NSW Department of Health

Annual Report 2009–10

NSW GOVERNMENT | Health

In Memoriam

The cover of the NSW Health Annual Report 2009–10 is dedicated to the memory of Sister Alison Bush, AO.

For more than 40 years, Sister Bush – as she was affectionately known – dedicated her life to improving the health outcomes of mothers and babies across Australia. She was the first Aboriginal midwife to be based at a major maternity hospital in NSW and delivered more than 1,000 babies throughout her career.

Sister Bush had a life-long love of midwifery and touched a countless number of lives during her career. She was determined to create a better future for Indigenous people, particularly Aboriginal mums and their babies, and provided a valuable link between the Aboriginal community and Maternity Services.

The family of Sister Alison Bush has kindly approved publication of the cover image.

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SHPN (MC) 100262
ISSN 0815-4961
ISBN 978 1 74187 521 8

Further copies of this document can be downloaded from the NSW Health website www.health.nsw.gov.au

October 2010

Letter to the Minister

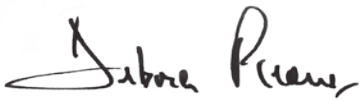
The Hon. Carmel Tebbutt MP
Deputy Premier
Minister for Health
Parliament House, Macquarie Street
SYDNEY NSW 2000

Dear Minister

In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the *Annual Reports (Departments) Regulation 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 2010, for presentation to Parliament. The Financial Statements of the entities are presented in a separate volume titled Financial Statements of Public Health Organisations under control of the NSW Department of Health 2009–10.

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

Yours sincerely,



Professor Debora Picone, AM
Director-General

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Director-General's

Year in review

We have seen another year of both challenges and achievement in 2009–10.

Much work has been undertaken across the system to implement the responses to two key inquiries – the Special Commission of Inquiry into Acute Care Services in NSW conducted by Peter Garling, SC and the Special Commission of Inquiry into Child Protection Services in NSW conducted by the Hon. James Wood, AO QC. We are starting to see real changes in practice and improved communication flows at all levels, from the hospital ward, across government agencies, and critically with our patients and the community.

This year saw a record $15.1 billion budget to enable continued improvements and better access in delivering health services and health infrastructure for NSW. Demand, however, continues to grow, with more presentations to our Emergency Departments, increased demand for both non-elective and elective surgery and for renal dialysis and cancer services. And although our life expectancy levels are amongst the highest in the world, the proportion of adults who were either overweight or obese has risen from 41.8% in 1997 to 52.5%. We are also seeing increasing incidences of chronic disease, and it is expected that 80% of the disease burden in Australia will be due to chronic disease by 2020.

We had a busy start to the year with the peak of the Pandemic (H1N1) 2009 influenza in July. By September, 1,203 confirmed Pandemic (H1N1) 2009 influenza cases had been admitted to hospital since the commencement of the pandemic in NSW. September also saw the NSW roll-out of the vaccination for Pandemic (H1N1) 2009 Influenza and a significant decline in reported cases.

Despite these challenges, the latest patient survey has confirmed the superior care provided by public health facilities across the State, with 91% of patients rating their care as good, very good or excellent, up from 88% in 2007.

National Health and Hospitals Network Agreement

In April 2010, the NSW Government entered into the National Health and Hospitals Network Agreement with the Australian Government, joining the other State and Territory governments, with the exception of Western Australia.

NSW leads the country across a range of key performance measures, despite having the highest demand for services, the largest population base in Australia and facilities that service residents across an enormous geographical area.

Through the National Health and Hospitals Agreement, we will build on existing strengths of our system to continue to provide equitable access to best practice healthcare for public patients across Australia, while ensuring the future sustainability of our public health system.

There is much to be done to implement the agreed health, hospitals and aged care reforms in NSW. Immediate priorities have included working with the Australian Government as well as provider and community stakeholders to develop criteria to shape the formation of the Local Health Networks and Medicare Locals; determining the scope of primary health and aged care services to be transferred to the Australian Government; and ensuring the necessary NSW legislative framework is in place.

As implementation progresses, work will continue in partnership with the Australian Government, health care providers and consumers, and the wider community to achieve the objectives of the National Health and Hospitals Reform.

Keep Them Safe

NSW Health is playing a key role in implementing a new approach to child protection in response to the *Report of the Special Commission of Inquiry into Child Protection Services in NSW*.

The implementation of the NSW Government's action plan, *Keep Them Safe: a shared approach to child wellbeing 2009–2014* aims to reform child protection in the State and establish a framework for a new way of caring for our children and their families.

As mandatory reporters, NSW Health staff who deliver health care to children, young people and families have an important role to play. The Department has been working with Area Health Services, Justice Health and the NSW Ambulance Service to implement a *Keep Them Safe* communication strategy.

To assist staff in their role as mandatory reporters, Child Wellbeing Units have been established to provide advice and support on how to respond to concerns relating to the safety and welfare of children and young people.

NSW Health's Child Wellbeing Units (CWUs) commenced operation on 25 January 2010 in three networks – Greater Eastern and Southern CWU, the Western CWU and the Northern CWU.

We are also piloting Family Referral Services to assist families who would benefit from accessing support to prevent the escalation of their situation to the statutory system.

This is a critical initiative, and I commend all of those who are involved, not only in NSW Health, but across government and within our partner Non-Government Organisations, in working together to effectively implement this new approach.

Caring Together: The Health Action Plan for NSW

We have continued to implement *Caring Together: The Health Action Plan for NSW* which is the NSW Government's response to the Special Commission of Inquiry into Acute Care Services at NSW Public Hospitals (the Garling Report).

Our focus remains on improving patient care through providing a safe and supportive environment for both patients and staff. In consultation with clinicians, we have been developing a Statewide program to drive cultural change and strengthen local decision making across the system.

We also saw the establishment of the Implementation Leadership Group in December 2009 to review and provide advice on high level progress and strategic directions. This group brings together the NSW Health Senior Executive, Chief Executives of our Area Health Services and Area Health Advisory Chairs.

Significant progress has been made over the past six months to strengthen the strategic leadership and substantial steps have been taken within the Area Health Services to implement specific initiatives aimed at improving patient care, enhancing the patient experience and building a better sense of collegiality and teamwork. Key achievements include:

- Launch of Between the Flags, a program to assist clinicians in recognising and responding to deteriorating patients
- Establishment of the Bureau of Health Information to support public accountability and access to information about the health system
- Commenced roll-out of the Severe Chronic Disease Management Program to provide targeted care to older people with chronic conditions with an additional $22 million has been provided to support this in 2009-10
- Launch of the Anti-Bullying Advice Line, providing a central and easily accessible advisory service for health professionals across the system
- Establishment of additional rural prevocational medical training positions, clinical pharmacists, clinical support officers and clinical initiative nurses to enhance and support the health workforce.

One of the challenges we face in this climate of national health reform is the ability to sustain our energy and commitment. We have achieved so much to date, and I remain committed to the continued implementation of *Caring Together.*

Get Healthy – Information and Coaching Service

Our health system is not just about providing care in hospitals. We recognise the importance of providing effective care outside hospitals, through support program and preventative initiatives.

This year we launched the *NSW Get Healthy Information and Coaching Service*. This is a free, confidential telephone service designed to help individuals make lifestyle changes such as healthier eating habits and enjoying being more physically active. Since the launch, we have received nearly 9,000 calls to the service, with approximately 3,000 people registering for the six month coaching service.

It is the first time a program like this one has been implemented on a Statewide basis and we have engaged the University of Sydney to undertake an evaluation of the effectiveness of the service.

Sydney Children's Hospitals Network (Randwick and Westmead)

Following extensive public consultation, we have established a single public health organisation to deliver improved health services for children in Sydney called the Sydney Children's Hospital Network (Randwick and Westmead). This new network brings together The Children's Hospital Westmead and the Sydney Children's Hospital Randwick under a single chief executive, which was a key recommendation of the Garling Inquiry.

NSW Kids

A new branch within the Department of Health will also be established with specific responsibility for child and youth health. These new arrangements will allow us to harness the skills and expertise of both organisations and will simplify access to the full range of child health services.

Bureau of Health Information

The Bureau of Health Information has been established under Chief Executive Dr Diane Watson to provide independent and comparable information about the performance of the NSW public health system.

The Bureau's first report, *Insights into Care: Patients' Perspectives on NSW Public Hospitals* was released in May and is based on analysis of the *NSW Health Patient Survey 2009*.

One of the most important things that this report has told us is that whether the care received was exceptional or fair, how well the doctors and nurses worked together was the main factor that influenced the patient ratings. We know teamwork is critical to a good health system, and we will be increasing our focus on giving our staff the tools and skills they need to facilitate this.

Agency for Clinical Innovation

This year also saw the establishment of the Agency for Clinical Innovation. As the work program for this Agency develops, it will play a vital role in the future sustainability of our health system, particularly with its focus on the identification, review and development of best practice, evidence based models of care.

Acknowledgements

I would like to acknowledge my senior executive team, who once again have led with distinction. I will also take this opportunity to congratulate Dr Richard Matthews, Deputy Director General, Strategic Development on receiving a Member of the Order of Australia in the Queen's Birthday Honour's list.

Finally, I would like to express my thanks to each and every one of the NSW Health workforce for their dedication and commitment throughout the last 12 months. None of these achievements would have been possible without your hard work and good humour.

Governance

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About us

NSW Department of Health

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

The NSW Department of Health supports the NSW Minister for Health and two Assistant Ministers to perform their executive and statutory functions.

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

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

The Department's Statewide Responsibilities

Advice to government

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

Strategic planning and Statewide policy development

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

Improvements to public health

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

Patient safety and clinical quality

Ensures a systematic approach to high quality and safe patient care within the health system.

Performance management

Monitors health services' performance against key performance indicators and improvement strategies, such as performance agreements and Statewide reporting as well as 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 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 licensing, regulatory and enforcement functions to ensure compliance with the Acts administered by the Health portfolio.

Legislative program

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

Corporate Governance

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

Corporate support

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

Department of Health Priorities

NSW Health continues to be the lead agency for five priorities under the revised State Plan:

- Improve and maintain access to quality health care in the face of increasing demand
- Improve survival rates and quality of life for people with potentially fatal or chronic illness
- Promote healthy lifestyles through reduced overweight and obesity rates, smoking, illicit drug use and risk drinking
- Improve outcomes in mental health
- Reduce preventable hospital admissions.

The State Plan is the NSW Government's long-term plan to deliver the best possible services to the people of NSW. It sets strong targets for better service delivery across the NSW public sector. NSW Government Agencies must comply with the priorities included in the State Plan.

During 2009, the NSW Government undertook a review of the State Plan. Consultations were held with the Government, non-Government and community sectors and a revised document was developed. The State Plan 2010 was released by the Premier on 26 March. The Plan can be downloaded from the State Plan website at www.nsw.gov.au/stateplan.

The NSW Health led priorities and targets are included in the revised document under the 'Healthy Communities' chapter.

NSW Health also partners with a number of other Government Agencies to support a range of State Plan priorities.

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

Seven strategic directions

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

The NSW Department of Health Annual Report 2009–10 reports on our activities and achievements according to our vision, values, goals and priorities under the seven strategic directions.

Healthy People

Now and in the future

WHY WE ARE HERE	STRATEGIC DIRECTION 1	STRATEGIC DIRECTION 2	STRATEGIC DIRECTION 3	STRATEGIC DIRECTION 4	STRATEGIC DIRECTION 5	STRATEGIC DIRECTION 6	STRATEGIC DIRECTION 7
	Make prevention everybody's business	Create better experiences for people using health services	Strengthen primary health and continuing care in the community	Build regional and other partnerships for health	Make smart choices about the costs and benefits of health services	Build a sustainable health workforce	Be ready for new risks and opportunities
WHAT WE DO	– Health improvement – Re-investment – Immunisation – Child health and wellbeing – Mental health – Obesity – Chronic disease – Tobacco – Drugs and alcohol – Sexual health – Oral health – Healthy ageing – Urban planning	– Clinical services – Patient safety within a quality framework – Children and young people – Clinician and community engagement – Patient satisfaction – Public responsibility – Decision making – Information management and technology – Carers – Aged care/chronic care/ community acute care – Mental health – Rural and remote health – Drugs and alcohol – People with a disability – Culturally and linguistically diverse communities, including refugees – Transport	– Integrated primary health care – Rural and remote areas – General practice access – Early intervention – Early screening, triage and assessment – Chronic care – Mental health – Aboriginal health – Carers – Disability support programs	– Community engagement – Regional health planning – General practitioners – Information sharing – Aboriginal health – Mental health – Non-government organisations – Private health sector – Older people	– Health investment and re-investment – Prevention and early intervention funding – Equity – resource distribution formula – Asset management – Information management and technology – Health technology – Electronic medical and health information systems – Corporate services	– Recruitment and retention – Improving workforce flexibility and strengthening career pathways – Mental health workforce – Staff satisfaction – Education and training – Aboriginal workforce – Rural and remote workforce – Workforce planning	– Health reform – Health choices – Smart choices – Integration across Government – Teaching and research – Risk management – Disaster preparedness – Environmental factors
MEASURING SUCCESS	– Improved health through reduced obesity, smoking, illicit drug use and risk drinking – Improved survival rates and quality of life for people with potentially fatal or chronic illness – Improved dental health – Reduced vaccine-preventable conditions – Reduced fall injuries among older people – Increased participation in community, recreation, sporting, artistic and cultural activity – Reduced levels of anti-social behaviour	– Improved access to quality health care – Emergency departments – Elective surgery – Increased customer satisfaction with health services – Ensuring high quality care	– Reduced avoidable hospital admissions through early intervention, prevention and better access to community-based services – Improved health for Aboriginal communities – Improved outcomes in mental health – Increased focus on early intervention	– Improved outcomes in mental health – Implement key plans and frameworks – Improved health outcomes for Aboriginal communities	– Make the most effective use of resources for health	– Build a sustainable workforce	– Ensure the NSW health system is ready for new risks and opportunities

What We Stand For

Our corporate charter

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

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

Our Vision

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

Our Values

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

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

Integrity

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

Respect

Recognising the inherent worth of people.

Fairness and Equity

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

Excellence

Highest level of achievement in all aspects of our work.

Leadership

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

Our Goals

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

Keep People Healthy

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

Provide the Health Care That People Need

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

Deliver High Quality Services

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

Manage Health Services Well

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

Our Principles

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

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

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

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

The NSW health system:

- NSW Minister for Health
- Minister Assisting the NSW Minister for Health (Cancer)
- Minister Assisting the NSW Minister for Health (Mental Health)
- The Director-General, NSW Department of Health
- NSW Department of Health
- Health Administration Corporation
- Area Health Services
- Ambulance Service of NSW
- Children's Hospital at Westmead
- Clinical Excellence Commission
- Justice Health
- The Agency for Clinical Innovation
- Bureau of Health Information

NSW Minister for Health

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

The Hon. Carmel Tebbutt MP was appointed the Minister for Health on 14 September 2009 and reappointed on 8 December 2009.

The Hon. John Hatzistergos MLC held the office of the Minister for Health between 1 September 2009 and 14 September 2009.

The Hon. John Della Bosca MLC was appointed the Minister for Health on 8 September 2008 and held this position until 1 September 2009.

Minister Assisting the Minister for Health (Cancer)

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

The Hon. Frank Sartor MP was appointed the Minister Assisting the Minister for Health (Cancer) on 8 December 2009.

The Hon. Barbara Perry MP was the Minister Assisting the Minister for Health (Mental Health and Cancer) between 14 September 2009 and 4 December 2009.

The Hon. Jodi McKay was appointed the Minister Assisting the NSW Minister for Health (Cancer) on 11 November 2008 and held the position until 14 September 2009.

Minister Assisting the Minister for Health (Mental Health)

The Hon. Barbara Perry MP was appointed Minister Assisting the Minister for Health (Mental Health) on 8 December 2009.

Health Administration Corporation

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

NSW Department of Health

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

Area Health Services

Area Health Services are established as distinct corporate entities under the *Health Services Act 1997*. Area Health Services are responsible for providing health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres.

There are eight Area Health Services:

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

Ambulance Service of NSW

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

Statutory Health Corporations

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

- Justice Health
- Children's Hospital at Westmead (Royal Alexandra Hospital for Children)
- Clinical Excellence Commission
- The Agency for Clinical Innovation
- Bureau of Health Information.

Pursuant to a proclamation in the Government Gazette dated 17 June 2009, HealthQuest was dissolved as a Statutory Health Corporation on 1 July 2009. The Department of Health is the repository for the HealthQuest files and all residual business.

Two new Board-governed Statutory Health Corporations were established during the year. The Bureau of Health Information commenced on 1 September 2009 and the Agency for Clinical Innovation commenced on 11 January 2010.

As at 30 June 2010 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.

Health Support Structures

Health Support Services provides health support services and information technology services to public health organisations across NSW. A management committee oversees the operation of Health Support Services within the Health Administration Corporation.

Health Infrastructure manages the delivery of NSW Health's major building program. A Board oversees the operation of Health Infrastructure within the Health Administration Corporation.

Corporate Governance Responsibilities

The Director-General

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

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.

Department of Health Management Board

The Department of Health Management Board determines corporate priorities, considers major issues and sets strategic directions. It provides high-level oversight on implementation of the NSW State Plan and State Health Plan, and receives regular reports on State Plan priorities. The Management Board comprises the Department's senior management team, including the Director-General and Deputy Directors-General.

Senior Executive Advisory Board

The Senior Executive Advisory Board meets monthly to exchange information and ensure the strategic direction is understood and promulgated across the health system. It comprises the Director-General, Deputy Directors-General, the Chief Financial Officer and Chief Executives of Area Health Services and the Children's Hospital Westmead, the Ambulance Service and Justice Health with the Chief Executives of the Clinical Excellence Commission, the Bureau of Health Information, the Agency for Clinical Innovation and the Cancer Institute NSW in attendance.

Finance, Risk and Performance Management Committee

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

The NSW Department of 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 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 an appropriate senior level, budget variance is monitored, reported and reviewed as potential risk, and the Accounts and Audit Determination is appropriate and up to date.

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

Risk Management and Audit Committee

The Risk Management and Audit Committee comprises the Deputy Director-General Health System Support and two independent members. 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 Department's internal control, risk management and internal and external audit functions, including:

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

Corporate Governance Principles and Practices

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

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

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

- Providing governance support and advice to new statutory health corporations established as part of Caring Together.
- Commencement and successful operation of new distribution process across NSW Health for new policy directives, guidelines and information bulletins including the issue of the Policy Matters newsletter each quarter.
- New employment screening and review policies and procedures implemented and update to the State Employment Screening and Review Information Technology System (ESR) incorporating the Commission for Children and Young People, Working with Children Checks Employer Guidelines and compliance with the National Police Checking Service – CrimTrac information requirements for the conducting of National Police checks and Working with Children Checks for employment screening. New business and IT changes has resulted in a more efficient service, with a stronger focus on compliance.
- Continuance of a training program for allegations management and employment screening risk assessment.
- Revisions to the process of preparing and issuing policy directives, guidelines and information bulletins for NSW Health including standardised presentation formats.
- Reporting to the Attorney-General's Department on the progress and completion of the implementation of recommendations arising from Coronial Inquests where recommendations are made to the Minister for Health, as required by Department of Premier and Cabinet Memorandum Responding to Coronial Recommendations M2009-12.

Internal Audit

During 2009–10 the Department's Internal Audit Branch conducted a number of branch audits across the four divisions of the Department. 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 Department, 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. Achievements this year include:

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

Ethical Behaviour

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

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

Monitoring Health System Performance

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

Outcomes against these indicators are reported in the Performance Section of this Annual Report.

The indicators inform performance at the State level as well as drilling down to hospital level for local management. They provide a basis for a cascaded set of key performance indicators at the Area Health Service, facility and service levels. 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.

The NSW State Health Plan was published in 2007 to drive corporate priorities and set performance measures and targets to 2010 and beyond.

Area Health Service plans and performance agreements were developed with standard formats and reporting requirements for consistent performance measurement and accountability.

Priorities for Corporate Governance and Risk Management

Selected priority strategies and projects in corporate governance, risk management and internal audit for 2010–11 include:

- Ensuring effective governance arrangements are in place for NSW as part of the National Health and Hospital Network Agreement
- Introduction of standard NSW Health-wide risk management software

- Compilation, review and reporting of NSW Health-wide risks
- Enhancing internal systems to improve co-ordination across a range of internal and external stakeholders in the monitoring of the implementation of recommendations arising from complaints and systemic reviews
- Enhancing internal audit management processes and reporting systems to better reflect adoption of the latest standards for risk management, internal auditing and fraud control.

Other specific corporate governance matters are reported as follows:

- Commitment to Service (pp. 188)
- Consumer Participation (pp. 189–212)
- Code of Conduct (pp. 17)
- Legislation (pp. 262–263)
- Financial Management (pp. 111–184)
- Workforce Management (pp. 189–204)
- Committees, Roles and Responsibilities (pp. 252–257)
- Senior Executive Performance Statements (pp. 206–212)

Clinical Governance

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

Clinical governance is a systematic approach to ensuring the high quality and safe patient care within a health system.

Under the NSW Patient Safety and Clinical Quality Program, a comprehensive clinical governance process was established in 2005 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.

The NSW clinical governance system

- NSW Minister for Health
- Minister Assisting the NSW Minister for Health (Cancer)
- Minister Assisting the NSW Minister for Health (Mental Health)
- The Director-General, NSW Department of Health
- NSW Department of Health
- Area Health Services Clinical Governance Units
- NSW Clinical Excellence Commission
- NSW Agency for Clinical Innovation.

Clinical Governance Principles and Practices

The Patient Safety and Clinical Quality Program outlines key principles for Clinical Governance. They are:

- Openness about failures – 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 fifth 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 Area Health Service.

Clinical Governance Responsibilities

NSW Department of Health

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

The Reportable Incident Review Committee

The NSW Health Reportable Incident Review Committee is responsible for monitoring and analysing information on serious clinical incidents to identify Statewide implications and actions. Chaired by the Deputy Director-General, Health System Quality, Performance and Innovation, the Committee includes the Chief Executives of both the Clinical Excellence Commission and the Agency for Clinical Innovation and ensures appropriate action is taken to prevent recurrence of serious clinical incidents in New South Wales. In addition to this work the Department and the Clinical Excellence Commission regularly publish data on all incidents reported as part of the Incident Information Management System to support transparency, clinical learning and patient safety improvement.

Committees for Medication Management

Reporting to the Director-General, the Statewide Medication Strategy Co-ordination Committee is responsible for the strategic co-ordination of activities being undertaken by NSW Health to deliver safe, effective and cost efficient use of medications across NSW Health. In April 2009, a revised Medication Safety Expert Advisory Committee commenced, Chaired by Professor Ric Day, a clinical pharmacologist. The Committee provides expert advice on medication safety issues in NSW and supports action to improve medication safety.

The Healthcare Associated Infections (HAI) Steering Committee

A new HAI Steering Committee commenced in May 2010 and is responsible for setting the 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.

Area Health Services, the Children's Hospital at Westmead, 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 Departmental 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 transparency in 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 developing evidence-based models of care for application across the system. The Chief Executive is also a member of the NSW Health Reportable Incident Review Committee.

At June 2010, the NSW Department of Health was administered through seven main functional areas.

Director-General
Professor Debora Picone, AM

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

In addition to being a nurse leader and academic, Professor Picone has worked for many years at the front-line of hospital care as a nurse and senior clinician, in many and varied roles.

She has extensive experience in senior management and academic roles in the health sector. She was Chief Executive of South Eastern Sydney Illawarra Area Health Service and previously Deputy Director-General, Policy for NSW Health. She has also been Chief Executive of the former South Western Sydney and New England area health services and of the Corrections Health Service.

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

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

Director-General's Policy and Co-ordination Unit

The Director-General's Policy and Co-ordination Unit provides high-level executive and co-ordinated administrative support to the Director-General across the full range of issues and functions relevant to the operation of NSW Health.

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

The Unit has a role in relation to key Government and Departmental policy and projects that require a strategic, co-ordinated, whole-of-health approach. This includes leading and reporting on NSW Health's implementation of the State Plan and State Health Plan.

In addition, the Unit manages a number of strategic policy initiatives that cross Departmental 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 provides a range of services to assist and support the Minister for Health, the Director-General and the department in performance of duties. Its operations are conducted through the Parliament and Cabinet Unit, the Executive and Corporate Support Unit and the Media and Communications Unit.

The Parliament and Cabinet Unit assists the Minister and the Director-General in responding to the Parliament, Cabinet and the central agencies of Government. It manages the preparation of material for the Minister and the Department for Estimate Committee hearings and other parliamentary committees and inquiries.

It co-ordinates responses on behalf of the Minister on matters considered by the Cabinet, questions asked in the NSW Parliament and requests from Members of Parliament. It also liaises between parliamentary committees, the Department and Area Health Services and assists the Director-General and Executive with special projects as required. The Executive and Corporate Support Unit provides advice and information in response to matters raised by, or of interest to, the public, Members of Parliament, central agencies and various Ministerial councils.

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

Internal Audit

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

Strategic Development

Deputy Director-General Dr Richard Matthews, AM

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

Dr Matthews commenced his career in general practice and developed a special interest in the field of drug and alcohol before becoming Chief Executive of Justice Health. In his current role Dr Matthews has responsibility for Statewide Services Development Branch, Primary Health and Community Partnerships Branch, Mental Health and Drug and Alcohol Office, Inter-Government and Funding Strategies, Chronic Disease management and, most recently, the NSW response to the National Health and Hospitals Network.

Functions within the Department

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

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

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

Mental Health and Drug and Alcohol Office

The Mental Health and Drug and Alcohol Office (MHDAO) is responsible for developing, managing and co-ordinating NSW Health policy, strategy and program funding relating to mental health and the prevention and management of alcohol and drug-related harm. It also supports the maintenance of the mental health legislative framework. The work of MHDAO is delivered mainly through the mental health program and the drug and alcohol program, in partnership with area health services, Justice Health, Children's Hospital at Westmead, non-government organisations, research institutions and other partner departments. The office has lead agency responsibility for co-ordinating whole-of-government policy development and implementation in mental health and drug and alcohol, particularly through actions arising from the State Plan priorities, drug and alcohol summits, the Inter-agency Action Plan on Better Mental Health and the New Directions in Mental Health policy. MHDAO is also responsible for convening or playing a lead role in inter-jurisdiction and cross-government forums, such as the Inter-Governmental Committee on Drugs and Alcohol, the State Reference Group on Diversion, the NSW Council of Australian Governments' Mental Health Group and the Senior Officers' Group on Drugs and Alcohol and Mental Health.

Statewide Services Development Branch

Statewide Services Development Branch develops policy, planning tools, frameworks, clinical plans and strategy for a range of acute and speciality health services with Statewide implications. The Branch leads on rural health policy and planning issues in the Department for NSW Health and collaborates with rural Health Services and the NSW Rural Health Priority Taskforce to ensure implementation of the NSW Rural Health Plan. It has lead role for strategic infrastructure planning and collaborates with Strategic Procurement and Business Development and Health Infrastructure to develop the 10 year strategic plan for capital.

Primary Health and Community Partnerships Branch

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

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

In addition, the branch is responsible for the NSW Health response to *Keep Them Safe: A Shared Approach to Child Wellbeing*, the NSW Government's approach to the Special Commission of Inquiry into Child Protection Services in NSW, headed by Justice Wood. The branch is 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 leads and manages strategic relationships with the Australian Government, other State and Territory governments, private sector and other strategic stakeholders. It is responsible for ensuring that a comprehensive framework for the funding and organisation of the NSW health system is in place, to translate government priorities into effective strategies and to ensure that the system is able to respond to changes in its environment. It advises on distribution of resources to health services and develops tools to inform allocation of resources from health services to facilities, including the implementation of episode funding. It also provides leadership in the development and implementation of State and national health priority policies and programs.

NSW Health NHHN Transition Office

Established in May 2010, this Office leads the development and implementation of the NSW Health work plan for the COAG National Health and Hospitals Network (NHHN) Agreement. The branch has a central co-ordination role in implementing national health reform system change across the NSW health system, including engaging with other branches, Area Health Services and external agencies to consider and resolve issues related to system change.

The branch has responsibility for driving the planning and establishment of new structures and processes including Local Health Networks and collaboratively leading arrangements for transition from current structures to the new health system.

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 public health 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 (HIN1) 09 Influenza in 2009.

Functions within the Department

The Population Health Division within the Department co-ordinates the strategic direction, planning, monitoring and performance of population health services across the State. The division responds 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 has responsibility for developing, managing and co-ordinating Statewide strategy, policy, program funding and performance monitoring in relation to the health of Aboriginal people in NSW. The Centre leads the implementation of initiatives to deliver on the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes 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 leads a number of the Department's partnerships such as those with the NSW Aboriginal Health and Medical Research Council, Area Health Services, 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 is 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 development of policy and the implementation and evaluation of major Statewide projects and programs to address the priority areas determined by the National Prevention Partnership and the NSW State Health Plan. 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 Division

Deputy Director-General Dr Tim Smyth

Dr Smyth has degrees in medicine, law and business administration. He has over 20 years experience across the NSW health system, having worked as a doctor, director of medical services, hospital manager and area chief executive. He was appointed CEO of the Hunter Area Health Service in August 1991 and in 1997 became Deputy Director-General, Policy Division with the Department of Health. In 2000 Dr Smyth became a partner with DLA Phillips Fox law firm, working in commercial and corporate law, with a client base concentrated in the health and government sectors. In November 2008 he was appointed Deputy Director-General Health System Quality, Performance and Innovation.

Functions within the Department

The focus of the Health System Quality, Performance and Innovation Division is the provision of safe, patient-centered, high quality and effective health services to the people of NSW. While its primary focus is on the acute hospital care system, the division plans and implements better models of care across the spectrum of health care settings. Its key interfaces are with Area Health Services, Statutory Health Corporations and the Clinical Excellence Commission. The five branches of the division are Clinical Safety, Quality and Governance, Health Services Performance Improvement, Demand and Performance Evaluation, the Nursing and Midwifery Office and Strategic Information Management. The division co-ordinates and manages the integrated Performance Management Framework for health services.

Clinical Safety, Quality and Governance

Clinical Safety, Quality and Governance plays a key role in monitoring patient safety, co-ordinating and supporting Statewide programs to address patient safety priorities and regulatory oversight of private health facilities, pharmaceutical distributors, pharmacies and prescribers. A key achievement of the branch in 2009–10 has been the development and Statewide roll-out of the *Between the Flags* patient safety program in conjunction with the Clinical Excellence Commission.

The branch has lead responsibility for deployment of the NSW Patient Safety and Clinical Quality Program which manages incidents, identifies risks and takes action such as issuing advice or warnings to the health system when required. The branch works collaboratively with NSW health services, other health services, the Clinical Excellence Commission and the Australian Commission on Safety and Quality in Health Care to develop policies on safety and quality.

Health Services Performance Improvement

Health Services Performance Improvement Branch successfully managed the introduction of a revised Performance Management Framework, continued the innovative work of the Clinical Redesign Program, advanced the Patient and Carer Experience Program (including the 2009 Patient Survey), supported the Emergency Care Taskforce in initiatives to strengthen Emergency Department services and, in conjunction with the Surgical Services Taskforce, project managed a Statewide strategy to reduce wait times for planned surgery.

Demand and Performance Evaluation

Demand and Performance Evaluation maintains the key patient activity and performance data sets for NSW Health and manages the internal and public reporting of health system performance. Following the establishment of the Bureau of Health Information in late 2009, the branch has worked closely with the Bureau to transition the quarterly public performance reporting process with the Bureau's first quarterly report due in September 2010.

Nursing and Midwifery

The Nursing and Midwifery Office plays a major role in supporting nursing and midwifery practice, recruitment, retention and professional development. The Office has 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.

Strategic Information Management

Strategic Information Management oversees the Statewide Information and Communications Technology Strategy and plays an active role in the national eHealth agenda. The $1.5 billion strategy achieved major milestones in 2009–10 with the substantial roll-out of the hospital electronic medical record, digital radiology imaging and infrastructure upgrade programs. Significant progress has also been made on a number of key corporate IT system projects including staff rostering, replacement of the legacy management accounting system (DOHRS) and a new patient billing system.

Health System Support

Deputy Director-General 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.

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

Functions within the Department

Health System Support Division is responsible for strategic leadership and management of key operations within the health system. These include strategic advice on finance and business management, asset management, strategic procurement and business development, legal services, workforce development and leadership, workplace relations and management, corporate governance and risk management. The Division is responsible for monitoring the financial performance of the health system and for the conduct of the Health Legislative Program.

Finance and Business Management

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

Strategic Procurement and Business Development

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

Workforce Development and Innovation

Leads strategic policy development to achieve a sustainable workforce supply and distribution for NSW Health through Statewide planning, development, co-ordination, implementation and evaluation of workforce strategies. The Branch also leads NSW Health's participation in workforce initiatives at a national level. Under *Caring Together*, the Branch also has a key responsibility for co-ordination and development of NSW Health's organisational culture improvement program.

