CALD backgrounds to ensure respectful health care and mutually acceptable care plans. Negotiating Health Beliefs sessions will be piloted in August 2011 in partnership with Diversity Health Co-ordinators and Multicultural Health Workers.
South Western Sydney Local Health Network	Health Awareness Among Arabic Community (HAAAC)	Health information and education sessions are planned aimed at increasing the health literacy of the Arabic speaking communities. The project will include: • consultation with community key stakeholders • collation of service requests received from various organisations • development of partnerships to access existing groups and venues • update health education sessions developed during last program • deliver health information and education sessions as requested by community groups.

HEALTH SERVICE	PROJECT/INITIATIVE	PLANNED FOR 2010-11
Sydney Local Health Network	Supporting and Empowering carers from CALD backgrounds in SLHD	The project aims to empower carers from CALD backgrounds through the provision of information and resources on carer specific services available and provide support accessing these services. Strategies include: • engaging carer specific services such as Carers NSW, Home and Community Care services, Transcultural Mental Health Centre, Carer Assist to provide information sessions to CALD carers targeting six community language groups. • holding a Multicultural Carers' Day during National Carers Week 2011 to recognise the role of carers' in CALD communities and to support them in accessing services.
Transcultural Mental Health Centre	Young People of CALD Communities Mental Health Program	The TMHC, in partnership with the NSW Centre for the Advancement of Adolescent Health, Schizophrenia Fellowship (NSW) and the Black Dog Institute will co-ordinate the 2011 TranSCRIBE Young Writers Competition. The competition is open to all young people between the ages of 12-24 across NSW and focuses on the importance of mental wellbeing for young people within the context of diverse societies. In its 8th biennial cycle, TranSCRIBE 2011 has attracted more than 2000 submissions from writers across the State. The program includes an awards ceremony, launch of the booklet of winning stories and a youth mental health service expo to be held as part of the Youth Health 2011 Conference taking place on 9-11 November 2011 at the Sydney Convention and Exhibition Centre, Darling Harbour. Copies of the booklets will be distributed to all secondary schools and libraries in NSW.
Western NSW Local Health Network	Carer Support Program	The Western Local Health Network will establish and support relevant carer support programs and strategies for CALD communities as identified in the Network's Carer Action Plan 2011-2016.
Western Sydney Local Health Network	African Refugee Men's Nutrition Project	The CALD Dietician will implement strategies and projects to improve community knowledge of the link between diet and disease and to provide opportunities for African men and their families to learn more about how to prepare and cook locally available foods.
Women's Health at Work Program (WHAW)	CD Resources on Workplace Rights and Women's Health - spoken in Krio and Sudanese	As a component of the WHAW Employed African Women's Project, WHAW worked with Sierra Leonean and Sudanese Bi-lingual Workers to develop Workplace Information CD's for Sudanese Arabic (SBS) and Krio (FM 8809) speakers. Each station will run a segment each week for approximately four weeks. Topics include Industrial Relations System, including Antidiscrimination Facts, Role of the NSW Ombudsman, including How to Make a Complaint and Healthy Fats. Copies of the CDs will also be available free from WHAW.

Privacy Management Plan

The Department provides ongoing privacy information and support to the NSW public health system. The NSW Health Privacy Contact Officers network group met in 2010-11 and has had input into:

- implementation of the NSW Health Online Privacy Training Program
- development of a privacy information leaflet for NSW Health staff.

The Department's privacy contact officer has attended or presented to various groups or committees in 2010-11, including:

- presentation/ Information Session on Health Information Privacy Law and Regulations for Pharmaceutical Services Branch in June 2011
- participation in the Health Chaplaincy Liaison Group
- participation in NSW Health and Civil Chaplaincies Advisory Committee (Memorandum of Understanding) Committee.

Internal Review

One application for internal review was received by the Department in 2010–11.

An application was received in June 2011 and completed in August 2011. The complaint related to alleged breaches of the *Privacy and Personal Information Protection Act 1998* and the *Health Records Information Privacy Act 2002*.

The application was about the alleged disclosure by a NSW Health staff member of the applicant's personal details to a former Area Health Service. The complaints related to the collection, security, use and disclosure of the applicant's personal information. The following Information Protection Principles (IPPs) and Health Protection Principles (HPPs) were applicable:

- IPP 3 (Collection), IPP 5 (Security), IPP 10 (Use) and IPP 11 (Disclosure)
- HPP 4 (Collection), HPP 5 (Security), HPP 10 (Use) and HPP 11 (Dislcosure)

The findings of the internal review concluded that there was no breach of either the Information Protection Principles or the Health Protection Principles.

Sustainability

In the year 2010-11 NSW Health commenced a review of its sustainability strategy. This is primarily to include new initiatives and to update the Sustainability Action Plans in the Local Health Networks

Energy Management

In 2010-11 four applications were approved under the NSW Treasury Loan Fund totalling $4.18 million for NSW Health. This funding targeted energy efficiency projects across hospitals in Mt Druitt, Katoomba (Blue Mountains Anzac Memorial), Lithgow, Portland, Blacktown and Westmead as well as three Community Health Facilities at Springwood, Katoomba and Lawson. Energy savings were made by upgrading lighting, chillers, pumping, control systems and hot water heating systems.

In partnership with the Office of Environment and Heritage, NSW Health assessed 11 sites to identify energy saving opportunities and to seek funding from the NSW Treasury Loan Fund for the 2011-12 financial year.

Waste Reduction and Purchasing Policy (WRAPP)

The baseline set in 2009 was untested as reporting occurs in September of 2011.

An increase of recycling was anticipated in the areas of:

- waste paper and packaging base lined at 7,540 tonnes
- number of toner cartridges base lined at 57,100.

Inroads were made into clinical waste reduction. For example, the Children's Hospital at Westmead's peri operative service clinical waste reduction program reported:

- clinical waste volume reduced by 52%
- clinical waste disposal cost reduced by 55%.

Computer and IT Equipment Recycling for 2011

During the financial year 97% of monitors and PC's, 78% of laptops and 53% of phones were recycled by the Department of Health.

National Australian Built Environment Rating System (NABERS)

The Agency has a number of office tenancies in excess of 1,000 square metres which require a National Australian Built Environment Rating System (NABERS) tenancy energy rating. The tenancies requiring a rating during 2010-11 achieved an average of four stars.

Health Statistics

Appendix 4

Image // Auburn Hospital

Health Statistics

Appendix 4

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Infectious Disease Notifications in NSW

Disease notifications by Local Health Network Service of residence, NSW, 2010 (based on onset of illness[a])

CONDITION	SYDNEY[E]	C COAST[E]	FAR WEST[E]	HNE[E]	ILLAWARRA[E]	MNC[E]	MURRUMBIDGEE[E]	NB MOUNTAIN[E]	NORTH SYDNEY[E]	NORTHERN NSW[E]	SE SYDNEY[E]	SW SYDNEY[E]	SOUTHERN NSW[E]	WEST SYDNEY[E]	WESTERN NSW[E]
Adverse event after immunisation	1.6	1.3	9.5	3.1	4.1	0.0	7.2	2.9	1.6	0.3	2.8	1.0	3.5	2.2	2.2
Anthrax	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Arboviral infection	4.6	22.7	97.8	29.4	13.7	42.1	74.6	13.0	7.1	77.4	6.8	3.1	43.0	3.3	84.6
Barmah Forest virus[b]	0.2	4.1	9.5	5.6	3.4	19.4	3.4	0.3	0.1	25.3	0.0	0.1	10.5	0.2	7.8
Ross River virus[b]	1.6	13.9	88.3	21.8	4.7	20.3	70.8	12.2	2.0	47.3	1.1	1.8	30.5	2.3	76.1
Other[b]	2.8	4.7	0.0	2.1	5.7	2.4	0.3	0.6	4.9	4.7	5.8	1.2	2.0	0.7	0.7
Blood lead level >= 15ug/dL[b]	1.8	1.0	22.1	2.4	0.5	0.0	21.6	2.0	0.5	1.0	1.0	1.7	2.0	1.2	20.4
Botulism	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Brucellosis[b]	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chancroid[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chlamydia trachomatis infection	300.3	279.5	290.2	318.9	261.3	215.6	236.6	218.8	163.4	287.2	363.0	165.9	205.5	181.5	285.0
Congenital chlamydia[b]	0.0	0.3	0.0	0.5	0.8	0.5	1.0	0.3	0.1	0.3	0.4	1.0	0.5	0.6	1.1
Chlamydia - other[b]	300.3	279.2	290.2	318.4	260.5	215.1	235.6	218.5	163.3	286.9	362.6	164.9	205.0	180.9	283.9
Cholerab	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Creutzfeldt-Jakob disease[b]	0.0	0.0	0.0	0.2	0.5	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Cryptosporidiosis[b]	6.0	5.1	3.2	5.7	1.3	6.6	6.2	5.2	6.7	6.4	4.0	2.4	4.0	3.9	7.4
Food-borne illness (NOS)[f]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Gastroenteritis (institutional)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Giardiasis[b]	38.5	29.7	18.9	28.2	24.1	18.9	31.1	33.0	42.3	6.8	57.3	20.3	19.0	24.9	40.1
Gonorrhoea[b]	86.9	16.7	12.6	21.2	10.9	14.2	4.8	13.0	22.2	16.2	94.8	21.7	4.5	17.3	2.2
H.influenzae type b[b]	0.0	0.0	0.0	0.1	0.3	0.5	0.0	0.3	0.0	0.0	0.0	0.1	0.0	0.0	0.4
Haemolytic uraemic syndrome	0.2	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0
Hepatitis A[b]	1.8	0.3	3.2	0.7	0.8	0.0	0.3	0.3	1.0	1.4	1.3	0.8	0.5	3.4	0.7
Hepatitis B	66.3	6.0	12.6	8.0	11.9	11.4	10.6	16.8	26.9	4.4	48.6	54.9	9.0	67.9	14.1
Hepatitis B: acute viral[b]	0.4	0.0	0.0	0.2	0.5	0.5	1.4	0.3	0.4	0.0	0.1	0.9	0.5	0.2	1.5
Hepatitis B: other[b]	65.9	6.0	12.6	7.8	11.4	10.9	9.2	16.5	26.5	4.4	48.5	54.0	8.5	67.7	12.6
Hepatitis C	61.4	48.3	37.9	37.6	44.1	50.1	42.7	40.6	20.4	70.9	47.1	51.7	53.0	33.5	56.1
Hepatitis C: acute viral[b]	0.4	0.3	0.0	0.5	0.3	0.5	1.7	0.3	0.0	0.3	0.4	0.5	2.0	0.0	3.0
Hepatitis C: other[b]	61.0	48.0	37.9	37.1	43.8	49.6	41.0	40.3	20.4	70.6	46.7	51.2	51.0	33.5	53.1
Hepatitis D[b]	0.2	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.4
Hepatitis E[b]	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.4	0.6	0.0	0.0	0.0
Influenza	9.4	8.5	6.4	15.1	24.9	23.2	29.7	36.3	17.6	29.6	23.7	14.7	27.5	32.3	26.0
Influenza-Type A[b]	7.5	8.2	3.2	14.0	23.8	22.7	29.4	32.5	15.7	27.0	18.9	13.0	24.0	27.5	22.6
Influenza-Type B[b]	1.9	0.3	3.2	1.0	0.3	0.5	0.0	3.2	1.7	2.0	3.8	1.5	2.5	3.2	1.9
Influenza-Type A&B[b]	0.0	0.0	0.0	0.1	0.8	0.0	0.3	0.3	0.2	0.3	1.0	0.1	0.5	1.5	1.5
Influenza-Type NOS[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.3	0.0	0.1	0.5	0.1	0.0
Legionellosis	1.1	0.9	0.0	1.3	3.1	0.5	0.7	3.0	1.1	0.0	0.7	0.7	2.0	1.6	0.8
L. longbeachae[b]	0.2	0.6	0.0	0.3	3.1	0.5	0.0	1.5	0.6	0.0	0.1	0.2	2.0	0.6	0.4
L. pneumophila[b]	0.5	0.3	0.0	0.5	0.0	0.0	0.7	1.5	0.5	0.0	0.6	0.5	0.0	0.9	0.0
Legionnaires' disease other	0.4	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.4
Leprosy	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Leptospirosis[b]	0.2	0.0	0.0	0.3	0.3	0.0	1.0	0.0	0.1	2.0	0.1	0.2	0.0	0.0	0.4
Listeriosis[b]	0.2	0.3	3.2	0.3	0.3	0.0	0.0	0.0	0.8	0.7	0.4	0.4	0.5	0.2	0.4