Workplace Relations and Management Branch

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

Corporate Governance and Risk Management

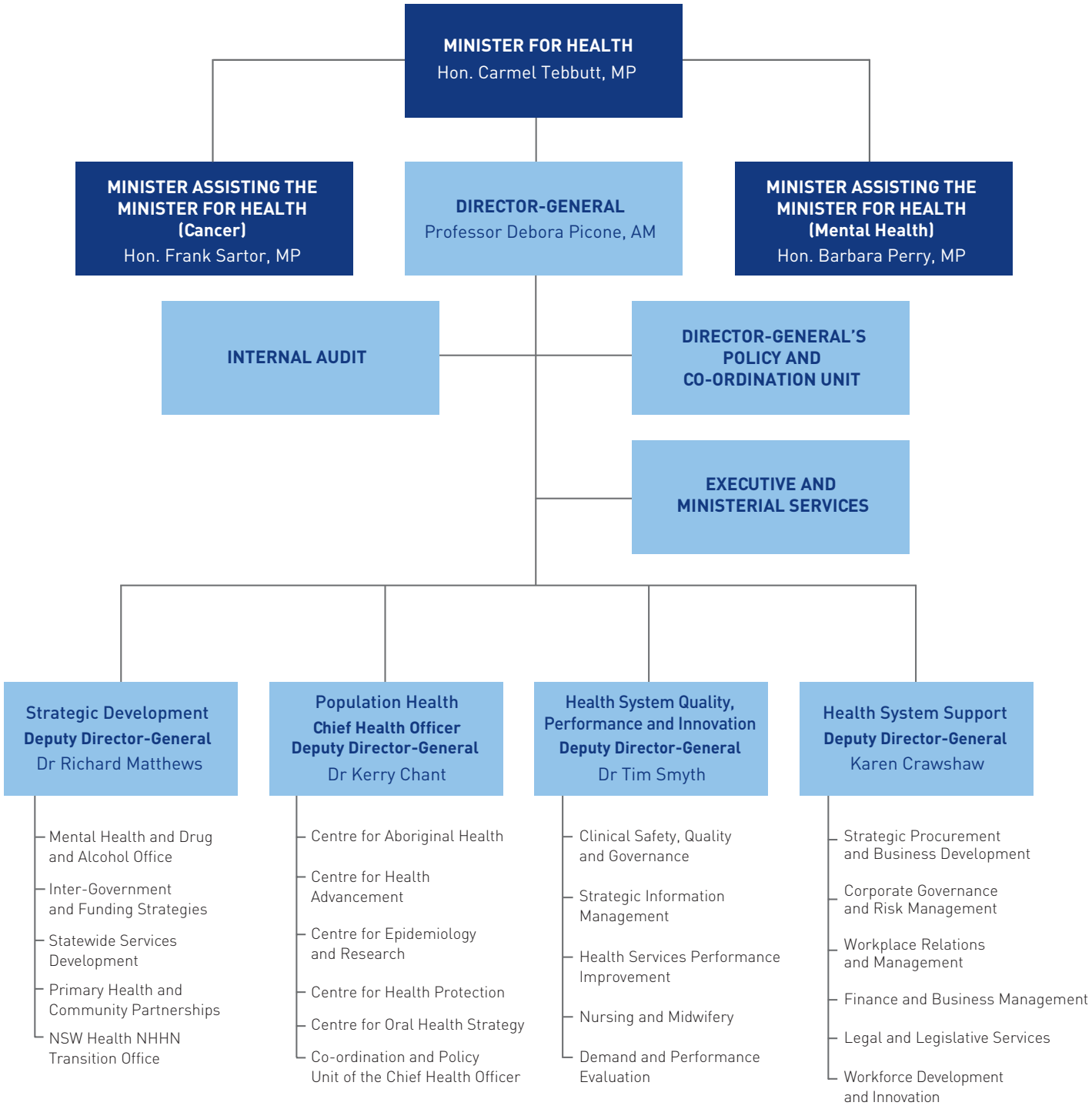
Provides a comprehensive framework for corporate governance and risk management, and guides and monitors these functions in the NSW public health system. The division manages relationships with key external agencies, undertakes employment screening and investigates allegations of abuse by health service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

Legal and Legislative Services

Provides comprehensive legal and legislative services for the department and Minister, specialist legal services and privacy policy support for the health system, compliance support and prosecution services for NSW Health and registrar and administrative services to the nine health professionals registration boards. Manages the Health Legislative Program.

Organisation chart

30 June 2010



How We Compare

How We Compare

The NSW health system continues to respond to the pressures of increasing service demand, population growth and population ageing. Despite these pressures, the health of the people of NSW not only compares favourably with the rest of the world, but continues to improve. This reflects the sustained momentum of system redesign which is leading to improvements in the quality and efficiency of the public health system in NSW.

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 whilst 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 making it equivalent to that of Hong Kong and our residents are distributed over 801,300 square kilometres. Such disparities between population size, density and dispersion highlight the difficulties faced in delivering services equitably and effectively.

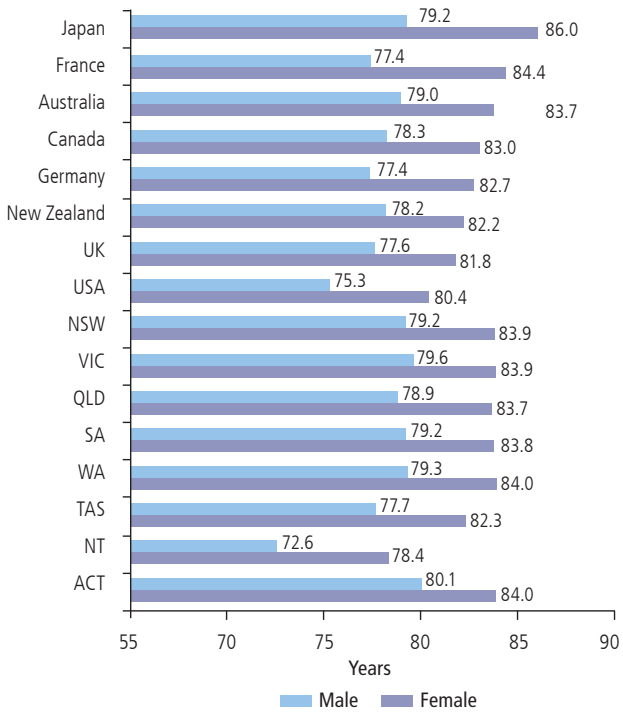
Life Expectancy at Birth

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 has long been used as an indicator to reflect 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 compared with other States and Territories, and selected OECD countries.

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



Source: OECD Health Data 2010, Paris June 2010 and ABS Deaths, Australia 3302.0, Australia 2010

The life expectancy at birth continues to increase. For those born in 2007, NSW was fractionally higher than the national average at 79.2 years for males and 83.9 years for females. This sits comfortably above the WHO average of 72 years for males and 77 years for females in the Western Pacific region.

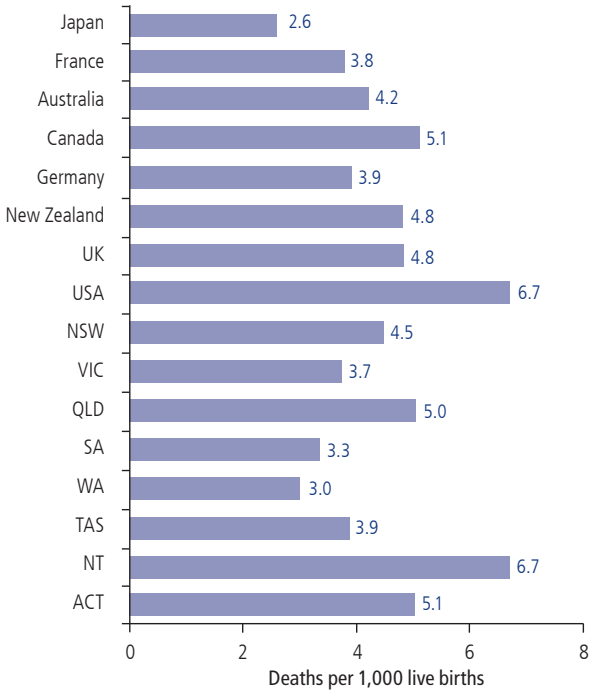
Life expectancy, together with mortality rates, and other health indicators such as communicable diseases, social factors and genetic makeup all contribute to the overall life duration. The 'healthy' life expectancy for selected countries has been estimated by the WHO, with Australia's estimated at 72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

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 the health of the population and is often used in understanding a country's or region'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, 2007

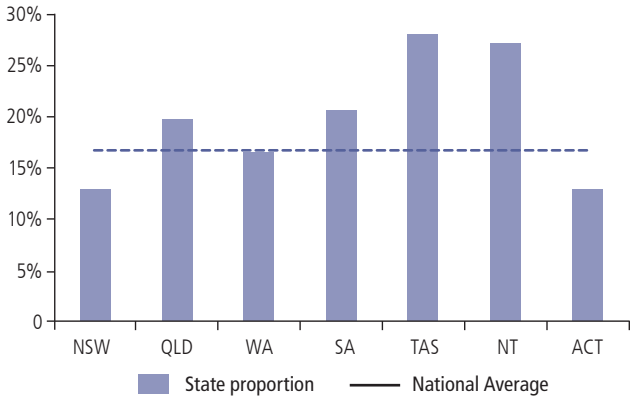


Source: OECD Health Data 2010, Paris 2010 and ABS Causes of Death 3303.0, Australia 2010

For the third consecutive year the infant mortality rate in Australia has decreased. In 2007 it stands at 4.2 infant deaths per 1,000 live births (see Chart 2). The rate for NSW is slightly higher than at the national average of 4.5. Smoking during pregnancy is a known risk factor associated with poor perinatal outcomes.

The latest publication of Australian mothers and babies released in December 2009 reports that NSW had the lowest rate of mothers reporting smoking during pregnancy, with 12.8%, almost 4% lower than the national average (16.6%).

Chart 3: Percentage of Mothers Reporting Smoking Tobacco during Pregnancy Australian States and Territories, 2006



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

Death Rates

In Australia, the standardised death rate in 2008 was 7.3 deaths per 1,000 for males and 5.0 for females. This represents a significant improvement from 1998 when the death rate was 9.2 and 5.8 respectively. The standardised death rate for all persons has remained at a low 6.0 deaths per 1,000 for the fourth successive year. NSW rates are the same as the national average for both males and females at 7.3 and 5.0 per 1,000 standard populations respectively (see Table 1).

Table 1: Standardised death rates per 1,000 people, 1998 and 2008

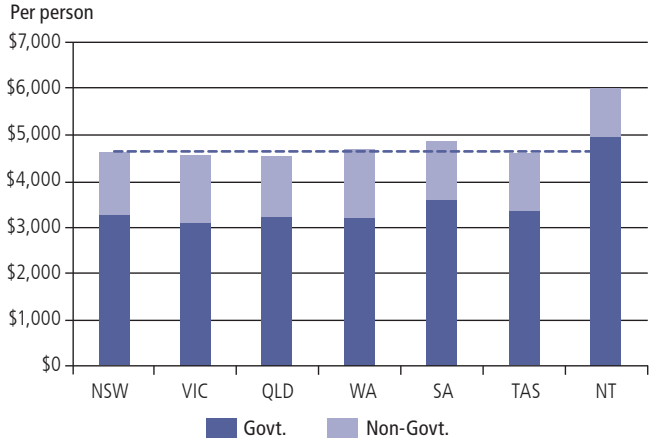
	1998		2008	
State / Territory	Male	Female	Male	Female
NSW	9.2	5.8	7.3	5.0
VIC	8.8	5.8	7.0	4.9
QLD	9.3	5.8	7.5	5.1
SA	9.2	5.8	7.2	5.0
WA	8.9	5.5	7.1	4.8
TAS	9.7	6.2	8.2	5.8
NT	10.9	9.1	10.6	7.7
ACT	7.9	5.7	6.8	5.0
AUSTRALIA	9.1	5.8	7.3	5.0

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 6.7% per annum, however health has had a higher expenditure growth of 8.4% per annum over the same period resulting in an increase in the health to GDP ratio during the period. An individual living in NSW is allocated the equivalent of the national average dollar spent on health per capita (see Chart 4).

Chart 4: Recurrent Health Expenditure per capita by Funding Source, States and Territories 2007–08



Source: AIHW Health Expenditure Australia 2007–08, ABS Australian Demographic Statistics 3101.0

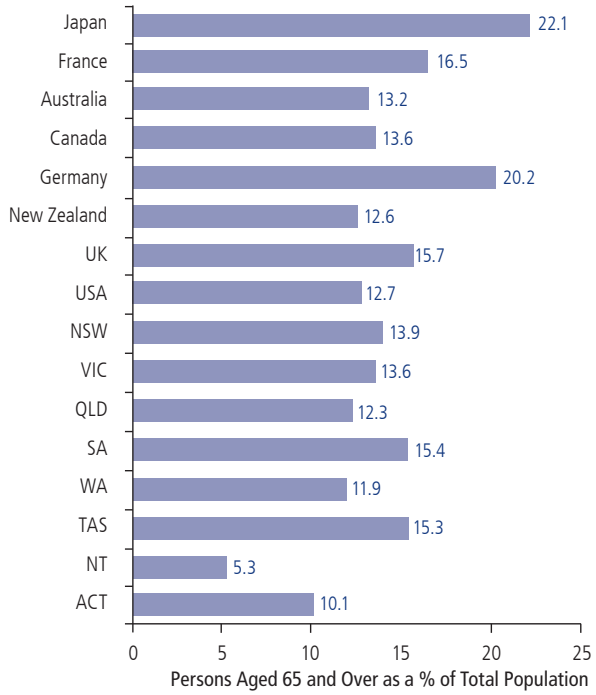
Notes: Includes funding provided by the Australian, State/Territory and local governments and from major non-government sources only; Excludes expenditure on high level residential aged care; ACT data is included with NSW.

Funding for public health initiatives in Australia is provided by both State and Federal governments and has also increased over the last decade. It aims to provide essential services plus intervention for major health issues, including disease prevention, obesity, diabetes, mental health, drug abuse and alcoholism. Non-government contributions towards health expenditure complement that provided by government enabling additional resources to be accessed.

Older Population

As individuals get older, their likelihood of deteriorating health status increase 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. NSW has a higher proportion of its population aged 65 and over than the national average, at 13.9% compared to 13.2% nationally. Recent population trends show that this age group is increasing as a proportion of the total population in Australia, although is still well below that in a number of other countries, as shown in Chart 5.

Chart 5: Proportion of Total Populations aged 65 and over



Source: ABS, Australian Demographic Statistics, 3101.0, Australia 2009

Hospital Activity

This section provides a selection of AIHW data related to public hospital activity by State and Territory. When making comparisons in activity between States and Territories, keep in mind that public hospitals vary considerably in size, services available and the degree of specialisation, and the degree to which they are complemented 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 serves 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 population. NSW has a higher provision of public hospital beds per head of population than the national average however, which in part reflects the relatively lower provision of services by the private sector in this State. 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 46% of non-admitted patient services in Australia. 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 more elective surgery than the national average, at 28.3 admissions per 1,000, almost 3% above the national provision. This reflects the targeted activity undertaken in this area to reduce the number of people with extended waiting time for surgery. As a result, the waiting times for patients on the surgical waiting list continue to decline. This is reflected in the NSW proportion of elective surgery patients waiting more than 365 days for admission at only 2.5%, below the national level of 2.9%.

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 2008–09. Despite this increase, NSW performance in key indicators such as Triage waiting time continues at a high level, with the highest percentage of Emergency Department patients being seen within clinically appropriate time of all States and Territories, at 75% compared to 70% nationally.

Table 2: Selected activity and performance measures by State and Territory, 2008–09*

ACTIVITY MEASURE	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
Public Acute hospital beds per 1,000 population	2.7	2.4	2.4	2.3	2.9	2.4	2.5	2.7	2.5
Total public hospital beds per 1,000 population	2.8	2.4	2.5	2.4	3.1	2.6	2.5	2.7	2.6
Total public hospital admissions per 1,000 population	204.2	247.3	202.1	212.6	216.3	179.0	275.4	487.9	219.3
Emergency Department occasions of service (000s)	2,417	1,538	1,525	783	532	146	102	129	7,172
% Emergency Department occasions of service seen on time	75	73	66	62	64	62	60	54	70
Surgical admissions from the elective waiting list (000s)	199	148	110	64	44	17	10	6	599
Surgical admissions from the waiting list per 1,000 population	28.3	27.5	25.3	27.4	27.4	33.8	29.0	28.9	27.5
% Surgical admissions waiting more than 365 days	2.5	2.9	1.8	2.0	2.7	13.1	10.6	5.6	2.9
Non-admitted occasions of service (000s)**	19,687	6,021	9,214	3,745	1,576	909	502	336	41,989

*Caution is needed in comparing data between States and Territories due to variations in the data coverage and collection methods of each State and Territory.
**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.
Source: AIHW, Australian hospital statistics 2008–09, June 2010

Summary

NSW has the country's largest population and hence the largest public health system in Australia. The State continues to perform on par, and often above average, compared with the overall Australian performance.

Caring Together: The Health Action Plan for NSW

The NSW Government released *Caring Together: The Health Action Plan for NSW* on 30 March 2009 in response to the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals. The Plan outlines the specific actions to be taken to address the 134 recommendations accepted for implementation.

The Plan aims to improve patient safety and the quality of care in NSW public hospitals, and create a positive workplace for all people who work in the public health system. It places the patient at the centre of the health care system, and drives reform under four key themes:

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

Funding of $485 million over four years has been provided to support the reforms, under which measures are being rolled out across each Health Service, supported by Area Health Advisory Councils and expert teams driving implementation locally. In 2009–10, $116.5 million was allocated to Health Services to implement specific *Caring Together* recommendations.

Performance

The *Caring Together Health Action Plan* is structured into a three-stage approach:

- *Stage One: Action Plan* includes measures that can be put in place immediately to improve clinical care and the care environment (to September 2009);
- *Stage Two: Sustainability Plan* includes development of initiatives aimed at delivering greater sustainability for the health system (to September 2010);
- *Stage Three: Intergenerational Health Care System*: involves the development of an intergenerational plan to build on these improvements and strengthen the health system to respond to increasing demand (to March 2011).

Each Health Service and relevant Division in the Department report quarterly on progress against the 134 recommendations, providing a summary of activity and an assessment of the milestones achieved. These progress reports are accessible on the *Caring Together* website, www.healthactionplan.nsw.gov.au.

Work is currently focused on Stages One and Two, with completion targets from 2009 to September 2010. As at June 2010, over 85% of Stage One actions are either Achieved or Substantially Achieved, along with over 80% of Stage Two recommendations.

The report *Caring Together: Building Sustainability* (www.healthactionplan.gov.au) was released by the Minister for Health on 21 December 2009 and reported on the first six months progress of *Caring Together.*

Key measures on which significant progress has been made during 2009–10 across the four themes include the following:

Improving Safety and Creating Better Experiences for Patients

Between the Flags was launched on 13 January 2010. Initiated by the Clinical Excellence Commission, the program aims to improve the way clinicians recognise and respond to patients when their clinical condition starts to deteriorate. The initiative includes release of the Standard Observation Chart, and commencement of training of 65,000 staff, across more than 250 facilities. Clinical Emergency Response Systems which include escalation protocols for deteriorating patients are also in place in seven of the nine Health Services with the remaining Areas substantively implemented. Standard Observation Charts are also being developed for paediatrics and maternity.

All Area Health Services have developed implementation plans for **Safe Clinical Handover**, which mandates the implementation of a standard set of key principles for all types of clinical handover in line with a Policy Directive released in September 2009 (PD2009_060). The guidelines set parameters for communication between clinical staff during ward rounds, patient discharge and handover between shifts, and support supervision and education, particularly of junior staff.

Emergency Department Fact Sheets and Introduction of Triage Facts Sheets have been delivered to all EDs across NSW. The sheets have been translated into the 15 most common languages and will ensure that appropriate and clear information is provided to patients who attend the Emergency Department.

The professional development component of the 'Take the Lead' strategy to strengthen the role of Nursing and Midwifery Unit Managers builds the clinical leadership skills of participants to support their leadership role. More than 3,000 nurse managers have attended training to date.

There were 280 hospital wards in NSW as at June 2010 participating in the ***Essentials of Care*** program which provides clinicians with a method to explore and understand current clinical practice and practice environments and to develop ways to further enhance them. Nursing/Midwifery Unit Managers in *Essentials of Care* sites have reported significant improvements in team work, staff participation in decision-making, hand washing and documentation.

Twelve new **Extended Care Paramedics** commenced in April 2010 bringing the Statewide total to 44. These Paramedics assess and treat patients without the need to attend Emergency Departments. Reports from the Ambulance Service of NSW indicate that between 36%-49% of patients seen by the Paramedics avoid transfer to hospital.

New Ways of Caring

The new Sydney Children's Hospitals Network (Randwick and Westmead) is being established to improve co-ordination and the delivery of paediatric services provided at the Randwick and Westmead Children's Hospital campuses. Recruitment of a Chief Paediatrician and appointments to the Advisory Council are in train. Community interest in **NSW Kids** has also been high, with over 130 submissions received during the consultation period on the proposal.

In 2009–10, $21 million was provided for the **Severe Chronic Disease Management Program**, to enable Area Health Services to begin roll-out of locally adapted programs. An algorithm has been developed to identify eligible patients at very high risk of hospital admission, and the first cohort of patients has been enrolled. Infrastructure, services, funding and staffing are being put in place and funding agreements around project plans and deliverables prepared.

Medical Assessment Units (MAUs) have been established to deliver faster, safer better care for the elderly and those with chronic conditions and as an alternative to treatment in the Emergency Department (ED). MAUs are designed to conduct rapid multidisciplinary assessment and provide earlier initiation of treatment. They are staffed by experienced doctors, nurses and allied health staff who are specialists in caring for older people and/or people of all ages with chronic conditions. Once the MAU staff assess and diagnose the patient's condition, as well as provide appropriate treatment they will arrange for the patient to either safely return home or transfer to a specialty ward within 48 hours.

In NSW there are now 28 operational MAUs and 340 MAU beds which had almost 70,000 patients by the end of June 2010.

In 2009–10 Area Health Services were allocated $11.9 million Statewide to roll-out an additional 7,900 Hospital in the Home and **Community Acute Post Acute Care Services**, These provide selected types of acute/post acute care delivered to patients at their home or in an ambulatory clinic as an alternative to inpatient (hospital) care. This target was met in May 2010.

Education for the Future

Good progress has been made in the **recruitment of positions funded under *Caring Together***. These positions will fulfil key *Caring Together* recommendations on issues such as enhancing the rural medical workforce, improving practices concerning the management of medications and lessening the administrative load on clinicians. As at 30 June 2010:

- Rural Prevocational Medical Training 44.8 of the 45 full time equivalent (FTE) positions filled
- Vocational Medical Training Places – 18 of the 22 FTE filled
- Clinical Pharmacists – 48.6 of the 50 FTE filled
- Pharmacist Educators – 7.84 of the 8 FTE filled
- Pre-Registration Pharmacists – 21 of the 21 FTE filled
- Workforce Redesign Managers – 6 of the 8 FTE filled
- Clinical Support Officers – 482.8 FTE of the 514.9 FTE filled
- Clinical Initiative Nurses – 30 of the 30 FTE filled

Five Health Services have reached their recruitment targets across all of these professional groups. A small number of positions are left to recruit. In many cases delays are due to positions being difficult to recruit to in some locations, country rotations for some of the medical positions or resignations soon after appointment. Clinical Support Officers are a new classification specifically aimed at releasing clinicians, nurses in particular, from administrative duties to concentrate and direct patient care.

The Statewide **Education and Training Review** is nearing completion and a report is due to be released in November 2010.

Strengthening Local Decision Making

The engagement of clinicians and other health professionals in planning and decision-making is a priority to improve workplace culture and organisational effectiveness. Standardised operational arrangements for Hospital Clinical Councils have been determined, with the Council to be the key leadership group for its public hospital or hospitals. It is designed to participate with the management team in ensuring that hospitals deliver high quality services for patients. Councils are being formally established from 1 July 2010 and considerable planning and organisation has occurred this year to facilitate a smooth transition from those structures already in place.

The role of Executive Medical Director has been established to provide independent advice to hospital managers on matters related to quality and safety, models of care, and medical workforce issues. In June 2010, there were 42 qualified medical practitioners fulfilling the role, generally in a part-time capacity across all Area Health Services and the Children's Hospital at Westmead.

The need to ensure a safe and just work environment is also being addressed, with strong measures developed to address bullying. The central grievance advisory service, the **Anti-Bullying Advice Line** (ABAL) was launched on 27 April 2010. ABAL is publicised through promotional material and Area Health Services have created a link on their intranet to a site with information on the bullying complaints process.

Area Health Services (AHS) have also been allocated funding for **Anti-Bullying Management Advisors**, and are recruiting to these positions. As at 30 June 2010 seven had been appointed with recruitment underway for a further 9.5 positions.

Monitoring of organisational culture is also being put in place with a Statewide staff culture survey to be undertaken during 2010–11. Some Area Health Services have also completed local surveys, which have provided a baseline for the future benchmarking of culture and climate. It is supported by strategies to improve communication and information sharing, particularly between professional groups, at key points in patient care, such as clinical handover and patient discharge.

New Agencies

Good progress has been made with regard to the development of new agencies – the Agency for Clinical Innovation, the Bureau of Health Information, the Clinical Education and Training Institute and the existing Clinical Excellence Commission.

The Agency for Clinical Innovation was established on 11 January 2010 as a statutory health corporation and Professor Carol Pollock, Professor of Medicine at Royal North Shore Hospital, was appointed as Chair of the Board and Dr Hunter Watt has been recruited to the position of Chief Executive. Professor Pollock is also Chair of the Clinical Excellence Commission Board, providing an important strategic link between the two agencies. The ACI will develop and support evidence-based models of care for NSW.

The **Bureau of Health Information** was legally established in September 2009 with Dr Diane Watson, an internationally renowned health adviser and researcher, appointed as Chief Executive in October 2009. The Board is chaired by Professor Bruce Armstrong AM who brings a high level of expertise to this role. The Bureau supports public accountability and access to information about the performance of the health system regarding access to services, quality, safety, clinical effectiveness and efficiency, and will provide clinicians and managers with robust information about their own performance. Its first report *Insights into Care: Patients' Perspectives on NSW Public Hospitals* (www.bhi.nsw.gov.au) was released on 27 May 2010 and analysed the 2009 patient survey – the largest survey program of its kind. The BHI report noted that 34% of overnight patients rated care as excellent and a further 34% rated the care as very good. Similarly, 42% of day patients rated their care as excellent and 36% as very good.

The **Clinical Education and Training Institute** will support innovative multi-disciplinary training and provide leadership in addressing the workforce challenges we face. It will be operational from 1 July 2010, and will incorporate the functions of the former Institute for Medical Education and Training. Professor Steven Boyages has been appointed Chief Executive,

Monitoring our Progress

The Independent Panel was commissioned by the Minister for Health to benchmark and review progress on implementing *Caring Together*. The Panel has released two reports in November 2009 and June 2010, which are accessible on the *Caring Together* website, www.healthactionplan.nsw.gov.au .

The Second Report indicates substantial progress has been made, particularly with respect to strengthening strategic leadership and vision, developing a cohesive strategy for strengthening local decision making and providing more formal mechanisms for sharing and implementing best practice across Health Services.

Caring Together will continue to be the key reform program for the delivery and management of acute care services during the forthcoming period of change through the national health reform agenda and development of Local Hospital Networks. The core *Caring Together* programs and priorities are being evaluated to ensure their sustainability and potential risks monitored so that the value of the programs and the successes achieved so far are maintained into the future.

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.

NSW State Health Plan

NSW State Health Plan – Seven Strategic Directions

The NSW State Health Plan was produced in 2007 to guide the development of the NSW public health system towards 2010 and beyond. It sets out the strategic directions for NSW Health, which reflects the priorities in the NSW Government's State Plan.

The NSW State Health Plan draws on extensive research and consultation with consumers, health professionals and other stakeholders undertaken to develop the longer-term strategic directions for NSW Health in the *Future Directions for Health in NSW – Towards 2025*.

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

Why do we need a State Health Plan?

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

However, like health systems in other States and developed nations, the NSW health system faces significant challenges in the years ahead.

These include:

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

These challenges are placing increasing pressure on the public health system and driving up health costs at a faster rate than general economic growth.

The NSW State Health Plan addresses these challenges using the seven Strategic Directions identified during consultation for the *Future Directions for Health in NSW – Towards 2025*.

Seven Strategic Directions

The Strategic Directions featured in the NSW State Health Plan identify our health priorities to 2010 and are reflected in planning processes at both State and Area Health Service levels. The seven Strategic Directions are:

1. Make Prevention Everybody's Business

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

2. Create Better Experiences for People Using Health Services

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

3. Strengthen Primary Health and Continuing Care in the Community

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

4. Build Regional and other Partnerships for Health

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

5. Make Smart Choices About the Costs and Benefits of Health Services

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

6. Build a Sustainable Health Workforce

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

7. Be Ready for New Risks and Opportunities

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

The following pages reflect work undertaken over the 2009–10 financial year to address these Strategic Directions.

Child Health and Wellbeing

Towards Normal Birth in NSW

In response to concern about the rise in caesarean section rates, the Maternal and Perinatal Health Priority Taskforce (MandP HPT) and the Department of Health hosted a Statewide forum on Caesarean Section on 22 June 2007 at the Royal Hospital for Women, Randwick. The purpose of the multidisciplinary forum was to examine the rise in caesarean births within the public health system, and to inform the future policy direction for caesarean birth in NSW.

The themes for reducing caesarean section rates were presented to members of the HPT in August 2007. It was proposed that an action plan for normal birth be developed. The MandP HPT developed a draft paper titled *Towards Normal Birth in NSW*.

A Towards Normal Birth in NSW Statewide workshop was held on 18 February 2009 with an aim to:

- examine strategies to promote normal birth in NSW and reduce unnecessary caesarean sections
- develop further actions outlined in *Towards Normal Birth in NSW draft policy*.

This policy will build on and replace the current maternity services policy 'Framework for Maternity Services in NSW' which was published in 2000. Whilst this policy had actions to 2005, the content remains contemporary. It provides direction to NSW maternity services regarding actions to:

- increase the vaginal birth rate and decrease the caesarean section operation rate;
- develop, implement and evaluate strategies to support women
- ensure that midwives and doctors have the knowledge and skills necessary to implement this policy.

Aboriginal Maternal and Infant Health Service (AMIHS)

The AMIHS was established to improve the health of Aboriginal women and babies and decrease perinatal morbidity and mortality. It contributes to meeting the Closing the Gap targets of:

- Close the life expectancy gap within a generation
- Halve the gap in mortality rates for Indigenous children under five within a decade

AMIHS is a team approach to community maternity services providing flexible and non-judgmental approach and sensitivity to underlying social and economic circumstances impacting on Aboriginal people.

AMIHS has grown from seven programs funded in 2000 to over 30 programs implemented across NSW. There are many more sites than services due to the geographic distribution of the population.

The service now covers approximately 75% of Aboriginal births in NSW.

The linkages between AMIHS and the Community Services early intervention program, Brighter Futures, are continuing with orientation programs being held in locations across the State as AMIHS and Brighter Futures programs have been implemented .

Resources for AMIHS have been developed which includes a generic AMIHS brochure, Safe Sleeping brochure and Brighter Futures brochure.

Statewide Eyesight Preschooler Screening (StEPS)

StEPS is a scientifically based universal vision screening program for four year olds to identify problems early so treatment options are optimised.

As at April 2010 more than 100,000 four year old children had been offered a StEPS vision screening assessment and approximately 8,000 children were identified with a possible vision problem and referred to an eye health professional for a diagnostic vision assessment and treatment, where applicable.

Many of the children identified with significant vision problems attended paediatric ophthalmic outpatient clinics to have their vision eyes tested and the NSW Department of Health is working very closely with these clinics to ensure that all children referred via the StEPS program receive a diagnostic vision assessment in a timely manner.

Community support for the StEPS program has been excellent and is demonstrated by the high acceptance rate by parents/carers. Approximately 85% of parents with children eligible for the StEPS program accepted the service.

Immunisation

Improved health through reduced rates of vaccine preventable disease

The *NSW Immunisation Strategy* aims to minimise the incidence and prevalence of vaccine preventable diseases through maximising immunisation coverage.

Pertussis Outbreak Response Program

Pertussis (whooping cough) is a highly contagious infection of the respiratory tract. Epidemics occur every three to four years and vaccination provides the best protection. In response to an increase in notifications of pertussis in 2008 and 2009 in NSW and other jurisdictions, NSW Health implemented a range of targeted communication and strategies to raise community awareness and increase the uptake of vaccine.

In particular, NSW Health provided over 450,000 doses of free pertussis vaccine to new parents, grandparents and carers of infants less than 12 months of age to protect children too young to be fully vaccinated. New parents were sent a letter which stressed the importance of pertussis prevention and which promoted the free vaccination of all carers of new babies. NSW Health activities contributed to an increase in the percentage of children receiving the first dose of pertussis vaccine on time.

School-based Vaccination Program

The National Health and Medical Research Council (NHMRC) recommends a range of vaccines to adolescents as primary and booster doses to protect adolescents into early adulthood. In 2009 NSW recorded high coverage rates in Year 7 for human papillomavirus (HPV) vaccine (80% for dose 1, 77% for dose 2 and 69% for dose 3), hepatitis B vaccine (63% for dose 1 and 50% for dose 2) and varicella vaccine (34%) and in Year 10 for diphtheria-tetanus-pertussis (dTpa) vaccine (68%). NSW coverage rates are consistent with other jurisdictions. Coverage rates for hepatitis B and varicella vaccines are historically lower as vaccination is not required where a previous course of hepatitis vaccine has been received or where there is a previous history of chicken pox (varicella).

Overweight and Obesity

Go4Fun

The Go4Fun program targets children aged 7-13 who are overweight or obese. The program is run twice a week over 10 weeks and includes both children and caregivers. In 2009–10 the program was initially rolled-out in Greater Southern Area Health Service (GSAHS), the Greater Western Area Health Service (GWAHS) and the Sydney South West Area Health Service (SSWAHS). In 2010–11 the program will be rolled-out across all of NSW.

As part of this expansion, a 'Graduate Program' will also be offered to those families who have completed the Go4Fun program to maintain the benefits and build on the achievements gained by families participating in the program.

An independent evaluation of the program is being conducted. The program has been very favourably received by the community and the program will be adapted for Aboriginal children and where the level of overweight and obesity is higher.

Improved health through reduced obesity

Childhood overweight and obesity is a serious health problem which has been increasing in many developed nations. The NSW State Plan target is to hold the rate of childhood obesity to the 2004 level of 25% by 2010, and reduce it to 22% by 2016.

Adult overweight and obesity is also of considerable concern, and the Department of Health has introduced a number of key initiatives to assist in addressing this issue.

Live Life Well @ School (LLW@S)

LLW@S is a professional learning opportunity for staff in NSW government primary schools to develop quality nutrition and physical education programs in school communities. The program is a joint initiative of NSW Department of Education and Training and NSW Health. Since May 2008 eight phases of the program have taken place in different locations across NSW. To date, 1073 schools and 447 teachers have participated in the training. Many success stories have been shared over the past 12 months highlighting the varied ways schools are working to improve the teaching of nutrition and physical education and implementing 'whole of school strategies'.

Munch and Move®

Munch and Move® is a training program for early childhood educators who work directly with children in early childhood services across NSW. The purpose of the training is to assist participants to implement a fun, play-based approach to supporting healthy eating and physical activity habits in young children. Munch and Move® is a joint initiative of the NSW Department of Health, the NSW Department of Human Services (Community Services) and Area Health Services. Munch and Move® was launched in July 2008 and offered to preschools across NSW during 2009–10. Planning has been undertaken during the first half of 2010 for the roll-out of Munch and Move® to long day care services across NSW.

NSW Schools Physical Activity and Nutrition Survey (SPANS) 2010

The SPANS survey will be used to monitor progress towards the State Plan priority of addressing childhood overweight and obesity. The Physical Activity, Nutrition and Obesity Research Group (PANORG) at the University of Sydney conducted the survey on behalf of NSW Health amongst 8,000 children in years K, 2, 4, 6, 8 and 10 in early 2010. It is the fourth in a series of data collections focused on school students' health and weight status since 1985, making it the longest running children's physical activity, nutrition and overweight and obesity monitoring survey program in Australia.

Reduced Smoking

Improved health through reduced smoking

The NSW Government, through the NSW State Plan, aims to continue reducing smoking rates by 1% per annum to 2010, then by 0.5% per annum to 2016. The aim is to exceed this target for the Aboriginal population where smoking rates are higher than within the general population.

The percentage of people aged 16 years and over who smoke 'daily' or 'occasionally' has decreased significantly from 24.0% in 1997 to 17.2% in 2009.

In April 2010, $2.17 million in funding was released to Area Mental Health and Drug and Alcohol services across the State, Justice Health and the Children's Hospital Westmead to support the transition of these facilities to becoming smoke-free and to support consumers to quit smoking. This funding will support smoking cessation by clients of Mental Health and Drug and Alcohol Services during their stay at an inpatient facility and upon transfer to the community.

Drug and Alcohol Services and Mental Health facilities in NSW have been progressing towards becoming smoke free since 2008, protecting clients and those working in these settings from the damaging health effects of second-hand smoke. A further $100,000 in funding was provided to the Mental Health Co-ordinating Council (MHCC) to undertake a smoking cessation program across the State. Smoking cessation strategies aimed at people with drug and alcohol or mental health problems can significantly reduce health inequalities for this vulnerable group of people.

Tobacco Legislation

The *Public Health (Tobacco) Act 2008* commenced on 1 July 2009, introducing a range of legislative reforms in tobacco control, that focused on preventing the uptake of smoking by young people and protecting children and young people from exposure to environmental tobacco smoke.

The Act contains a number of new requirements for tobacco retailers and people who work in places where tobacco is sold, and introduces a new law to protect children from second-hand tobacco smoke. These reforms are a strong and responsible package of initiatives which cement NSW's place as a leading jurisdiction in tobacco supply controls.

One of the key reforms involves a complete ban on the display of tobacco across all retail outlets. Large retailers employing more than 50 staff were required to comply from 1 January 2010 and small retailers by 1 July 2010.

The Act also introduced from 1 July 2009 a ban on smoking in a car with a child under the age of 16 present. A $250 on the spot fine applies to the driver and any passenger who breaks the law and this is enforced by NSW Police.

Chronic Disease

Reducing risk factors such as smoking, obesity and risky alcohol use requires strong effort and sustained action by individuals, families, communities and governments. Similar effort is needed to promote good nutrition, physical activity, healthy environments and supportive relationships.

Improving health and preventing illness requires greater effort and investment while we continue to treat chronic illness effectively. New health promotion and illness prevention strategies are needed.

Life expectancy in NSW is among the highest in the world, yet many people still die prematurely. Unhealthy lifestyles are linked to many of these deaths.

Drugs and Alcohol

Community Drug Action Teams (CDAT) Grants Programs

The 2009–10, CDAT grants program provided $300,000 for 102 drug and alcohol prevention projects across NSW. In addition to the NSW Health grants, CDATs received $317,580 in other government grants, resources and in-kind donations that supplemented their activities.

The range and variety of projects undertaken in 2009–10 is extensive. Community awareness forums, drug and alcohol education workshops and activities; diversionary activities for at risk young people; activities to build social cohesion and social support feature prominently. New CDATs were launched in 2009–10, including Marrickville which was launched by the Minister for Health in May 2010. Many CDATs continue to focus their efforts on reducing alcohol and drug related harms among young people, including Aboriginal young persons.

Drug Action Week

Drug Action Week is an important annual awareness-raising opportunity for drug and alcohol issues. During *Drug Action Week 2010*, from 20-26 June 2010, CDATs organised 30 events across NSW. Of particular importance were activities that commanded local attention, such as sporting events, community information and education forums.

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

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

NSW Health Drug and Alcohol Health Promotion Plan

NSW Health is developing the Drug and Alcohol Health Promotion Plan, to identify and better guide health promotion initiatives aimed at reducing illicit drug use and alcohol misuse. It is being put together by the Mental Health and Drug and Alcohol Office, in conjunction with the NSW Health Drug and Alcohol Council's Health Promotion Sub-Committee. It will be finalised by December 2010.

Responsible Drinking Campaign

In January 2010, NSW Health re-ran the successful responsible drinking campaign *What are you doing to yourself?* as an initiative of the Sydney Liquor Taskforce. The campaign consisted of a series of four posters and advertisements, encouraging young people to reflect on and take personal responsibility for their alcohol consumption and for their behaviour when they drink to excess.

The campaign ran from January to April 2010 and targeted to the inner-city and Manly areas – appearing in youth street magazines, licensed bar and nightclub toilets, on bus advertising, on posters at City Rail train stations and was transported around the Manly foreshore area on scooters during the summer period. The campaign was supported by an interactive education and information website http://www.whatareyoudoingtoyourself.com

A campaign badged entry sticker was also provided to attendees of the Surry Hills Festival 2010.

Guides for Aboriginal Teenagers and Parents

In November 2009, the Minister for Health, Carmel Tebbutt, and Rabittohs footballer, Nathan Merritt, launched two booklets promoting responsible drinking to Aboriginal teenagers and parents. The guides were developed in consultation with the Aboriginal Drug and Alcohol Network Leadership Group and expand on the NSW Health alcohol education resources developed for the broader community.

The *Guides to Dealing with Grog* were distributed Statewide through Aboriginal Medical Services, NSW Health Drug and Alchohol services, Community Health Centres, sports clubs, NSW Police and Community Drug Action teams. More than 60,000 copies were distributed in 2009–10.

Youth Arts Festival

The *Play Now Act Now* (PNAN) Youth Arts Festival is an annual creative arts competition targeting people aged 16 to 25. It provides an opportunity for them to explore and create messages relating to the impact of alcohol and other drugs on themselves and on those around them. All short listed entries are compiled into a free DVD which is disseminated, along with a structured learner's guide, to youth services, drug and alcohol services, community health centres and juvenile justice services across the State. In 2010 *Play Now Act Now* will be run using an online model with monthly competitions between April and September 2010 culminating in a showcase finale in November 2010.

Club Drugs Campaign

The Club Drugs campaign targets people 18 to 25 who attend nightclubs, dance events and music festivals. It aims to prevent and reduce the use of club drugs and to inform young people of the health and social dangers associated with drug use. The campaign is run over the 'dance party' season between October and March each year. In 2010, NSW Health again partnered with the Big Day Out (Sydney), held over two days at the Showgrounds, to promote the 'You're a mate not a doctor' safety message from the Club Drugs campaign. The message was displayed on large banners in the main arena, in the 'Boiler Room' (dance party space) and throughout the day on large screens in the main arena. Over 56,000 people attended on each day of the Big Day Out events in 2010. Young participants were also provided with NSW Health Drug Safety information wallet cards. The Club Drugs campaign also featured at Field Day in January 2010, with posters in port-a-loos, signage at the event and inclusion in the programme. Field Day attracts in excess of 25,000 participants.

Strategic Review of Drug and Alcohol Telephone Services

NSW Health reviewed telephone services in May 2009, to identify strategies for future delivery of drug and alcohol telephone and online information, education and treatment services. The review assessed the Alcohol and Drug Information Service, the Methadone Advice and Conciliation Service, the Drug and Alcohol Specialist Advisory Service and the Family Drug Support Service. Implementation of the recommendations of the 'Strategic review of NSW drug and telephone services – Final Report, August 2009 is presently underway.

Drug Info @ Your Library

Drug Info @ Your Library is a joint project of the State Library of NSW and NSW Health. It provides current and reliable drug and alcohol information to the NSW community via a website and regularly updated collections in 368 public libraries, 250 being in regional NSW. In 2009–2010 a training workshop was developed to ensure public librarians have the skills to assist members of the community needing drug and alcohol information.

The drug info @ your library collections and website www.druginfo.sl.nsw.gov.au are provided for the community of NSW with a specific focus on parents and carers of young people and secondary and TAFE students.

Drug Action Newsletter

More than 40,000 copies of the Drug Action newsletter were distributed in 2009–10. The 16 page quarterly magazine highlights Community Drug Action Teams working in their local areas, tackling drug and alcohol problems using local solutions.

Other drug and alcohol information and education resources distributed by NSW Health in 2009–10 included:

- The Guides to dealing with alcohol for teenagers and parents – education booklets for teenagers and parents promoting responsible drinking. Reprinted in response to ongoing demand for these resources.
- The Family Matters drug information booklet – a primary prevention resource, designed to assist parents of children aged 11 to 17 to answer their questions about drugs. They were distributed free to families, schools and members of the community.
- A set of eight information fact sheets on alcohol, marijuana, speed and ice, heroin, cocaine, hallucinogens, benzodiazepines and ecstasy. Over 150,000 were distributed in 2009–10.

Health Improvement

The NSW Get Healthy Information and Coaching Service

The NSW Get Healthy Service was launched in February 2009 and is a telephone based service aimed at providing information and ongoing behaviour change support for NSW adults in relation to healthy eating, physical activity and achieving and maintaining a healthy weight. The Get Healthy Service targets adults who are at risk of developing chronic diseases because they are:

- Not meeting healthy eating guidelines; and/or
- Physically inactive; and/or
- Overweight.

Since the launch of the Service there have been over 8,600 calls. Over 400 people have now graduated from the Get Healthy Service.

Sydney Diabetes Prevention Pilot

The Sydney Diabetes Prevention Program (SDPP) is a $5.7 million flagship program under the auspices of the Australian Better Health Initiative. The Program is a collaboration between the Sydney South West Area Health Service (SSWAHS), Institute of Obesity, Nutrition and Exercise (IONE) at the University of Sydney, three Divisions of General Practice (Southern Highlands, Macarthur and Central Sydney GP network) and Diabetes Australia – NSW.

The aim of the SDPP is to develop, implement and evaluate an evidence-based lifestyle change program to prevent or delay the onset of type 2 diabetes in at-risk people aged 50-65 years. In 2009–10 more than 1,200 people participated in the program.

Healthy Ageing

Stepping On

The *Stepping On* evidence-based community seniors falls prevention program is moving into its second year, with an estimated 90 programs running across five NSW Area Health Services (AHS) between February 2009 and June 2010.

Each AHS has an appointed Stepping On Co-ordinator who supports program implementation including printed and other resources developed and supplied by the Department of Health.

Sexual Health and Blood-Borne Infections

Improved Health Through Reduced Rates of Blood-Borne and Sexually Transmissible Infections

The *NSW HIV, Sexually Transmissible Infections* and *Hepatitis C Strategies* aim to reduce the incidence of blood-borne and sexually transmissible infections in NSW through population health initiatives and to reduce the morbidity associated with these infections by providing care, treatment and support for those affected.

Get Tested, Play Safe

Get Tested, Play Safe is a Statewide multimedia campaign to raise awareness of STIs and promote testing and safe sex in young people aged 16-24, the group in which the largest increase in STI infection rates has been recorded. The campaign, which included television, General Practice and community elements, was developed by NSW Health and implemented August-October 2009. The independent evaluation of the campaign showed that it had achieved excellent impact with the target audience.

Improved coverage of the NSW Needle and Syringe Program

The NSW Needle and Syringe Program is an evidence-based public health program that aims to protect the community from the spread of infections such as HIV and hepatitis C among people who inject drugs. The NSP achieves this through distribution of the means of prevention of blood-borne viruses, provision of health education regarding disease transmission and referral to drug treatment and other health services.

Modelling undertaken by the National Centre in HIV Epidemiology and Clinical Research (2008) concluded that the NSW Needle and Syringe Program prevented 23,324 HIV infections and 31,953 hepatitis C infections in the period 2000–2009. However, that report also found that the volume of needles and syringes currently distributed is insufficient to reduce the incidence of injecting-related hepatitis C and HIV, and that there continues to be a substantial shortfall between the number of occasions of injecting occurring per annum and the number of needles and syringes distributed.

In 2008–09, the public Needle and Syringe Program recorded an 8% increase in the volume of sterile needles and syringes distributed. In addition, arrangements for the Pharmacy Fitpack Scheme were reviewed and restructured in order to further strengthen coverage via the pharmacy-based program.

Improved Oral Health

Extension of Water Fluoridation

During 2009 six councils/water authorities implemented fluoridation (Guyra Shire Council, Richmond Valley Council, Coffs Harbour City Council, Shoalhaven Council , Berrigan Shire Council and Central Darling). Coverage of water fluoridation has increased to approximately 94.5% of the NSW population.

Promoting Oral Health

The Smoking Cessation Brief Intervention at the Dental Chair-side, training package has been developed and implemented in NSW. Oral health is also included in Live Life Well, Go for 2&5 and Crunch and Sip programs in some Area Health Services. Lift the Lip checks are now core business for all Child and Family Health Nurses in NSW.

The Early Childhood Oral Health (ECOH) Program

Regular training sessions are delivered via face-to-face and tele-health for Child and Family Health Nurses, Aboriginal Health Workers, Allied Health, Karitane, Tresillian, GPs and Practice Nurses, and post-graduate nursing courses. NSW ECOH Guidelines, 2nd Ed available http://www.health.nsw.gov.au/policies/gl/2009/pdf/GL2009_017.pdf

NSW Little Smiles is a dental health resource for childcare professionals in NSW. The package includes a sample oral health policy for childcare settings; dental activities and discussions for childcare workers to have with children in care; and dental fact sheets for parents/carers. In addition, a dental information session is offered to childcare staff.

Performance Indicators

Children Fully Immunised

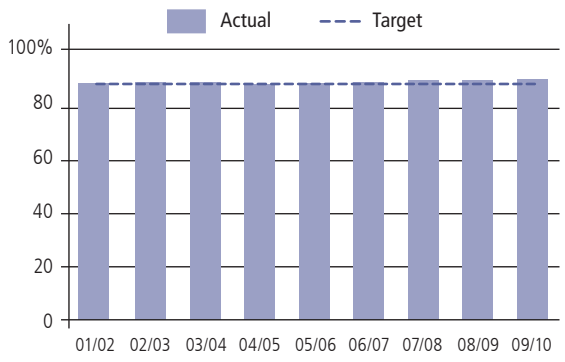
Desired Outcome

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

Context

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

Children fully immunised at one year of age (%)



Source: Australian Childhood Immunisation Register

Interpretation

The Australian Childhood Immunisation Register was established in 1996. The Register records information on the immunisation status of all children less than seven years of age. Data for NSW indicates that at the end of June 2010, 91.3% of children aged 12 months to less than 15 months were fully immunised. This is consistent with the national average for this age group.

Note: The data may underestimate actual vaccination rates by around three percentage points, due to children being vaccinated late or to delays by service providers forwarding information to the Register. The NSW target has been set at >90% to account for this discrepancy. Taking into account this underestimation, coverage for this age group is almost at optimum levels.

Related Policies and Programs

- Recurrent funding is provided to area health services to implement the NSW Immunisation Strategy 2008–2011, which includes vaccination initiatives that target areas of low coverage and culturally appropriate initiatives to promote immunisation of Aboriginal children. NSW Health continues to work with Divisions of General Practice to promote timely immunisation of children at the appropriate age milestones.

Adult Immunisation

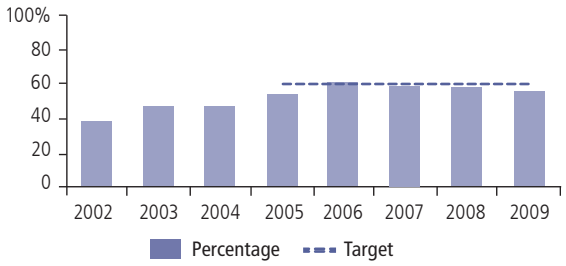
Desired Outcome

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

Context

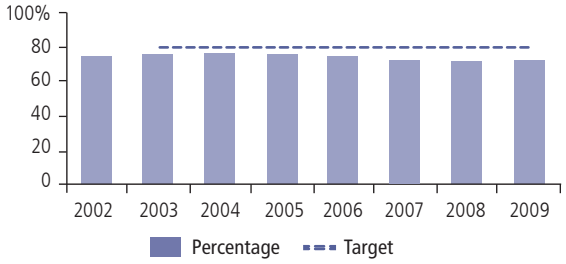
Vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council (NHMRC) and is provided free of charge to persons at high risk of contracting these diseases.

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



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

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



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

Interpretation

Among adults aged 65 years and over, there has been a significant increase in the proportion of individuals who were vaccinated against influenza, from 57.1% in 1997 to 72% in 2009. Similarly, there has been a significant increase in pneumococcal vaccination in this age group in the last six years, from 38.6% in 2002 to 55.6% in 2009.

Related Policies and Programs

- NSW Immunisation Strategy 2008–2011 highlights improving adult vaccination as a key result area.
- Recurrent funding is provided to area health services to implement vaccination initiatives that improve coverage to achieve national target levels.
- NSW health actively promotes influenza and pneumococcal vaccination of this age group through direct communication with general practitioners and aged care facilities.

Overweight and Obesity

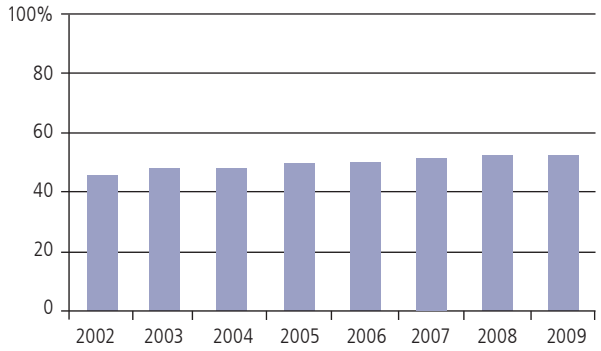
Desired Outcome

Prevent further increases in level of overweight and obesity

Context

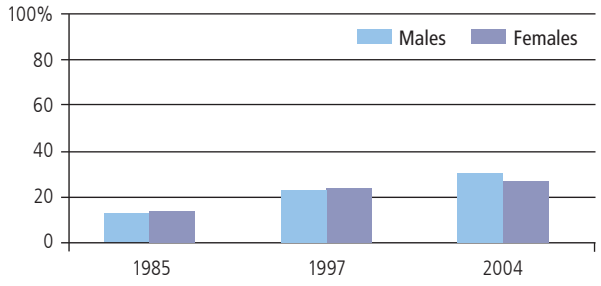
Being overweight or obese increases the risk of a wide range of health problems, including cardiovascular disease, high blood pressure, type 2 diabetes, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning

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



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

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



Source: NSW Schools Physical Activity and Nutrition Survey 2004

Interpretation

Since 2008, there has been no significant change in the proportion of adults who were either overweight or obese. Between 1997 and 2009 there was a significant increase in the proportion of adults who were either overweight or obese (41.8% to 52.5%).

The increase was significant in males and females, in all age groups, in all quintiles of disadvantage, and in urban and rural health areas.

Related Policies and Programs

NSW health overweight and obesity prevention initiatives include:

- *Live Life Well @ School* (LLW@S)
- *Go4Fun* program
- Sydney Diabetes Prevention Pilot
- Ongoing research and evaluation by the Physical Activity Nutrition and Obesity Research Group.

Reduced Smoking

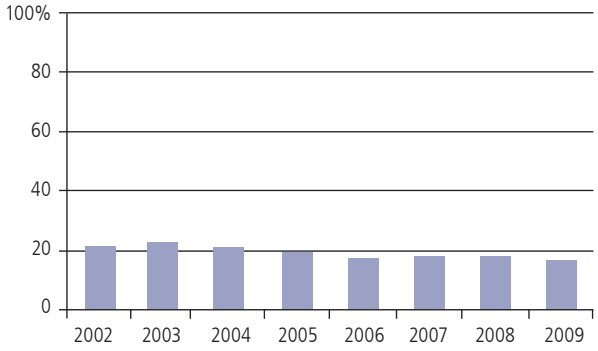
Desired Outcome

Reduced proportion of the NSW population who smoke

Context

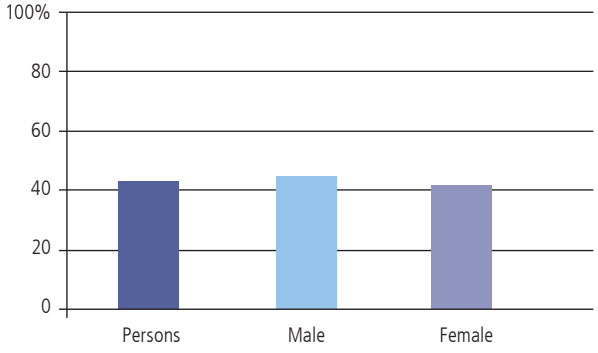
Smoking is responsible for many diseases, including cancers, respiratory and cardiovascular diseases, making it the leading cause of preventable death and illness in NSW. The burden of illness resulting from smoking is greater for Aboriginal adults than the general population.

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



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

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



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

Interpretation

The NSW Population Health Survey illustrates a continued decline in smoking in the adult population from 24.0% in 1997 to 17.2% in December 2009. The decrease has been significant in all age groups except 45-54 and 55-64 years, in males and females, in all quintiles of disadvantage, and in urban and rural health areas. Since 2008, there has been no significant change in the proportion of adults who were current smokers. However, there has been a significant increase in males aged 45-54 years, and a significant decrease in females aged 16-24 years.

Among Aboriginal adults, 43.2% were current smokers. There was no significant difference in the proportion of males and females who currently smoked. For both males and females, rates of current smoking were highest in young adults, particularly young men aged 16–24 years (58.9%). There was some geographical variation, with a higher proportion of rural residents (44.4%) than urban residents (41.2%) currently smoking.

Related Policies and Programs

The NSW State Plan aims to continue reducing smoking rates by 1% per annum to 2010, then by 0.5% per annum to 2016. The aim is to exceed this target for the Aboriginal population where smoking rates are higher than within the general population.

- **Smoke free environments** – *The Smoke-free Environment Act 2000* bans smoking in all enclosed public places (with the exception of the private 'high roller' gaming areas of the casino) to protect patrons and staff from the harmful effects of environmental tobacco smoke. In 2009–10, Area Health Services undertook a rigorous program of compliance monitoring across NSW.
- **SmokeCheck** builds the skills and capacities of Aboriginal health workers to implement smoking cessation programs within their communities. It is a joint partnership with the Cancer Institute NSW, and training is delivered by the Australian Centre for Health Promotion, University of Sydney. Culturally appropriate resources support the training.

  Since its launch a year ago, over 50 workshops have been conducted across Area Health Services involving over 400 staff, half of whom identify as being Aboriginal and/or Torres Strait Islander. Training showed significant increases in participants' skills, knowledge and level of confidence in providing smoking cessation support to their clients after attending the training. These include increases in the level of confidence in talking about health effects (22%), advising clients to quit (27%), assessing readiness to quit (31%) and bringing up issue of smoking (24%).

Alcohol – Risk Drinking Behaviour, Persons Aged 16 Years and Over (%)

Desired Outcome

Reduced total risk drinking.

Context

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

Interpretation

Since 1997, there has been a reduction in the percentage of people over the age of 16 years reporting any risk drinking behaviour – from 42.3 to 30.4% in 2009. The decrease has been significant in males and females, and in urban and rural health areas. Risk drinking amongst young females has fallen significantly from 47.1% in 2008 to 37.0% in 2009, using the revised Guidelines. Previously between 2005 and 2008 risk drinking in this group had been increasing, from a previous low of 38.0% in 2005 to 47.1% in 2008.

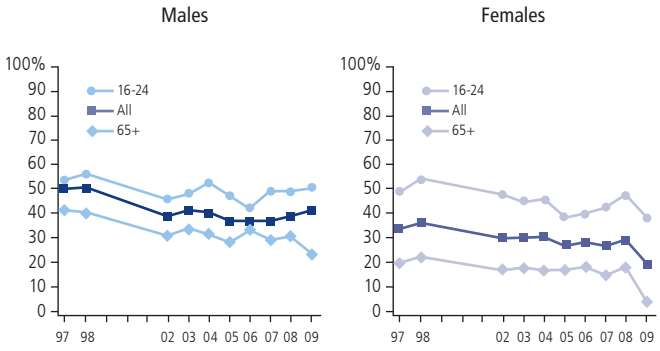
The Australian Guidelines to Reduce Health Risks from Drinking Alcohol, published in 2009 introduced the concept of progressively increasing risk of harm with the amount of alcohol consumed, rather than specifying 'risky' and 'high risk' levels of drinking above guidelines. The indicators now measure the proportion of adults who are complying with existing guidelines in any given year. It is not a measure of alcohol consumption.

Related Policies and Programs

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

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

The proportion of the population aged 16 and over who engaged in any alcohol risk drinking behaviour, annual rates, NSW, 1997 to 2009



Source: NSW Population Health Survey 2009, Centre for Epidemiology and Research.

Fall Injury Hospitalisations

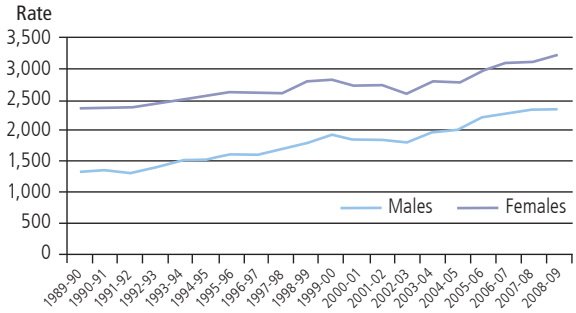
Desired Outcome

Reduce injuries and hospitalisations from fall related injury in 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, chronic illness and medication use. One quarter of people aged 65 years and older living in the community report falling at least once in a year.

Fall related injury in people aged 65 years and over.



Source: NSW Inpatient statistic collection and ABS population estimates (HOIST) Centre for Epidemiology and Research NSW Department of Health

Interpretation

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

Related Policies and Programs

- Stepping On: The *Stepping On* evidence-based community seniors' falls prevention program is moving into its second year, with an estimated 90 programs running across five NSW Area Health Services (AHS) between February 2009 and June 2010. Each AHS has a Stepping On Co-ordinator who supports program implementation including printed and other resources developed and supplied by the Department of Health.
- Development of new falls strategic plan: Throughout 2009–10 the Department of Health has undertaken Statewide consultation and overseen the completion of commissioned work to inform the second NSW Health plan for falls prevention among older people. The new plan aims to build on the supporting infrastructure established by the first Statewide plan, taking into account current evidence about effective approaches to preventing falls and updated national falls prevention best practice guidelines. Implementing effective strategies for prevention of falls and harm from falls among older people will involve both action across a range of clinical settings and population-focused health promotion activities.

Ensuring High Quality Care

NSW Health continued implementation of the NSW Patient Safety and Clinical Quality Program to deliver safer healthcare and improve patient outcomes.

Between the Flags – (BTF)

One recommendation of Commissioner Garling in his final report of the *Special Commission into Acute Care Services in NSW Public Hospitals* was to implement the Clinical Excellence Commission's BTF program, a system to better recognise and respond to deterioration in a patient's condition.

The program consists of the establishment of formal *Clinical Response Systems* (CERS) with two levels of response. The first level, Clinical Review is the response for sick patients and the second level, Rapid Response system is for very sick patients. Standard observation charts are used to trigger either the clinical review or the rapid response.

The *Recognition and Management of a Patient who is Clinically Deteriorating Policy Directive* was issued in May 2010. The Policy Directive included mandatory actions for Attending Medical Officers (AMOs) and other staff to regularly review a patient's medical management plan and for the AMO to be informed should a patient's condition deteriorate and require a rapid response.

To support implementation, each health service has established dedicated committees to ensure progress. Comprehensive CERS are now in place and increased clinical reviews are being undertaken. Over 45,000 front line clinicians have been provided with awareness training, more than 17,000 have completed an online e-learning package on the DETECT manual and face-to-face practical training sessions are being rolled out across NSW Health.

Reducing Health Associated Infections (HAIs)

The HAI program comprises five key initiatives – 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.

These initiatives are supported by a surveillance program that 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 http://www.health.nsw.gov.au/hospitals/hai/index.asp.

In addition to information provided through the surveillance program, audits of hand hygiene 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 is lead on training hand hygiene auditors as part of the 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 305 Gold Standard Assessors and more than 700 ward auditors are now undertaking these audits across NSW.

A Central Line Insertion Record, released in early 2010, provides intensive care unit clinicians with a checklist to monitor compliance with evidence based practice for the insertion of central lines to minimise complications from the insertion of central lines and to reduce the occurrence of bloodstream infections associated with these lines.

Patients have a right to a clean environment wherever they receive care in the NSW healthcare system. NSW Health commenced a review of cleaning standards and is developing a new Environmental Cleaning Policy Directive which will detail the best practice guideline for all aspects of environmental cleaning in healthcare facilities.

Correct Site, Correct Patient Identification

Failure to correctly identify patients is an internationally recognised patient safety concern.

Misidentification of patients can result in wrong person procedures, medication errors, testing and transfusion errors, which may result in patient harm. These incidents arise largely from miscommunication and unavailable / incorrect information.

NSW Health introduced a 'time out' process as a key component of the NSW Health Correct Patient, Correct Procedure, Correct Site policy. This process requires the whole surgical/procedural team to stop and check identification information as well as a number of other critical areas such as assessment for antibiotic and VTE prophylaxis before starting an operation or procedure. NSW Health is now commencing work with key stakeholders in NSW to enhance this process following endorsement of the World Health Organisation's Surgical Safety Checklist.

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. The CEC and NSW Health have been working collaboratively to revise the framework to further strengthen and support their application in NSW.

High Risk Medicines

High risk medicines have a low safety margin and if misused are likely to cause patient harm. The reduction of medication errors attributed to the use of high risk medicines is an important patient safety issue. A High-Risk Medicines policy is currently under development and incorporates standards for Potassium, Vincristine and Anticoagulation. The policy will promote and support the safe and quality use of high risk medicines and raise awareness with clinicians of the harm that can be caused by 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. In 2009–10 in consultation with health services, the Australian Commission for Safety and Quality in Health Care (ACSQHC) and the NSW Medication Safety Expert Advisory Committee (MSEAC), a policy to cover all standardised charts was developed to update the earlier 2006 policy.

A Standardised Adult General Observation chart has been introduced in all NSW hospitals as part of the Between the Flags program. This standardised chart is the same in all hospitals making it easier for staff to graph patient observations and track them over time. There are also colour-coded triggers in the chart to identify patients whose clinical conditions is deteriorating and elicit an appropriate response.