CONDITION	SYDNEY[e]	C COAST[e]	FAR WEST[e]	HNE[e]	ILLAWARRA[e]	MNC[e]	MURRUMBIDGEE[e]	NB MOUNTAIN[e]	NORTH SYDNEY[e]	NORTHERN NSW[e]	SE SYDNEY[e]	SW SYDNEY[e]	SOUTHERN NSW[e]	WEST SYDNEY[e]	WESTERN NSW[e]
Lymphogranuloma venereum (LGV)[b]	3.3	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.2	0.0	3.2	0.0	0.0	0.5	0.0
Malaria*	3.0	0.0	0.0	1.7	2.3	0.5	1.4	0.6	2.0	2.4	1.0	1.0	1.0	2.8	0.0
Measles*	0.0	0.6	0.0	0.0	0.0	0.0	0.3	0.3	0.5	4.1	0.1	0.0	0.0	0.0	0.0
Meningococcal disease	0.6	3.1	0.0	1.4	2.2	2.4	0.3	1.5	0.2	0.3	0.6	1.1	0.5	0.5	1.9
Meningococcal disease - Type B[b]	0.2	2.5	0.0	0.9	1.3	1.9	0.0	1.5	0.1	0.0	0.2	0.8	0.5	0.5	1.1
Meningococcal disease - Type C[b]	0.4	0.3	0.0	0.0	0.3	0.5	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Meningococcal disease - Type W135[b]	0.0	0.3	0.0	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4
Meningococcal disease - Type Y[b]	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Meningococcal disease - other	0.0	0.0	0.0	0.2	0.3	0.0	0.3	0.0	0.0	0.3	0.4	0.2	0.0	0.0	0.4
Meningococcal-conjunctivitis	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0
Mumps[b]	1.2	0.6	0.0	0.3	0.8	0.0	0.3	0.0	0.6	0.0	0.6	0.9	0.0	0.0	0.0
Pertussis	118.8	60.3	343.9	87.6	138.5	69.5	190.2	128.4	195.3	72.0	141.4	105.3	238.5	122.0	149.6
Pneumococcal disease (invasive)[b]	6.0	6.0	3.2	7.2	6.7	3.3	5.8	7.8	7.4	7.4	9.0	6.1	7.5	5.2	10.0
Psittacosis[b]	0.0	0.6	0.0	0.3	0.3	0.0	0.3	0.0	0.2	0.0	0.1	0.0	0.0	0.1	0.0
Q fever[b]	0.4	1.3	3.2	5.1	3.4	2.4	0.7	0.6	0.1	7.4	0.1	0.9	2.0	0.4	4.5
Rotavirus[b]	20.3	13.6	3.2	18.8	17.1	9.5	9.2	24.6	24.0	19.9	20.9	9.9	9.0	16.2	7.1
Rubella[b]	0.4	0.3	0.0	0.2	0.0	0.0	0.0	0.0	0.2	0.3	0.4	0.1	0.0	0.0	0.0
Salmonella infection[b,d]	57.1	54.6	31.6	43.0	36.5	51.5	58.5	53.6	56.7	76.7	54.7	50.9	35.0	48.4	36.4
Shigellosis[b]	3.3	0.6	0.0	0.8	1.6	0.5	0.7	0.3	1.7	2.4	3.8	1.2	1.5	0.9	0.4
Syphilis	32.9	7.9	22.1	3.7	6.3	4.3	2.4	1.8	4.4	2.7	27.6	8.1	2.5	3.4	9.6
Infectious syphilis[b,c]	21.7	1.9	3.2	1.4	0.3	0.5	1.4	1.2	3.4	0.3	20.8	1.4	0.5	1.2	2.2
Syphilis - other[b]	11.2	6.0	18.9	2.3	6.0	3.8	1.0	0.6	1.0	2.4	6.8	6.7	2.0	2.2	7.4
Tetanus	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tuberculosis[b]	14.0	1.0	0.0	0.8	2.3	1.4	0.7	3.5	4.0	1.4	9.7	4.8	1.0	10.2	1.5
Typhoid[b]	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.4	0.0	0.8	0.6	0.0	1.0	0.0
Verotoxin - producing Escherichia coli infections[b]	0.0	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0

a Year of onset: the earlier of patient reported onset date, specimen date or date of notification. **b** Laboratory-confirmed cases only. **c** Includes syphilis primary, syphilis secondary, syphilis < 1 y duration and syphilis newly acquired. **d** Includes all paratyphoid cases. **e** Local Health Network Service into the gepgraphical region covered by their district postcode of residence. **f** Includes cases with unknown LHN. NOS: not otherwise specified.

No case of the following diseases have been notified since 1991: Plague, Diphtheria, Granuloma Inguinale, Lyssavirus, Poliomyelitis, Rabies, Smallpox, Typhusb, Viral Haemorrhagic Fever, Yellow Fever.

2010 influenza data: cases reported to PHUs; contain 50 laboratory notifications from either interstate residents or overseas.

Public Hospital

Activity levels

Selected Data for the Year Ended June 2011 Part 1[1,2,10]

LOCAL HEALTH NETWORK	SEPARATIONS	PLANNED SEP %	SAME DAY SEP %	TOTAL BED DAYS	AVERAGE LENGTH OF STAY (ACUTE)[3, 6]	DAILY AVERAGE OF INPATIENTS[4]
Justice Health Service	308	77.9	9.1	22,212	66.8	61
Sydney Children's Hospitals Network	46,989	53.6	47.2	153,603	3.3	421
St Vincent's Health Network	40,573	52.3	52.5	177,726	3.5	487
Sydney LHN	138,970	48.0	43.0	593,670	4.0	1,626
South Western Sydney LHN	185,079	39.3	43.5	686,705	3.4	1,881
South Eastern Sydney LHN	153,817	44.2	41.8	639,022	3.6	1,751
Illawarra Shoalhaven LHN	95,902	33.4	46.3	378,485	3.3	1,037
Western Sydney LHN	146,631	40.4	43.9	579,592	3.4	1,588
Nepean Blue Mountains LHN	66,730	35.9	36.8	247,261	3.4	677
Northern Sydney LHN	119,075	35.2	34.6	596,076	4.4	1,633
Central Coast LHN	75,144	42.3	42.4	292,656	3.6	802
Hunter New England LHN	201,403	43.8	41.4	784,549	3.6	2,149
Northern NSW LHN	96,342	45.8	46.7	311,089	2.9	852
Mid North Coast LHN	65,707	44.3	47.8	230,735	3.2	632
Southern NSW LHN	45,367	38.6	46.7	152,113	2.6	417
Murrumbidgee LHN	61,452	31.2	42.5	222,013	2.7	608
Western NSW LHN	82,143	40.2	44.2	288,734	2.8	791
Far West LHN	7,940	50.0	52.5	33,230	3.0	91
Total NSW	1,629,572	41.6	43.1	6,389,471	3.5	17,505
2009–10 Total	1,598,991	41.6	43.2	6,429,314	3.6	17,615
Percentage change (%)[9]	1.9	0.0	-0.1	-0.6	-3.4	-0.6
2008–09 Total	1,555,480	41.4	42.6	6,368,298	3.7	17,447
2007–08 Total	1,527,382	41.1	42.0	6,417,358	3.7	17,534
2006–07 Total	1,523,369	40.2	42.4	6,310,334	3.6	17,289
2005–06 Total	1,481,632	40.1	42.6	6,205,835	3.6	17,002
2004–05 Total	1,415,422	41.0	42.0	6,212,216	3.5	17,020
2003–04 Total	1,387,944	40.6	41.5	6,231,213	3.6	17,025
2002–03 Total	1,365,042	33.0	41.4	5,984,960	3.5	16,397
2001–02 Total	1,336,147	39.4	40.4	5,887,535	3.5	16,130

1 Health Information Exchange (HIE) data were used. The number of separations include care type changes. **2** Activity includes services contracted to private sector. Data extracted on 29/8/2011. **3** Acute average length of stay = (Acute bed days/Acute separations). **4** Daily average of inpatients = Total Bed Days/365. **5** Bed occupancy rate is based on June data only. Facilities with peer groups other than A1a to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. Unqualified baby bed days were included from 2002-03. **6** Acute activity is defined by a service category of acute or newborn. **7** Includes services contracted to the private sector. Source: Webnap and webDOHRS extracted on 30/09/2011. **8** Source: HIE, Webnap and webDOHRS extracted on 30/09/2011. Pathology and radiology services performed in emergency departments have been excluded since 2004-05. **9** Planned separations, same day separations and occupancy rates are percentage point variance from 2009-10. **10** As Albury Base Hospital transferred on 1 July 2009 to the integrated Albury-Wodonga Health Service managed by Victoria, caution is required when comparing NSW State numbers to previous years.

Selected Data for the year ended June 2011 Part 2[1,2,10]

LOCAL HEALTH NETWORK	OCCUPANCY RATE5 JUNE 10	ACUTE BED DAYS[6]	ACUTE OVERNIGHT BED DAYS[6]	NON-ADMITTED PATIENT SERVICES[7]	EMERGENCY DEPT. ATTENDANCES[8]
Justice Health Service	n/a	19,706	19,678	3,549,833	n/a
Sydney Children's Hospitals Network	94.0	153,532	131,359	953,173	85,258
St Vincent's Health Network	102.3	134,327	113,073	599,680	41,618
Sydney LHN	89.5	545,247	485,495	1,960,043	143,469
South Western Sydney LHN	97.7	607,502	528,588	2,193,682	222,771
South Eastern Sydney LHN	96.4	513,961	455,174	3,122,842	186,065
Illawarra Shoalhaven LHN	97.6	304,097	259,812	1,272,225	136,851
Western Sydney LHN	91.7	484,252	420,732	2,024,561	145,207
Nepean Blue Mountains LHN	75.2	218,184	193,659	663,182	103,604
Northern Sydney LHN	87.0	502,810	462,961	2,094,339	163,809
Central Coast LHN	92.2	258,658	226,868	821,382	109,472
Hunter New England LHN	79.8	704,721	621,373	2,603,455	377,699
Northern NSW LHN	94.4	275,619	230,680	1,140,783	188,625
Mid North Coast LHN	94.5	207,690	176,341	649,081	116,556
Southern NSW LHN	77.0	111,260	90,111	541,953	109,979
Murrumbidgee LHN	72.6	158,060	132,006	833,978	118,636
Western NSW LHN	77.5	226,477	190,265	1,099,773	205,242
Far West LHN	66.1	23,210	19,044	178,092	31,165
Total NSW	89.1	5,449,313	4,757,219	26,302,057	2,486,026
2009–10 Total	88.3	5,549,809	4,869,508	26,291,232	2,442,982
Percentage change (%)[9]	0.8	-1.8	-2.3	0.0	1.8
2008–09 Total	87.4	5,523,318	4,874,799	27,808,772	2,416,774
2007–08 Total	85.1	5,506,019	4,872,016	27,426,053	2,417,818
2006–07 Total	86.2	5,363,709	4,733,362	26,695,722	2,303,728
2005–06 Total	90.1	5,196,691	4,565,262	26,559,354	2,195,115
2004–05 Total	90.8	4,658,364	4,087,072	24,540,781	2,004,107
2003–04 Total	91.4	4,661,011	4,110,036	24,836,029	1,999,189
2002–03 Total	91.7	4,473,146	3,928,070	24,194,817	2,005,233
2001–02 Total	97.1	4,395,481	3,874,228	22,629,220	2,003,438

1 Health Information Exchange (HIE) data were used. The number of separations include care type changes. **2** Activity includes services contracted to private sector. Data extracted on 29/8/2011. **3** Acute average length of stay = (Acute bed days/Acute separations). **4** Daily average of inpatients = Total Bed Days/365.
5 Bed occupancy rate is based on June data only. Facilities with peer groups other than A1a to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. Unqualified baby bed days were included from 2002-03. **6** Acute activity is defined by a service category of acute or newborn. **7** Includes services contracted to the private sector. Source: Webnap and webDOHRS extracted on 30/09/2011. **8**. Source: HIE, Webnap and webDOHRS extracted on 30/09/2011. Pathology and radiology services performed in emergency departments have been excluded since 2004-05. **9** Planned separations, same day separations and occupancy rates are percentage point variance from 2009-10. **10** As Albury Base Hospital transferred on 1 July 2009 to the integrated Albury-Wodonga Health Service managed by Victoria, caution is required when comparing NSW State numbers to previous years.