Medication Management Strategy

In 2010, NSW Health has taken a Statewide approach to the delivery of a comprehensive Medication Management Strategy incorporating supply chain, clinical pharmacy services, information systems and clinical practice. A Statewide Medication Strategy Co-ordination Committee (SMSSC) is co-ordinating medication-related activities in NSW including initiatives by the Medication Safety Expert Advisory Committee, the Clinical Pharmacy Model Working Group, the Strategic Information Management Branch and the Pharmacy Reform Program. A NSW Health Medication Management Strategy is being developed in consultation with health services and expert medication reference groups. The Strategy builds on existing work and creates a practical action plan and clear way forward for medication management in NSW.

Analysis of the Root Cause Analysis (RCA) Process

Root Cause Analysis (RCA) reports are reviewed by one of three sub-committees of the Reportable Incident Review Committee (RIRC). The three subcommittees are Clinical Management (general), Maternity and Perinatal and Mental Health. The Clinical Excellence Commission (CEC) provides secretariat functions for these meetings. The sub-committees review the RCA reports and look for trends or significant issues which require a State-level response. These issues are reported at the monthly RIRC meetings and appropriate mitigation actions planned and assigned to Department of Health branches, CEC or Agency for Clinical Innovation.

Issues are also raised with the Directors of Clinical Governance for their information, input into Statewide initiatives and local action.

A significant success of the RCA sub-committee process has been the identification of the problems with recognising and managing patients who are clinically deteriorating resulting in the genesis of the Between the Flags program which has been rolled out in all Area Health Services in 2010.

Monitoring Patient Safety and Quality

To reduce the 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

Area Health Services (AHS) provide monthly infection control data to the Department of Health and two of these indicators (Staph aureus blood stream infections and Central Line Associated Bacteraemia in ICU) are discussed regularly in performance management meetings with each AHS. These indicators and a further six indicators are publicly reported on the NSW Department of Health website.

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, IIMS was established to ensure that the highest quality of care and safety is provided in the State's hospitals.

The NSW Department of 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 Clinical Excellence Commission publishes a six monthly analysis of reported incidents.

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.

An evaluation of the death review process has made recommendations to improve processes and to facilitate peer review of deaths. These improved processes will be implemented in 2010–11.

National Performance Indicators

NSW Health is working with ACSQHC on the development of National Core Hospital-based Outcome indicators. Potential indicators include:

- Hospital standardised mortality ratio
- Death in low-mortality Diagnosis Related Groups
- In-hospital mortality rates for:
  - acute myocardial infarction (AMI)
  - heart failure
  - stroke
  - fractured neck of femur, and
  - pneumonia
- Unplanned hospital re-admissions of patients discharged following management of:
  - AMI
  - heart failure
  - knee and hip replacements
  - depression
  - schizophrenia, and
  - paediatric tonsillectomy and adenoidectomy
- Obstetric trauma – third and fourth degree tears

Supervision for Safety

A Statewide best practice model for the supervision of junior clinicians is currently under development. NSW Health has engaged with experts and key stakeholders from within the NSW Health system to develop a set of principles for a supportive clinical environment. These principles will focus on keeping our care environments safe for patients and safe for learning through practice.

Clinical Pharmacy Model

A working group has been developing a new model of clinical pharmacy as the result of a *Caring Together* recommendation. Following advice from a workshop, which included pharmacists, other clinicians, managers and consumers, a discussion paper has been developed. The paper includes review of priority setting for medication review and what an active clinical pharmacy model would look like from the perspective of the patient, nurse, doctor, and pharmacist.

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 the Area Health Service 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 2009–10, 17 safety notices and nine safety alerts were issued.

Licensing

NSW Health is the authority for enforcing licensing standards for privately owned and operated health facilities across the State to ensure that health services provided to the community by the private health sector are safe, appropriate and effective. Under Poisons and Therapeutic Goods legislation, 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.

Inspections

NSW Health conducts inspections of premises for the purposes of licensing or authorising under the *Poisons and Therapeutic Goods Act 1966*. Among other things, premises are inspected with respect to their security, cleanliness, and their stock handling, stock control, customer authority verification, and record-keeping procedures. The types of premises inspected include methadone clinics and wholesale scheduled medicine distributors.

The NSW Health Private Health Care Unit monitors and ensures compliance with licensing standards under the *Private Health Facilities Act 2007* and the *Private Health Facilities Regulation 2010*.

The Unit's activities include onsite visits, paper audits, telephone and/or written contact. The type of audit conducted may be routine or focus on a particular area. All facilities receive regular visits to ensure compliance. After each audit a report is sent to the facility that may ask for improvements to be made. The Unit continues to monitor the facility to follow up on the progress of these improvements.

Authorities

The Poisons and Therapeutic Goods Act sets out restrictions on the prescription and supply of drugs and poisons to ensure that medicines and poisons are appropriately available to the public, to minimise harm from the use of medicines and poisons in the community, and to promote the quality use of medicines.

Authorities are also issued by NSW Health to doctors to prescribe drugs of addiction. There are three distinct types of authorities: authorities to prescribe opioids for pain, authorities to prescribe methadone or buprenorphine as part of the NSW Opioid Treatment Program; and 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.

Authorities are also issued to doctors to prescribe certain restricted substances such as clomiphene and isotretinoin.

Legislation and Scheduling of Medicines and Poisons

NSW Health participates in national co-ordination of scheduling of medicines and poisons to protect the public such as through appropriate restrictions on access (such as restriction to supply on a doctor's prescription or personal supply by a pharmacist); and labelling and storage requirements. Advice is provided and complaints managed to ensure compliance with the relevant State legislation. Legislation is updated to ensure appropriate access and use of medicines and poisons.

Prevention of Advanced Liver Disease Associated with Hepatitis C

In 2007, NSW Health set a target to double the number of people in receipt of antiviral treatment for hepatitis C. This target was set in order to stabilise the prevalence of advanced liver disease associated with hepatitis C.

Since 2005-06 there has been a 57% increase in the number of patients on antiviral treatment and a 140% increase in the number of public sites at which treatment is available. Additionally Clinical Governance Committees have been established in each Area Health Service to ensure decisions regarding hepatitis C service development are informed by doctors, nurses, affected community and health service managers.

Improved Health for Aboriginal Communities

Walgan Tilly Clinical Service Redesign Program

We are continuing to develop the key initiatives of the Chronic Care for Aboriginal People program. The Walgan Tilly Clinical Service Redesign program, which commenced in 2007, has demonstrated some practical solutions to addressing the gaps in access to and use of chronic care services for Aboriginal people in NSW.

This was the first Aboriginal Redesign project facilitated by the Department with all Area Health Services including Justice Health and some Aboriginal Medical Services. Eight fundamental elements were identified as being essential to the model of care for working with chronic disease in Aboriginal communities. They were identification, trust, screening and assessment, clinical indicators, treatment, education, referral and follow up. These elements were developed following extensive consultation, literature research of best practice and fact finding site visits to explore how communities were responding to the challenge of managing chronic disease in Aboriginal communities.

This model complements and provides a practical approach for existing structures and initiatives that support improving health outcomes for Aboriginal people with, or at risk of developing, a chronic disease.

It can be used by any health service providers as a framework to review and map this model to their existing programs or new strategies that is modelled from best practice across the State. This model also allows for the identification of gaps and opportunities at a local and Statewide level to maximise existing resources or build business cases to provide new initiatives to address chronic diseases in Aboriginal communities. It also provides an ideal platform on which to establish committed engagement and partnerships with service providers within health and social networks to improve health outcomes for Aboriginal people. A Clinical Services Redesign School is planned to apply this model in settings throughout NSW.

Aboriginal Child Sexual Assault Service Responses

Implementing the 10 actions lead by NSW Health in the Interagency Plan to Tackle Child Sexual Assault (ACSA IAP) and the NSW Health component of the Safe Families program. The ACSA IAP actions led by NSW Health are focused on ensuring that NSW Health Services provide more timely and culturally appropriate responses to Aboriginal child sexual assault, particularly through sexual assault medical and counselling services. The Safe Families Program is an innovative program response to Aboriginal child sexual assault that embeds a joined-up, cross-agency response into an integrated community development, child protection, early intervention, prevention and risk reduction strategy. It is being rolled out in five communities within the Greater Western Area Health Service, with the final site due to go live at the end of July 2010.

Indigenous Early Childhood Development Strategy

Provided jurisdictional advice on and participate on the reference group of the Critical review of Aboriginal Home visiting and outreach programs.

Supported the work of the Child Health and Wellbeing Subcommittee by providing jurisdictional comment and consultation on various national documents including National Framework for Universal Child and Family Health Services, National Early Childhood Development Strategy, Critical Review of Aboriginal Outreach and Home Visiting and National Headline Indicators for Child Health Development and Wellbeing.

Building Strong Foundations for Aboriginal Children, Families and Communities

Seven sites have received funding to establish child and family health nurse and Aboriginal Health Worker teams to provide culturally appropriate services to families with an Aboriginal child – from birth to school age. These programs have strong links to the Aboriginal Maternal and Infant Health Service (AMIHS) services. In addition funding to support staff implementing has been provided to the Training and Support Unit and for program evaluation. Additional sites will be funded in 2010–11.

Strategic Hearing Projects

SWISH Program Guidelines

Policy guidelines for the Statewide Infant Screening Hearing program were finalised in February 2010. The guidelines can be accessed through the following link. www.health.nsw.gov.au/policies/gl/2010/GL2010_002.html

Audit of Hearing Services

Information collected through 2009 site visits to Area Health Services across NSW is being collated in a discussion paper which will be used in a further consultation process. A forum is planned for stakeholders to discuss and make recommendations on the development of the Hearing Health Network by November 2010.

Procurement Process for New Statewide Infant Screening – Hearing Program equipment

The purchase of new Statewide Infant Screening – Hearing Program equipment will replace screening equipment originally purchased for the program in 2002 across all health services. A tender procurement process has been undertaken which included a comprehensive evaluation of Automated Auditory Brainstem equipment offered to NSW Health in May 2010. The evaluation included technical assessment, evaluation of infection control risks, a practical evaluation of equipment in the field and an audit of equipment currently used by screeners.

Submission for the Senate Inquiry into Hearing Health

NSW Health forwarded recommendations in regard to Hearing Services in a submission to the Community Affairs Reference Committee: Senate Inquiry into Hearing Health. The Inquiry report *Hear Us* was released on 13 May 2010. An evaluation of the potential impact of the recommendations for NSW Health was completed in June 2010.

Improved Co-ordination of Palliative Care Services

Developed and released in January 2010 the *Palliative Care Strategic Framework 2010–2013* sets five priorities for service development over the next four years including:

1. Improving NSW palliative care service planning and delivery
2. Implementing the Standards for Providing Quality Palliative Care for all Australians
3. Improving palliative care workforce capacity and training
4. Improving palliative care data
5. Strengthening evidence based practice.

The Statewide Centre for Improvement of Palliative Care (SCIP) has been established to provide leadership for palliative care service planning and to support the implementation of the Strategic Framework. This work will be aided by the Palliative Care Service Development Officer Network. A Service Development Officer position has been established in each AHS. These positions were approved in 2006 with recurrent funding. The Strategic Framework will be implemented through the *NSW Palliative Care Service Development Plan* and the *NSW Paediatric Palliative Care Service Development Plan*.

Severe Chronic Disease Management Program

NSW Health has introduced a number of programs and strategies addressing chronic disease, including the *NSW Chronic Care Program* in 2000; the *NSW Chronic Disease Prevention Strategy 2003–2007*; the *Chronic Care for Aboriginal People* programs; the *Integrated Primary and Community Health Policy (2007–2012)*, HealthOne NSW, Healthy at Home and the NSW Health Community Health Review.

However, the need for the integration of care for people with severe chronic disease and the concept of a new model of co-ordinated, joined up and shared care was highlighted in the Garling and National Health and Hospitals Reform Commission reports. As a result the Department established a Severe Chronic Disease Management Program.

NSW Health is implementing the Severe Chronic Disease Management Program to deliver more effective care and support to older people over 65 years and Aboriginal people over 45 years who are at high risk of being admitted to hospital because of their chronic diseases. This innovative new program is the first of its kind in NSW. Human Services, Ageing, Disability and Home Care is partnering with NSW Health and General Practice NSW in the implementation of this program.

The program will target 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 – namely Diabetes, Congestive Heart Failure, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease and Hypertension.

This new program will be rolled out over the next four years and by the end of Year 4 it will have the capacity for 43,000 patients to be enrolled on the program.

The new program aims to improve patient and carer experiences and life quality by enhancing and better co-ordinating care and support services for enrolled patients. In particular the program aims to better co-ordinate care services through:

- Improve co-ordination of patient care in/between primary, acute and community sectors, and across clinical specialties
- Improved sharing of health assessment information between care providers;
- The development of shared care plans care plans; and
- Accelerated provision of home and community based services.

To support the implementation of this Program, a Chronic Disease Management Office was established in 2009–10 and a Director appointed. In 2009–10 the Program was responsible for the following activities:

Development of Regional Project Plans

Regional Project Plans have been developed in consultation with key stakeholders to guide local implementation. Areas have been advised of patient target numbers and allocated budgets to enhance services and enable delivery of care co-ordination and self-management support including health coaching.

The Plans and services for enrolled patients are required to link with existing services that care and support older people with complex needs including those provided by the Primary Care and Community Care sectors.

Identification and Enrolment of Patients

In 2009–10 more than 8,606 patients including 447 Aboriginal people have been identified as very high risk of admission to hospital. These patients all had at least three unplanned admissions to hospital due to one or more of the five targeted chronic diseases in the 12 months prior to their identification. Formal enrolment of patients commenced in June 2010.

Coaching and Telephony Services

A survey to identify gaps in self-management support including health coaching services for chronic disease has been finalised. A public tender has been commenced to identify providers who can provide new and additional services such as:

- Web-based health coaching systems
- Self-management coaching services
- Training in self-management support
- Remote telemonitoring of chronic disease conditions.

Funding has also been provided to Areas to enhance existing telephone-based services to improve access for patients, carers and primary health care to chronic disease services.

Planning and Evaluation

A chronic disease epidemiologist has been appointed to assist in the evaluation process, data analysis, and algorithm development process. The Sax Institute has been commissioned to undertake a study of the 45 and Up chronic disease data set (and linked data) and provide advice in relation to these tasks.

In 2009–10 the office also commenced the planning for a central patient register that will support the Program's evaluation.

Other Highlights

Nursing and Midwifery

Take the Lead is a project aimed at strengthening the role of the Nursing/Midwifery Unit Manager (N/MUM) and thereby improving the patient journey and the patient and carer experience. Following a 12 month diagnostic phase three streams of work were identified. These were:

- In collaboration with key stakeholders a conceptual framework has been developed, which articulates the purpose and core functions of the N/MUM role.
- Five professional development modules; Critical Communication, Rostering for Patient Care, Financial Management, Lean Management and Leadership, Leading for Success have been designed for N/MUMs. To date, over 1,600 N/MUMs have attended one or more of the programs and 196 have completed all modules.
- Address transactional administrative tasks – the introduction of Clinical Support Officers (CSO) is a key support for this stream of work. A number of Area Health Services are also reviewing the administrative work at a ward level.

Researchers from the University of NSW have been engaged to undertake a full evaluation of the project including the impact of CSOs. A DVD of some of the NUMs who have been involved is on the Nursing and Midwifery Website.

The **Essentials of Care Program** aims at improving nursing and midwifery care at the clinical unit level. The program engages clinical staff in the development of clinical care environments that meet the needs of patients and families at the most fundamental level. The Program provides a framework for engaging staff, providing care on nursing units/wards, in processes that enhance both patients' experiences of care and their health outcomes.

There has been a phased roll-out of the Program across all Area Health Services. The Nursing and Midwifery Office provides ongoing support to Area Health Services in the implementation of the Program through funding of support positions, provision of resources and support in facilitation development at a local level.

The developing insight and outcomes emerging from the Essentials of Care Program are showing what can be achieved when staff are supported to engage in meaningful processes for improving practice.

To date, over 280 wards and units are involved in the Program. Most wards have identified common values and ways of working together to deliver patient centred care. Themes identified for practice change include infection control, hand washing, nutrition, mixed gender rooms, team work, medication administration, clinical assessment and monitoring, communication and documentation. Many of these themes are directly linked to the themes for improvement identified within the NSW Health Action Plan.

Early Pregnancy Care Initiatives

The NSW Department of Health has been implementing a comprehensive range of new and enhanced services to improve early pregnancy care.

In 2009–10, NSW Health completed and published a new policy for Maternity and Early Pregnancy Care. The policy has been adapted from the Women's Hospitals Australasia Management of Early Pregnancy Loss clinical practice guideline, March 2008. This policy provides information related to the diagnosis and clinical management of women with early pregnancy complications within the first 12 weeks of pregnancy. It mainly addresses the management of spontaneous miscarriage, but is also relevant to women affected by ectopic pregnancy and gestational trophoblastic disease, although specific guidelines for these conditions should be examined separately. This policy is intended to be primarily used by clinicians working in women's health settings; it should also be valuable to anyone providing health care to women experiencing early pregnancy problems.

Child Abuse – Joint Investigative Response Teams

The Joint Investigation Response Team (JIRT) program is an interagency collaborative response to serious child abuse, where concerns reported may constitute a criminal offence.

A JIRT Referral Unit (JRU) comprising senior decision makers and representatives from Community Services, Police and NSW Health was trialled to improve the JIRT response in 2008–09. Funding for the JRU commenced on a recurrent basis in 2009–10 on the basis of the successful trial.

An Issues Paper on JIRT that discusses issues around access to NSW Health services for children and young people who have experienced sexual and or physical abuse or neglect was developed during the year. The paper has been circulated to Area Health Services for discussion and consultation. Feedback on the paper will provide a platform for the development of policy on sexual assault services and child protection counselling services.

The NSW Government allocated new funding to NSW Health for the JIRT program, commencing in 2010–11, $2.3 million will be provided recurrently. The funds will be used to establish 14 new NSW Health positions, an additional senior clinical position in the JIRT Referral Unit, a Statewide workforce development officer to support ongoing training and professional development, and a Principal Policy Officer position in the NSW Health Department to co-ordinate the program.

Child Abuse and Sexual Assault (adult and child) Forensic and Medical (CASAFAM) Project

NSW Health, through the Child Abuse and Sexual Assault Forensic and Medical (CASAFAM) Project, has committed to improving forensic and medical services for victims of sexual assault and child abuse and ensuring these services are culturally competent. In 2009–10, the NSW Department of Health has convened a CASAFAM Advisory Group and a number of special interest working groups which are focussed on: rural and remote issues; building the doctor workforce; early assessment and care; and Sexual Assault Nurse Examiners (SANEs).

The Department undertook a Request for Tender process to deliver on commitments for a trained and culturally competent and appropriate network of forensic and medical clinicians. The three deliverables included the establishment of a Statewide Clinical Network, professional advice and support line and postgraduate training courses including cultural competence. As no contracts were issued, the Department has subsequently developed a proposed model of Statewide Clinical Networks for consultation.

Domestic Violence Identification Risk Assessment and Responses

NSW Health is the lead agency for the NSW Cross Agency Risk Assessment and Management (CARAM) Project. The NSW Police Force, Attorney General's Department and Department of Community Services are partners to the project.

During 2009–10 the development and implementation of Cross Agency Risk Assessment and Management (CARAM) Framework:

- Developed CARAM Framework
- Develop training and resources for Trial
- Trials of the CARAM Framework and agency-specific of risk assessment and management tools, customised to the specific purpose and context of the participating agencies, are about to commence.

Integrating Health Services for Albury Wodonga Residents

After a number of years of detailed negotiation between the NSW and Victorian Governments, Albury Base Hospital merged with the Wodonga Regional Health Service on 1 July 2009. The new integrated health service, Albury Wodonga Health, has successfully assumed operational and financial responsibility for managing Albury Base Hospital as part of an integrated Victorian health service from this date. Between July and September 2009, the Board of the new health service was selected and the new Chief Executive, Dr Stuart Spring, was announced.

Over the remainder of the year, the NSW and Victorian Departments of Health worked together to address transition issues such as establishing corporate services, developing an integrated management structure, and finalising recurrent and capital works funding. The Inter-Government Agreement and leasing arrangements between the two States were also completed during the year. The local community and clinicians in Albury Wodonga have welcomed the joining of the two hospitals, and all stakeholders are looking to the benefits that can accrue to patients from the provision of a more integrated and seamless health service on the NSW-Victoria border.

Innovative Projects to Meet the Needs of Veterans

NSW Health has an agreement with the Commonwealth Department of Veterans' Affairs (DVA) to develop and implement programs and services that meet the current and emerging health needs of veterans and their families living in NSW.

Over the 2008–09 and 2009–10 period, NSW Health delivered nine programs totalling approximately $500,000 that addressed DVA's priority research areas of aged care and women's mental health.

Falls Prevention

The Clinical Excellence Commission undertook a pilot for a Statewide falls prevention assessment program and liaised closely with Hunter New England Area Health Service in the development of their falls prevention support program for clinicians using the Telehealth service. Hunter New England, Greater Southern, and Northern Sydney Central Coast Area Health Services successfully delivered programs on improving veterans' awareness of advanced care planning tools and services that can be accessed locally, and South East Sydney Illawarra Area Health Service undertook a detailed research project to identify mental health needs of older war widows.

Multipurpose Services

Multipurpose Services (MPS) provide a model of service delivery which is responsive to rural and remote community health needs. These services use Australian Government and NSW Health funds to provide a range of health care services, including acute care primary care and residential aged care. In 2009–10, construction began on four new MPS sites at Eugowra, Coonamble, Balranald and Manilla. Planning has also commenced for MPS at Werris Creek, Lockhart and Gundagai.

Performance Indicators

Incorrect Procedures

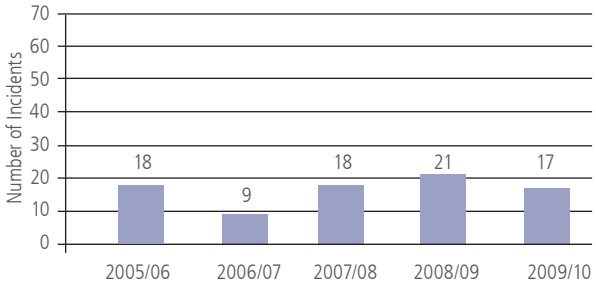
Desired Outcome

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

Context

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

Incorrect procedures – Operating Theatre 2005–06 to 2009–10



Source: Quality and Safety Branch RIB Database. Extracted 13 July 2010
Notes: *Jul-Dec 2006 data not analysed. Decision by former DDG when NSW Health moved to bi-annual incident reporting.
**PROVISIONAL DATA only for Jan-Jun 2010 and subject to change following receipt, review and analysis of RCA reports

Interpretation

The number of incorrect patient, procedure and site incidents notified in 2009–10 has decreased slightly when compared with the previous financial year. This data is provisional and is subject to variation following the receipt, review and analysis of RCA reports.

Whilst the data shows improved performance, work continues with specialist clinical groups to develop systems to address these issues, including a revised policy with greater emphasis on non-surgical areas and safety toolkits specific to the different clinical areas.

Healthcare Associated Infections

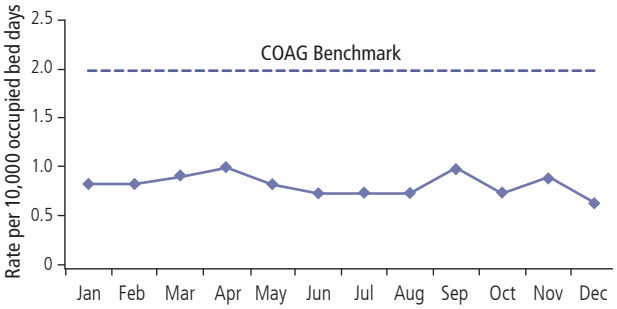
Desired Outcome

Prevent patients from acquiring a Healthcare Associated Infection during all stages of their inpatient care and treatment.

Context

Healthcare Associated Infections are varied and complex and an ever present factor in every health system. Many infections are caused by multi-resistant organisms that can be difficult to treat. NSW continues to implement initiatives to improve performance. Current data shows that NSW is steadily reducing the incidence of healthcare associated infections in its hospitals.

Staphylococcus aureus bloodstream infections, NSW, January – December 2009



Source: NSW Health Healthcare Associated Infections Data Collection, January – December 2009. Notes: Includes clinical indicators: CI 2.1 Healthcare associated (inpatient) Methicillin sensitive Staphylococcus aureus bloodstream infections – (HCA (inpatient) MSSA BSI). CI 2.2 Healthcare associated (inpatient) Methicillin resistant Staphylococcus aureus bloodstream infections – (HCA (inpatient) MRSA BSI).

Interpretation

Rates from January to December 2009 have remained low. Data from 2009 should not be compared with 2008 due to refinement of the indicator definitions and improvements in data collection. The 2009 data definitions better align with proposed national definitions and reflect infections which are evaluated by clinical experts as meeting hospital onset criteria. Infections with community onset criteria were included in the 2008 data set.

The Council of Australian Governments has set a benchmark upper limit of two infections per 10,000 occupied bed days. NSW performed well below this benchmark in each month of 2009.

Related Policies and Programs

The Healthcare Associated Infections Program comprises five key initiatives – hand hygiene; adherence to contact 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.

These initiatives are supported by a surveillance program that 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 http://www.health.nsw.gov.au/hospitals/hai/index.asp

Emergency Re-presentations

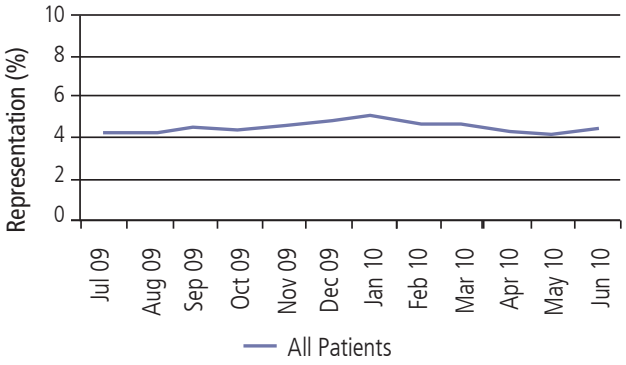
Desired Outcome

Improved quality and safety of treatment, with reduced unplanned events

Context

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

Re-presentations to same Emergency Department – Within 48 hours (%) 2009–10



Source: Emergency Department Data Collection

Interpretation

The proportion of emergency re-presentations has fluctuated around 5% over 2009–10.

Related programs and policies

- Sustainable Access Program
- Clinical Services Redesign Program.

Oral Health

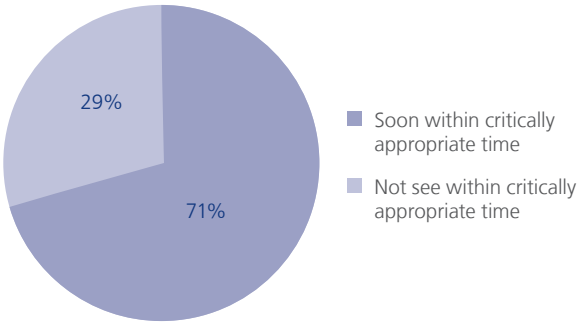
Desired Outcome

Reduce waiting time for treatment in public oral health services through the management of resources and workload, and utilisation and productivity reviews.

Context

NSW Department of Health is committed to the consistent, equitable and efficient administration of the oral health waiting list, triaging eligible NSW residents based on clinical judgements, as specified in the Priority Oral Health Program and List Management Protocol.

Oral Health – Adult treatment Code C patients seen within six months (Priority Oral Health Program benchmark time) (%) 2009–10



Source: NSW Oral Health Data Warehouse

Interpretation

People with specific chronic diseases (medically compromised) are categorised as priority Code C. The recommended maximum waiting time for such patients as specified in the Priority Oral Health Program is six months. In 2009–10, 71% of Code C Patients were seen within six months, exceeding the target of 50% that was set for that year.

Related programs and policies

- Priority Oral Health Program and List Management Protocols.

ICU Central Line Associated Bloodstream Infections

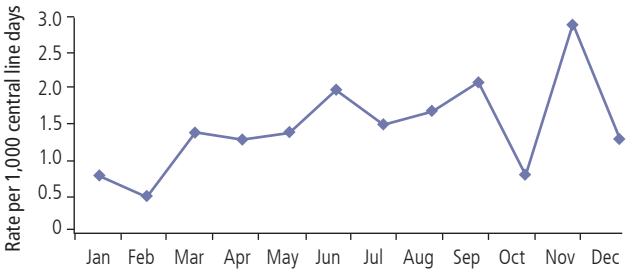
Desired Outcome

Reduction in 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 in adults (per 1,000 line days), NSW, January – December 2009.



Source: Healthcare Associated Infections Monthly Data Collection

Interpretation

The number of infections for 2009 decreased by nearly 25% compared to 2008.

Fifteen infections were reported from eight hospitals in November 2009 but this decreased by 60% for December 2009 when only six infections were reported from five hospitals.

Related programs and policies

The Healthcare Associated Infections Program comprises five key initiatives – hand hygiene; adherence to contact 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. These initiatives are supported by a surveillance program that 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 http://www.health.nsw.gov.au/hospitals/hai/index.asp

Relevant policies are:

- 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

Patient Experience Following Treatment (%)

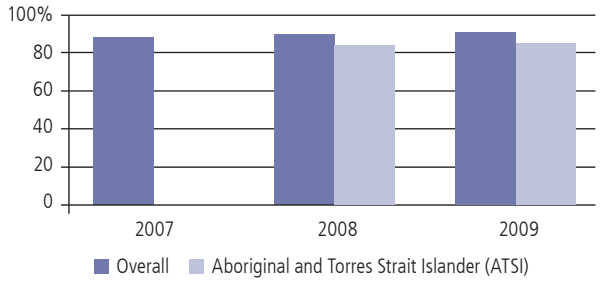
Desired Outcome

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 80,000 patients responded to the survey in 2009. 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 (%)



Source: NSW Health Patient Survey 2008, 2009

Interpretation

The majority of NSW Patients participating in the 2009 survey rated overall care as good/very good/excellent (90.7%) although the rate was lower for Aboriginal patients (85.2%). This was a slight improvement over the previous years.

In 2009 NSW Health performed significantly better in the following categories compared to the previous year: Overnight inpatients, Day only inpatients, Adult rehabilitation and Outpatients. A significant improvement was also seen in Non-admitted emergency, compared to 2007.

Related Policies and Programs

- Clinical Service Redesign Program.

Complaints Management

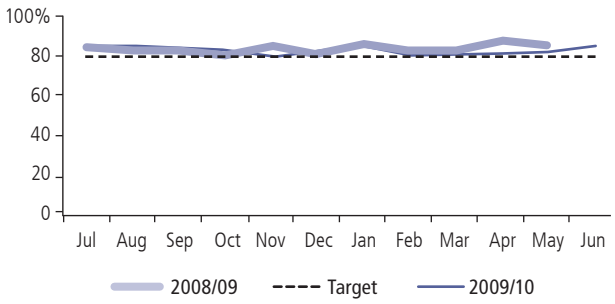
Desired Outcome

Satisfaction with quality of care received within NSW public health services.

Context

Complaints and compliments provide unique information about the quality of health care from the perspective of consumers and their carers. Management of a complaint provides the opportunity for complainants to have their issues resolved effectively, ensures that any identified risks are managed appropriately and that action is taken to minimise or eliminate those risks.

Complaints Management – Complaints resolved within 35 days (%)



Source: Incident Information Management System

Interpretation

The proportion of Complaints resolved within 35 days was 84% for 2009–10, which was above the target of 80%.

Related programs and policies

- Complaints Management Policy
- Complaints Management Guidelines.

Root Cause Analysis

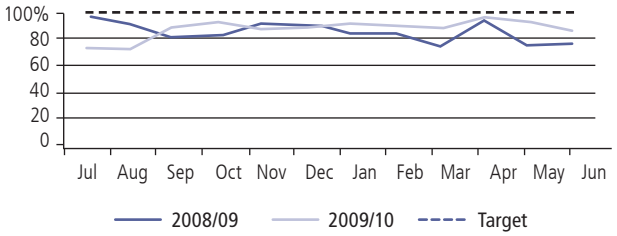
Desired Outcome

All clinical Severity Assessment Code 1 (SAC 1) Root Cause Analysis reports are received by the NSW Department of Health within 70 days of incident notification in IIMS.

Context

Root Cause Analysis reports can be used to identify the factors that cause adverse events. The RCA process is a vital component of the NSW Patient Safety and Clinical Quality program. The process assists with answering questions about what happened, why it occurred and what can be done to prevent high risk incidents from re-occurring. The information obtained from RCA reports is used in the development of policies and patient safety initiatives.

Root Cause Analysis – Completed in 70 days (%)



Source: Reportable Incident Brief/Root Cause Analysis Database

Interpretation

The proportion of Root Cause Analysis completed within 70 days was 88% for 2009–10, which was higher than the previous financial year (85%).

Related programs and policies

- NSW Health Incident Management Policy Directive.

Emergency Department Cases Treated Within Triage Benchmark Times

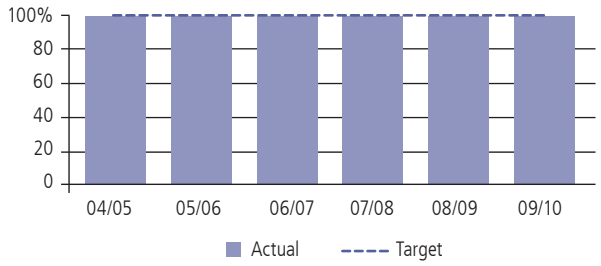
Desired Outcome

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

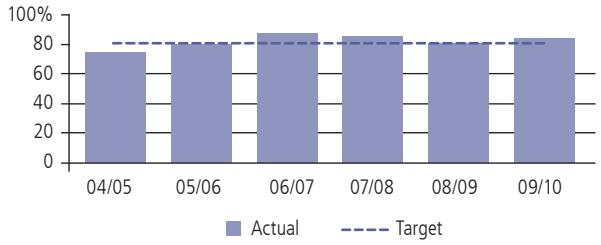
Context

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

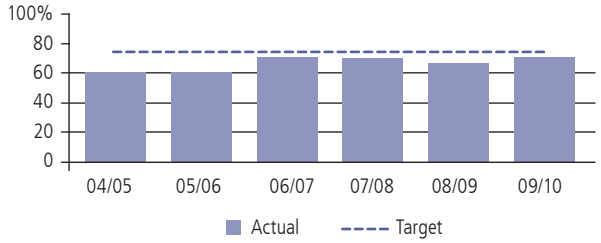
Triage 1 treated within 2 minutes (%)



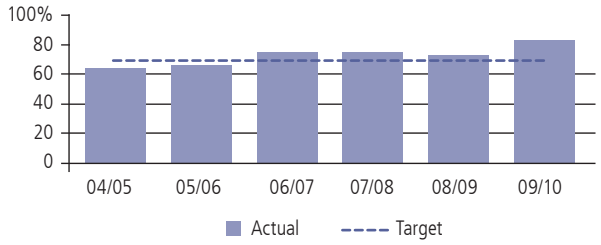
Triage 2 treated within 10 minutes (%)



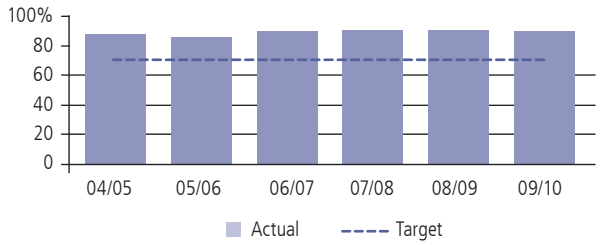
Triage 3 treated within 30 minutes (%)



Triage 4 treated within 60 minutes (%)



Triage 5 treated within 120 minutes (%)



Source: Emergency Department Information System

Interpretation

Emergency Department activity in the busiest metropolitan and regional NSW public hospitals has stabilised across 2009–10, however admissions via the Emergency department continue to rise: in 2009–10 ambulance transports to hospitals were up 4.2%, Emergency Department attendances were stable at around 2 million in 2008–09. Admissions through the Emergency Department were up 3.5% to 438,615 over the same period.

Emergency Departments always give priority to the most life threatening cases and NSW hospitals continue to treat 100% of the most seriously ill (Triage 1) within the National Benchmark of treatment within a designated two minute timeframe.

For those patients classified as triage category 2 or 'imminently life threatening' the performance in treating patients within 10 minutes in 2009–10 was two 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 2010 has been a challenge with 70% of patients seen within target time, below the 75% benchmark set by the ACEM.

In 2009–10, 83% of Triage 4 or 'potentially serious' patients had treatment commenced within 60 minutes, significantly higher than 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 were 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.

NSW Health is working with the AHS 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.

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

Out of Hospital Treatment

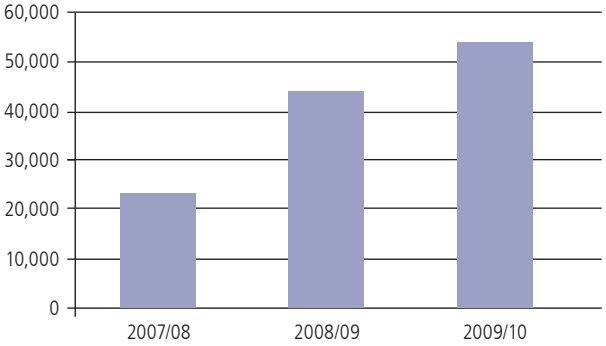
Desired Outcome

Reduction in the need for selected patients to be admitted to hospital and facilitation of early transfer of care to the home.

Context

There are some conditions for which hospitalisation is avoidable through the provision of clinically appropriate acute care alternatives within the home and/or in ambulatory care facilities.

Out of hospital treatment – All patients commencing Hospital in the Home / Community Acute Post Acute Care type services (Number)



Source: Local collection systems

Interpretation

The number of persons commencing Hospital in the Home/ Community Acute Post Acute Care type services has increased over the past three years. In 2009–10 over 54,000 people were treated in Hospital in the Home/Community Acute Post Acute services. This is an 130% increase over two years.

Acute Bed Days

Desired Outcome

Effective patient management and transfer of care.

Context

Providing appropriate treatment to older Non-Aboriginal persons and Aboriginal persons 45 years and over where acute care is required. Strategic direction two

Acute Bed Days – (Bed Days)

Non-Aboriginal persons 75 years and over

Aboriginal persons 45 years and over

Source: HIE (Episode_ATS; Stay)

Interpretation

The number of bed days for Non-Aboriginal people 75 years and over has decreased slightly (3%) in spite of a 7.5% increase in the number of admissions over the past two years. The number of bed days for Aboriginal people over 45 has increased.

Planned Surgery Patients

Desired Outcome

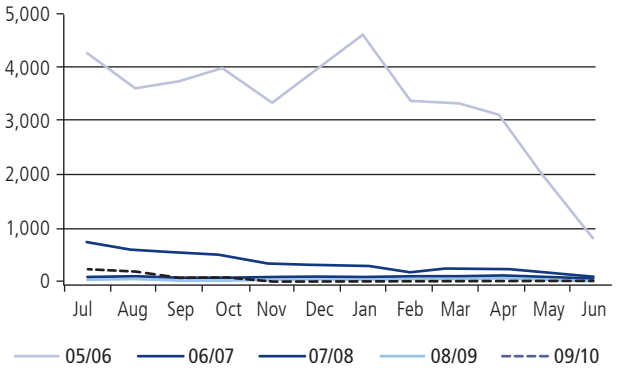
Timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

Context

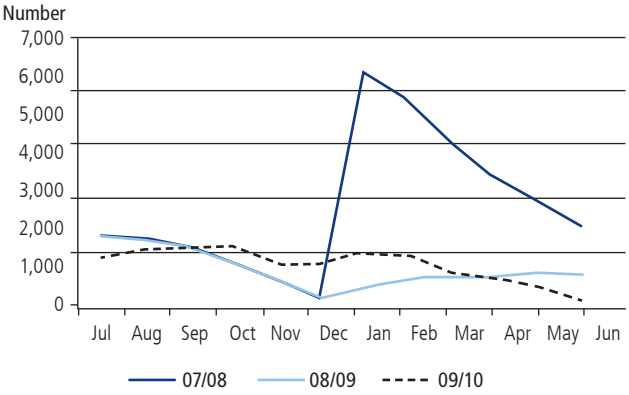
Long wait and overdue patients are those who have not received treatment within the recommended timeframes. The numbers and proportions of long wait and overdue patients represent measures of hospital performance in the provision of elective care. Better management of hospital services helps patients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

Ready for Care Patients Waiting (Number)

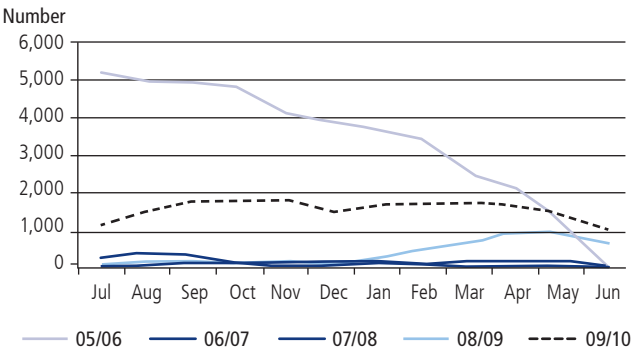
Urgency Category 1 > 30 days



Urgency Category 2 > 90 days



All Urgency Categories3 >12 months



Source: Waiting List Collection On Line System

Interpretation

At the end of June 2010 there was only one Category 1 patient overdue, a significant reduction compared to 4,260 at the end of July 2005,

The number of Category 2 overdue patients on the waiting list had decreased to 135 compared to 2,075 in June 2008, a reduction of 93%.

The total number of Category 3 patents was 1,063 in June 2010, down from 5,187 June 2005 over the same period. Although the number of patients in this category who were overdue was higher this year than in the past two years measures have been taken under the NSW Health Performance Management Framework to improve performance on this measure.

Related Policies and Programs

- Clinical Services Redesign Program
- Predictable Surgery Program
- Waiting Time and Elective Patient Management Policy (March 2006)
- Extended Day Only Admission Policy (August 2007)
- Surgical Activity During Christmas New Year Period Policy (November 2006).

The Waiting Time and Elective Patient Management Policy provides clear direction to Area Health Services on: appropriate categorisation of patients, 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 Extended Day Only Admission policy provides Area Health Services with direction on the diagnosis related groups that should be routinely considered as an extended day only admission.

Cancellations of Planned Surgery on the Date of Surgery (%)

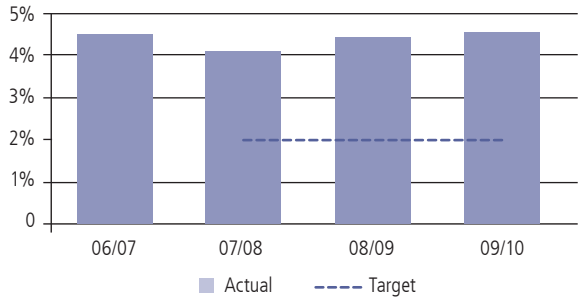
Desired Outcome

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

Context

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

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



Source: Local collection systems

Interpretation

The proportion of cancellations of planned surgery was 4.5% in 2009–10. It has been significantly above the target of 2% introduced in 2007–08 over the past four years. Cancellations on the day of surgery include all patient and facility reasons. The release and roll-out of the Emergency Surgery Guidelines is expected to have a positive effect on Elective Surgery cancellations.

Related Policies and Programs

- Clinical Services Redesign Program
- Predictable Surgery Program
- Waiting Time and Elective Patient Management Policy (March 2006)
- Pre Procedure Preparation Toolkit (December 2007)
- Extended Day Only (EDO) Admission Policy (August 2007)
- Emergency Surgery Guidelines (June 2009).

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

In June 2009 the Emergency Surgery Guidelines were released. It consists of a set of key principles that ensure emergency surgery demand is addressed without impacting on elective surgery performance. The guidelines are based on consultant surgeon-led models of care. Sufficient daylight operating theatre sessions are made available to meet emergency surgery demand and patients are operated on during daylight hours where clinically appropriate. Benefits include: improved predictability of access to timely surgery; reduced elective surgery cancellations and delays in ED for emergency surgery patients; improved use of emergency theatres, ICU and HDU and radiology and pathology investigations.

Theatre Utilisation for Booked Sessions

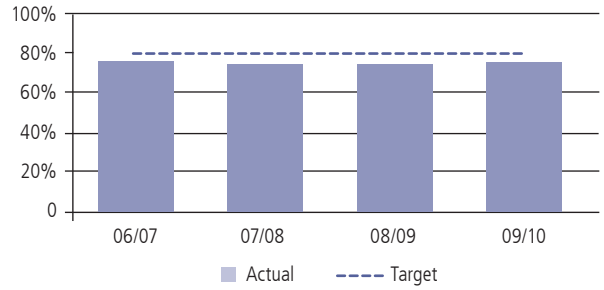
Desired Outcome

Efficient access and throughput for emergency and elective surgery patients and reduction in waiting lists.

Context

In order to estimate operating theatre productivity and efficiency, a number of performance indicators are required. Surgery cannot be performed without a number of support activities, which need to be viewed in combination for a true picture of utilisation to be obtained. Room occupancy during elective session hours is just one of a number of indicators of theatre utilisation.

Theatre Utilisation for Booked Sessions – Time occupied by patients (%)



Source: Local collection systems

Interpretation

Theatre utilisation has been around 75% over the past four years, slightly below the target of 80%.

Related Policies and Programs

- The NSW Predictable Surgery Program
- Extended Day Only (EDO) Admission Policy (2007)
- Pre procedure Preparation Toolkit (2007).

Emergency Admission Performance

Desired Outcome

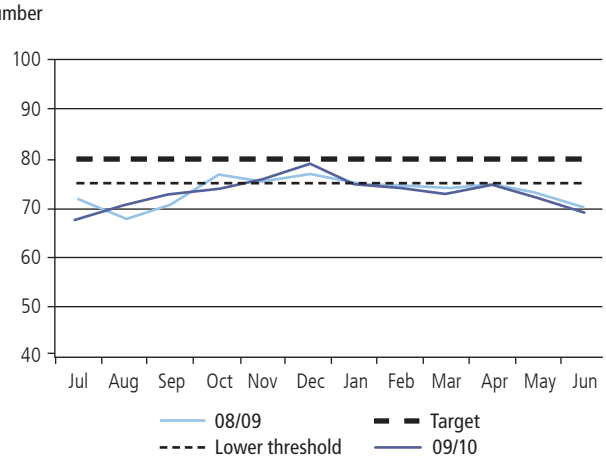
Timely admission from the emergency department for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

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.

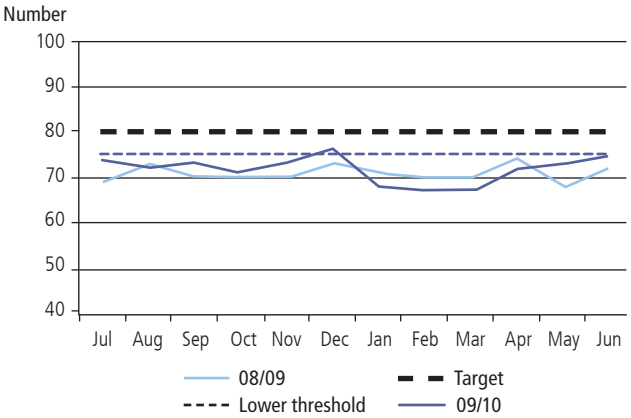
Emergency admission performance, patients transferred to an inpatient bed within eight hours (%)

Overall



Source: Emergency Department Information System

Mental Health



Source: Emergency Department Information System

Interpretation

The percentage of patients who waited less than 8 hours in an Emergency Department to get an inpatient hospital bed was 73% in 2009–10. EAP for patients being treated for mental health was 72% in 2009–10, fluctuating around 70% for most of the year.

The challenges in relation to EAP are being addressed through careful planning and the allocation of funding and support for a range of initiatives across NSW health facilities. 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 Rehabilitation for Chronic Disease Services.

Related Policies and Programs

NSW Health is working with the AHS 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.

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

Psychiatric Emergency Care Centres provide a place where mental health patients presenting at Emergency can be provided with better and more co-ordinated care by specialist psychiatric staff. Funding has been provided for nine centres throughout metropolitan Sydney and a further 26 new beds were announced in the new direction for mental health five year funding package.

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 are further strategies NSW Health is undertaking to ensure that the burden on our EDs is reduced.

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

Off Stretcher Time < 30 Minutes

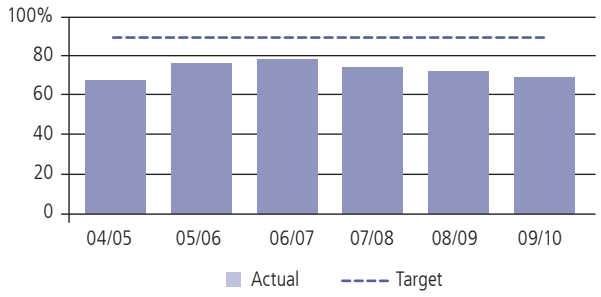
Desired Outcome

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

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



Source: NSW Ambulance Service, CAD System

Interpretation

The time taken for the transfer of patients arriving by ambulances to Emergency Departments has been a challenge. In 2009–10 the percentage of ambulance patients offloaded within 30 minutes in NSW was 69%. In the same year Ambulance transports increased by 4.2% 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 optimum number of ambulances those hospitals can manage within capacity.

Hospitals are attempting to reduce off-stretcher time by ensuring better patient flow through the whole hospital by implementing robust demand management plans and by improving patient flow systems through the Clinical Services Redesign Program. Patient flow units have been 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 up beds for newly arrived patients.

NSW Health is working with the AHS 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.

PFS builds on earlier work around demand management plans designed to activate an organisation wide response to demand management. However with the use of predictive planning, hospitals can now plan 7-10 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 and the timely offload of ambulances within the emergency department.

Strategic Direction 3

Strengthen primary health and continuing care in the community

Children's Health and Wellbeing

Maternal and Child Health Primary Health Care Policy

The Maternal and Child Health Primary Health Care Policy (PD2010_017) has been issued as one part of the NSW Health/Families NSW *Supporting Families Early* package. The package contains policies and guidelines for the identification and support of vulnerable families from a universal platform of primary health care services. This is through the comprehensive primary care assessment model, SAFE START, and the provision of maternal and child primary health care services including Universal Health Home Visiting. The policy also provides direction for the new sustained health home visiting programs known as Sustaining NSW Families. The package is underpinned by the Families NSW strategy, equity and clinical practice principles that include working in partnership with the family and facilitating the development of the parent-infant relationship.

Keep Them Safe

Child protection is core business for NSW Health. Health workers, along with police and educators, are the largest groups in NSW which respond to child protection concerns.

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

The need to respond early and whenever possible to the meet the needs of vulnerable families was a key finding of the Inquiry.

The *Keep Them Safe* implementation process is underway:

- A training and change management strategy for the Health Service has been development and implemented. A total of 160 KTS Information Sessions were delivered to over 6,500 health workers, including health professionals from child protection counselling, sexual assault, Aboriginal health, adult, child and adolescent mental health, antenatal and maternity, child and family health, domestic violence, drug and alcohol, early childhood, hospital social work, paediatrics and youth health. The training primarily focused on the implications of the legislative changes, processes for new information exchange provisions and the role of new Area staff recruited as a part of various KTS initiatives.
- Child Wellbeing Units (CWU) have been established in three locations across NSW:
  - Northern CWU – Wallsend
  - Greater Eastern and Southern CWU – North Wollongong
  - Western CWU – Dubbo.

The Child Wellbeing Units are staffed by child protection professionals who provide advice and support to mandatory reporters on how to respond to concerns relating to the safety, welfare and wellbeing of children and young people. This includes support in using the Mandatory Reporter Guide and advice on what action may be taken by reporters in response to all levels of concern. Child Wellbeing Units also record concerns that are below the significant harm threshold to ensure that these children and young people do not 'fall through the gaps.

- NSW Health, on behalf of the NSW Government, has established via a tendering process three pilot Family Referral Services (formerly Regional Intake and Referral Services). These selected pilots commenced their services in early May in Dubbo, Newcastle and Mount Druitt. Family Referral Services are being piloted over 12 months with a view to the Statewide implementation of the service over four years from 2010–11 to 2013–14.

The aim is to improve access to services for children, young people and families not requiring statutory intervention but otherwise would benefit from accessing specific services to address current problems and prevent escalation. FRS are intended to link vulnerable children, young people in need of assistance, and their families, with the most appropriate available support services in their local areas.

- Completed and published in February 2010 the *Keep Them Safe – Information Exchange* policy statement to introduce new legislative requirements for NSW Health staff in relation to the exchange of information with other human services and justice agencies, to ensure the safety, welfare and wellbeing of children and young people in NSW.
- Completed and published in January 2010 the *Keep Them Safe – Making a Child Protection Report* information bulletin which outlines requirements

as introduced by legislation in the *Children and Young Persons (Care and Protection) Act 1998* under *Keep Them Safe*.

- In 2009–10, continued contribution to and development of the National Out of Home Care Health assessment standard tool, Personal Health record Out of Home Care pages, DoCs/Health MOU on priority access for children in Out of Home Care and Health Assessments, reviews and interventions for Children entering Out of Home Care including Out of Home Care Co-ordinators.
- The State Budget for 2010–11 included supplementation to existing Health KTS funding of $4.5 million for prevention and early intervention projects. This includes firstly an expansion of the Sustaining NSW Families program ($2 million per annum) allowing an increase of sites from three to five. Secondly, a newly funded project, Got It! ($2.5 million per annum), which aims enhance school based mental health early intervention services for children.

NSW Kids

In January 2010, the Premier and Minister for Health released a Discussion Paper in response to Commissioner Garling's recommendations to establish a new public health authority for all children and young peoples' health services (recommendation 9 of Garling).

Instead of a single authority for child and youth health, the Discussion Paper proposed:

- a single authority responsible for the two Sydney Children's Hospitals, and with links to John Hunter Children's Hospital
- the new authority would have a single Advisory Council and would play a role, with John Hunter Children's Hospital in planning services it provides around NSW
- a new Branch in the Department responsible for maternal, perinatal, child and youth health (ages 0 – 22 years) with links to child protection, sexual assault and violence prevention and mental health, drug and alcohol programs and services
- new leadership for children and young peoples' health in all Area Health Services.

A significant number of submissions were received and provided strong advocacy for improvements to health services in NSW. Following Government consideration the Minister announced the NSW Kids strategies in Parliament on 20 May 2010.

The new entity, the Sydney Children's Hospitals Network (Randwick and Westmead), will commence in July 2010.

The intent of the changes is to improve equity in access to universal services across NSW, and provide targeted services where intervention is needed or treatment required.

The new Branch in the Department will be responsible for policy, planning and implementation of the full range of child health services

The Branch will convene newly established Program Councils (comprising AHS child health managers and clinicians) to co-ordinate local program implementation and develop clinical guidelines.

Better Oral Health

NSW continues to support the Better Oral Health in Residential Care Program.

NSW Health is currently developing guidelines to complement the Better Oral Health in Residential Care program, to provide structure for the management of referrals from care facilities for dental care. These guidelines recommend that care facilities follow the Better Oral Health in Residential Care model.

As part of a NSW Oral Health Promotion Demonstration Grant, a *Homeless and At Risk Youth program* has been developed in Sydney West Area Health Service and South Eastern Sydney Illawarra Area Health Service. This program, a partnership between oral health and youth services, is developing youth specific resources and, in Sydney West Area Health Service, a clinical program has been established to provide oral health care. Under the clinical component, oral health assessments are provided on-site at a youth health service and follow up treatment is provided at a designated clinical session at Westmead Centre for Oral Health. Further evaluation of this program is required, but strong uptake of the service has resulted in it becoming core business for Sydney West Area Health Service.

Community Health

Community Health Review

Increasing demands on public health services across NSW, particularly in hospitals, together with emerging health reform developments nationally highlighted the importance of undertaking a review of NSW community health services. The aim was to help determine the future directions for primary health care services in NSW to improve health outcomes and support a more robust and sustainable health care system.

During 2009–10, the Community Health Review informed NSW Health work in relation to primary health care aspects of national health reform, and progress of the *Caring Together Health Action Plan*.

During 2010–11, the Community Health Review will inform NSW Health implementation of national health reforms particularly around primary health care services and engagement with general practice, and the ongoing development of specialist community health services in NSW.

HealthOne NSW Services

The establishment of HealthOne NSW services involves creating new partnerships and shared clinical and corporate arrangements between general practitioners, community health teams and other health and human service providers. The health professionals involved in HealthOne NSW services work together in multidisciplinary teams to provide prevention, early intervention, and continuing, comprehensive primary health care to individuals and communities.

There has now been $54 million committed to the establishment of HealthOne NSW services in diverse settings across the State. HealthOne NSW services are already operating in Elderslie, Mount Druitt, Rylstone, Blayney, Molong and Rouse Hill. Construction commenced in 2009–10 for HealthOne NSW services at Coonamble, Manilla and Quirindi. Planning is well underway for a further seven HealthOne NSW services.

HealthOne NSW services exemplify the integrated primary health care service models described in the NSW State Plan, as well as health reforms now agreed by the Council of Australian Governments. HealthOne NSW services, providing integrated primary care, aim to facilitate patient access to a range of community-based services in such a way as to ensure a strong and effective continuum of care.

Severe Chronic Disease Management Program

The Severe Chronic Disease Management Program promotes partnerships between Area Health Services and Divisions of General Practice. These partnerships are essential for improved service delivery and resource allocation. In some cases funding has been provided to GP Divisions by their local Area Health Service to undertake care co-ordination of the most complex cases and to support General Practices.

To support these partnerships NSW Health has engaged General Practice NSW to:

- Develop training resources to enable the health system to work better with general practice;
- Promote and delivery that training; and
- Assist Areas to engage with General Practice.

Improve Non-Government Organisation Program Administration

Non-Government Organisation Grant Program review and endorsement of Recommendations Report by Management Board.

In December 2008, NSW Health and NGO Sector representatives agreed to undertake a review of the NGO Program with the aim to deliver the most efficient, effective and responsive NGO Program practicable.

A thorough consultation process has been undertaken as part of the Review. Following the release of the NGO Review Discussion Paper in September 2009, five workshops were held, a number of NGO site visits and a desk top review conducted of key NGO Program documents. A total of 160 representatives participated in the consultation process and 40 submissions were received in response to the Discussion Paper. Feedback from consultations was positive and stakeholders were supportive of reforming the NSW Health NGO Program.

In December 2009, a draft Recommendations Report was prepared and circulated for comment to Area Health Service Chief Executives, NSW Department of Health stakeholders and members of the NGO Program Review Reference Committee. The Committee includes members from a range of peak and other NGOs. There were 24 submissions on the proposed draft recommendations.

The Recommendations Report has now been finalised and endorsed by the NSW Health Management Board. The outcomes sought from this NSW Health NGO Review were:

- Where possible, reduce red tape and improve governance, transparency, efficiency and effectiveness of the NSW Health NGO Program
- NSW Health and the NGO Sector work together to ensure that health funded NGO services provide value for money services and are broadly complementary with NSW Health priorities
- NSW Health and the NGO Sector to strengthen partnerships to improve the health planning and health service delivery across all NSW health services.

After Hours General Practice Program

The Macarthur After Hours General Practice Clinic in Campbelltown is one of a number of after hours GP clinics that has been supported by NSW Health under the After Hours General Practice Program that commenced in 2006.

The Macarthur Clinic aims to improve access to affordable after hours general practice services, take the pressure off the local Emergency Department and enable patients to be treated in the most appropriate setting. The Clinic is co-located with the Campbelltown Hospital Emergency Department and is operated by the Macarthur Division of General Practice. The benefits of this relationship are the shared access to Campbelltown Hospital infrastructure and services, including security services and after-hours access to X-ray facilities, pathology services and the Pharmacy Department.

Sydney West Area Health Service reports that the operation of the Macarthur After Hours GP Clinic has coincided with a substantial reduction (from 50.8% to 34.7%) in the proportion of non-urgent primary care type patients seen in the Emergency Department.

The Clinic also supports the high number of solo local general practitioners (55 of 89 practices) who cannot provide after hours services by sharing patient encounter information to ensure continuity of care. The Clinic maintains bulk billing in a community that has higher than average unemployment rates and public housing, and a large number of people living on low median incomes.

Improved Health for Aboriginal Communities

Drug and Alcohol and Mental Health Services for Pregnant Aboriginal Women and their Families

Work was completed in 2009–10 on development of a service model for provision of drug and alcohol and mental health services for pregnant Aboriginal women and their families. This is part of Element 2 of the Early Childhood Development (IECD) National Partnership Agreement (NPA) for increased access to antenatal care. The key aims of the Mental Health and Drug and Alcohol component of NPA-IECD Element 2 are to improve identification and early intervention for pregnant Aboriginal women with vulnerabilities including mental health and drug and alcohol problems, and to strengthen the structures, procedures and processes that support effective continuum of care between community antenatal care providers, hospitals and community providers following birth.

The program will also strengthen the development of the specialist Aboriginal health workforce through the establishment of traineeships which will be part of the NSW Health Aboriginal Drug and Alcohol Traineeship Program (see below).

The program will also include development of a social marketing campaign to increase the community awareness of these services and raise awareness among the target audience about maternal, infant mental health and drug and alcohol issues.

A toolkit will also be developed to enhance the capacity of workers in drug and alcohol, mental health and maternal and infant health services to respond to the needs of Indigenous pregnant and neonatal women with mental health and drug and alcohol issues.

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. NSW Health has funded NADA to manage and implement three undergraduate

traineeships for Aboriginal people working in the non-government drug and alcohol sector to gain a tertiary qualification. 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.

NSW Health is committed to increasing the proportion of tertiary qualified Aboriginal drug and alcohol professionals through implementing the National Partnership Agreement on Closing the Gap of Indigenous Health Outcomes by 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.

NSW Health has funded Northern Sydney Central Coast Area Health Service to employ an Aboriginal Drug and Alcohol Traineeship Co-ordinator to support the Trainees while they undertake their work placements and studies.

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

The final report by the Aboriginal Health and Medical Research Council of the NSW Health funded project to develop a best practice model to engage and retain Aboriginal defendants in the MERIT program was completed in 2009–10. This will inform future policy and program development. In addition, work was undertaken on the review and development of a new MERIT Operational Manual which will be finalised in 2010. The new Manual will address a number of recommendations contained in the report by the Audit Office on Helping Aboriginal Defendants Through MERIT tabled in August 2009.

Aboriginal Drug and Alcohol Network and Leadership Group

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

ADAN's eighth annual symposium was held in April 2010 and attracted 66 Aboriginal drug and alcohol workers from across NSW. The symposium covered issues relating to policy, access to treatment, research and improving service delivery.

Aboriginal Older People's Mental Health Project

An Aboriginal Older People's Mental Health Project has been conducted in consultation with relevant Aboriginal and main stream services and Aboriginal community groups to inform strategies; to address the mental health needs and social and emotional wellbeing of aboriginal older people.

The project will inform key priorities under the Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005–2015 and related program developments in older people's mental health.

Expand Capacity of Mental Health Services to Respond to the Needs of Aboriginal People

In recognition that Aboriginal people experience levels of distress that are too high and have poor social and emotional wellbeing compared with the non-Aboriginal community, NSW Health has established the Aboriginal Mental Health Workforce Program. The Program aims to build a workforce of Aboriginal mental health workers across NSW to increase the capacity of mental health services to respond to the needs of Aboriginal people. The Program has three components:

1. Aboriginal Mental Health Workforce Training Program – Using a traineeship model the Program provides permanent employment within NSW Health for Aboriginal Mental Health Workers, while they undertake a degree course, clinical placements and on the job training. As of 30 June 2010 there are 45 traineeship positions across NSW. 19 of these positions are directly funded by NSW Health, while a further 26 positions have been converted by Area Health Services from vacant positions Areas were unable to recruit to.
2. Aboriginal Clinical Leadership Program – Six Aboriginal Clinical Leader positions have been established in key Area Health Services across the State. These positions play a significant role in supporting the rapidly emerging Aboriginal Mental Health Workforce, including providing supervision to Trainees in the Training Program. They

also play a vital role in helping to promote service utilisation by Aboriginal people and to ensure the provision of culturally appropriate services to Aboriginal communities.

3. Positions into the Aboriginal Community Controlled Health Services – In recognition that some Aboriginal people only access health services through the ACCHS sector, NSW Health recently released funding to establish an additional 10 Aboriginal Mental Health Worker positions into this sector. This brings to 24 the number of positions funded by NSW Health in this sector.

Housing and Accommodation Support Initiative 5A – Aboriginal HASI

The NSW Government announced funding to further enhance and expand the Housing and Accommodation Support Initiative (HASI) program and to review and scope a service model of this program that is more culturally appropriate for Aboriginal people.

HASI is a partnership program between NSW Health, Housing NSW and the non-government sector. HASI aims to provide appropriate housing combined with clinical and accommodation support to people with a mental illness to enable them to live in the community successfully.

The new model will have a more holistic approach that reflects the complex needs of the individual and their support networks including their family and community. It will also recognise the various social and cultural impacts on the individual's social and emotional wellbeing.

HASI 5A is being rolled out in three stages:

- Stage 1: the development and implementation of two pilot projects in Blacktown and Lismore. Each delivers 10 support packages – a mix of low, medium and high support (commenced early 2009)
- Stage 2: the transfer of 42 existing HASI packages into the HASI 5A stream. Funding top up and brokerage funds is provided by NSW Health (commenced Jan 2010)
- Stage 3: will involve the roll-out of an additional 38 new HASI 5A packages across NSW

Aged Care

Improving the Quality, Timeliness and Consistency of Aged Care Assessment Team Services

The NSW Health Aged Care Assessment and Care Planning Framework was released in March 2010 for use across all NSW Area Health Service aged care services. The Framework was developed with input from an Advisory Group comprising representatives from the Department of Health and each of the Area Health Services.

The Framework is designed to enhance the consistency of documentation and communication between services across the whole continuum of care for older people and those with complex needs.

- Within this context, the Department has continued with a set of ambitious COAG Aged Care Assessment Program (ACAP) structural reforms. Significant achievements this year have included:
- Conduct of the third Statewide NSW ACAP Key Stakeholder Survey of (i) clients and carers and (ii) service providers. This set of three surveys (conducted each year from 2008 to 2010) has provided important information to assist in the reform process. The third survey demonstrated a continuing high satisfaction of clients of 95% and an improving satisfaction of aged care service providers from 66% to 75%.
- Implementation of the NSW ACAP Assessor Accreditation System has commenced in all Area Health Services. This system is designed to improve the consistency and quality of ACAT assessments Statewide.
- Enhancing the e-business capability of all ACATs in NSW. Twenty-three of the 39 ACAT Teams in NSW are now electronically submitting Aged Care Client Record (eACCR) to Medicare Australia. This initiative has improved the payment system for service providers, as well as helping to boost the efficiency of ACATs and upgrade the quality of data collected. Work is underway to develop the computer software to enable the remaining 16 NSW ACAT Teams to submit records electronically.