Average available beds[1], June 2011[2]

LOCAL HEALTH NETWORK/ SPECIALTY HEALTH NETWORK	HOSPITAL BEDS			
	BEDS AVAILABLE FOR ADMISSION FROM EMERGENCY DEPARTMENT[3]	OTHER HOSPITAL BEDS	OTHER BEDS[4]	TREATMENT SPACES[5]
Sydney Children's Hospitals Network	356	66	–	21
St Vincent's Health Network	320	148	–	29
Sydney LHN	1,246	453	–	244
South Western Sydney LHN	1,336	458	152	358
South Eastern Sydney LHN	1,190	511	127	282
Illawarra Shoalhaven LHN	736	243	4	164
Western Sydney LHN	1,039	548	131	325
Nepean Blue Mountains LHN[6]	523	286	113	196
Northern Sydney LHN	1,142	502	170	232
Central Coast LHN	683	104	38	144
Hunter New England LHN	1,770	831	360	549
Northern NSW LHN	657	191	71	195
Mid North Coast LHN	438	138	21	139
Southern NSW LHN	375	134	93	128
Murrumbidgee LHN	690	151	440	212
Western NSW LHN	712	287	457	341
Far West LHN	97	19	24	38
Justice Health	188	149	–	1
Total NSW[7]	13,496	5,220	2,199	3,598
2009–10 Total[8]	13,452	5,117	2,295	3,566
2008–09 Total	13,254	5,074	2,297	3,558
2007–08 Total	13,468	5,055	2,264	3,503

1 Source: NSW Health bed reporting system. **2** Results are reported as average for the month of June, being the last month of each financial year. During the course of a year, average available bed numbers vary from month to month, depending on the underlying activity. **3** These beds are the categories of beds that are usually required for admission from the emergency department. **4** Other Beds include Hospital in the Home and Residential/Community Aged Care & Respite beds. **5** Treatment Spaces include Same Day Therapy/Dialysis, Emergency Departments, Operating Theatre/Recovery, Delivery Suites, Bassinets and Transit Lounges. **6** Beds for Hawkesbury District Health Service have been included to reflect contractual arrangements for the treatment of public patients in that facility. **7** Totals exclude Albury Base Hospital (managed by Victoria as part of the integrated Albury-Wodonga Health Service since 1 July 2009) from all years to enable more accurate comparisons. **8** Historical information can only be provided for three previous years as the granularity of bed type data for years prior to 2007-08 is not sufficient to enable reporting under the four categories of beds presented in this table.

Private hospital activity levels for the year ended 30 June 2011

	LICENSED BEDS[1]	TOTAL ADMISSIONS				SAME DAY ADMISSIONS				DAILY AVERAGE		BED OCCUPANCY[4]	
Area Health Service	Number	Number	% Variation on last year	Market share %[2]	Market share variation[3]	Number	% Variation on last year	Market Share %[2]	Market share Variation[3]	Number	% variation on last year	%	variation on last year[3]
Sydney LHN	332	58,067	1.8	29.1	0.3	46,118	2.2	43.5	3.0	379	1.3	99.8	1.7
South Western Sydney LHN	256	49,916	8.3	20.4	0.8	36,179	10.9	31.0	-0.2	264	6.6	88.0	5.1
South Eastern Sydney LHN	1,144	222,756	5.7	58.2	1.0	154,261	7.8	70.6	2.5	1,265	5.1	89.8	1.9
Illawarra Shoalhaven LHN	292	45,322	4.4	33.5	-1.4	33,329	7.4	42.9	-6.9	276	2.7	81.0	1.4
Western Sydney LHN	668	103,682	9.8	39.0	2.4	71,839	12.2	52.7	-1.5	725	12.2	101.3	7.1
Nepean Blue Mountains LHN	347	33,036	2.2	33.5	-0.4	15,917	3.9	39.3	-3.3	225	17.5	64.8	9.7
Northern Sydney LHN	1,660	256,078	5.3	68.4	-0.1	175,667	6.0	81.0	1.3	1,819	7.1	103.1	7.5
Central Coast LHN	282	40,773	2.3	35.4	-0.2	28,356	4.7	47.1	1.0	309	0.6	106.9	-0.5
Hunter New England LHN	871	120,936	4.0	37.5	0.0	80,400	6.6	49.1	2.3	787	2.0	87.4	1.3
Northern NSW LHN	87	25,638	5.4	20.8	0.2	21,533	6.4	32.4	0.2	121	2.4	105.5	8.1
Mid North Coast LHN	140	24,457	8.8	26.4	0.8	18,520	10.3	37.1	-1.0	142	3.6	89.3	4.1
Southern NSW LHN	4	2,028	-2.9	4.6	-0.3	1,856	-2.3	8.0	-2.1	6	-2.0	130.9	-10.8
Murrumbidgee LHN	210	40,562	0.0	39.1	0.5	27,499	-2.2	51.3	-9.5	208	0.9	75.6	1.2
Western NSW LHN	144	15,418	-0.1	16.2	-0.4	10,176	0.3	21.9	-3.1	85	-4.2	54.7	-2.6
Total NSW	6,437	1,038,669	5.1	38.5	0.5	721,650	6.7	50.7	-0.1	6,610	5.5	92.5	4.2

1 Licensed beds as at 30 June 2011. **2** Market share calculations include Sydney Children's Hospital Network, Justice Health, St Vincent's Health Network and Far West LHN in the total for NSW. Source: Licenced Beds - Private Health Standards and Regulation Unit, Others - Health Information Exchange. **3** Market share variation on total admissions and same day admissions and bed occupancy variance on last year are percentage point variation from 2009/10. **4** Bed Occupancy for the current and previous year has been recalculated excluding the Day Procedure Centres. These data are not comparable with last year's Annual Report. **5** Occupancy rates more than 100% are due to an increased number of multiple same day separations.

Mental Health Act Section 108

In accordance with Section 108 of the *NSW Mental Health Act (2007)* this report details mental health activities for 2010-11 in relation to:

(a) achievements during the reporting period in mental health service performance

(b) data relating to the utilisation of mental health resources.

This section of the Annual Report has been revised from the previous report (2009-10) to reflect the formation of Local Health Networks (LHNs) that came into force from January 2011. Preceding reports (Annual Reports 2004-05 to 2009–10) with Area Health Service (AHS) data are available on the NSW Health Department website.

Total Beds and Activity

In 2010-11 there were 2,762 funded mental health beds in NSW, an increase of almost 5% (126 beds) from 2,636 in 2009-10. In 2010-11 the average availability of funded bed across NSW was 93% (range 2001–02 to 2009–10: 94% to 98%) and average occupancy of available beds was 85% (range 2001–02 to 2009–10: 87% to 91%).

Performance Indicators

This report includes indicators only for services directly funded through the Mental Health program. National reports on mental health also include data from a small number of services funded by other funding programs (e.g. Primary Care, Rehabilitation and Aged Care). Therefore the numbers reported here may differ from those in national reports (e.g. Report on Government Services, Mental Health Services in Australia, National Mental Health Report).

Acute and Non-Acute Inpatient Care

Mental health inpatient services provide care under two main care types - acute care and non-acute care. The next two tables show service utilisation for these care types since 2001–02.

FUNDED BEDS	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Funded Beds at 30 June	1,922	2,004	2,107	2,157	2,219	2,314	2,360	2,491	2,636	2,762
Increase since 30 June 2002	-	82	185	235	297	392	438	569	714	840

AVERAGE AVAILABILITY (FULL YEAR)	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Average Available beds	1,845	1,899	1,985	2,075	2,153	2,261	2,283	2,396	2,475	2,576
Increase since 30 June 2002	-	54	140	230	308	416	438	551	630	731
Average Availability (%) of funded beds of funded beds	-	95%	94%	96%	97%	98%	97%	96%	94%	93%

AVERAGE OCCUPANCY (FULL YEAR)	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Average Occupied beds	1,621	1,702	1,773	1,847	1,912	2,056	2,059	2,120	2,163	2,198
Increase since 30 June 2002	-	81	152	226	291	435	438	499	542	577
Average Occupancy (%) of available beds	-	90%	89%	89%	89%	91%	90%	88%	87%	85%

Note: In the tables above, average available beds may be less than funded beds due to (i) definitional differences regarding non-acute Child And Adolescent Mental Health Service (CAHMS) beds which operate during the week and school terms; (ii) commissioning periods between the completion of construction and full operation of new units/beds; (iii) temporary closures due to renovation or operational reasons; and (iv) data reporting issues. Average occupancy is calculated as average occupied beds divided by average available beds.

Mental Health Acute Inpatient Care (Separations from Overnight Stays)

ACUTE INPATIENT CARE	2001- 02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Acute Overnight Separations	22,514	22,843	24,759	25,182	27,815	29,297	29,251	29,784	29,016	29,829
Increase since 30 June 2002	-	329	2,245	2,668	5,301	6,783	6,737	7,270	6,502	7,315
Increase (%) since 30 June 2002	-	1%	10%	12%	24%	30%	30%	32%	29%	32%

Source: NSW Health, Health Information Exchange (HIE).

Interpretation

Over the past 10 years there has been an increase each year in mental health bed numbers and overnight acute separations. Acute funded beds and acute overnight separations each increased by 2.8% from 2009-10 to 2010-11 (increase from 2009-10 to 2010-11: acute beds 1,618 to 1,664; acute overnight separations 29,016 to 29,829).

In 2010-11 the LHNs which saw an increase in acute bed numbers were Illawarra Shoalhaven LHN (CAMHS beds in Shellharbour hospital and Psychiatric Emergency Care Centre (PECC) beds in Wollongong hospital); Northern Sydney LHN (PECC beds in Royal North Shore hospital); Southern NSW LHN (adult acute beds in Bega) and Western NSW LHN (CAMHS and other acute beds in Orange Health Service).

Some of the additional beds funded in 2010-11 were not fully built and operational at the end of the reporting period. More detailed information on acute funded bed operations and availability is provided in Public Hospital Activity Table - Mental Health and associated footnotes.

Mental Health Non-Acute Inpatient Care - Occupied Bed-days

NON-ACUTE INPATIENT CARE	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Non-acute Overnight OBDs	252,276	256,208	266,134	263,688	253,210	257,736	250,721	272,064	278,112	279,034
Increase since 30 June 2002	-	3,932	13,858	11,412	934	5,460	-1,555	19,788	25,836	26,758
Increase (%) since 30 June 2002	-	2%	5%	5%	0%	2%	-1%	8%	10%	11%

Source: NSW Health, Health Information Exchange (HIE).

Interpretation

Non-acute mental health bed numbers increased by 7.3% (80) from 1,018 in 2009-10 to 1,098 in 2010-11. More than half (48) of all non-acute bed increases happened in Western NSW LHN which saw its overall non-acute bed base increased by 48 beds in 2010-11. Other places which saw an increase in their non-acute bed number were Murrumbidgee LHN and Southern NSW LHN, where the increase was mainly due to funding and transfer of 32 (16 in each LHN), Transitional Behavioural Assessment and Intervention Service (T-BASIS) beds from Aged Care and Rehabilitation to Mental Health in the beginning of 2011.

The increase in non-acute funded bed numbers in 2010-11 has not translated into a corresponding increase in overall occupied bed days in NSW. Non-acute beds in Southern and Murrumbidgee LHNs were operational as mental health beds only in the last half of 2010-11 (from January 2011). Many of the newly funded beds in Western NSW LHN were not fully operational at the time of this reporting. (See Public Hospital Activity Table - Mental Health and associated footnotes for more details on non-acute funded bed activities).