- A change management process to increase the efficiency of ACATs in NSW occurred in late 2009. This Project standardised NSW ACAT intake, allocation, Delegation and wait list management systems. Evaluation of this project in April 2010 demonstrated a high rate of embedding of revised practices across NSW. Overall there has been a 5.3% improvement in the number of ACAT clients 'seen on time' .

The COAG Long Stay Older Patients (LSOP) program, involving a partnership with the Australian Government Department of Health and Ageing, commenced in 2007–08 and will continue through to 2011/12. LSOP Services in NSW include 46 Aged Care Services in Emergency Team (ASET) services and 38 Acute to Aged-Related Care Service (AARCS). These services are focused on improving the continuity of care and management of older people within the hospital system and at the interface with other services.

A Statewide survey of the AARCS undertaken in 2009 indicated satisfaction with improved discharge planning, comprehensive patient assessment and follow-up, communication and patient advocacy.

Overall these aged care specialist roles have been welcomed within NSW Emergency Departments and Hospital medical wards as valuable in improving education of staff, continuity of care for patients and timely access to service planning at discharge.

Dementia Services Planning

The Department of Health established a Dementia Policy Team at South Eastern Sydney and Illawarra Health (SESIAHS) to provide Statewide leadership in NSW Health dementia policy, planning and service development in dementia care in NSW Health to improve the lives of people with dementia and their carers.

Since establishment the Dementia Policy Team a review of NSW Health's achievements under the *Dementia Action Plan 2007–2009* has commenced and the develop of the Dementia Services Framework and Dementia Services Plan is well underway.

Recurrent funds of $1.2 million enhancement funds were received for 2010–11 to employ additional community nurses dedicated to dementia care in each Area Health Service. The positions will enhance existing Area Health Service aged care community teams and will link into the existing Dementia/ Delirium Acute Nurses network.

NSW Carers Action Plan Implementation

During the reporting year the interagency *NSW Carers Action Plan 2007–2012* continued to be implemented.

The Social Policy Research Centre was commissioned to develop an evaluation framework for the *NSW Carers Action Plan 2007–2012*.

The *Carers Action Plan* evaluation framework provided was very comprehensive. It reflected outcomes-based accountability and is designed to evaluate the *Carers Action Plan* key aims including carer wellbeing. The Carers Evaluation Framework was completed and implementation will commence later in 2010.

Funding was provided to culturally and linguistically diverse non-government organisations and Aboriginal non-government organisations to provide carer support services to hidden carers, working towards achieving priority 2 under the *Carers Action Plan*.

The *NSW Carers Recognition Act 2010* commenced in May 2010. It requires public sector agencies to have an awareness and understanding of the *NSW Carers Charter*. Human service agencies have additional obligations including taking action to reflect the principles and reporting annually on its compliance.

The Act also establish a Ministerial Carers Advisory Council with primary carers the majority of members.

Home and Community Care (HACC) Program

Ageing, Disability and Home Care (ADHC) in the Department of Human Services is the administrator of the HACC Review Agreement between the Commonwealth and the NSW Government, and, works in partnership with NSW Transport and Infrastructure and NSW Health in planning for the needs of the NSW HACC target population.

NSW Health receives over $70 million pa to provide HACC services such as Nursing, Allied Health and Centre based Day Care for frail older people and people with a disability who would otherwise be prematurely or inappropriately admitted to residential care to live independently in their own home.

This year NSW Health has negotiated Descriptions of Service contracts with ADHC for each service provision in the Area Health Service that details funding and service output.

NSW Transitional Aged Care Program (TACP)

This is a unique interface program successfully supporting older people to have time to rebuild functional capacity after a stay in hospital and time to consider longer term decisions about their living arrangements. The NSW program, jointly funded by the Commonwealth and State, now offers services via 41 TACP services supporting 934 flexible care places in both community and residential settings. Since July 2009 NSW has increased its operational places by 169. During the same period our program has provided services to 3,758 older people with 62% of this group successfully returning to their home, some with a need for ongoing support services.

People with Disabilities

Being a Healthy Woman

In June 2010 *Being a Healthy Woman* was published to help women with intellectual disability learn more about their health. The publication also provides a list of resources on disability for women with intellectual disability, their family members, carers or health care professionals. It can be used as a teaching tool to help women with intellectual disability learn about their health.

Other achievements include:

- Completed an evaluation of the Developmental Disability Health Unit
- Completed the *Service framework to improve the health needs of people with an intellectual disability* and received enhancement funds for intellectual disability
- Finalised *NSW Disability Action Plan* which is available on the NSW Health website and was submitted to the Department of Human Services – Ageing Disability and Home Care and to the Human Rights and Equal Opportunity Commission.

Improved Outcomes in Mental Health

General Practitioner (GP) Mental Health Training

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

On 30 April 2010, 11 students graduated from the program:

- Graduate Certificate: eight students
- Graduate Diploma: one student
- Masters: two students

This brings the total masters graduates to four since the inception of the course. There are 18 students enrolled in the Program for 2010.

Development of the Statewide Child and Adolescent Mental Health Services Plan

Funding has been provided for a full time position in Mental Health Drug and Alcohol Office, MH-Kids, for an Aboriginal Child and Adolescent Mental Health and Wellbeing Manager. Work has now commenced on the development and implementation of an Aboriginal Child and Adolescent Mental Health and Wellbeing Plan, beginning with review of relevant literature, policies and plans and the development of a consultation process. This plan will link with the National Strategic Framework for Aboriginal and Islander Health, the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2004–2009, the NSW Aboriginal Mental Health and Wellbeing Policy 2006–2010, the Two Ways Together Families and Communities Action Plan and the NSW Aboriginal Maternal and Infant Health Strategy.

Family and Carer Mental Health Program

The NSW Family and Carer Mental Health Program provides a comprehensive range of supports and services for families and carers of people with a mental illness through strengthening existing partnerships between families and carers, NGOs and Area Mental Health Services. This is achieved through providing education and supervision to clinicians in Area Health Services to increase their skill base in working with families and carers; providing education and training, individual support and advocacy, and peer support for families and carers through the NGO sector; and improving access to mainstream carer support programs for the families and carers of people with a mental illness.

The mental health service is often the first point of contact for a family or carer when a relative or friend experiences an episode of mental illness. Promoting a family and carer friendly environment is the first step in engaging families and carers in the treatment process. Initiatives under the NSW Family and Carer Mental Health Program have targeted attitudinal and practice change within clinical mental health services as the first key plank of this service model.

In 2009–10 a new resource was developed to support mental health clinicians to undertake education with families and carers on mental illness and resilience building. *Connecting With Carers Through Education: A Guide For Mental Health Service Providers* (CWCTE), is an electronic resource aimed at assisting mental health services to deliver essential education and support to families and carers of people with a mental illness; and to tailor education to context and needs, eg single family, multi family group, community training. The resource is accessible, easy to use and readily updateable, with embedded links in the Clinician Handbook that takes the clinician to slide presentations, video clips, fact sheets and web sites. The resource was developed for use by both AHS staff and NGO staff.

Treating Eating Disorders

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

In addition to several training programs, two pilot eating disorder day programs have been developed. Day programs offer a cost-effective intensive dose of treatment, compared to inpatient services. The Central Coast Day Program and RPA Day Programs commenced services in early 2009–10.

A number of educational and workforce development initiatives have been conducted in 2009–10, focussing on particularly for GPs. An Online Learning program continues to be popular, and a video based extension of this program is currently being developed to provide workforce development for GPs. This is also being extended to other professions including nurses, dieticians and psychologists/counsellors.

Focus on regional workforce development is being planned for 2010–11, with three two-day programs on psychological treatment currently under development. Rural phone support and tele-medicine services continue, hubbed at RPA Hospital (for adults) and Children's Hospital Westmead (for children and Adolescents). An integrated medical/mental health inpatient and community based program has commenced at John Hunter Hospital, Newcastle.

Performance Indicators

Antenatal Visits

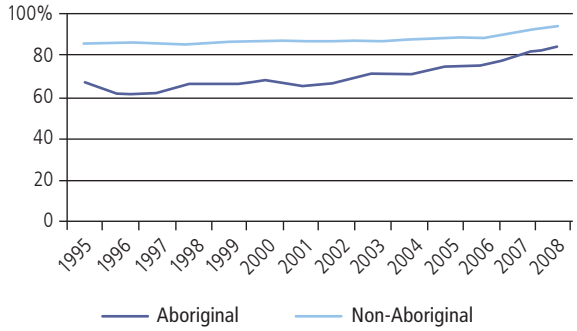
Desired Outcome

Improved health of mothers and babies.

Context

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

Antenatal Visits – births where 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. The percentage for Aboriginal mothers, however, remains below that for non-Aboriginal mothers, although the gap is narrowing.

Related Policies and Programs

- Maternity Towards Normal Birth In NSW PD2010_045 provides the policy framework for maternity services.
- The Maternal and Perinatal Health Priority Taskforce and NSW Health support the continued development of a range of models of care. Maternity_ Early Pregnancy Complications PD2009_058 supports health staff in providing appropriate care to women who are experiencing problems early in their pregnancy.
- Early pregnancy care improvements include the continued provision of public antenatal care services in rural and regional centres in NSW.
- The NSW Aboriginal Maternal and Infant Health Service (AMIHS) is a primary health care strategy implemented in 2001 to improve perinatal mortality and morbidity. In 2006, the evaluation of the program demonstrated marked improvement in access to antenatal care by Aboriginal mothers in the program areas. The AMIHS has expanded to over 30 programs across NSW.

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

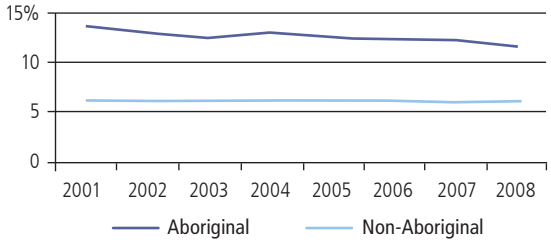
Desired Outcome

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 – Weighing Less than 2,500g (%)



Source: Midwives Data Collection (HOIST)

Interpretation

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

Related Policies and Programs

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

Postnatal Home Visits

Desired Outcome

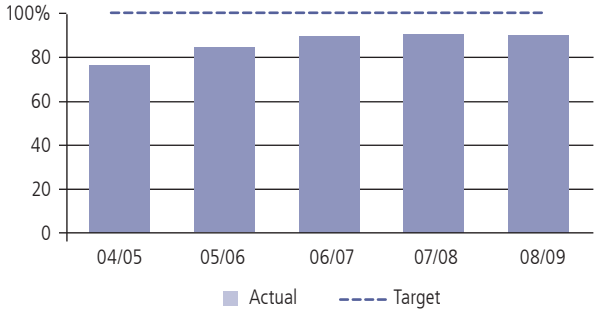
To solve problems in raising children early, before they become entrenched, resulting in the best possible start in life.

Context

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

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

Families NSW Postnatal Universal Health Home Visit (UHHV) – Families Offered a Visit (%)



Source: Families First Area Health Service Annual Reports, NSW Admitted Patient Data Collection (HOIST)

Interpretation

Since the start of the Families NSW initiative, over 420,000 families with a new baby have been offered a universal health home visit. Area health services continue to guide services, improve continuity of care between maternity and child and family health services and strengthen networks to support the implementation of Families NSW.

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

Related Policies and Programs

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

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

The Families NSW Supporting Families Early Package was released in March 2010. This package promotes an integrated approach to the care of women, their infants and families in the perinatal period. The policy consists of three documents:

- Maternal and Child Health Primary Health care Policy PD2010_17
- SAFE START Strategic Policy PD2010_16
- SAFE START Guidelines: Improving Mental Health Outcomes for Parents and Infants GL2010_004

These initiatives are an important contribution to the provision of services that enhance the health of parents and their infants, help to protect against child abuse and neglect, and enhance the wellbeing of the whole community.

Ambulatory Care Sensitive Conditions

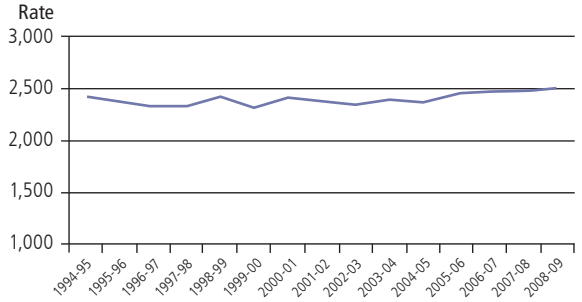
Desired Outcome

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

Context

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

Ambulatory Care Sensitive Conditions (age-standardised hospital separation rate of per 100,000 population)



Source: NSW Admitted Patient Data Collection and ABS population estimates (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

Interpretation

The conditions associated with hospitalisations that fall within the scope of potentially preventable hospital admissions are termed ambulatory care sensitive (ACS) conditions. These cover a complex array of conditions under the following broad headings:

- Vaccine preventable conditions such as tetanus, measles, mumps and rubella.
- Acute conditions such as urinary tract infections, cellulitis and dental conditions.
- Chronic conditions such as congestive heart failure and chronic obstructive pulmonary disease.

In 2008–09, potentially preventable hospitalisations comprised 7.5% of total hospital admissions, which, while below the 8.5% target, represents an increase of 0.1% over the 2006–07 baseline. This increase is entirely due to a change in ICD-10-AM codes and coding practice for 'dehydration and gastroenteritis' which resulted in hospitalisations previously excluded being included. It is not a reflection of increasing hospitalisation overall for these conditions.

Related Policies and Programs

- NSW Immunisation Strategy 2008–2011
- New services across the State to support Acute Community Care
- Increasing the number of people commencing chronic disease rehabilitation
- Walgan Tilly program for Aboriginal people with chronic illness
- Chronic Care for Aboriginal People Model of Care
- Severe Chronic Disease Management Program
- Fluoridation Program
- Early Childhood Oral Health (ECOH) Program.

Sexual Assault Counsellors

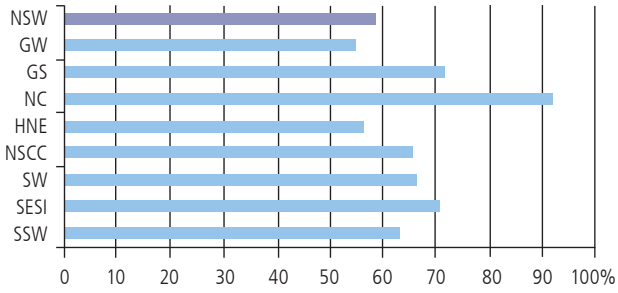
Desired Outcome

To ensure the Sexual Assault Services are adequately staffed to meet population needs.

Context

A number of programs have been initiated that aim to provide a counselling services to victims of sexual assault. These initiatives have been accompanied by the provision of specific funding for Sexual Assault Positions within Sexual Assault Services. It is imperative to the success of these programs that these positions be filled and maintained in order to meet the needs of sexual assault victims and provide culturally responsive services.

Sexual Assault Counsellors– designated positions filled (%)



Source: AHS data for NSW Health sexual assault counsellors

Interpretation

Note that the data covers the period February to April 2010. During this limited time period all AHSs were able to fill over 50% of positions funded, in spite of difficulties in recruiting suitably qualified persons for these positions.

Related Policies and Programs

- Aboriginal Child Sexual Assault Interagency Plan
- Safe Families Program
- Keep Them Safe.

Mental Health Ambulatory Contacts

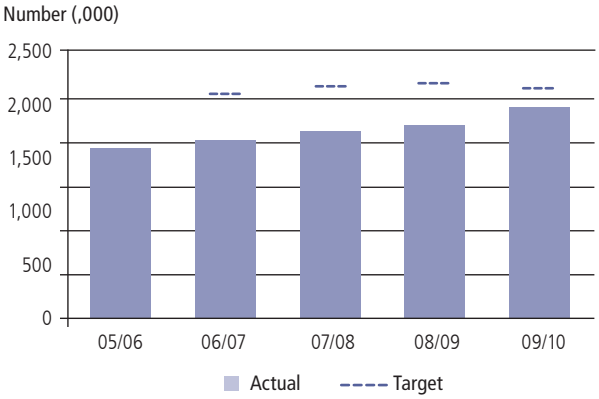
Desired Outcome

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 HIE (MHAMB 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 although interpretation of this data needs to be treated with caution. Ambulatory contact data continues to be uploaded from Areas for several months after the close of a reporting period, and data for 2009–10 will therefore not be finalised until late 2010. Therefore the number of contacts presented here are most likely under-reported.

Related Policies and Programs

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

Networks, Forums and Regional Initiatives

Rural Health Service Improved Access

The Rural Health Plan has been the basis for significant improvements in access to services in rural and remote NSW, most recently these have included:

- A four bed acute stroke unit at Coffs Harbour focusing on patient care from admission to the Emergency Department through to rehabilitation and re-integration back into the community. This increased to seven the number of specialised stroke services across rural NSW including four acute stroke units and three stroke services with specialist staff.
- Renal dialysis services have continued to expand with funding for additional dialysis services enabling more patients to be treated closer to home. In 2009–10 an additional four chairs opened at Wagga Wagga; four chairs at Broken Hill; an additional three shifts at Goulburn, an additional three shifts at Forbes; and 10 additional places at Kempsey.
- The Lismore Cardiac Catheterisation Laboratory opened in May 2010 providing public diagnostic cardiology procedures for residents of the North Coast.
- The North Coast Cancer Institute (NCCI), the first public rural radiation oncology treatment service in NSW, which commenced in 2007, has centres at Coffs Harbour and Port Macquarie. A second linear accelerator at Coffs Harbour commenced treatment in November 2009, and a new centre opened at Lismore in May 2010.

Telehealth Unit

The Telehealth Unit is planning the migration of the NSW Health Telehealth network from ISDN to IP to enhance the existing network by improving access and bandwidth quality, reducing the service cost and supporting better integration of the services into the health environment. Preliminary Area infrastructure analysis has recently been undertaken which suggests most of the sites could transition to IP without needing replacement. The Unit is also in the process of formalising the outcomes of several clinical projects that have been occurring in NSW, which, following evaluation, will inform clinical guidelines and service planning for the State. The Connecting Critical Care/Telehealth Research Project is one of them. The project has been conducted in several critical care units (ICUs and EDs) in rural and metro areas. The project was extended to seven EDs on the North Coast in mid 2009, and uptake has been significant, with more than 34 consultations taking place during the evaluation period.

Area Health Advisory Council Forums

As part of the clinician and community participation framework, two Area Health Advisory Council Forums were held in 2009–10. The Forums provided AHAC Chairs and Area Chief Executives the opportunity to discuss common issues and challenges, which included the Independent Panel's audit progress report on the implementation of *Caring Together*, and the NSW response to the National Health and Hospitals Agreement.

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

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

During 2009–10, the MHDAO continued its collaboration with NADA. Projects included NGO accreditation and workforce development and the NSW Family and Carers Mental Health Program in the Drug and Alcohol NGO sector. Others were cross-training for drug and alcohol/mental health workers and the drug and alcohol/mental health information management project. In addition, NADA has been an active participant in the review of funding to drug and alcohol non-government organisations funded by MHDAO.

Oral Health Centre at Dubbo

Approximately $4 million was provided to Charles Sturt University for the joint development of a new Oral Health Centre at Dubbo. Expansion of the Port Macquarie Regional Dental Clinic from three to six dental chairs, at a cost of over $800,000 was also completed in 2009.

Improve Women's Health

The completion and release of the *NSW Women's Health Plan 2009–2011* was undertaken during 2009–10. The Plan sets short-term objectives to advance women's health priorities and aims to:

- increase access to certain health services and information for targeted populations of disadvantaged women;
- further the health system's understanding and appreciation of the ways sex and gender can influence the health needs of women across the lifespan; and
- establish a baseline of evidence and information that will strengthen the foundations for a future more comprehensive review of policy.

Improve Men's Health

The *NSW Men's Health Plan 2009–2012* was published during the reporting year. The Plan is consistent with the recently released *National Male Health Policy* and builds on achievements made under the NSW men's health policy, *Moving Forward in Men's Health*. The Plan aims to guide the NSW Health system in providing health care, health promotion and information which appropriately addresses the health needs of men and improves their health outcomes.

Mental Health

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

NSW Health, the Ambulance Service of NSW and NSW Police continue to work collaboratively to provide efficient, appropriate and effective care for people with mental health problems, underpinned by the *Mental Health Act (NSW) 2007*, and the principles of the memorandum of understanding for mental health. The State Inter-Departmental Committee for Mental Health has commenced the review and update of the MOU to include the new provisions of the Mental Health Act, and operational developments including guidelines for Police involvement in inter-hospital transports.

The Mental Health and Drug and Alcohol Office (MHDAO) has provided funding over five years to the Ambulance Service of NSW to support the implementation of the NSW Ambulance Mental Health Plan and the adoption of mental health as a priority care category. The ambulance service continues to roll-out mental health training to its officers, a prerequisite to authorise ambulance officers under the Mental Health Act and the service is on target to complete implementation of the training by June 2011 and to embed the training into its core training of intern paramedics.

An approved mechanical restraint device is being implemented within the ambulance service to assist in transporting patients with disturbed behaviour. The device has been used on 233 occasions since its implementation with good clinical outcomes for patients and no adverse events being reported.

The NSW Police mental health intervention team (MHIT) is a permanent unit within NSW Police Force. An independent evaluation of the MHIT model was conducted by Charles Sturt University over the two year MHIT trial. Their final reports concludes that the NSW Police MHIT model is achieving its main aims including improving awareness of frontline police in dealing with people with mental health issues and reducing injuries to police and mental health consumers. NSW Police has commenced the roll-out of the specialist mental health training with 375 officers having completed the training. NSW Police has committed to 10% of its operational workforce completing the training by 2015. The MHDAO has funded a senior mental health clinician position which sits within the MHIT for a further three years.

NSW Centre for Rural and Remote Mental Health

MHDAO continues its commitment to the NSW Centre for Rural and Remote Mental Health (CRRMH), a major partnership between NSW Health and the University of Newcastle, to foster greater understanding of mental health in rural NSW and to explore innovation in the delivery of mental health care in rural Australia, through research, education and service networks. Productive cross-sector partnerships with both Government and non-government organisations and the provision of a centre for excellence for rural health issues, has attracted major national grants for its research and service development work. It includes co-ordination of the Commonwealth Farm-Link program, a new primary care-led specialist partnership model across the 16 Murdi Paaki indigenous communities in regional NSW and the Drought Mental Health response for NSW as well workforce learning and development programs in rural practice and in emergency mental health care.

With the limited specialist services available in rural NSW, the CRRMH also supports Early Psychosis practice in rural and remote NSW, including education and workshops, research and organising the biannual Rural Early Psychosis Forum.

Drought Initiatives, Especially Farmers Gatherings and Mental Health First Aid

Recent rain events have assisted some areas of NSW to move from drought to marginal or satisfactory status. Whilst this has provided some hope in these areas, it is anticipated that social and financial recovery from the effects of the prolonged drought will take approximately five years of consistently good rainfall. The continued development and enhancement of resilience in rural communities to address future adverse events remains a priority.

The Drought mental health Assistance PROGRAM (DMHAP) has been in operation since 2006. In 2009–10, DMHAP maintained more than 39 service networks across rural NSW, and has delivered 74 Mental Health First Aid courses as well as providing mental health resources at rural events. These activities ensure high levels of community awareness and accessible and robust pathways to treatment including for people at risk of suicide as a result of rural adversity.

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

Children of Parents with a Mental Illness (COPMI) Program

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

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

The NSW Children of Parents with a Mental Illness (COPMI) Framework for Mental Health services 2010–2015 was developed by MH-Kids in consultation with a wide range of relevant stakeholders and key partners. This new policy provides strategic directions for the continuing development of Area Mental Health services to better identify the needs of children whose parents have mental health problems and disorders through a family sensitive approach.

Continued Improvements with the Mental Health Non-Government Organisation (NGO) Sector

Over the past 12 months NSW Health has continued to support the mental health NGO sector in NSW.

The Mental Health Co-ordinating Council NSW (MHCC) commenced the administration of the Infrastructure Grants Program (IGP) in 2006. The MHCC is the NSW peak body for mental health NGOs in NSW. The grant program was initially $2 million and, because of its success, has subsequently received a number of funding enhancements. In May 2010 an additional $1 million was allocated to the IGP.

In total to date the Minister has approved $5 million for the IGP and it has been extended to December 2011. The IGP allocates one-off grants to promote the capacity of mental health NGOs to implement service improvement projects and progress towards accreditation with recognised quality standards. It also includes a sub-program, *No NGO Left Behind*, that specifically gives priority to small to medium non-government organisations targeting mental health program/social and emotional wellbeing programs and that had not previously received funding under the IGP and either target high need groups in providing services, for example Aboriginal or Culturally or Linguistically Diverse (CALD) communities, youth, and people with co-existing conditions and/or service rural or remote areas.

As outlined in workforce development section, MHDAO supported NGO workforce development through the NGO professional development scholarship program, providing $1.56 million over three years to establish five scholarship streams including the Cert IV in mental health providing a minimum staff competency standard for the mental health NGO workforce. In 2009–10 a further $100,000 was committed to this initiative providing an

additional 20 clinical scholarship places. This is in addition to the $750,000 NSW Health paid to the three years to the end of the 2009–10 financial year for the establishment of a Learning and Development Unit (LDU) located at the MHCC.

Asylum Seekers Policy Directive

A policy relating to Medicare ineligibility and specified public health services in relation to asylum seekers was released in October 2009. The *PD2009_068 Asylum Seekers – Medicare Ineligible – Provision of Specified Public Health Services* policy applies to a sub-group of community-based asylum seekers, who are persons that come to Australia on study or tourist visas and then apply for refugee status due to fears for their personal safety in their home country. Changes to eligibility for Medicare by the Commonwealth in 2009 led to a reduction in the number of Medicare ineligible asylum seekers in NSW, but left a small number still unable to access Medicare funded health services, or other health services provided for many new arrivals.

Through this Policy, the NSW Government has approved fee waivers for specified public health services to those community based asylum seekers who are Medicare ineligible. The policy provides NSW Health facilities and staff with guidance in implementing the decision, including the identification of Medicare ineligible asylum seekers and description of the public health services to which the waiver applies.

Strategic Direction 5

Make smart choices about the costs and benefits of health services

Funding Management

Creating a Stronger Link Between Inputs, Outputs and Outcomes in Health Care

In 2009–10, NSW Health moved to full implementation of its episode funding model which is designed to achieve a stronger link between hospital funding and agreed patient activity levels. Episode funding is the term used in NSW to describe what is generically called casemix or activity based funding.

The NSW Health episode funding model currently covers the major services provided in the larger public hospitals acute and subacute inpatient care (including surgery), emergency care and intensive care. Smaller NSW hospitals are not yet operating under episode funding arrangements.

In addition to being a budget-setting tool, episode funding also assist with benchmarking and performance management, allowing the number and cost of services provided by a particular hospital during the year to be measured against the activity targets and prices set in the episode funding policy.

As the quality of clinical coding and costing development carried out at service level direct impacts on the quality of information generated and applied, the Department conducted audits of these processes across the State in 2009–10. The resulting information will assist all participating NSW Health operating units to target their business improvement processes.

NSW Health's progressive adoption of episode funding complements initiatives being conducted by the Department under the COAG National Partnership Agreement on Activity Based Funding, and commitments under the National Health and Hospitals Network Agreement. This national effort to consistently apply an activity based funding model across Australia is testimony to its value as a mechanism for more efficient and effective use of resources, greater accountability and in the longer term, quality of patient care services.

Earlier Distribution of Health Budgets

NSW Health advised Health Service Chief Executives of the 2010–11 budget allocations on 8 June 2010, State Budget Day, consistent with recommendation 136 of *Caring Together* – the Government's response to the Garling report. The early release of budgets in 2009–10 and 2010–11 has improved the capacity of hospitals and health facilities to understand resource allocation and plan health service delivery.

Health Technology

Health Technology Assessment Update

The third edition of the Health Technology Assessment Update newsletter was circulated within NSW Health and to the Area Health Services, to health service planners, policy makers and clinicians, to ensure the dissemination of the most recent local and international health technology assessments (HTA). This newsletter provides information on the most recent local and international health technology assessments, focusing on new and emerging health technologies or existing technologies for which there are new applications. HTAs can assist policy makers, health planners and clinicians analyse the medical, social, ethical and economic implications associated with the development, diffusion and use of these health technologies.

Radiotherapy Services

Linear accelerators are used to provide radiotherapy to people with cancer as part of their overall cancer treatment. During 2009–10 linear accelerators at Nepean Cancer Care Centre, Liverpool Cancer Care Centre and Royal North Shore Hospital were replaced, and a new treatment machine installed at the newly opened Lismore Integrated Cancer Care Centre. These services are planned on a Statewide basis to an equitable and efficient distribution of services.

Performance Indicators

Resource Distribution Formula – the Weighted Average Distance from Target Share for all Area Health Services

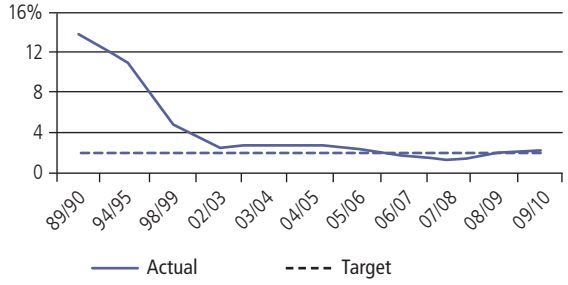
Desired Outcome

More equitable access to health funding between Area Health Services.

Context

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

Resources Distribution Formula – The weighted average distance from target share for all Area Health Services (%)



Source: Inter-Government and Funding Strategies Branch

Interpretation

In 1989–90, Area Health Services were on average 14% away from their resource distribution formula target share. With a greater share of growth funding allocated to historically under-funded population growth areas, the average distance from target share for Area Health Services has declined significantly over time and was 2.2% in 2009–10.

Strategic Direction 6

Build a sustainable health workforce

Medical Workforce

- NSW Health employed an extra 384 FTE doctors in 2009–10 bringing the total medical workforce to a record number of 8524 FTE doctors. This included 665 medical graduates commencing internships in January 2010.
- Recruitment strategies to attract and retain doctors in the past 12 months include:
  - **Country Careers Officers** to support health professionals to relocate and integrate into regional locations are funded in rural Area Health Service.
  - **employer brand** for recruitment including a recruitment marketing strategy for medical practitioners with particular focus on Emergency Medicine, Psychiatry, and Obstetrics and Gynaecology.
  - the **Panel of Overseas Recruitment Agencies** continued to assist Health Services recruit to vacant positions during 2009–10. The Panel provides quality assurance of overseas recruitment agencies used by the NSW public health system, and streamlines and improves overseas recruitment cost-effectiveness.
- NSW Health has progressed development of the **Hospitalist** role for non-specialist doctors working in public health facilities. Hospitalists improve quality and patient safety through co-ordination of medical care, working closely with clinical staff and health service managers.
- In March 2010, the Clinical Education and Training Institute launched the **Hospital Skills Program** which provides a continuing education and professional development framework for non-specialist doctors.

Training in Emergency Department skills for non-specialist doctors is one of the modules that will be relevant to a significant proportion of non-specialist doctors. Other modules have been developed for Aged Care, Mental Health and Core Skills for doctors working in hospitals.

- In 2009–10, NSW Health finalised implementation of a Statewide system to better manage **medical locums and casual medical vacancies** in NSW hospitals.
- The 35 Medical Locum Agencies listed on the NSW Health Register of Medical Locum Agencies have demonstrated compliance with the *NSW Health Standards and Conditions for the Provision of Locum Medical Officers to the NSW Health Services*. Compliance is for three years.
- In 2009–10 NSW Health focused on attracting Emergency Physicians and supporting the training of this workforce. **Training Networks** for Emergency Medicine were developed in 2009–10 for commencement from the January 2011 intake of trainees. Dr Jon Hayman has been appointed the State Chair of the Emergency Medicine Network, and is working with the Clinical Education and Training Institute. The establishment of networked training has been beneficial in enhancing medical recruitment and improving the quality of training for trainees.
- NSW Health is also working to establish a newly funded academic post in Emergency Medicine on the central coast to operate in conjunction with the University of Newcastle. Establishment of the position will increase the profile of teaching and research for the specialty.
- A research project has been completed to guide decisions on getting the right skill mix in Emergency Departments and to develop guidelines and principles for designing Emergency Department staffing profiles. A Workforce Analysis Tool was also developed to guide Emergency Departments in applying the principles and guidelines locally. The project was overseen by the Emergency Department Workforce Reference Group comprising clinicians, industrial representatives and health system managers.

Healthcare Assistant Initiative/AINs

- The **Healthcare Assistant Initiative** was implemented during 2009/10 to support the development of a workforce where the skills mix better supports the work roles and models of care. Working in teams this enables the better utilisation of the highly skilled and qualified health professionals with the provision of care based on team members' scope of practice and level of competence.