Ambulatory Care (Contacts)

AMBULATORY CONTACTS	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Ambulatory Contacts	909,784	1,252,829	1,431,729	1,731,870	1,709,934	1,763,071	1,720,713	1,796,526	1,962,430	1,907,902
Increase since 30 June 2002	-	343,045	521,945	822,086	800,150	853,287	810,929	886,742	1,052,646	998,118
Increase (%) since 30 June 2002	-	38%	57%	90%	88%	94%	89%	97%	116%	110%

Source: NSW Health, Health Information Exchange (HIE).

Note: Continuing issues with the extract process for community mental health data for the Hunter New England LHN has resulted in HNE contact data not being available in the NSW HIE for most of 2010-11. No data for HNE LHN is included in the 2010-11 figure reported above (1, 907,092).

Interpretation

Over the decade since the collection of this indicator commenced in 2000-01 the rates of recording of ambulatory contacts in NSW has increased substantially. There is, however, variability in the recording of community contact data between LHNs. This may reflect local data system issues as well as differences in local practices for collection and processing of clinician-reported activity data. The table above indicates that the recording of ambulatory data improved substantially in 2004-05, and remained relatively stable from then until 2008-09 with further improvement evident in the last two periods. It is likely that the data for the latest period will increase substantially once the extract process at HNE is resolved. The 2010-11 data will be revised in the 2011-12 Annual Report.

Mental Health – Public Hospitals Activity Levels

Public Psychiatric Hospitals and Co-located Psychiatric Units in Public Hospitals – with beds gazetted under the Mental Health Act 2007 and other non-gazetted Psychiatric Units

LHN/HOSPITAL	FUNDED[1] BEDS AT 30 JUNE		AVERAGE AVAILABLE[2] BEDS IN YEAR		AVERAGE OCCUPIED[3] BEDS IN YEAR		OVERNIGHT[4] SEPARATIONS IN 12 MTHS TO 30/6/11	DEATHS[5] IN 12 MTHS TO 30/6/11
	2010	2011	2009–10	2010–11	2009–10	2010–11		
X700 Sydney LHN	**241**	**241**	**222**	**223**	**194**	**194**	**2,840**	**3**
Acute Beds - Adult[6]	140	140	149	136	138	133	2,347	3
Acute Beds - Older	30	30	30	30	27	27	243	
Non-Acute Beds - Adult	35	35	35	35	23	24	19	
Non-Acute Beds - Child/Adolescent[2]	36	36	8	22	6	10	231	
X710 South Western Sydney LHN	**166**	**166**	**165**	**167**	**155**	**157**	**3,131**	**3**
Acute Beds - Adult	142	142	141	143	131	135	3,002	3
Acute Beds - Child/ Adolescent	10	10	10	10	10	8	113	
Non-Acute Beds - Adult	14	14	14	14	14	14	16	
X720 South Eastern Sydney LHN	**158**	**158**	**157**	**158**	**150**	**150**	**2,405**	**3**
Acute Beds - Adult	112	112	113	112	110	111	2,177	3
Acute Beds - Older	12	12	12	12	11	9	95	
Non-Acute Beds - Adult	34	34	32	34	29	30	133	
X730 Illawarra Shoalhaven LHN	**107**	**113**	**102**	**106**	**89**	**90**	**1,690**	**2**
Acute Beds - Adult[7]	73	73	69	72	63	63	1,497	1
Acute Beds - Older	14	14	14	14	11	11	139	1
Acute Beds - Child/ Adolescent[8]		6						
Non-Acute Beds - Adult	20	20	19	20	15	16	54	
X740 Western Sydney LHN	**375**	**375**	**367**	**353**	**325**	**306**	**2,919**	**2**
Acute Bed - Adult[9]	148	148	148	148	162	143	2,603	1
Acute Beds - Older	10	10	10	10	3	6	61	
Acute Beds - Child/Adolescent	9	9	9	9	7	8	55	
Non-Acute Bed - Adult	135	135	135	135	135	120	47	
Non-Acute Beds - Older[10]	32	32	16	16	6	5	44	1
Non-Acute Beds - Child/Adolescent[2, 11]	17	17	25	11	2	2	96	
Non-Acute Beds - Forensic	24	24	24	24	10	22	13	
X750 Nepean Blue Mountain LHN	**54**	**54**	**50**	**54**	**46**	**48**	**1,751**	**0**
Acute Beds - Adult	54	54	50	54	46	48	1,751	
X760 Northern Sydney LHN	**325**	**329**	**315**	**325**	**281**	**286**	**2,817**	**1**
Acute Beds - Adult[12]	99	103	96	102	87	89	2,167	1
Acute Beds - Older	30	30	30	30	27	28	240	
Non-Acute Beds - Adult	151	151	151	151	134	132	49	
Non-Acute Beds - Older[13]	30	30	30	33	30	33	9	
Non-Acute Beds - Child/Adolescent[2]	15	15	8	9	3	4	352	
X770 Central Coast LHN	**84**	**84**	**79**	**83**	**66**	**67**	**1,777**	**1**
Acute Beds - Adult	69	69	64	69	53	54	1,659	1
Acute Beds - Older	15	15	15	14	13	13	118	
X800 Hunter New England LHN	**367**	**367**	**345**	**362**	**294**	**290**	**4,048**	**8**

LHN/HOSPITAL	FUNDED[1] BEDS AT 30 JUNE		AVERAGE AVAILABLE[2] BEDS IN YEAR		AVERAGE OCCUPIED[3] BEDS IN YEAR		OVERNIGHT[4] SEPARATIONS IN 12 MTHS TO 30/6/11	DEATHS[5] IN 12 MTHS TO 30/6/11
	2010	2011	2009–10	2010–11	2009–10	2010–11		
Acute Beds - Adult	167	167	165	167	140	134	3,432	1
Acute Beds - Older[14]	18	18	18	22	17	18	161	1
Acute Beds - Child/Adolescent	12	12	12	12	7	6	264	
Non-Acute Beds - Adult[15]	81	81	91	72	85	62	77	
Non-Acute Beds - Older	59	59	59	59	45	41	107	6
Non-Acute Beds - Forensic	30	30		30		29	7	
X810 Northern NSW LHN	**73**	**73**	**71**	**73**	**64**	**64**	**1,477**	**2**
Acute Beds - Adult	65	65	64	65	59	59	1,386	2
Acute Beds - Child/Adolescent	8	8	7	8	5	5	91	
X820 Mid North Coast LHN	**72**	**72**	**59**	**63**	**53**	**58**	**987**	**1**
Acute Beds - Adult	52	52	59	52	53	47	947	
Non-Acute Beds - Adult[16]	20	20		11		11	40	1
X830 Southern NSW LHN	**74**	**96**	**76**	**95**	**66**	**79**	**1,144**	**2**
Acute Beds - Adult[17]	20	26	22	25	17	22	762	1
Non-Acute Beds - Adult	22	22	22	22	19	18	207	
Non-Acute Beds - Older[18]	32	48	32	48	30	39	175	1
X840 Murrumbidgee LHN	**44**	**60**	**44**	**60**	**37**	**47**	**1,122**	**4**
Acute Beds - Adult	44	44	44	44	37	36	1,048	
Non-Acute Beds - Older[19]		16		16		11	74	4
X850 Western NSW LHN[20]	**195**	**273**	**177**	**160**	**128**	**120**	**1,553**	**1**
Acute Beds - Adult	58	66	53	52	38	37	1,212	
Acute Beds - Older		12		7		6	53	
Acute Beds - Child/Adolescent		10		0		0	2	
Non-Acute Beds - Adult	109	149	124	84	90	61	264	1
Non-Acute Beds - Older	28	16		15		14	22	
Non-Acute Beds - Forensic		20		2		2		
X860 Far West LHN	**6**	**6**	**6**	**6**	**4**	**5**	**183**	**0**
Acute Beds - Adult	6	6	6	6	4	5	183	
X690 St Vincent HN	**48**	**48**	**52**	**50**	**43**	**44**	**1,356**	**0**
Acute Beds - Adult	33	33	33	32	29	30	1242	
Non-Acute Beds - Adult	15	15	19	18	14	14	114	
X630 Sydney Childrens HN	**16**	**16**	**16**	**15**	**15**	**10**	**198**	**0**
Acute Beds - Child/ Adolescent	16	16	16	15	15	10	198	
X180 Forensic Mental HN	**231**	**231**	**172**	**223**	**152**	**183**	**610**	**0**
Acute Beds[21]	152	152	114	144	95	118	581	
Non-Acute Beds	79	79	58	79	57	65	29	
NSW - TOTAL	**2,636**	**2,762**	**2,475**	**2,576**	**2,162**	**2,198**	**32,008**	**33**

LHN/HOSPITAL	FUNDED[1] BEDS AT 30 JUNE		AVERAGE AVAILABLE[2] BEDS IN YEAR		AVERAGE OCCUPIED[3] BEDS IN YEAR		OVERNIGHT[4] SEPARATIONS IN 12 MTHS TO 30/6/11	DEATHS[5] IN 12 MTHS TO 30/6/11
	2010	2011	2009–10	2010–11	2009–10	2010–11		
SUMMARY BY SUB-PROGRAM & BED TYPE								
Adult Acute	1,282	1,300	1,276	1,279	1,167	1,146	27,415	17
Older Acute	129	141	129	139	109	118	1,110	2
C&A Acute	55	71	54	54	44	37	723	
Forensic Acute	152	152	114	144	95	118	581	
Adult Non-Acute	636	676	642	596	558	502	1,020	2
Older Non-Acute	181	201	137	187	111	143	431	12
C&A Non-Acute	68	68	41	42	11	16	679	
Forensic Non-Acute	133	153	82	135	67	118	49	

1 Funded beds are those funded by NSW Health. **2** Average Available beds are the average of 365 nightly census counts. This data is extracted from the SAP Beds Report by Demand, Performance Evaluation (DPE) Branch in DOH. This figure is an under-estimate for Child and Adolescent non-acute units which do not operate for 365 days. In rare instances higher number of available beds than funded are reported. This may be due to the use of surge beds in high demand periods, incorrect reporting of beds number in reporting system/s and different practices of bed management at local level. **3** Average occupied beds are calculated from the total Occupied Overnight bed days for the year. Data for non-acute child and adolescent units is only for days that these units are operational in the year (Monday to Friday excluding public holidays). **4** Overnight Separations (i.e. admitted and separated on different dates) refers to the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. **5** Death of patients who had been in a MH unit at any time during a stay that ended in death in the period 2010-11. **6** Two beds in RPA temporarily unavailable due to relocation. Also a short fall of 3 available beds at Concord is due to 5 ECT beds operating only 3 days a week. **7** Four new PECC beds opened in Wollongong in August 2010. **8** Six beds at Shellharbour CAMHS opened June 2011. **9** Four PECC beds at Blacktown hospital unavailable due to service re-design. **10** Sixteen T-BASIS beds in Lynford Lodge (Lottie Stewart hospital) have closed since 1 July 2010; Eight T-BASIS beds in Mt Druitt were unavailable due to refurbishment. **11** Eight CAMHS beds at Redbank unavailable due to staff shortage. **12** Four new PECC beds opened in Royal North Shore hopital in September 2010. **13** Macquarie Hospital has 4 extra beds (not counted in the funded beds number) temporarily in place to address bed flow issues. **14** HNE has reported four extra available beds on top of its funded bed base in MH unit for older people between July 2010 and May 2011. **15** Under reporting of available beds from Morisset Hospital between September - December 2010. **16** Under reporting of available and occupied beds at Coffs Harbour due to bed closure related to staffing issues and renovation at different times in the period. **17** Four acute beds and two HDU beds opened in Bega in 2010. **18** Sixteen T-BASIS beds transferred to Mental Health at Bourke St Health Service in January 2011. **19** Sixteen T-BASIS beds transferred to Mental Health in Wagga Wagga in January 2011. **20** The transfer of all beds from the old Bloomfield Psychatric hospital to the new Orange Health Service is now complete. New beds and refurbished units at are opening in a staged manner. Four C&A beds at Orange Health Service were opened on 23 May 2011. Average availability and occupancy of these beds is therefore omitted in the table. Twelve non-acute older beds in 2011 were re-classified as acute from 28 non-acute older beds in 2010. Forensic Ward (Macquarie Forensic Unit) was opened on 21 March 2011. Twelve of these beds remain unopened at the time of reporting; 7 beds are due to open in 2011-12 and five in 2012-13. **21** Six beds at Austinmer remain unopened/unavailable as at 30 June 2011.

Private Hospitals

In 2010-11, 19 private hospitals authorised under the Mental Health Act provided inpatient psychiatric services in NSW in 705 authorised beds.

Changes from 2009-10 to 2010-11

The funded authorised beds number (705) in private hospitals across NSW in 2010-11 has remained stable since 2009-10.

In 2010-11 overnight admissions to private hospitals increased by 10% (from 9,721 in 2009-10 to 10,739 in 2010-11). Same day admissions decreased by 23% (from 24,318 in 2009-10 to 19,769 in 2010-11).

Overall in 2010-11, 94% (666) of the funded beds were available and almost 82% (544) of the available beds were occupied across all private hospitals in NSW.

Data Sources for the Annual Report

The 'Funded Beds' data for Public Health facilities was compiled from the 'Bed Survey' that happened in June/July 2011. The survey collected data on bed numbers against bed types by financial-sub-program at ward/unit level in mental health facilities in Local Health Networks.

Data for 'Average Available Beds' was compiled from the Sustainable Access Plan (SAP), Bed Report by Demand and Performance Evaluation (DPE) Branch of NSW Health. 'Average Occupied Beds' and 'Overnight Separations' in Public Health facilities was extracted and compiled from data tables in the DOH HIE (data was extracted in early August 2011).

Inpatient deaths number in Public Health facilities is collected manually by survey (conducted in June 2011) from Local Health Networks.

The 'Authorised Beds' data in Private facilities is provided by the Private Health Standards an Regulation Unit in NSW Health. Other data for Private Hospitals presented in the table 'Private Hospitals in NSW authorised under the *Mental Health Act 2007*' is manually collected in a survey (conducted in July 2011) from Private providers of mental health care/ service.

Ambulatory Contact data was extracted in early August 2011 from the MH-AMB (Mental Health Ambulatory) tables in DOH HIE.

Changes to Public Hospital Activity and Other Tables

The format and arrangement of the Public Hospital Activity table has been revised to present data grouped by acuity and sub-program within each LHN and not facility – as in previous reports.

Forensic Wards of Morisset Hospital, Cumberland Hospital and Orange Health Service have been removed from Forensic Mental Health Specialist Network (FMHN) and reported in their historical format as the FMHN is not due to be officially established until 1 July 2011. Data from these units will be reported under FMHN in the 2011-12 Annual Report.

Other tables that have been reformatted are: acute overnight separations, non-acute occupied bed days and ambulatory contacts. Time series data (2001-02 to 2010-11) presented in these tables is aggregated at State level.

Funded bed numbers at facility and ward level is available from InforMH, a unit of the Mental Health and Drug and Alcohol Office (MHDAO), NSW Health. This data is updated and maintained on an ongoing basis via annual survey and other communications with the LHNs.

Negotiation between Western NSW LHN and MHDAO is currently underway to finalise funded bed numbers in Western NSW LHN. Following the outcome of negotiation the current bed base for Western NSW LHN may change.

Private Hospitals in NSW Authorised Under the Mental Health Act 2007

HOSPITAL / UNIT	AUTHORISED BEDS[1]	AVAIL AUTHORISED BEDS [2]		IN RESIDENCE		AVG AVAILABLE BEDS [3]	AVG OCCUPIED BEDS [4]	ADMITTED IN 12 MTHS TO 30/6/11		ON LEAVE	DEATHS IN
	as at 30/06/11	as at 30/6/10	as at 30/6/11	as at 30/6/10	as at 30/6/11	12 mths to 30/6/11	12 mths to 30/6/11	Over Night	Same Day	as at 30/6/11	12 mths to 30/6/11
Albury/Wodonga Private	12	12	0	2	0	8	4	78	125	0	0
Brisbane Waters	16	16	16	14	15	16	13	248	0	0	1
Campbelltown Private	26		26		20	26	13	314	181	1	0
Dudley Private Hospital	13	13	13	6	9	12	8	143	17	1	0
Hills Private	32		32		23	32	14	354	109	0	0
Lingard	27	27	27	22	22	27	21	387	14	0	0
Mayo Private Hospital	9	9	9	9	5	9	9	174	4	0	0
Mosman Private	18	18	18	13	18	18	15	293	0	15	1
Northside Clinic[5]	93	93	92	88	82	92	81	1,350	5,807	0	0
Northside Cremorne Clinic[5]	36	36	36	26	29	36	29	438	1,303	0	2
Northside West Clinic[5]	57	57	52	44	26	52	34	522	3,334	0	0
South Pacific[5]	37	37	37	34	30	37	30	547	3,129	0	0
St John of God Burwood[5]	86	86	86	64	65	86	62	1,400	3,123	0	0
St John of God Richmond[5]	88	86	88	69	74	88	65	1,264	2,676	0	0
Sydney Southwest Private	44	44	44	38	42	43	29	784	0	0	0
The Sydney Clinic	18	18	18	15	14	18	10	123	44	0	0
Warners Bay Private		30		30							
Wesley Ashfield[5]	25	25	25	24	24	25	20	388	11	0	0
Wesley Kogarah[5]	38	38	38	25	30	38	27	460	2,874	0	0
Total 2010–11	**705**		**693**		**602**	**666**	**544**	**10,739**	**19,769**	**6**	**3**
Total 2009–10		687		552		693	510	9,721	24,318	17	5
Total 2008–09		645		523		632	490	8,927	17,089	2	4
Total 2007–08		637		507				8,288	17,110	1	0
Total 2006–07		653		657				8,436	24,310	30	0
Total 2005–06		587		382				7,958	23,803	52	2
Total 2004–05		596		382				8,139	20,691	1	5
Total 2003–04		560		426				9,857	18,339	1	2
Total 2002–03		580		422				8,048	17,589	2	4
Total 2001–02		570		377				7,822	18,666	4	1

1 The hospital is licensed to use these beds for psychiatric care - does not include ECT beds. **2** Number of beds available for use at 30 June 2010 (includes empty and occupied beds). **3** Average available beds are the average of 365 nightly census count. **4** Average occupied beds are calculated from total over night bed days for the period. **5** Same day admissions in these facilities are mainly for day only programs.
Source 1: Authorised beds number provided by Private Health Standards and Regulation Unit of NSW Department of Health.
Source 2: All other data is collected from survey of Private Hospitals.

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Health Services

Image // Canterbury Hospital

NSW Health Services

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Health Networks

Local Health Networks

At 30 June 2011, eight Local Health Networks covered the Sydney metropolitan region, and seven covered rural and regional NSW.

Metropolitan NSW Local Health Networks

- Central Coast
- Illawarra Shoalhaven
- Nepean Blue Mountains
- Northern Sydney
- South Eastern Sydney
- South Western Sydney
- Sydney
- Western Sydney

Rural and Regional NSW Local Health Networks

- Far West
- Hunter New England
- Mid North Coast
- Murrumbidgee
- Northern NSW
- Southern NSW
- Western NSW

Specialty Health Networks

In addition, a specialist network focused on Children's and Paediatric Services – The Sydney Children's Hospital Network (Randwick and Westmead).

Another network operated across the public health services provided by three Sydney facilities operated by St Vincent's Health. These include St Vincent's Hospital and the Sacred Heart Hospice at Darlinghurst and St Joseph's at Auburn.

Reports

Annual Reports for the Health Networks are contained in Volume 2 of the NSW Health Annual Report.

Health Administration Corporation

(HAC)

Ambulance Service of NSW

Balmain Road, Rozelle
Locked Bag 105
Rozelle NSW 2039
Telephone: 9320 7777
Facsimile: 9320 7800
Website: www.ambulance.nsw.gov.au
Business Hours: 9.00 am - 5.00 pm, Monday to Friday
Chief Executive: Mike Willis

Chief Executive's Year In Review

The 2010-11 reporting year was another positive year for the Ambulance Service of New South Wales with a range of projects enhancing operational, clinical and corporate performance.

Positive cultural changes initiated in previous years have continued to gain momentum across the organisation through the Healthy Workplace Strategy, designed to support and strengthen our capacity to deal with workplace conflict, bullying and harassment, and through training courses such as the Promoting Employee Mental Health and Wellbeing Course for managers. A co-ordinator, Health and Wellness was appointed to progress the introduction of a Health and Wellness Program under the Death and Disability Award. Our commitment to our organisation is underpinned by our determination to do our best for patients and staff and our core values of team work, professional standards of behaviour, responsibility and accountability, and care and respect.

Clinical service improvements included establishing a Service Planning Unit to identify the volume and spread of Ambulance services required to meet projected future population requirements. A *Between the Flags and Clinical Handover* project helped to ensure that patients are safe while in our care by improving the clinical capability to identify, manage and respond to deteriorating patients. Low Acuity Pathway training continues to be delivered to all qualified paramedics to ensure that patients who do not require transport to an emergency department receive appropriate care.

Operational developments included the separation of emergency services and non-emergency transport services and an Operational Redesign resulted in the establishment of a Metropolitan Division, Regional Division, Control Division and Statewide Services Division, with re-drawn boundaries aligning more closely to Local Health Districts. Operational performance is being enhanced through the work of the newly established Performance Improvement Team.

These major operational reforms will continue to support how we respond to medical emergencies in the face of increasing demand for services.

Mike Willis, Chief Executive

Key Achievements 2010-11

- Commenced the Operational Redesign with the establishment of a Metropolitan Division, a Regional Division, a Control Division and a Statewide Services Division. Sector boundaries have been re-drawn to more closely align with the Local Health Districts.
- Separation of the management and dispatch of non-emergency transport services from emergency services.
- Established a Performance Improvement Team enabling the development, review, interpretation and distribution of performance results (Production) for Operations Divisions.
- Commenced the Statewide roll-out of the Electronic Medical Record (eMR) to regional areas in September 2010. By June 2011, over 700 paramedics and 85 stations were trained and using eMR to collect patient information. Roll-out will continue to the metropolitan area during 2011-12.
- Commenced an eRostering project which will provide Ambulance with standardised, documented and implemented rostering protocols and procedures.
- Established a Service Planning Unit to identify the volume and spread of Ambulance services required to best meet projected future population requirements.
- Finalised a proof of concept pre-hospital thrombolysis project aimed at enhancing the rapid delivery of early cardiac reperfusion treatments for heart attack patients.
- Continued engagement by the Ambulance Research Institute in clinical and organisational research projects. A substantial research program is underway, including several randomised controlled trials.
- Developed an enhanced Workforce planning model which incorporates a more accurate measure of paramedic demand. The *Managing a Transition to a Tertiary Sourced Workforce Scoping Project* has mapped out the transition to a tertiary educated paramedic workforce.
- Ongoing roll-out of the Healthy Workplace Strategy to further support and strengthen our capacity to deal with workplace conflict, bullying and harassment and implemented a *Promoting Employee Mental Health and Wellbeing Course* for managers and provided Stress Management and Resilience training during paramedic and corporate induction.

Key Planned Activities and Outcomes 2011-12

- Undertake major analysis of Ambulance's Key Performance Indicators as part of demand management initiatives.
- Implement Performance Improvement Team recommendations on rostering to demand models, to better provide ambulance services to the community.
- Review the reporting requirements for Non-Emergency Patient Transport activities.
- Trial the after hours Heath Advisory initiatives to reduce ambulance responses to low acuity requests.
- Commence the staged transition to a tertiary sourced paramedic workforce.
- Roll-out Low Acuity Pathways (LAP) training to all qualified paramedics by June 2012.
- Continue to improve patient outcomes through research undertaken by the Ambulance Research Institute. This research is designed to assist Ambulance and NSW Health better understand patient needs, and the best methods of care and transport for patients, whilst in the care of paramedics.
- Continue workforce planning activities in relation to Control Centre and Patient Transport staffing and strategies. Finalise a 10 year paramedic demand projection which will enable Workforce to model changes in paramedic demand demographics until 2021.
- Improve Aboriginal workforce profile to meet the Closing the Gap targets of 2.4% workforce participation by 2013 and 2.6% by 2015.
- Upgrade the Electronic Medical Record (eMR) technical environment including moving to Windows 7 and installing an application upgrade. eMR summaries will be made available to hospital staff through the NSW Health intranet and an interface will be developed between the eMR and LifePak15 defibrillators.