- The initial focus has been on the Assistant in Nursing role. An implementation package was also drafted to assist Health Services effectively employ Assistants in Nursing into the acute care nursing skill mix. In the 12 months to June 2010 the Assistants in Nursing workforce increased by 22.2% to 1027 FTE.

A major element of this Initiative also involved providing appropriate training opportunities for **Assistants in Nursing** in acute care with the establishment of an agreed training pathway. Resources to advertise the career pathway and training available are available at http://www.health.nsw.gov.au/ain

- Also new roles for **allied health assistants** are being introduced in rural health services allowing patients improved access to community based rehabilitation services locally with remote supervision. These assistants are trained and qualified by accessing the vocational training qualifications at Certificate IV levels.

Allied Health

- NSW Health has implemented a range of initiatives to address shortages in the allied health workforce to reform workforce and improve recruitment.
- NSW Health implemented a project in 2005 to boost **pharmacist intern training** numbers Statewide by providing supernumerary funded training positions. Over 220 full-time equivalent pharmacist interns have been trained Statewide and the number of rural hospital pharmacy training positions increased by over 60%.

As a recruitment strategy, this improved the ability of rural Area Health Services to attract newly registered pharmacists, resulting in an overall vacancy reduction of 4% in the rural pharmacist workforce.

- Due to the success of this initiative, pharmacist intern training positions were incorporated into *Caring Together*. Under *Caring Together* funding for 79 full-time equivalent pharmacist positions was included in the 2009–10 budget. Of the 79 funded positions, 21 full-time equivalent pharmacist intern training positions were funded across Area Health Services.
- The **Rural Allied Health Scholarship** Program provides a range of scholarships to support undergraduates and practising clinicians and the program provided scholarships to 60 students from a rural background in 2009.

Rural clinical placement grants assist with the cost of travel and accommodation for students undertaking clinical experience in rural areas. There were 395 grants awarded in 2009.

Post-graduate scholarships provide clinicians working in rural NSW with financial support to undertake further study. There were 53 scholarships awarded in 2009

Nursing and Midwifery Workforce

Nursing Re-connect

The *Nursing Re-connect* initiative attracts nurses and midwives, who have been out of the nursing workforce, back to our hospitals. Nurses continue to be employed through the general and mental health Re-connect and the one year retention rate is 82.2%. At June 2009, 1,896 nurses had been employed through this initiative, including 157 mental health positions. Rural area health services have employed 661 nurses through Nursing Re-connect.

Retaining Existing Workforce

There were a number of initiatives funded to retain and enhance the skills of the 43,246 nurses and midwives in the NSW public health system in 2009–10. Over $3 million was provided for education scholarships to more than 1,700 nurses and midwives employed in facilities across NSW. This year saw the introduction of the inaugural Judith Meppem Scholarships which have provided four nurses with the opportunity to undertake study tours to enhance their knowledge and apply that within the NSW Health System. Nurses/midwife study leave received $6 million, allowing positions to be 'backfilled'. Funding of $14 million was provided for initiatives such as support for new general and midwifery graduates and ongoing clinical skill development, including *Essentials of Care* and *Take the Lead* projects.

Overseas Recruitment

In liaison with the Department of Immigration and Citizenship, NaMO co-ordinates visa nominations on behalf of AHSs. While the demand for overseas nurses is relatively low there is a need in particular specialty areas such as mental health and intensive care as well as rural areas. Approximately 250 experienced registered nurses and midwives from overseas commenced employment in NSW public hospitals in 2009–10.

Nurse Practitioners

NSW leads Australia with 154 Nurse Practitioners positions. This includes 100 authorised nurse practitioners and 54 nurses in transitional positions and working towards authorisation by the Nursing and Midwifery Registration Board of Australia. Recruitment continues for Nurse Practitioner roles across the State.

Midwifery Services

Birthrate Plus® is a Midwifery Workforce Planning methodology from the United Kingdom that is used for service planning and identifying baselines for maternity staffing based upon the principles of assessing the needs of women for midwifery care.

NaMO has worked closely with the New South Wales Nurses Association and the authors of Birthrate Plus® to test and adapt the tool to reflect maternity care in NSW. Data collection took place at 20 maternity services over an 18 month period, accounting for 65% of the public hospital births in NSW, to establish that this methodology is suitable for use in NSW maternity services.

The process of the implementation of Birthrate Plus® as a reasonable workloads tool for maternity services in NSW is currently underway.

Mental Health Workforce

Mental Health Workforce Development Strategy

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

Through this Committee MHDAO has funded the NGO professional development scholarship program, providing $1.56 million over three years to establish five scholarship streams including the Certificate IV in mental health that will provide the baseline staff competency standard for the mental health NGO workforce. In 2009–10 a further $100,000 was committed to this initiative providing an additional 20 clinical scholarship places.

At year end, a mental health education training and support working group was consulting broadly to identify core capabilities for all mental health staff, with which to inform the development of an education and training and support framework.

Training In Addiction Medicine

The opioid treatment accreditation course (OTAC) aims to provide doctors with the knowledge and skills required to prescribe pharmacotherapies safely within the NSW Health opioid treatment program. It is delivered either in a face-to-face environment or online. During the reporting period, 50 medical practitioners successfully completed the course.

The Royal Australasian College of Physicians – Chapter of Addiction Medicine, has recently taken over the management of the advanced prescribers' course, which is designed to teach opioid treatment program prescribers about the latest pharmacotherapies and prescribing guidelines. The course is now available online. There are also an additional three online education modules in Addiction Medicine available for medical practitioners to increase their skills (*Prescription Drug Misuse, Alcohol Use Disorder and Opportunistic Intervention*) with another three modules being developed.

Approximately 150 GPs attended workshops titled 'GPs role in preventative medicine – identifying behavioural risk in youth' and 'Aberrant Drug-related Behaviours in Adolescents'. They were presented by addiction medicine specialists in May 2010, at the General Practitioner and Conference Exhibition (GPCE). The workshops were positively evaluated by the participating GPs. A behavioural health care module to enhance GPs' skills and confidence when managing difficult patients has been successfully piloted and evaluated in NSW. Following a tender process the Rural Health Education Foundation (RHEF) has been contracted to continue its development, in line with the recommendations of the pilot courses and run the module later in 2010.

The series of free downloadable online medical lectures has again been revised and there are now 13 available on the University of Sydney Addiction Medicine website http://www.addiction.med.usyd.edu.au/lectures/index.php

Early in 2010 representatives from all NSW medical schools met to agree on a set of common objectives for the undergraduate addiction medicine curriculum across NSW and to share resources.

Supporting the Training of Mental Health Nurses

The *Mental Health Nursing – Moving Ahead* project maintains strategies to attract people into mental health nursing, to build a skilled and sustainable nursing workforce and to improve the care provided to clients with mental health illnesses.

Since the Mental Health Connect Program started in April 2005, 157 nurses have been employed.

In 2009–10, 135 mental health nursing scholarships were awarded to Enrolled Nurses and Registered Nurses working in, or seeking to work in, mental health. Overall, 854 scholarships have been funded during the past five years, with provision to continue in 2010–11.

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

Since 2006, 23 mental health innovation scholarships, valued at $10,000 each, have been allocated for projects that demonstrate innovative nurse-led models of practice leading to improvements in patient care.

Training for mental health nurses in evidence based psychosocial and psychological interventions have resulted in 187 nurses educated in Cognitive Behavioural Therapy (CBT) and 71 nurses in Adherence Therapy.

Supporting the Training of Rural Psychiatrists

The Rural Psychiatry Training Program is a joint initiative between the NSW Government and the Royal Australian and New Zealand College of Psychiatry. The initiative provides support for training Psychiatric Registrars in rural areas. NSW Health continues to support the Program with an allocation of $2.1 million in 2009 for three years.

Training Program to Support Family Inclusive Practice to Adult Mental Health Workers

Crossing Bridges NSW (CBNSW) is a training program that has been designed to enhance knowledge, understanding and clinical practice for all staff in mental health services but in particular, targeting adult mental health staff when working with families in which adults with mental illness have responsibility for, live with or have contact with dependent children.

The roll-out of CBNSW training sessions commenced in August 2009. A total of 32 workshops were held in 2009–10. Of the 509 staff who attended, 359 (70%) were staff from adult mental health services. It is reported that almost three quarters of the adult mental health workers who attended the training indicated that over 20% of their clients were parents (this figure also includes parents of adult children).

Supporting Families Early (SFE) Package – SFE and SAFE START Online Training

The *Supporting Families Early* (SFE) package brings together initiatives from NSW Health's Primary Health and Community Partnerships Branch and Mental Health and Drug and Alcohol Office, in order to promote an integrated approach to the care of women, their infants and families in the perinatal period. Three companion documents form the Families NSW *Supporting Families Early* package.

With a more psychosocial focus to their work, primary health care staff, including nurses working in child and family health settings, and midwives, require further training and support in psychosocial assessments and dealing with the outcome of these assessments. An online program introducing the SFE Package and providing SAFE START Assessment and Screening training was made available in February 2010.

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. NSW Health has funded NADA to manage and implement three undergraduate traineeships for Aboriginal people working in the non-government drug and alcohol sector to gain a tertiary qualification. 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.

NSW Health is committed to increasing the proportion of tertiary qualified Aboriginal drug and alcohol professionals through implementing the National Partnership Agreement on Closing the Gap of Indigenous Health Outcomes by 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.

NSW Health has funded Northern Sydney Central Coast Area Health Service to employ an Aboriginal Drug and Alcohol Traineeship Co-ordinator to support the Trainees while they undertake their work placements and studies.

Aboriginal Mental Health Workforce Training Program

The NSW *Aboriginal Mental Health and Wellbeing Policy* identifies the need to strengthen the Aboriginal mental health workforce. The Aboriginal Mental Health Workforce 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, with seven of these either remaining in NSW Health's employment, or moving over to work for 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.

As of 30 June 2010 there were 45 traineeship positions across NSW. Of these positions, 19 were directly funded by NSW Health, while a further 26 positions were converted by Area Health Services from vacant positions Areas were unable to fill.

Core Competencies for Specialist Mental Health Services for Older People (SMHSOP)

Core competencies for Specialist Mental Health Services for Older People (SMHSOP) clinicians across NSW were endorsed by the NSW Health Mental Health Program Council and distributed to Area Mental Health Services in mid-2009 for implementation. To support implementation, funding has been allocated to the NSW Institute of Psychiatry to develop a training package for managers, team leaders and clinical leaders to guide the use of core competencies in recruitment, clinical supervision, performance review and professional development planning. This project is well underway, in conjunction with a review of the Institute's Older People's Mental Health postgraduate programs to ensure alignment with the core competencies and the current requirements of SMHSOP clinicians across NSW.

Additional Child Protection Training for Drug and Alcohol Staff

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

Behavioural and Psychological Symptoms of Dementia (BPSD) Training Project

A 2009 survey of the specialist mental health services for older people (SMHSOP) community workforce by the Older People's Mental Health (OPMH) Policy Unit highlighted that both managers and clinicians ranked BPSD as their highest training priority for SMHSOP staff. In response, a BPSD training project has been conducted by the NSW Dementia Behaviour Management Advisory Service central service in SESIAHS to develop, implement and evaluate a training program for SMHSOP community and acute inpatient clinicians across NSW. This project has been very well received and evaluation of the project is underway.

NSW Drug and Alcohol Workforce Development

The Mental Health and Drug and Alcohol Office (MHDAO) partnered with the Australian Drug Foundation (ADF) and the NSW Network of Alcohol and Other Drug Agencies (NADA) to implement a pilot workforce development project for government and non-government drug and alcohol staff in March 2010. The *Preventing Alcohol Related Harms In Young People: Family Based Interventions* was a half-day seminar and practice paper showcasing the latest best practice initiatives in working with families to reduce alcohol uptake and reduce alcohol related harms.

Over 100 people participated either in person or through tele-health links across NSW. Evaluations from the pilot sought feedback from those participants on other drug and alcohol training needs to drive future workforce development activities.

Aboriginal Workforce

Aboriginal Nurses and Midwives

NSW Health is committed to increasing the number of Aboriginal registered nurses, midwives and enrolled nurses in the NSW public health system. Providing career opportunities for our Aboriginal communities in NSW in the field of nursing and midwifery can have a positive impact on the health and well-being of Aboriginal communities. Aboriginal people will be more likely to access public health services, because they will feel more comfortable and know that there is someone who can provide a more culturally sensitive service.

NSW Health is currently employing 48 Aboriginal student nursing and midwifery cadets. Of these, seven are undergraduate midwifery students, 39 are undergraduate nursing students and two are enrolled nursing students. These cadets are financially supported by a study allowance during their academic studies and assisted with funding to purchase books and equipment.

Oral Health Staff

New State Awards introduced in November 2008 offer higher salaries and clearer career pathways for dental staff. There is some evidence that these are already helping in the recruitment and retention of dentists to rural Areas.

The Graduate Rural Incentive Scheme, offering new graduates $10,000 in their first year of rural public sector service have been taken up by three to four recent graduates.

Creation of the Graduate Diploma in Dental Therapy at the University of Newcastle that enables dental hygienists to extend their range of skills and to satisfy the criteria required by the Dental Board of NSW to become registered dental therapists. These 'dual qualified' staff are able to use their extended range of skills as part of the dental team with a wider range of clients than can be seen by single registered staff.

Radiotherapy Workforce

Radiotherapy is recognised as one of the more technically complex area of health services delivery. NSW Health, Statewide Services Development Branch, has led nationally in developing a comprehensive suite of strategies to respond to radiotherapy workforce challenges, with measurable improvements in total workforce numbers, vacancy rates, remuneration and clinical experience.

The three main workforce groups are Radiation Therapists (RTs), Radiation Oncology Medical Physicists (ROMPs) and Radiation Oncologists. All three workforce groups have seen expansion in numbers of full time equivalent positions in public sector Radiation Oncology Treatment Centres (ROTCs). Vacancy rates for RTs have remained under 5% since 2006. In 2009–10, the NSW Health Department supported RT Professional Development Year (PDY) positions with funding of up to $2 million made available to complement Area Health Service and Commonwealth funding. Support of these PDY positions increases the pool of accredited RTs available to work in the new and expanded ROTCs planned for NSW over the next few years.

The most significant achievement for the ROMP workforce has been the increase in the number of accredited ROMPs to over 90% of all permanent ROMP positions. Strategies to support the ROMP workforce have included funding for supernumerary registrar positions; a clinical placement co-ordinator; a scholarship program; Continuing Professional Development grants; and overseas recruitment program; and a chair of medical physics at Sydney University.

Training of registrars in Radiation Oncology and exposing medical students to radiotherapy services and its role in cancer treatment have been key directions for ROs. NSW Health has funded a number of Radiation Oncology Vocational Registrar (ROVR) positions since 2002 and these positions have now been permanently established in Area Health Services.

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 loses.

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.

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

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

Interpretation

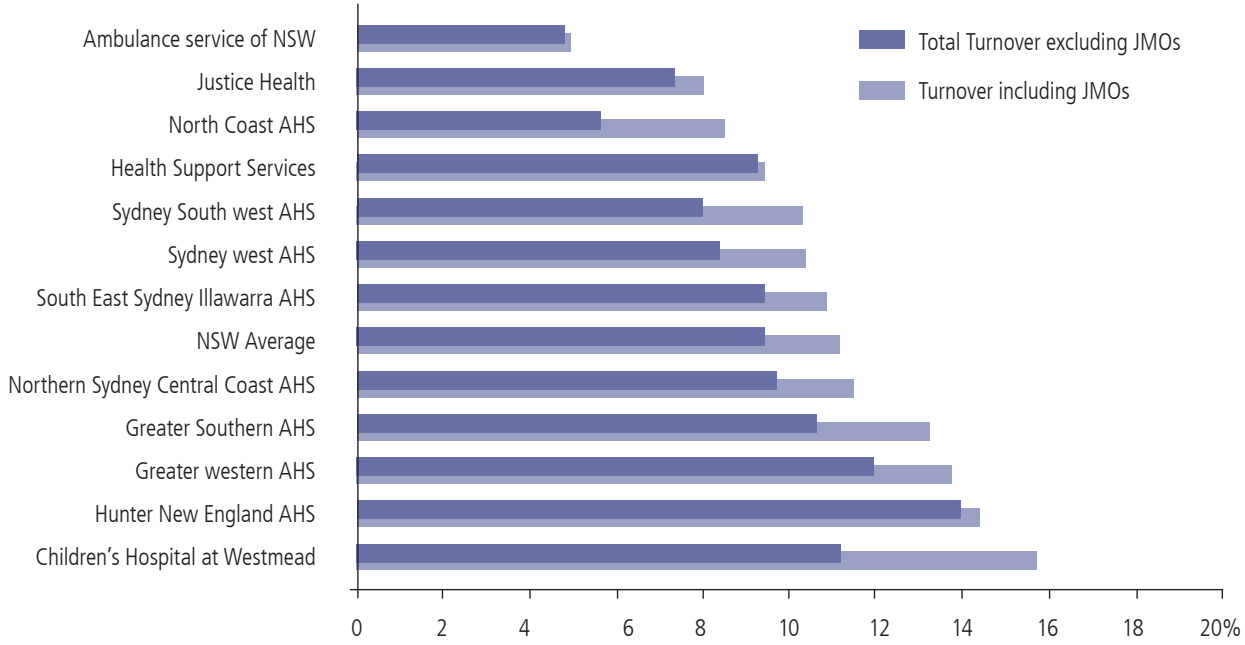
In 2009–10 the average staff turnover for non-casual staff employed within the health system was 11.1% (9.4% when excluding Junior Medical Officers and Trainee Enrolled Nurses). Children's Hospital at Westmead recorded the highest turnover at 15.7% (11.1% when excluding Junior Medical Officers and Trainee Enrolled Nurses).

As noted under context, factors influencing turnover vary considerably between hospitals and Health Services. Health Services with tertiary training facilities have higher turnover of medical and nursing staff.

Related programs and policies

- Flexible work policies
- Family Friendly work policies

Staff Turnover – Permanent staff separation rate (%)



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

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.

Professional staff numbers

PROFESSIONAL STAFF	Jun 05	Jun 09	Jun 10	Increase over 2005 (%)
Salaried Medical	6,462	8,140	8,524	31.9
Nursing	35,523	39,142	39,352	10.8
Allied Health	6,848	7,963	8,088	18.1
Oral Health	990	1,133	1,106	11.7

Source: Health Information Exchange and Health Service local data

Interpretation

Since 2005, there have been significant increases in professional staff across the NSW public health system as outlined in the table above.

Related programs and policies

- Flexible work policies
- Family Friendly work policies

Clinical staff

This is 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 of 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.

Interpretation

From June 2005 to June 2010, the percentage of 'clinical staff', as a proportion of total staff increased from 70.3% to 72.4% with an additional 7,636 health professionals working in the public health system. From June 2009 to June 2010 the NSW public health system employed an additional 384 medical practitioners. These increases reflect the ongoing commitment of NSW Health and its Health Services to direct resources to front line staff to meet strong growth in demand.

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

Related programs and policies

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

Clinical Staff numbers

CLINICAL STAFF	Jun 05	Jun 06	Jun 07	Jun 08	Jun 09	Jun 10
Medical, nursing, allied health, other health professionals, scientific and technical staff, oral health practitioners and ambulance clinicians as a proportion of all staff %	70.3 %	71.5 %	71.8 %	72.0 %	72.2 %	72.4 %

Source: Health Information Exchange and Health Service local data

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.

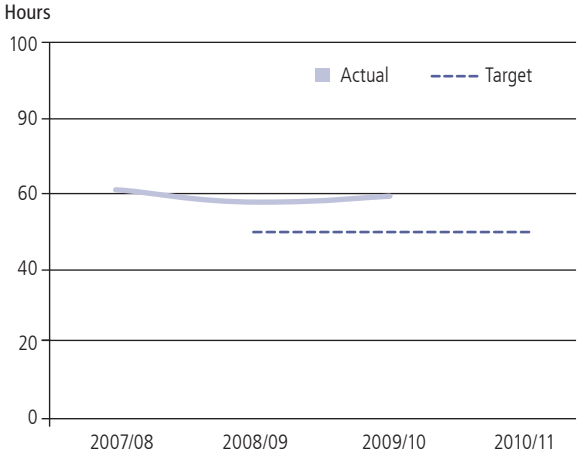
Interpretation

There has been a reduction in sick leave from 2007–08 to 2009–10. The trend over the last three years has been downwards. This forms the baseline for sector-wide improvements going forward.

Related programs and policies

Sick leave reduction targets, based on whole of government targets set by Premier's Department, have been included in the Area Health Service Performance Agreements, with the Department is providing regular reports on progress against targets. Policy directive Managing Sick Leave: Policy, Procedures and Eligibility (PD2006_063) provided support to Area Health Services in managing sick leave and meeting the targets.

Sick Leave



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

Workplace Injuries

Desired Outcome

Minimising workplace injuries as far as possible.

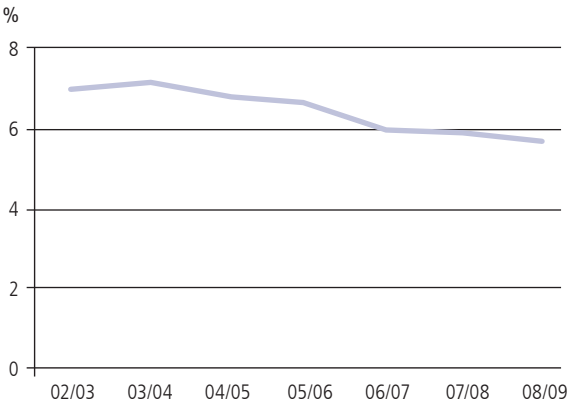
Context

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.

Interpretation

NSW Health is continuing to reduce the incidents of workplace injuries. In the period between December 2002 and June 2009 a 22% reduction in workplace injuries was achieved. This improvement comes on top of already significant decreases between June 1998 and December 2002 where NSW Health achieved an 18% reduction in workplace injuries.

Workplace injuries



Source: Treasury Managed Fund via WorkCover NSW

Aboriginal Staff as a Proportion of Total (%)

Desired Outcome

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

Context

NSW Health is committed towards 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 and Torres Strait Islander 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.

Interpretation

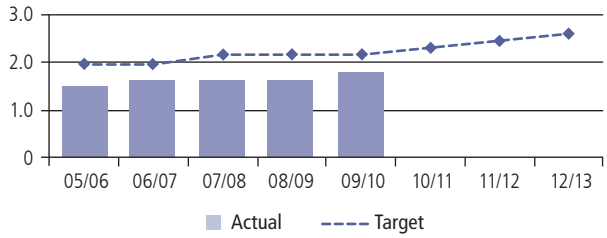
There has been an increase in Aboriginal staff from 2005–06 to 2009–10. This increase in Aboriginal staff is the result of better representation in the growth of NSW Health Workforce. This demonstrates that NSW Health is undertaking better recruitment, training and career development for Aboriginal and Torres Strait Islander People.

Related Programs and Policies

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

- NSW Health Aboriginal Workforce Plan (2010–2015) (2009)
- National Partnership Agreement for Indigenous Economic Participation (2009)
- 'Making It Our Business' Improving Aboriginal Employment in the Public Sector 2006–2008

Aboriginal staff as a proportion of total (%)



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

Strategic Direction 7

Be ready for new risks and opportunities

Ensuring the NSW Health System is Ready for New Risks and Opportunities

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

Enterprise Risk Management

The Department issued a new policy: *Risk Management – Enterprise-wide Policy and Framework – NSW Health*, in June 2009. NSW Health is committed to implementing enterprise-wide risk.

Management to suitably address opportunities and threats. The aim is to maintain and improve performance and achievement of identified objectives. For risk management to be effective across the NSW Health system, the approach needs to be consistent, standardised and integrated with activities in all areas relevant to risk.

The purpose is to stress the commitment of the department to implementing enterprise-wide risk management and to identify the key components that must be implemented by NSW Health entities. The associated framework provides information on the roles, responsibilities, processes and procedures, standards, tools and documentation to be used for managing risk within NSW Health.

This was the initial phase in the four year plan for the implementation of a NSW Health wide comprehensive risk management and monitoring system. Public health organisations were required to develop risk registers identifying major risks (both existing and developing), mitigating strategies and they have been providing quarterly report s of the extreme risks to the Department for review. The Department also developed a risk register of extreme risks that was submitted for review.

Identification and Management of Medical Practitioners in Compliance with Registration Conditions

The Department issued a new policy directive in December 2008, introducing requirements to ensure that all medical practitioners engaged by NSW public health organisations, whether employed, or contracted directly or indirectly, are practising in compliance with their registration and any conditions imposed by the NSW Medical Board. Health services are required to implement and periodically review procedures to verify compliance. Such verifications are reported to the Department quarterly. Since 2008 health services have been complying with the policy and ensuring medical practitioners are complying with conditions placed on their registrations.

Service Check Register

In January 2009, NSW Health introduced a new policy and established a service check register (SCR) for area health services. The SCR is an electronic Statewide database. It contains records of actions taken during, or at the conclusion of, an investigation into a serious disciplinary matter. These include restrictions on duties, suspension, dismissal, termination, or not renewing the appointment of a staff member or visiting practitioner. All full-time, part-time, temporary and casual staff of NSW Health services and all visiting practitioners, must be checked against the SCR as part of recruitment, or before actions arising out of a disciplinary process are finalised. Inclusion on the register does not automatically preclude a person from employment or appointment. The role of the SCR is to alert staff involved in recruitment or disciplinary processes, to the existence of previous matters that may be relevant when making an offer of employment or appointment, or when finalising a disciplinary process.

Mental Health Disaster Planning

The Mental Health Disaster Advisory Group is chaired by the NSW Mental Health Controller and leads the planning for disaster mental health. The major objective is to enhance the capacity of mental health services to respond effectively to a major event or disaster affecting NSW residents.

Major activities in 2009–10 include:

- The development of the Mental Health Services Supporting Plan, a Supporting plan to NSW Health Plan to inform and assist in the planning and co-ordination of the mental health response in the event of a disaster or health emergency.

- Mental health disaster training and development program – a three level program for mental health staff completed in April 2009, with an emphasis on knowledge and clinical skill development in evidence-based interventions for people exposed to major trauma.
- Strategic linkages with other key agencies in key areas of risk such pandemic planning, counter-terrorism planning, and community recovery. This involves identifying mental health roles and responsibilities, providing expertise on mental health impacts and effective response and recovery measures and participation in Statewide exercises to test plans.

Policy Distribution System for NSW Health

In May 2009, the Corporate Governance and Risk Management Branch issued *Policy Directive PD2009_029: Policy Distribution System*. As well as establishing a new format for policy documents, it requires health services and NSW Health branches to have mechanisms in place to monitor the implementation of policy requirements. During 2009–10 the system for notifying of policies was streamlined with a reinforcement on the need for management to ensure distribution of policies to those who needed to be aware of them as well as implementation of policies.

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

National Health Reforms

Throughout 2009–10 NSW has been at the forefront of the development of strategies for major reform of the Australian health system with the objective to improve health outcomes for all Australians. 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.

The National Health and Hospitals Reform Commission (NHHRC) – announced by the Federal ALP Government in February 2008 – was charged with providing advice on practical reforms to the Australian health system which could be implemented in both the short and long term. In November 2008, COAG agreed to overarching reform of Commonwealth State relations and the establishment of a new National Healthcare Agreement (that provides Commonwealth funding for public hospitals) and to fund a number of National Partnerships to progress reform in specified areas.

On 27 July 2009, the Prime Minister released the NHHRC's Final Report: *A Healthier Future for All Australians* that contained 123 recommendations for reform of the Australian system. Following a period of national consultation, the Federal Government released its proposals for national health reform in March 2010, and took these to a specially-convened COAG meeting in April.

At the April 2010 meeting of meeting, agreement was reached by all jurisdictions (except WA) on the contents of a National Health and Hospitals Network Agreement (NHHNA). The NHHNA encompasses major health financing and structural reform and also provides significant additional Commonwealth funding to States and Territories for specified health purposes. Implementation of the NHHNA over the next four years will involve the following initiatives:

- establishing Local Hospital Networks to run hospitals on a day-to-day basis
- pooling Commonwealth and State funding to simplify payments to Local Hospital Networks and ensure full transparency
- accelerating the roll-out of Activity Based Funding (ABF), better linking 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
- developing new national standards for hospital and other health services, and
- consolidating policy and funding responsibility for primary health care and aged care services under the Commonwealth Government.

The NSW Government will receive up to $1.1 billion in extra health funding from the Commonwealth in the four years between 2010–11 and 2013–14 to ensure that NSW residents can access elective surgery and emergency department treatment at public hospitals in a timely manner, and to improve access to acute and subacute inpatient care.

In addition, through the rest of the COAG Reform package the Commonwealth will invest in measures that will provide benefits of about $1 billion to the people of New South Wales.

NSW Child Dental Health Survey

The NSW Child Dental Health Survey 2007 was published in 2009 and provides the first randomised clinical dental survey of school aged children for more than two decades. Approximately 8,000 school aged children participated in the survey providing valuable planning data for the major variations in child population oral health in NSW. The Report is available at: http://www.health.nsw.gov.au/pubs/2009/pdf/cdhs_2007.pdf.

Aboriginal Oral Health

In collaboration with the Centre of Aboriginal Health and Community Controlled Aboriginal Health Services, an Australian Government Closing the Gap on Indigenous Health NPA was received to establish a Hub and Spoke Aboriginal Oral Health Service out of Sydney Dental Hospital. This program will provide four dental teams to rotate between the Aboriginal Dental Clinic at Sydney Dental Hospital and rural and regional CCAHS in NSW and provide dental care to additional Aboriginal clients referred from the three major urban CCAHS at Redfern, Tharawal and Western Sydney.

Build Capacity to Identify and Respond to Infectious Disease Emergencies

Disease Control

Among the many conditions and outbreaks investigated by NSW Health in 2009–10, two deserve highlighting: the outbreaks of pandemic (H1N1) influenza and pertussis (whooping cough).

The emergence and outbreak of pandemic (H1N1) 2009 influenza in April and May 2009 involved the most intensive public health response of recent years. During the initial response, public health units conducted intensive surveillance for imported cases and applied control measures to delay and slow the spread of the pandemic virus in the community. When it was clear that there was widespread community transmission of the virus, the response then focussed on the early identification and treatment of people with the infection who were most at risk of severe complications from influenza.

As pandemic vaccine became available from September 2009, NSW health collaborated with stakeholders to ensure the rapid distribution of vaccine and the provision of support materials to immunisation providers to ensure safe and effective vaccine administration. By June 2010 NSW Health had distributed over 3.3 million doses of pandemic vaccine and 40.8% of surveyed adults in NSW reported having been vaccinated with pandemic vaccine.

Unpublished serological studies suggest that around 16% of the community were infected with the virus. People aged under 65 years were much more likely to be infected than older people, with up to 35% of those aged 12-17 years old estimated to have been infected. Once the pandemic was established in Australia, testing was only recommended where it would change clinical management or for surveillance purposes.

The outbreak peaked in mid-July, with approximately 1,300 people presenting to emergency departments each week with influenza-like illnesses. In total, 54 people died with confirmed pandemic (H1N1) influenza, although infection may have contributed to other deaths as well. Compared with previous outbreaks of seasonal influenza, pandemic (H1N1) 2009 caused much more illness in people under 60 years of age.

A large outbreak of pertussis which peaked toward the end of 2008 began to decline from March 2009. Public health Units continued to investigate cases throughout the year focussing control efforts on children under five years of age (who are most susceptible to severe disease. These control measures complemented the additional communication and strategies described in Strategic Direction 1 under *Immunisation*.

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Financial Report

NSW Department of Health – Audited Financial Statements

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Performance

Against 2009–10 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 identifies that total expenses for 2009–10 amounted to $14.5 billion which is a 4.6% increase over 2008–09. An average of $40 million is expended each day.

User charges, where applied, are not based on full cost recovery or on commercial returns and instead reflect a contribution to the operating costs of health services. Because of these financial arrangements, the Department's performance measurement is best reflected in the net cost of providing those services. For the year ending 30 June 2010, this net cost was $12.35 billion compared to the 2009–10 reported budget of $12.3 billion, ie a variance of 0.42% which is within the performance bands framed by Treasury and recognises the impact of actuarial leave adjustments (AASB 119) which cannot be determined until year end.

The Department's Statement of Comprehensive Income for year ended 30 June 2010 has been prepared in accordance with NSW Treasury Reporting Code for Budget Dependent General Government Sector Agencies.

In reporting the Department's 2009–10 budget, the Code does not allow for the inclusion or recognition of a range of approved budget increases that have been provided to the Department during 2009–10. These intra year approved budget increases include approved increases granted from the NSW Treasurer's Advance and total $7 million. The adjusted result after allowance for these adjustments is $45 million (0.36%).

Details of these variations are included at Note 39 of the Department's audited financial statements for 2009–10.

On the basis of recognising the additional approved budget adjustments identified at Note 39, the Department's actual Net Cost of Services result was effectively an on budget result for the 2009–10 year.

The NSW Government increased its consolidated funding for operating and capital needs to the NSW Department of Health from the Consolidated Fund by $431 million or 3.7% to $12.2 billion in 2009–10.