Government Information (Public Access) Act 2009

A total of 33 valid access applications were received by the Ambulance Service of NSW during 2010-11, with 21 decisions made to grant access to the information requested either in full or in part. One decision was made to refuse access, five decisions were made where information was not held, four decisions were made to refuse to deal with the application, and two applications were withdrawn.

No applications were refused, either wholly or partly, because the application was for the disclosure of information referred to in Schedule 1 of the Act (Information for which there is conclusive presumption of overriding public interest against disclosure).

No applications for internal review were received by the Ambulance Service of NSW.

A review of the Ambulance Service program for the proactive release of government information was conducted in accordance with section 7(3) of the Act.

During 2010-11, senior Ambulance managers were requested to review the information produced by their units and give consideration to the release of information in an appropriate manner. The most accessible way for the public to access this information is via the Ambulance Service website.

An extensive range of additional policies and other publications were made available on the Ambulance website. The Policy Documents and Publications pages were also restructured to be more accessible to the public, and documents were placed under specific categories to assist with locating information.

In addition, the link to Right to Information was made more prominent on the Ambulance website.

In 2010-11, the Ambulance Service also published new information on the website about Ambulance Aeromedical Services, and non-emergency patient transport for health professionals. Additional information was published in relation to employment with the Ambulance Service, and community education programs.

The Ambulance Public Affairs Unit is currently co-ordinating updated information about the Ambulance Service performance for 2010-11 to be placed on the website, and the Ambulance Service will continue to review and monitor information for proactive release throughout the year.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Ambulance Service of NSW during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	3	0	0	2	0	2	0	0
Members of Parliament	0	1	0	1	0	0	0	1
Private sector business	1	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	9	4	0	2	0	0	0	1
Members of the public (other)	2	1	1	0	0	2	0	0

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	11	5	0	2	0	2	0	1
Access applications (other than personal information applications)	4	1	1	3	0	2	0	1
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	1
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	1
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	5
Business interests of agencies and other persons	1
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	28
Decided after 35 days (by agreement with applicant)	2
Not decided within time (deemed refusal)	0
Total	30

*All applications continued to be processed with the applicant receiving Notice of Decision.

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see Section 54 of the Act)	0

Health Infrastructure Office

Level 8, 77 Pacific Highway, North Sydney
PO Box 1060
North Sydney NSW 2059
Telephone: 9978 5402
Facsimile: 8904 1377
Website: www.hinfra.health.nsw.gov.au
Business Hours: 9.00 am – 5.00 pm, Monday to Friday
Chief Executive: Robert Rust

Project Value

Health Infrastructure is responsible for planning, management and delivery of major capital works projects and programs over $10 million across NSW Health. Health Infrastructure was established in 2007 as an entity within the Health Administration Corporation (HAC) governed by a Board.

The approved value of capital projects managed by Health Infrastructure as at 30 June 2011 was $3.433 billion.

Project	($M)
Planning Projects	16.0
Work in progress projects	2,533.0
Public private partnership projects	884.0

Capital Spend in 2010-11

Health Infrastructure capital project spend in 2010-11 was $488 million.

Project	($M)
Planning projects	10.0
Work in progress projects	271.0
Private public partnerships	207.0

New Planning Projects in 2010–11

The following projects were included in the Health Infrastructure Planning Capital Program in 2010-11:

- Armidale Hospital Refurbishment
- Blacktown and Mt Druitt Redevelopment/Expansion
- Campbelltown Redevelopment Stage 1
- Campbelltown Mental Health Expansion
- Port Macquarie 4th Pod Stage 1
- Sutherland ED/Theatres
- Wollongong Ambulatory Care – Emergency Department
- RNSH Clinical Services Building
- Dubbo Health Service
- Lockhart MPS

New Works in Progress in 2010–11

The following are major projects commenced as new construction works in 2010-11:

Project (ETC)	($M)
Gundagai MPS	13.2
Hornsby Hospital Mental Health Unit	33.6
Prince of Wales Mental Health Intensive Care Unit	15.4
Shoalhaven Regional Cancer Centre	34.8
Werris Creek Multi Purpose Service	11.2

Projects Completed in 2010-11 include

Project (ETC)	($M)
Auburn Community Hub	13.6
Balranald MPS	14.2
Maitland Emergency Department	10.3
Orange Dental Clinic/Orange Radiotherapy	14.9
Orange/Bloomfield Redevelopment PPP	162.0

Other Project Delivery Achievements in 2010-11

- Completion of the Chatswood Community Health Facility
- Sale of Queen Victoria and Governor Philip Nursing Homes

Major Project Delivery Priorities for 2011-12

Delivery of the 2011-12 capital project program with a current forecast total value of $594 million.

Project (ETC)	($M)
Planning	15.0
Work in Progress	455.0
PPPs	124.0

New Planning Projects in 2011-12

Health Infrastructure will take on the following planning projects in 2011-12:

- Lachlan Health Service
- Missenden Mental Health Support Services
- Blacktown Hospital
- Hornsby Ku-ring-gai Redevelopment
- Upper Hunter Valley

New Works in Progress in 2011-12

The following projects have been announced as new works as part of the NSW Health capital expenditure program in 2011-12.

- Campbelltown Hospital Redevelopment and Emergency Department
- Graythwaite Rehabilitation Centre
- Illawarra Hospitals Upgrade
- Prince of Wales Hospital Comprehensive Cancer and Blood Disorder Centre
- St George Hospital Emergency Department

Regional Hospital Upgrades

Under the Regional Priority Round of the Australian Government's Health and Hospitals Fund (HHF), five regional hospital upgrades were announced in May 2011. These five projects will be delivered over the next four years with funding contributions by the NSW Government in addition to HHF Funding.

Project (ETC)	($M)
Bega Valley Health Service Development	170.0
Dubbo Base Hospital Redevelopment	57.0
Port Macquarie Base Hospital Expansion	110.0
Tamworth Redevelopment: Stage 2	220.0
Wagga Wagga Base Hospital Redevelopment	270.1

Dubbo, Port Macquarie and Wagga Wagga are New Works in 2011-12.

Related Activities

- Structuring arrangements to fund and operate hospital car parks
- Land Sales

Government Information (Public Access) Act 2009

The Health Infrastructure *Government Information (Public Access) Act 2009* (GIPAA) information is included in the NSW Department of Health GIPAA report in Appendix 3.

Health Support Services

Level 17, 821 Pacific Highway
Chatswood NSW 2067
PO Box 1770
Chatswood NSW 2057
Telephone: 8644 2000
Facsimile: 9904 6296
Website: www.health.nsw.gov.au
Business Hours: 9.00 am - 5.00 pm, Monday to Friday
Chief Executive: Mike Rillstone

Chief Executive's Year in Review

Health Support Services (HSS) is a Statewide organisation of 6,200 employees, established in 2007 to deliver more efficient support services for NSW Health. HSS is the largest public sector shared services model in Australia with an annual operating budget of $825 million.

The mission of HSS is to provide Statewide services across a wide range of areas that support the delivery of patient care in an innovative and cost effective manner. HSS aims to maximise the potential for continued service delivery improvement and general operational effectiveness, as well as addressing the duplication of roles or better positioning staff that are performing similar functions.

The transition of staff and processes from outdated local structures to a modern shared service environment is being completed in a number of phases. The initial phase, which has focused on migration and consolidation of a broad range of services, is now complete.

HSS is well positioned to move through the subsequent phases and capitalise on the economies of scale that HSS provides and pursue partnerships with the private sector that will provide further efficiencies in system and financial performance.

Looking to the future HSS has much work to do to establish stronger foundations in the areas of customer engagement and lifting its business performance where external service benchmarks are not being met.

HSS remains well poised to assist in developing a greater understanding of NSW Health system performance, as it connects across the State the financial, human resources and patient systems in a standard and consistent manner.

While it will take time to harvest all the dividends of a shared services model, early gains are apparent, with annual recurrent savings to date in the order of $50.5 million per annum.

Our strong record of achievement will ensure a smooth transition towards two separate entities in 2011-12 including *HealthShare NSW* to be the principle provider of shared services for NSW Health and *eHealth NSW* to administer Statewide information and communications technology (ICT).

Mike Rillstone, Chief Executive

Key Achievements 2010-11

- New Statewide human resources and payroll system called *StaffLink* was successfully piloted at Kempsey Hospital with implementation planned for Mid North Coast and Northern NSW Local Health Districts in early 2011-12.
- The move to the Statewide Management Reporting Tool, combined with standardised accounting practices and reporting periods, resulted in improved financial and budget reporting across NSW Health.
- EnableNSW has reduced waiting times for equipment and services with priority equipment waiting times reduced from four months to four weeks.
- In procurement through product standardisation, more effective negotiating practices and centralised purchasing, HSS has been able to capture substantial savings totalling $21 million in 2010-11.
- Food Services saw improved efficiencies through food production unit consolidation and introduction of Statewide nutritional standards, starting with breakfast.
- Linen Services system improvements were implemented to assist health services with linen usage optimisation, reducing linen shortages or oversupply at health facilities.
- In Shared Service Centres and Warehousing consolidation of business processes in Parramatta and Newcastle shared service centres is resulting in efficiency gains and higher quality outcomes for customers; a centralised program has been implemented consolidating 17 warehouses down to five distribution centres to provide economies of scale.
- The roll-out of foundation eMR and medical imaging capabilities now supports more than 75,000 clinicians and covers more than 80 per cent of hospital beds making it Australia's largest and most successful eMR program.
- Patient Billing implementation has improved revenue with online billing with Medicare reducing payment periods and streamlining the process.
- Business Intelligence has progressed towards a new enterprise data warehouse and implementation of new patient flow monitoring system to reduce delays in emergency admissions.

Key Planned Activities and Outcomes 2011-12

HealthShare NSW

- Implement a new governance model led by a Board to support the transition to *HealthShare NSW* to ensure improved support and service for our customers.
- Establish external industry benchmarks to measure shared service performance including improved dashboard and KPI reporting for customers.
- Further reduce waiting times for clients of EnableNSW and improve equity of access for all disability clients in NSW.
- Leverage NSW Health purchasing power for goods through product standardisation and more effective negotiating practices.
- Continue to implement the Food Service Improvement Program to ensure all patient meals are appetising, easily accessed and meet Statewide nutritional standards.

e-Health NSW

- Continue to drive maturity of the clinical program towards a common Statewide electronic medical record capability that supports the majority of clinical specialties, provides clinical outcome reporting and clinical decision making support.
- Commencement of electronic medications management program to improve patient safety.
- Standardisation of ICT infrastructure across the State to better support clinical initiatives including replacement of NSW Health's analogue telephone exchanges with internet based communications to better support clinical collaboration.
- Lead the national agenda with the planning and roll-out of the Patient Controlled Electronic Health Record program.
- Continue success of Statewide *StaffLink* program roll-out ensuring all Local Health District staff benefit from the advantages of receiving their pay and payslips through the modern new HR and payroll system.

Government Information (Public Access) Act 2009

The Health Infrastructure *Government Information (Public Access) Act 2009* (GIPAA) information is included in the NSW Department of Health GIPAA report in Appendix 3.

Statutory Health Corporations

Agency for Clinical Innovation

821-843 Pacific Highway, Chatswood
PO Box 699
Chatswood NSW 2057
Telephone: 8644 2200
Facsimile: 8644 2148
Website: www.health.nsw.gov.au
Business Hours: 9.00 am - 5.00 pm, Monday to Friday
Chief Executive: Dr Hunter Watt

Chief Executive's Year In Review

The Agency for Clinical Innovation (ACI) was established in January 2010 to work with other public health organisations to improve healthcare in NSW by rapidly developing and spreading new ways of caring for patients which represent evidence-based best practice.

In 2010-11 ACI has consolidated and expanded, establishing a consumer council and clinical council, creating four more clinical networks, and taking its clinical innovation message into the four corners of NSW.

The agency initiated a program to visit every local health district and specialty network in NSW, with ACI teams meeting senior clinicians and managers, listening and learning from those at the coalface, and encouraging participation in ACI clinical networks. A key focus for these visits is to improve collaboration in rural, regional and remote areas.

ACI's strategic plan focuses on developing evidence-based best practice models of care and implementation strategies for common chronic conditions and our clinical networks are driving a comprehensive work program.

Significant progress in 2010-11 included setting standards for best practice in:

- Orthogeriatric Care
- Osteoporotic Refracture Prevention
- Parenteral Nutrition.

Four new ACI networks have been established – Anaesthesia and Perioperative Care, Pain Management, Intellectual Disability and Emergency Care.

ACI established a Statewide Clinical Council, which draws together more than 80 chairs of the agency's clinical networks and senior clinicians and managers nominated by local health districts and specialty networks.

ACI's first Consumer Council was another major milestone for the year. The voluntary council advises the Board on community engagement and communication or research initiatives aimed at the community.

Having wisely steered the ACI through its initial year, the inaugural chair, Professor Carol Pollock, stepped down in December 2010 following her appointment to lead the Northern Sydney Governing Council. She was succeeded by fellow Board member Associate Professor Brian McCaughan AM. Professor Pollock remains on the Board.

Dr Hunter Watt, Chief Executive

Key Achievements 2010-11

Strengthening Clinician Engagement:

- Expansion of clinical networks to cover the whole State
- Visit every local health district and specialty network to strengthen partnerships
- Engage with clinicians and managers and listen to local priorities
- Bringing together lead clinicians and managers from all NSW local health districts

specialty networks and the chairs of ACI Clinical Networks to form ACI's first Clinical Council, providing a strong Statewide voice for patient-centred clinical innovation.

New Networks:

- Engaging the skills and experience of clinicians and consumers engaged in:
- Anaesthesia and Perioperative Care
- Pain Management
- Intellectual Disability
- Emergency Care.

Putting Patients First:

- Providing a focus for consumer involvement across all ACI networks
- Putting patients, their families and carers at the centre of every action and decision
- Establishing a research partnership with the Australian Institute of Health Innovation to build ACI's capacity to engage vulnerable groups and to develop knowledge management strategies aimed at the community.

Chronic Disease:

- Developing best practice models of care for diabetes and severe chronic respiratory and cardiac disease
- Working to improve care in the community and reduce hospital admissions for Chronic Obstructive Pulmonary Disease and Congestive Heart Failure

- Collaborative workshops for rural, regional and remote cliniciansand General Practitioners caring for patients with diabetes, cardiac disease and stroke.

Care of Older People:

- Launch of NSW Orthogeriatric model of care to assist the care of frail older orthopaedic patients, reducing medical complications, length of stay in hospital and patient deaths
- Launch of the NSW model of care to prevent repeat bone fractures in patients with osteoporosis – a common cause of pain, suffering and premature death in patients over 60.

Nutrition:

- Release of the Parenteral Nutrition Pocketbook, a best-practice guide to the intravenous feeding of patients who can't eat normally or tolerate enteral or tube feeding
- Setting nutrition standards for hospital food.

Key Planned Activities and Outcomes 2011-12

Promoting Innovation in Health Service Delivery:

- As the primary agency for clinical program development, innovation and new models of care, ACI will take on new responsibilities for clinical redesign, out of hospital care, chronic disease management and acute care services
- ACI will translate innovations from its networks into system wide change proposals to improve patient flow, prevent hospitalisation and better co-ordinate care outside hospitals, freeing up overnight beds for those who need them.

Improving Patient Outcomes:

- ACI will work with Local Health Districts and the Bureau of Health Information to identify gaps and improve care of patients with chronic obstructive pulmonary disease and congestive heart failure and will develop flexible models of care for rural health services
- ACI will launch a suite of nutrition standards and therapeutic diet specifications for adult and paediatric inpatients in NSW hospitals.

Care of Older People:

- The Aged Health Network is leading a Care of Hospitalised Older People Study (CHOPS) in collaboration with the CEC and General Practice NSW to improve care and reduce harm for older hospital patients with dementia and/or delirium
- The Musculoskeletal Network is developing a clinical guideline and model of care for patients undergoing elective joint replacement.

Chronic Disease:

- ACI will assist in the design and implementation of the NSW Government's plan to boost the chronic disease self-management program
- The Endocrine Network will finalise a NSW model of care for people with diabetes, covering Type 1 and Type 2 diabetes, gestational diabetes and diabetes in pregnancy.

Clinical Networks:

- The Pain Management Network will be expanded to implement ACI's wider role in improving links between specialist clinics and primary care services as part of the NSW Pain Management Plan
- ACI will contribute to the Ministerial Taskforce on Dental Health to lead patient-centred clinical innovation in dental care
- The Emergency Care Institute will work with emergency clinicians and consumers to research, plan and deliver effective and efficient emergency care.

The Agency for Clinical Innovation Government Information (Public Access) Act 2009 (GIPAA) information is included in the Agency's 2010-11 Annual Report.

Bureau of Health Information

821 Pacific Highway, Chatswood
PO Box 1770
Chatswood NSW 2057
Telephone: 8644 2100
Facsimile: 8644 2119
Website: www.bhi.nsw.gov.au
Business Hours: 9.00 am - 5.00 pm, Monday to Friday
Chief Executive: Diane Watson

Chief Executive's Year in Review

The Bureau of Health Information is a Board-governed statutory health corporation established under the *Health Services Act 1997* in 2009 to be the leading source of information on the performance of the public health system in NSW. The Bureau provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information about the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of people in NSW.

The year under review has been an exciting period in the Bureau's establishment. The Bureau's Board held six meetings in 2010-11, approving a Strategic Plan and a work plan. It has established committees to support strong governance.

In 2010-11, the Bureau released its inaugural issue of Hospital Quarterly and the first annual performance report on the NSW health system. The Bureau also released the second report in its *Insights Series* providing information about potentially avoidable admissions for chronic conditions in NSW public hospitals. The Bureau's website at www.bhi.nsw.gov.au now includes performance information on more than 80 NSW public hospitals.

The Bureau's reports have become popular with the media – a critical first step to providing fair and factual information to people across NSW about the public health system.

Stakeholder engagement will always be a major focus of the Bureau's activities to ensure that the organisation creates information that is relevant to our various audiences. The Bureau has also established an expert peer review process to inform its work to create accurate and comparable information.

In 2011-12, the Bureau will continue working with colleagues across the nation who have committed to increasing the availability of information on the performance of our public health system.

Diane Watson, Chief Executive

Key Achievements 2010-11

- The Bureau published the first *Hospital Quarterly* report in September 2010, followed by further reports in November 2010, and February and May 2011. These reports provide comprehensive information about admitted patients, elective surgery and emergency department performance for more than 80 NSW public hospitals. The media and healthcare communities across NSW welcomed this level transparency and information to improve patient care.
- The Bureau published the first Annual Performance Report, *Healthcare in Focus: How NSW compares internationally*, in December 2010. The report looked at how the NSW health system compares to the rest of Australia and 10 other countries, using some 90 performance measures.
- The Bureau published *Chronic Disease Care: A piece of the picture* which examined potentially avoidable admission for chronic obstructive pulmonary disease and congestive heart failure in 79 NSW public hospitals. The Agency for Clinical Innovation will use the Bureau's report in their work to improve patient outcomes.
- The Bureau, with the assistance of The Sax Institute, commissioned the independent review *Public Reporting of Health System Performance: Review of Evidence on Impact on Patients, Providers and Healthcare Organisations* authored by Dr Jack Chen. The Bureau published a synopsis of the report Public reporting improves healthcare on its website.

Key Planned Activities and Outcomes 2011-12

- *Hospital Quarterly* reports will continue to be published every three months.
- The second issue of *Chronic Disease Care*, a jointly funded project with the Agency for Clinical Innovation, will report on recurrent admissions and high-frequency use of hospital services by patients with congestive heart failure and chronic obstructive pulmonary disease.
- The Bureau will publish its second Annual Performance Report focusing on people who have experienced ill health or injury. The report will look at how the NSW health system compares to Australia and 10 other countries.
- The Bureau's role will expand to take on responsibility for the implementation and interpretation of the NSW Health Patient Survey.

Government Information (Public Access) Act 2009

For the period 2010-11, the Bureau of Health Information did not receive any applications for information made under the GIPA Act. The following information is required to be prepared under section 125 of the GIPA Act and for inclusion in the Bureau of Health Information's annual report for 2010-11.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the the Bureau of Health Information during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	0	0	0	0	0	0	0
Members of the public (other)	0	0	0	0	0	0	0	0

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	0	0	0	0	0	0	0	0
Access applications (other than personal information applications)	0	0	0	0	0	0	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	0
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	0
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
Total	0

*All applications continued to be processed with the applicant receiving Notice of Decision.

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

Clinical Education and Training Institute

Shea Close, Gladesville
Locked Bag 5022
Gladesville NSW 1675
Telephone: 9844 6551
Facsimile: 9844 6544
Website: www.ceti.nsw.gov.au
Business Hours: 9.00 am - 5.00 pm, Monday to Friday
Chief Executive: Professor Steven Boyages

Chief Executive's Year In Review

Health is a knowledge-centred enterprise. Those working in health are involved in the business of generating new knowledge (research and evaluation), imparting knowledge to workforce (education and training) and applying knowledge for the betterment of health (service delivery).

The Clinical Education and Training Institute (CETI) formed as one of the 'four pillars' following the 2009 Garling Inquiry. CETI was formally established in 2010 as a statutory Health Corporation under the *Health Services Act 1997*. Its principal functions, as determined by the Minister for Health, are listed in the Act but in short CETI builds capacity, competency, collaboration, communication, culture, clinical care models that:

- support safe, high quality, multi-disciplinary team-based, patient-centred care
- meet service delivery needs and operational requirements
- enhance workforce skills, flexibility and productivity.

CETI works through investment in new programs, collaborating with key stakeholders (e.g., universities, colleges, clinical leaders, health services, the community); and through innovation to improve communication, capacity and competency by using blended learning approaches (e.g., face-to-face, simulation and e-learning).

CETI has a huge responsibility, collaborating to provide a responsive health workforce, available in appropriate numbers to meet growing challenges.

CETI has built on the excellent work of its foundation divisions, the Institute of Medical Education and Training and the Institute of Rural Clinical Services and Teaching. Our stakeholders have a strong desire to maintain discipline-specific directorates as well as creating cross-linking inter-professional units. CETI has established new programs including e-learning, allied health and nursing and interprofessional practice.

Professor Steven Boyages, Chief Executive

Key Achievements 2010-11

- Solutions to training challenges posed by the increased supply of medical graduates (interns).
- Development of an interprofessional team program for new starters in health.
- Development of common standards and platforms for a State learning management system.
- Development of the superguide for medical supervision.
- Establishment of the Allied Health Directorate and its advisory committee.

Initiatives Undertaken

Interprofessional / Multidisciplinary

- Centre for Learning and Teaching established and *Team Health*, a multidisciplinary program improving teamwork, communication and collaboration for improved patient and staff experiences.

Medical Education and Training

- Supervision handbook for supervising doctors in training.
- CETI's Surgical Sciences Course gained specialist College accreditation.

Allied Health

- Allied Health Directorate established.
- Inaugural Future Directions meeting held with allied health leaders from Local and Speciality Health Networks identified priority learning areas.

Rural and Remote

- Nursing Grand Rounds by videoconference enhanced knowledge of 180 nurses.
- Clinical Team Leadership and Management Programs had 50 graduates.

Nursing and Midwifery

- Nursing and Midwifery Directorate established.
- Program of work drafted with Nursing and Midwifery Office (NaMO).

Key Planned Activities and Outcomes 2011-12

Innovation and Technology

- Future Technologies Unit supporting simulated learning environments and e-learning within Local Health Networks, and promote e–learning standards.

Interprofessional / Multidisciplinary

- In partnership with Local Health Networks, CETI will develop Team Health's *Right Start Program* consisting of blended learning modules which will build core foundation skills and improve the workforce readiness of new graduate health professionals.
- A supervisor training course based on the Superguide handbook aims to provide a certifiable level of supervision skills to participants in all clinical professions.
- Development of training modules for common skill areas including teaching skills.

Medical Education and Training

- Online prevocational trainee assessment and online prevocational training term evaluation.

Allied Health

- The Superguide: a handbook for supervising allied health professionals, will be published in October 2011.
- Allied health clinicians and the CETI Allied Health Advisory Committee will identify opportunities for Allied Health learning.

Nursing and Midwifery

- The Superguide: a handbook for supervising nurses and midwives is planned for 2011 publication.

Rural and Remote

- GP Procedural Training Program developed for an integrated Statewide model.
- Training and Support Unit for Aboriginal mothers, babies and children runs workshops and training, supporting families and staff.

Government Infomation (Public Access) Act 2009

The Clinical Education and Training Institute *Government Information (Public Access) Act 2009* (GIPAA) information is included in the Institute's 2010-11 Annual Report.

Clinical Excellence Commission

Level 13, 227 Elizabeth Street, Sydney
Locked Bag A4062
Sydney South NSW 1235
Telephone: 9269 5500
Facsimile: 9269 5599
Website: www.cec.health.nsw.gov.au
Business Hours: 9.00 am - 5.00 pm, Monday to Friday
Chief Executive: Professor Clifford Hughes, AO

Chief Executive's Year In Review

Constancy of purpose best describes the aim of the Clinical Excellence Commission (CEC) and each of its Directorates during 2010-11. The CEC was well-guided by the second Strategic Plan which gave strong direction for the whole year. The strength of this plan was enhanced by the formation of a common Board responsible for both the CEC and the Agency for Clinical Innovation (ACI) and we welcomed the new chair, Professor Brian McCaughan.

The CEC works closely with ACI, the Bureau of Health Information (BHI) and the Clinical Education and Training Institute (CETI) as well as the Clinical Safety, Quality and Governance division of the Department of Health.

In January 2011 we moved to our new premises at 227 Elizabeth Street. The move took place with amazing efficiency over one week end with staff packing at our old site on Friday and starting work at our new site on Monday. For the first time since the inception of the CEC in 2004 all of our staff is located in the one building.

Professor Clifford Hughes, Chief Executive

Key Achievements 2010-11

The CEC was established to promote and support improved clinical care, safety and quality across the NSW health system. Some of our major activities during the year included:

Patient Based Care

- We have established a Directorate under the leadership of Karen Luxford to bring together the elements that ensure that all we do is based on the needs, expectations and desires of patients. We have launched a program entitled *Partnering with Patients* to actively look for more opportunities to engage the community in each of our projects and programs.

Patient Safety

- The Patient Safety Team led by Dr Tony Burrell continues to provide six monthly reports on the Incident Information Management System. To these we have added two Clinical Focus Reports addressing urgent and Statewide clinical issues.

The Deteriorating Patient

- The *Between the Flags* has gained widespread and enthusiastic support. Advances in this program include, the development of observation charts for age specific paediatric patients, charts for mothers at risk in maternity units and a specific training manual *DETECT Junior* has been prepared for the use of clinicians managing paediatric patients in any setting.

Health Care Associated Infections

- The *Hand Hygiene* initiative of the Federal government has been championed in NSW by the CEC and we can now demonstrate compliance rates for hand washing above the national average. All health facilities continue to audit this most basic of safety measures.
- The *Central Line Associated Bacteraemia* project has published the impact of this program on patient safety and also shown significant reduction in unnecessary waste associated with avoidable infection.
- A Sepsis program emphasising the need for rapid diagnosis and commencement of antibiotic therapy was launched in May and all Local Health Districts are participating.
- In 2010-11 a total of 252 participants completed the *Clinical Leadership Program* (CLP) with all participants undertaking an individual or team clinical improvement initiative designed to improve patient safety and clinical quality. At the end of the 2011 CLP over 1,000 participants will have completed the program since its inception in 2007.
- During the year we conducted a total of 22 *Clinical Practice Improvement* workshops both at the CEC and at facilities across the State. The CPI e-learning module is available on the NSW GEM platform for all NSW public health employees and there has been an increase of participants from 225 in July 2010 to 650 at the end of June 2011.
- Commencement of a two year project to examine the usage and compliance with the NSW Health *Paediatric Clinical Practice Guidelines in Emergency Departments* across the State with the view to implement systems for ongoing quality improvement in the future.
- The CEC managed a project to develop a web-based directory of physical activity programs that have a falls prevention focus, in partnership with the Health Department's Centre for Health Advancement.

Key Planned Activities and Outcomes 2011-12

- In the second half of 2011 the Board will develop a strategic plan to set the direction for the next three years.
- The Sepsis program will work further with the NSW Ambulance Service to promote staff awareness and links between pre-hospital and in-hospital recognition and management of sepsis.
- The Sepsis project team is working closely with Directors of Clinical Governance and the Rural Critical Care Clinical Nurse Consultants to implement the sepsis pathway in small rural and remote hospitals.
- The Patient Based Care team will be supporting service assessment to identify and reduce health literacy barriers within care delivery services.
- A facilitated Clinical Practice Improvement (CPI) course on line is being developed in order to better support staff from rural and remote Local Health Districts undertake CPI improvement projects.

- In the second half of 2011 an Oncology Medication Safety Self Assessment tool will be piloted. It is anticipated that this tool will be refined and ready for more wide-spread use in Australia in 2012.
- Future directions for the *Between the Flag*s project include implementation of a standard maternity observation chart (SMOC), finalisation of the newborn risk assessment tool, development of a Statewide database that is adapted for adult patients to record rapid response call data, based on the Children's Hospital at Westmead database, and review of the adult standard observation chart incorporating knowledge gained from the research sites.
- The Hand Hygiene team will work on implementing a system to recognise and reward facilities/Local Health Networks who demonstrate sustained improvements in hand hygiene compliance and/or develop new initiatives to promote and embed the program.

Government Infomation (Public Access) Act 2009

The Agency for Clinical Excellence Commission *Government Information (Public Access) Act 2009* (GIPAA) information is included in the Commission's 2010-11 Annual Report.

Justice Health

Anzac Parade, Malabar
PO Box 150
Matraville NSW 2036
Telephone: 9700 3000
Facsimile: 9700 3493
Website: www.justicehealth.nsw.gov.au
Business Hours: 9.00 am - 5.00 pm, Monday to Friday
Chief Executive: Julie Babineau

Chief Executive's Year In Review

The 2010-11 financial year has been a rewarding period for Justice Health, with significant achievements across all domains of the organisation. The widow of opportunity for Justice Health to provide healthcare to individuals within the custodial setting is usually brief, patients rarely spend their entire sentences within the same correctional centre, with many movements annually between correctional centres and court complexes. As a result, strong partnerships with Corrective Services NSW and Juvenile Justice are essential to effective health care delivery.

For forensic patients, the past year has seen both positive change and new beginnings. In September 2010 the Government announced the formation of the Forensic Mental Health Network (FMHN). Justice Health has been working closely with Western NSW, Western Sydney and Hunter New England Local Health Networks on developing a model for the FMHN. The development of the FMHN will improve patient flow and the integration of current services as well as provide more responsive health care to forensic patients in NSW.

A further substantial achievement for Justice Health has been the development, implementation, and monitoring, of the *Focusing on care: Action Plan*, a major culture change initiative. This plan was developed in response to a Staff Climate Survey undertaken in 2009. Continuing to address key issues in this action plan will ensure a continued movement towards a culture of success where there is high energy, optimism, trust and direction.

The commencement of the *Care Navigation Support Program* in April 2011 was a key highlight for the organisation. This program aims to support the patient journey and facilitate release planning activities to ensure a smooth transition to community health care providers.

The year also saw Justice Health publish two major reports - the *2009 Inmate Health Survey Aboriginal Health Report*, and the *2009 Young People in Custody Health Survey Report*.

The establishment and expansion of services and the overall continued high quality of care provided to our patients is a credit to all staff. I convey my appreciation to all, for their hard work and dedication.

Among our priorities for 2011-12 is ensuring that the standard of health care continues to advance and that a culture of care, respect, professionalism, clear communication and honesty are firmly embedded within Justice Health and the Forensic Mental Health Network.

Julie Babineau, Chief Executive

Key Achievements 2010-11

- The development, implementation and monitoring of the *Focusing on Care: Action Plan* in response to the culture improvement project.
- Development of a model for the Forensic Mental Health Network (FMHN). The aim of the FMHN is to improve the accountability, performance and efficiency of Forensic Mental Health services in NSW.

- The Care Navigation Support program (CNSP) went live in April 2011 and had over 400 patients enrolled in the program as at 30 June 2011. The aim of the CNSP is to strengthen the management of patients with chronic disease and/or complex health needs.
- The establishment of a haemodialysis service in Long Bay Hospital. Since the service commenced 100% of eligible patients have received Haemodialysis treatment.
- Justice Health engaged in the Essentials of Care (EOC) program across 14 sites Statewide. The EOC program is a care improvement and evaluation framework that focuses on the 'essential' components of care. It seeks to promote participation of local clinicians in recognising the effectiveness of the care they deliver and it encourages ongoing practice development.
- The South Coast Correctional Centre was commissioned in December 2010, recruitment to 90% of the Staff Profile is complete. This has included the recruitment of Aboriginal Health Workers to the Health Centre.
- Publication of two major reports - the *2009 Inmate Health Survey Aboriginal Health Report*, and the *2009 Young People in Custody Health Survey Report*.
- Successfully achieved Accreditation until 2013 through the *Australian Council on Healthcare Standards (ACHS) Evaluation Quality Improvement Program*.

Key Planned Activities and Outcomes 2011-12

- Fully implement the Forensic Mental Health Network and associated health reform activities.
- Enhance continuity of care from discharge planning for adult inmates and juvenile detainees existing custody into the community.
- Continued implementation of organisational and workplace initiatives developed through the Culture Improvement Project and described in the *Focussing on Care: Action Plan*.
- Improve the continuity of care provided to patients through the continued development of the *Care Navigation Support Program* and the *Connections* program.
- Seek opportunities to collaboratively develop diversion and post release programs. This includes the Aboriginal Court Diversion Program and by expanding Justice Health's role in transition to community services, Child and Adolescent Mental Health Services, General Mental Health Services and Medicare Locals.
- Continued National and State benchmarking of Forensic Mental Health.
- Continued investment in Practice Development activities that include the implementation of *Essentials of Care, Accelerated Implementation Methodology, Clinical Supervision* and the *Clinical Leadership Program*.
- Improve patient consultation mechanisms at the local level including resolving complaints locally and undertaking patient consultation at the frontline.

Government Infomation (Public Access) Act 2009

The Justice Health *Government Information (Public Access) Act 2009* (GIPAA) information is included in the Justice Health's 2010-11 Annual Report.

Glossary and Index

Image // Menindee Hospital

Glossary of Terms and Index

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Glossary of Terms

Bed Days

The total number of bed days of all admitted patients accommodated during the reporting period. It is taken from the count of the number of inpatients at midnight (approximately) each day. Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

Bed Occupancy Rate

The percentage of available beds which have been occupied over the year. It is a measure of the intensity of the use of hospital resources by inpatients.

Clinical Governance

A term to describe a systematic approach to maintaining and improving the quality of patient care within a health system.

Comorbidity

The presence of one or more disorders (or diseases) in addition to a primary disease or disorder.

eMR – Electronic Medical Record

An online record which tracks and details a patient's care during the time spent in hospital. It is a single database where patient details are entered once and then become accessible to all treating clinicians, with authorised access, anywhere in the hospital.

Enrolled Nurses

Enrolled Nurses work with Registered Nurses to provide patients with basic nursing care.

Episode Funding

Finding the costs of caring for patients at each different phase of their episode of illness, based on cost of expected workload and available funds.

Funded / Available beds

A suitably located and equipped bed or cot where the necessary financial and human resources are provided for admitted patient care.

Healthcare Associated Infections

An infection a patient acquires while in a healthcare setting receiving treatment for other conditions.

Hospitalist

A medical practitioner whose primary focus is to enhance care for patients in a cross speciality mode throughout the patient's healthcare experience. The hospitalist specialises in facilitating and co-ordinating the care and care systems for patients. They work in wards, emergency departments (ED), outpatient departments and community settings.

Medical Assessment Unit

A designated hospital ward specifically staffed and designed to receive medical inpatients for assessment, care and treatment for a designated period. Patients can be referred directly to the MAU by-passing the emergency department.

Non-Specialist Doctors

A doctor without postgraduate medical qualifications who receives a government salary for the delivery of non-specialist healthcare services in a public hospital to public patients.

Nurse Practitioner

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.

Triage

An essential function of emergency departments where many patients may present at the same time. Triage aims to ensure that patients are treated in order of their clinical priority and that their treatment is timely.

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