Consolidated Funds are used to meet both recurrent and capital expenditures, and are accounted for after Net Cost of Services 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:

- $8.9 billion for salaries and employee related expenses ($8.6 billion in 2008–09)
- $88.3 million for food ($87.5 million in 2008–09)
- $1.3 billion for drugs, medical and surgical supplies ($1.2 billion in 2008–09)
- $112.8 million for fuel, light and power ($91.6 million in 2008–09)
- $555 million for visiting medical staff ($535 million in 2008–09)

The financial statements identify that, whilst $493 million was charged for depreciation and amortisation on Property, Plant and Equipment and Intangibles, an amount of $676.6 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 asset base.

Since 30 June 2005 the total assets of NSW Health have increased by $2.3 billion or 24% to $11.9 billion. The most significant movement has been the increase in Property, Plant and Equipment and Intangible Assets of $1.9 billion or 23% which, reflects the injection of capital funding referenced above and the independent revaluations of assets.

Cash and Other Financial Assets have also increased by $153 million since 30 June 2005 to $1 billion flowing from factors such as increased monies held as restricted assets together with movements in various Balance Sheet items. The cash/other financial asset movement in 2009–10 alone, was an increase of $107 million.

Total Liabilities since June 2005 have increased by some $1.7 billion or 68% to $4.3 billion. This generally comprises:

- an increase in Payables of $278 million inclusive of Goods and Services Tax and increases in payroll deductions and superannuation accruals.
- an increase in Employee entitlements or Provisions of $1.2 billion due to various Award movements that have occurred together with changes in the measurement of leave values to accord with revised Australian Accounting Standards.
- an increase in Borrowings of $179 million due principally to contractual and accounting arrangements for various Public Private Partnerships for the construction of infrastructure.

General Creditors > 45 days at the End of the Year

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

The NSW Department of Health monitors creditor performance on a regular basis and, where liquidity management is found to be deficient, requires relevant health services to improve performance and implement strategies. The Department monitors progress, both in the short term and on a long term basis to achieve acceptable payment terms to suppliers.

Performance at balance date in the past six years against trade creditor benchmarks reported by Health Services is:

DATE	VALUE OF GENERAL ACCOUNTS NOT PAID WITHIN 45 DAYS ($M)	NUMBER OF HEALTH SERVICES REPORTING GENERAL CREDITORS 45 DAYS
30 June 2005	13.2	4
30 June 2006	1.3	1
30 June 2007	0	0
30 June 2008	75.2	6
30 June 2009	69.3	6
30 June 2010	0	0

Since 2004–05, the Department has set a benchmark that creditor payments should not exceed 45 days from receipt of invoice.

As at 30 June 2010, health services had no recurrent trade creditors ready for payment in excess of 45 days. The Department continues to work with Health Services to effect improvements in creditor payment and management to ensure that acceptable payment processes are maintained and has implemented improved business processes for liquidity management, including:

- any Health Service which has creditors over its targeted benchmark is required to articulate how the creditor problem will be eliminated, reduced or otherwise managed. The Health Service is to continually monitor and report on its compliance with the benchmark.
- when a Health Service is contacted by a supplier about non or late payment of an account, the Director of Financial Operations is the responsible Health Service executive to satisfactorily resolve the matter. All commitments given to suppliers in respect of future payment arrangements are to be honoured by the Health Service concerned.
- Health Services are to apply best practice protocols for dealing with enquiries from suppliers, eg a dedicated telephone number for enquiries, an indication of such phone number and terms of payment on the purchase order and the monitoring of calls from suppliers.

HEALTH SERVICE	2009–10 BUDGET	VARIANCE FROM BUDGET	
	$M	$M	%
Sydney South West	1,889.5	(28.2)	(1.5)
South Eastern Sydney Illawarra	1,566.4	18.3	1.2
Sydney West	1,491.8	13.5	0.9
Northern Sydney Central Coast	1,320.5	16.5	1.2
Hunter New England	1,330.2	0.0	0.0
North Coast	815.9	5.3	0.6
Greater Southern	740.6	6.3	0.9
Greater Western	645.6	11.5	1.8
Children's Hospital Westmead	64.3	1.2	1.9
Ambulance	455.8	3.3	0.7
Justice Health	122.8	(2.0)	(1.6)
Issued Budgets	10,443.4	45.7	0.4
2008–09 Result	9,927.1	159.8	1.6

Net Cost of Services

Overall the 2009–10 audited financial statements reflect that NSW Health's Net Cost of Services actual result compared to the allocated 2009–10 Net Cost of Services budget was a variation of $52 million or 0.42% and within NSW Treasury tolerance level of 0.5%.

Health Services – General Fund (General) Variance Against Budget

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

- effect of special purpose and trust fund monies, which are variable in nature, dependent on the level of community support
- operating result of business units (e.g., pathology services) covering a number of health services and which would otherwise distort the host service's financial performance
- effect of special projects only available for the specific purpose (e.g., oral health, drug and alcohol program).

Interpretation

Whilst showing an improvement on last year, the results reflect the significant pressures on budgets, particularly in responding to increases in activity, noting that employee-related expenses constitute the major category of expenditure. The Department requires these Health Services to develop and progress financial strategies to address the budgetary issues experienced in 2009–10.

Major Recurrent Funding Initiatives

2009–10

The 2009–10 State Expenditure Budget was $14.5 billion, ie a 10.2% increase over the initial budget for 2008–09.

The 2009–10 budget contained $117 million to deliver the practical initiatives in the Government's *Caring Together: The Health Action Plan for NSW* to help doctors, nurses and allied health staff focus on patient care.

Caring Together initiatives for 2009–10 included:

- $44 million for 500 Clinical Support Officers thereby enabling doctors and nurses to spend more time caring for patients and less time on paperwork;
- $13.3 million for Emergency Physicians;
- $8.6 million for 64 new Clinical Pharmacists to improve patient safety by monitoring the type, quantity, past use and combination of prescription medicines, educate patients about their prescribed medications and advise junior doctors and nurses on the best use of medicines;
- $7.4 million to promote a positive culture and for training programs to prevent bullying;
- $6.8 million for 45 additional rural junior medical doctor positions;
- $6.35 million for improved cleaning services;
- $3.9 million for on the job training;
- $3.7 million for 30 new Clinical Initiative Nurses to improve communication with patients and their families in the Emergency Department waiting room, organise x-rays so results are available when the patient is seen by a doctor and organise pain relief or a reassessment of priority for a patient if their condition changes while waiting;
- $3 million to employ more support staff to ensure single sex rooms and areas wherever possible;
- $2.8 million for additional allied health coverage forward rounds; and
- $2.3 million to assist rural patient transport and accommodation for clinical care (IPTAAS).
- A key reform to ensuring the NSW Health system will continue to meet the demands of the population was the provision of Medical Assessment Units, where elderly and fragile patients are treated quickly, as an Emergency Department is not often the best place to provide treatment. The 2009–10 budget provided $17.7 million for 6 new Medical Assessment Units (MAU) and the expansion of another 6 units, providing an additional 69 MAU beds.
- 106 additional beds (including the MAUs) across NSW to meet ongoing demand, as well as $11.9 million for more than 7,900 community-based residential or aged care places to relieve pressure on the health system.

  Funding included:

  - $9.4 million for an additional 30 hospital beds;
  - $3 million for three additional Intensive Care beds at John Hunter, St George and Gosford hospitals;
  - $3 million for three additional neo-natal beds at Royal Hospital for Women (2) and one at Children's Hospital at Westmead; and
  - $900,000 for providing additional high risk maternity bed capacity at Royal Hospital for Women.

Other key Initiatives of the 2009–10 health budget included:

- An extra $10 million for community-based mental health programs including services for older people, mental health emergency care, rehabilitation and state-wide telephone access now totalling more than $60 million annually;
- $7.7 million to expand renal services including additional renal dialysis chairs, intensive therapy capacity, home dialysis support and prevention and education programs;
- $5 million for services to children with rare and complex conditions;
- $4.8 million to expand maternity services including midwives positions and obstetricians;
- $3.8 million for expanding the Aboriginal Housing and Accommodation Support Initiative (HASI);

- An extra $2.8 million making an annual total of $5.5 million for the Building Strong Foundations for Aboriginal Children, Families and Communities strategy, to ensure quality access to early childhood health services for Aboriginal families;
- The investment of $3.6 million in the Government's *Keep Them Safe: A Shared Approach to Child Wellbeing* action plan, to establish a Child Wellbeing Unit within NSW Health – part of a $14.4 million project over four years to improve the health and safety of children;
- NSW Health also provided $3.6 million to non-government agencies to establish Regional Intake and Referral Services – part of a $23.5 million four-year commitment to improve access to community support services for vulnerable children and families.
- Other initiatives aimed at improving the wellbeing of children included:
  - $2 million for better services for families where parents have mental illness – part of a progressively increasing $14 million four-year allocation;
  - $3 million for co-ordination of health assessments for children and young people in out-of-home care – part of a $12 million four-year allocation;
  - $2 million to extend trial of Sustained Health Home Visiting programs for children at risk – part of a $8 million four-year allocation;
  - $2 million for better services for families where parents have drug and alcohol problems – part of an $8 million four-year investment;
  - $1.9 million for new therapeutic programs for children and young people who display abusive behaviour – part of a $7.7 million four year allocation.

The Commonwealth – NSW partnership in the provision of new health infrastructure and key services like dental, cancer, maternity and elective surgery also supported and complemented the NSW Government's *Caring Together* health action plan.

Initial cash allocations in 2009–10 to Health Services increased by over $639 million or on average by 6.4% compared to 2008–09 as follows:

HEALTH SERVICE	2009–10	2008–09	INCREASE	
	$M	$M	$M	%
Sydney South West Area Health Service	1,978.8	1,879.3	99.5	5.3
South Eastern Sydney Illawarra Area Health Service	1,877.8	1,790.4	87.4	4.9
Sydney West Area Health Service	1,405.5	1,342.4	63.1	4.7
Northern Sydney Central Coast Area Health Service	1,321.6	1,257.6	64.0	5.1
Hunter New England Area Health Service	1,269.8	1,179.3	90.5	7.7
North Coast Area Health Service	780.3	717.7	62.6	8.7
Greater Southern Area Health Service	606.9	569.1	37.8	6.6
Greater Western Area Health Service	553.0	510.1	42.9	8.4
The Children's Hospital at Westmead	237.5	218.9	18.6	8.5
Ambulance Service	405.8	340.5	65.3	19.2
Justice Health	129.9	122.4	7.5	6.1
Total	**10,566.9**	**9,927.7**	**639.2**	**6.4**

Note: These figures reflect initial Net Cash Allocations for 2008–09 and 2009–10.

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 2009–10 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.

NSW HEALTH NSW HEALTH KEY FINANCIAL INDICATORS				
	2009–10 $M	2008–09 $M	Increase on Previous Year $M	Increase on Previous Year %
Expenses	14,481	13,841	+640	+4.6
Revenue	2,180	1,864	+316	+17.0
Net Cost of Services	12,354	12,042	+312	+2.6
Recurrent Appropriation	11,708	11,202	+506	+4.5
Capital Appropriation	447	522	-75	-14.4
Net Assets	7,679	7,462	+217	+2.9
Total Assets	11,935	11,408	+527	+4.6
Total Liabilities	4,256	3,947	+309	+7.8

Source: Audited Financial Statements

2009–1009 TOTAL EXPENSES COMPARISONS						
	2009–10 $M	2008–09 $M	2007–08 $M	2006–07 $M	2005–06 $M	2004–05 $M
Salaries and employee related expenses	8,886	8,547	7,959	7,394	6,961	6,381
Food	88	87	89	82	81	75
Drugs, medical and surgical supplies	1,262	1,188	1,165	1,040	918	842
Fuel, light and power	113	92	81	78	72	64
Visiting medical staff	555	535	520	468	441	402

Source: Audited Financial Statements

MOVEMENT IN KEY FINANCIAL INDICATORS OVER THE LAST 6 YEARS						
	June 2010 $M	June 2009 $M	June 2008 $M	June 2007 $M	June 2006 $M	June 2005 $M
Assets						
Property, Plant and Equipment and Intangibles	10,299	9,935	9,656	9,083	8,729	8,391
Inventories	128	135	105	115	108	72
Cash and Financial Assets	1,022	914	864	907	860	868
Receivables	422	373	390	317	295	234
Other	64	52	34	27	28	27
Total	11,935	11,409	11,049	10,449	10,020	9,592
Liabilities						
Payables	967	1,008	1,052	751	711	690
Provisions	2,888	2,599	2,331	2,179	2,002	1,700
Borrowings	261	267	101	36	48	82
Other	140	73	75	42	75	64
Total	4,256	3,947	3,559	3,008	2,836	2,536
Equity	**7,679**	**7,462**	**7,490**	**7,441**	**7,184**	**7,056**

Source: Audited Financial Statements.

2010–11 and Forward Years

In 2010–11 $15.5 billion has been provided for health service delivery, a 6.8% increase or $984 million more than the previous year.

The growing and ageing population exerts increasing pressures on the resources available and health service managers are required to respond to these challenges in the provision of quality health care.

The Government is increasing its investment in *Caring Together: The Health Action Plan for NSW* from $117 million in 2009–10 to $125 million in 2010-11 to continue the roll-out of reforms begun in 2009–10 and new initiatives including:

- $3.6 million additional to expand the postgraduate program which provides training for new clinical staff in their first two years of practices;
- $3.5 million additional for instilling cultural change throughout the NSW Health system to ensure that patients remain at the centre of the health care delivery system;

Cutting Waiting Times for Elective Surgery

- $53.8 million to reduce elective surgery waiting times across the State.

More Critical Care Beds

- $8.4 million for an additional six adult intensive care beds at Concord, John Hunter, Orange, St Vincent's and Sutherland.
- $2.8 million for two new Paediatric Intensive Care beds – one each at The Children's Hospital Westmead and the Sydney Children's Hospital Randwick. This will support children across NSW requiring the most critical care.
- $2.5 million for 12 special care cots with four cots located at St George, Maitland and Canterbury Hospitals providing specialised care for unwell babies.

Expanding Statewide Specialist Services

- $10.8 million for a range of initiatives under the Rural Health Plan.
- $3 million investment for renal services (bringing the total investment to $10.7 million) to improve access to home based dialysis, enhance renal transplant services and early intervention strategies to manage kidney disease.
- $5.8 million for additional bone marrow transplantation services at The Sydney Children's Hospitals Network, Westmead Hospital and Royal North Shore Hospital.
- $5 million for the expansion of radiotherapy services across the State including employing an additional 33 specialty staff to support new or expanded radiotherapy services at Gosford, Nowra, Wollongong, Liverpool, Lismore and Port Macquarie.
- $4 million for the Program of Appliances for Disabled People (PADP) to improve access to essential aids and equipment for people in NSW with a disability.
- $1 million for treatment of spinal cord injuries including one acute bed each at Royal North Shore Hospital and Prince of Wales Hospital, Randwick.

Strengthening our Workforce

- $6.9 million is being provided to employ an additional 100 Clinical Nurse Educators in NSW hospitals to improve clinical skills of nurses and enhance patient care.
- $4 million provided for enhanced maternity services to recruit 38 additional midwives across the State and provide education for all maternity clinical staff.
- $4 million provided for the further extension of 10 hour night shifts for nurses which will increase the time available for patient handover between nursing shifts and better support the delivery of enhanced quality of care in a range of facilities within Greater Southern, Greater West, Sydney West, Hunter New England, North Coast and South Eastern Sydney Illawarra Area Health Services.

- $2.1 million to employ an additional 18 Nurse Practitioners in rural and regional NSW.
- $1.2 million to employ additional community nurses for dementia care in each Area Health Service.

Early Intervention, Prevention and Health Promotion

- An additional $8.6 million has been allocated for the Government's *Keep Them Safe: A shared approach to Child Wellbeing* initiatives in 2010-11. This includes funding to establish a new early intervention program at Mt Druitt, Newcastle and Dubbo called Got It (*Getting On Track In Time*), to work with children in school from Kindergarten to Year 2 who exhibit disruptive behaviours.
- $1.8 million to expand the HealthOne program, GP clinics and GP service and care co-ordination in Sydney South West, Sydney West, South Eastern Sydney Illawarra, Northern Sydney Central Coast and Greater West Area Health Services.
- $1.7 million for the Stronger Foundations for Aboriginal Children, Families and Communities program to improve health development and wellbeing outcomes for children under five years and their families.

Improved Aeromedical Retrieval Services

- $1.4 million for the Ambulance Service of NSW for additional senior medical and nursing clinical staff for Ambulance Aeromedical Retrieval Services.
- $0.5 million to expand the ECMO Medical Retrieval Service at St Vincent's and Royal Prince Alfred Hospitals.

Mental Health

- The ongoing commitment to spend $7.3 million under the National Mental Health Plan for 2010-11 to deliver a range of mental health programs.
- A further $4.4 million to expand the successful Aboriginal HASI.
- $3.5 million to support the opening of 20 new beds at Bloomfield Hospital, Orange.
- $2.4 million for dementia services at the Calvary Hospital, St George
- $0.8 million for the commencement of a fully operational Psychiatric Emergency Care Centre at Prince of Wales Hospital to replace the current interim arrangement.

Independent Audit Report

For the year ended 30 June 2010

GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

NSW Department of Health

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the NSW Department of Health (the Department), which comprises the statement of financial position as at 30 June 2010, the statement of comprehensive income, statement of changes in equity, statement of cash flows, service group statements and summary of compliance with financial directives for the year then ended, a summary of significant accounting policies and other explanatory notes for both the Department and the consolidated entity. The consolidated entity comprises the Department and the entities it controlled at the year's end or from time to time during the financial year.

Auditor's Opinion

In my opinion, the financial statements:

- present fairly, in all material respects, the financial position of the Department and the consolidated entity as at 30 June 2010, and of the financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- 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.

Director-General's Responsibility for the Financial Statements

The Director-General is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial 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 the 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 controls relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Director-General, as well as evaluating the overall presentation of the financial statements.

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

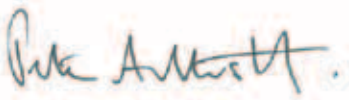
My opinion does *not* provide assurance:

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

Independence

In conducting this audit, the Audit Office of New South Wales has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- 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

13 October 2010
SYDNEY

Certification of Accounts

For the year ended 30 June 2010

CERTIFICATE OF ACCOUNTS

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

(i) The financial statements of the NSW Health Department (parent entity) and the consolidated entity comprising the Department and its controlled activities for the year ended 30 June 2010 have been prepared in accordance with the requirements of applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Public Finance and Audit Act 1983, 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.

(ii) The financial statements present fairly the financial position and transactions of the Department and the consolidated entity.

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

John Roach
Chief Financial Officer

Debora Picone AM
Director-General
8 October 2010

Statement of Comprehensive Income

for the year ended 30 June 2010

PARENT					CONSOLIDATED		
Actual 2010 $000	Budget 2010 $000	Actual 2009 $000		Notes	Actual 2010 $000	Budget 2010 $000	Actual 2009 $000
			Expenses excluding losses				
			Operating Expenses				
124,834	127,243	127,243	– Employee Related	3	8,885,670	8,963,178	8,546,559
456,506	462,328	462,328	– Other Operating Expenses	4	4,135,386	4,044,252	3,834,744
4,389	4,338	4,338	Depreciation and Amortisation	5	492,605	545,086	479,689
11,909,030	11,852,395	11,283,779	Grants and Subsidies	6	939,307	902,344	957,980
–	–	238	Finance Costs	7	27,823	33,020	22,458
12,494,759	**12,446,304**	**11,877,926**	**Total Expenses excluding losses**		**14,480,791**	**14,487,880**	**13,841,430**
			Revenue				
72,618	77,708	75,080	Sale of Goods and Services	8	1,661,129	1,442,974	1,378,020
15,050	12,524	12,101	Investment Revenue	9	74,419	65,894	58,254
82,880	81,283	78,534	Grants and Contributions	10	367,974	543,858	342,790
5,188	6,752	6,524	Other Revenue	11	76,852	152,845	85,142
175,736	**178,267**	**172,239**	**Total Revenue**		**2,180,374**	**2,205,571**	**1,864,206**
(1,269)	–	(963)	Loss on Disposal	12	(9,719)	–	(23,199)
(82)	–	(2,079)	Other Losses	13	(44,332)	(20,542)	(41,209)
12,320,374	**12,268,037**	**11,708,729**	**Net Cost of Services**	**35**	**12,354,468**	**12,302,851**	**12,041,632**
			Government Contributions				
11,708,076	11,708,076	11,201,765	Recurrent Appropriation	15	11,708,076	11,701,281	11,201,765
447,373	447,373	522,461	Capital Appropriation	15	447,373	405,446	522,461
6,549	8,000	1,347	Asset Sale Proceeds Transferred to Parent				
6,897	7,728	9,928	Acceptance by the Crown Entity of Employee Benefits	16	155,845	151,168	161,919
12,168,895	**12,171,177**	**11,735,501**	**Total Government Contributions**		**12,311,294**	**12,257,895**	**11,886,145**
(151,479)	**(96,860)**	**26,772**	**RESULT FOR THE YEAR**		**(43,174)**	**(44,956)**	**(155,487)**
			Other Comprehensive Income				
21,498	(2,277)	(2,277)	Net Increase/(Decrease) in Property, Plant and Equipment Asset Revaluation Reserve		280,948	–	116,738
			Available for Sale Financial Assets				
–	–	–	Valuation Gain		–	–	4,847
21,498	**(2,277)**	**(2,277)**	**Other Comprehensive Income for the Year**		**280,948**	**–**	**121,585**
(129,981)	**(99,137)**	**24,495**	**TOTAL COMPREHENSIVE INCOME FOR THE YEAR**		**237,774**	**(44,956)**	**(33,902)**

The accompanying notes form part of these financial statements

Statement of Changes in Equity

for the year ended 30 June 2010

	NOTES	ACCUMULATED FUNDS $000	ASSET REVALUATION SURPLUS $000	TOTAL $000
PARENT				
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				
Decrease in Net Assets From Equity Transfers	41	(12,526)	–	(12,526)
Balance at 30 June 2010		**64,762**	**108,934**	**173,696**
Balance at 1 July 2008		**198,440**	**94,838**	**293,278**
Result For The Year		26,772	–	26,772
Other Comprehensive Income:				
Net Increase in Property, Plant and Equipment		–	(2,277)	(2,277)
Available for Sale Financial Assets:				
– Transfers on Disposal		(82)	82	–
Total Other Comprehensive Income		**(82)**	**(2,195)**	**(2,277)**
Total Comprehensive Income For The Year		**26,690**	**(2,195)**	**24,495**
Transactions With Owners In Their Capacity As Owners				
Decrease in Net Assets From Equity Transfers	41	(1,570)	–	(1,570)
Balance at 30 June 2009		**223,560**	**92,643**	**316,203**

The accompanying notes form part of these financial statements.

Changes in Equity

for the year ended 30 June 2010

CONSOLIDATED	NOTES	ACCUMULATED FUND $000	ASSET REVALUATION SURPLUS $000	AVAILABLE FOR SALE RESERVE $000	TOTAL $000
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					
Decrease 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
Balance at 1 July 2008		5,486,780	2,001,189	1,766	7,489,735
Result For The Year		(155,487)	–	–	(155,487)
Other Comprehensive Income:					
Net Increase in Property, Plant and Equipment		–	116,738	–	116,738
Available for Sale Financial Assets:					
-Valuation Gains		–	–	4,847	4,847
-Transfers on Disposal		9,356	(4,567)	(4,789)	–
Other Transfers		–	(949)	949	–
Total Other Comprehensive Income		**9,356**	**111,222**	**1,007**	**121,585**
Total Comprehensive Income For The Year		**(146,131)**	**111,222**	**1,007**	**(33,902)**
Transactions With Owners In Their Capacity As Owners					
Increase in Net Assets From Equity Transfers	41	5,982	–	–	5,982
Balance at 30 June 2009		**5,346,631**	**2,112,411**	**2,773**	**7,461,815**

The accompanying notes form part of these financial statements.

Statement of Financial Position

as at 30 June 2010

PARENT					CONSOLIDATED		
Actual 2010 $000	Budget 2010 $000	Actual 2009 $000		Notes	Actual 2010 $000	Budget 2010 $000	Actual 2009 $000
			ASSETS				
			Current Assets				
61,616	60,324	60,324	Cash and Cash Equivalents	18	886,595	784,240	774,329
89,928	45,330	45,330	Receivables	19	409,806	347,396	354,896
34,771	35,496	47,328	Inventories	20	128,172	136,733	134,600
–	–	–	Financial Assets at Fair Value	21	124,318	117,772	117,772
64,216	66,845	66,845	Other Financial Assets	22	–	–	–
–	–	13,955	Non-Current Assets Held for Sale	24	39,011	76,894	35,184
250,531	**207,995**	**233,782**	**Total Current Assets**		**1,587,902**	**1,463,035**	**1,416,781**
			Non-Current Assets				
–	–	–	Receivables	19	12,458	17,612	17,612
–	–	–	Financial Assets at Fair Value	21	10,605	22,064	22,064
57,453	58,795	88,795	Other Financial Assets	22	–	–	–
			Property, Plant and Equipment				
131,744	113,608	113,608	– Land and Buildings	25	9,027,188	8,726,282	8,755,321
4,981	6,291	6,291	– Plant and Equipment	25	742,086	719,782	721,934
–	–	–	– Infrastructure Systems	25	357,779	338,112	338,112
136,725	119,899	119,899	Total Property, Plant and Equipment		10,127,053	9,784,176	9,815,367
–	392	392	Intangible Assets	26	172,290	132,080	119,561
–	–	–	Other	23	24,636	17,069	17,069
194,178	**179,086**	**209,086**	**Total Non-Current Assets**		**10,347,042**	**9,973,001**	**9,991,673**
444,709	**387,081**	**442,868**	**Total Assets**		**11,934,944**	**11,436,036**	**11,408,454**
			LIABILITIES				
			Current Liabilities				
185,391	183,372	108,492	Payables	28	967,143	982,290	1,008,446
–	–	–	Borrowings	29	14,355	8,265	8,384
16,145	16,120	15,500	Provisions	30	2,760,457	2,587,015	2,490,268
–	590	590	Other	31	18,740	19,087	19,087
201,536	**200,082**	**124,582**	**Total Current Liabilities**		**3,760,695**	**3,596,657**	**3,526,185**
			Non-Current Liabilities				
–	–	–	Borrowings	29	246,021	257,079	258,786
407	464	446	Provisions	30	127,767	112,930	109,157
69,070	1,637	1,637	Other	31	121,098	52,511	52,511
69,477	**2,101**	**2,083**	**Total Non-Current Liabilities**		**494,886**	**422,520**	**420,454**
271,013	**202,183**	**126,665**	**Total Liabilities**		**4,255,581**	**4,019,177**	**3,946,639**
173,696	**184,898**	**316,203**	**Net Assets**		**7,679,363**	**7,416,859**	**7,461,815**
			EQUITY	**32**			
108,934	92,643	92,643	Reserves		2,372,651	2,112,411	2,112,411
64,762	124,423	223,560	Accumulated Funds		5,291,341	5,301,675	5,346,631
			Amounts Recognised in Equity				
–		–	Relating to Assets Held for Sale	24	15,371	2,773	2,773
173,696	**217,066**	**316,203**	**Total Equity**		**7,679,363**	**7,416,859**	**7,461,815**

The accompanying notes form part of these financial statements

Statement of Cash Flows

for the year ended 30 June 2010

PARENT					CONSOLIDATED		
Actual 2010 $000	Budget 2010 $000	Actual 2009 $000		Notes	Actual 2010 $000	Budget 2010 $000	Actual 2009 $000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
(111,359)	(118,877)	(116,537)	Employee Related		(8,561,236)	(8,693,646)	(8,067,267)
(11,909,030)	(11,852,395)	(11,308,515)	Grants and Subsidies		(1,033,238)	(902,344)	(957,980)
–	–	(2,062)	Finance Costs		(27,823)	(33,020)	(15,682)
(409,185)	(407,784)	(577,346)	Other		(4,667,677)	(4,689,052)	(4,558,613)
(12,429,574)	**(12,379,056)**	**(12,004,460)**	**Total Payments**		**(14,289,974)**	**(14,318,062)**	**(13,599,542)**
			Receipts				
55,927	77,708	86,947	Sale of Goods and Services		1,877,317	1,440,208	1,482,733
6,800	12,524	18,138	Interest Received		54,251	65,894	27,964
164,989	88,035	195,449	Other		889,295	1,285,094	931,989
227,716	**178,267**	**300,534**	**Total Receipts**		**2,820,863**	**2,791,196**	**2,442,686**
			Cash Flows from Government				
11,708,076	11,708,076	11,189,340	Recurrent Appropriation		11,708,076	11,701,281	11,189,340
447,373	447,373	522,461	Capital Appropriation		447,373	405,446	522,461
6,549	8,000	1,347	Asset Sale Proceeds Transferred to Parent		–	–	–
			Cash Reimbursement from the Government				
12,161,998	**12,163,449**	**11,713,148**	**Net Cash Flows from Government**		**12,155,449**	**12,106,727**	**11,711,801**
(39,860)	**(37,340)**	**9,222**	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	**35**	**686,338**	**579,861**	**554,945**
			CASH FLOWS FROM INVESTING ACTIVITIES				
360	13,955	498	Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		66,729	34,787	24,902
40,317	30,000	26,726	Proceeds from Sale of Investments		19,652	–	47,988
(954)	(6,615)	(5,043)	Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(638,920)	(579,235)	(539,355)
–	–	(113,040)	Purchases of Investments		(14,739)	(20,000)	(21,546)
39,723	**37,340**	**(90,859)**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(567,278)**	**(564,448)**	**(488,011)**
			CASH FLOWS FROM FINANCING ACTIVITIES				
–	–	–	Proceeds from Borrowings and Advances		46,906	–	13,287
–	–	–	Repayment of Borrowings and Advances		(53,700)	(5,502)	(8,560)
–		**–**	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**(6,794)**	**(5,502)**	**4,727**
(137)	**–**	**(81,637)**	**NET INCREASE/(DECREASE) IN CASH**		**112,266**	**9,911**	**71,661**
60,324	60,324	141,961	Opening Cash and Cash Equivalents		774,329	774,329	702,668
1,429	–	–	Cash transferred in as a result of administrative restructuring		–	–	–
61,616	**60,324**	**60,324**	**CLOSING CASH AND CASH EQUIVALENTS**	**18**	**886,595**	**784,240**	**774,329**

The accompanying notes form part of these financial statements

Supplementary Financial Statements

Summary of Compliance with Financial Directives

for the year ended 30 June 2010

	2010				2009			
	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	11,701,281	11,692,663	405,446	405,446	10,826,608	10,825,695	436,061	436,061
Additional Appropriations	–	–	–	–	30,505	30,505	–	–
S26 PF&AA Commonwealth Specific Purpose Payments	–	–	–	–	263,647	263,647	–	–
	11,701,281	11,692,663	405,446	405,446	11,120,760	11,119,847	436,061	436,061
Other Appropriations/Expenditure								
Treasurer's Advance	15,500	15,500	41,927	41,927	83,114	83,114	86,400	86,400
Transfers to/from another agency (S28 of the Appropriation Act)	(87)	(87)	–	–	(1,196)	(1,196)	–	–
	15,413	15,413	41,927	41,927	81,918	81,918	86,400	86,400
Total Appropriations/ Expenditure / Net Claim on Consolidated Fund (includes transfer payments)	11,716,694	11,708,076	447,373	447,373	11,202,678	11,201,765	522,461	522,461
Amount drawn down against Appropriation		11,708,076		447,373		11,201,765		522,461
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 2010

Supplementary Financial Statements

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 ** OVERNIGHT ACUTE INPATIENT SERVICES		SERVICE GROUP 2.3 ** SAME DAY ACUTE INPATIENT SERVICES	
	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses excluding losses												
Operating Expenses												
– Employee Related	696,954	600,160	34,467	28,545	951,134	918,571	1,008,585	1,044,512	3,494,921	3,315,637	382,068	449,605
– Other Operating Expenses	266,434	158,257	15,032	9,042	368,948	344,290	476,479	375,249	1,844,715	1,941,605	391,986	347,429
Depreciation and Amortisation	28,319	29,741	1,021	1,209	56,365	57,702	54,388	56,107	223,474	211,238	27,394	31,229
Grants and Subsidies	149,395	123,103	17,828	18,811	100,172	108,370	33,619	39,292	182,338	198,069	17,594	30,300
Finance Costs	1,941	1,295	98	75	1,869	3,569	1,848	1,652	11,899	12,043	1,308	1,618
Total Expenses excluding losses	1,143,043	912,556	68,446	57,682	1,478,488	1,432,502	1,574,919	1,516,812	5,757,347	5,678,592	820,350	860,181
Revenue												
Sale of Goods and Services	44,140	18,806	251	507	140,339	87,613	230,687	115,669	790,849	780,024	109,481	159,989
Investment Revenue	5,637	4,827	149	145	6,890	5,943	5,032	5,315	25,461	19,955	2,908	2,876
Grants and Contributions	32,840	31,701	1,773	4,697	31,331	29,702	13,502	12,937	101,385	69,982	11,186	11,988
Other Revenue	5,013	6,109	99	98	9,009	6,709	9,097	8,494	24,454	27,721	2,681	3,994
Total Revenue	87,630	61,443	2,272	5,447	187,569	129,967	258,318	142,415	942,149	897,682	126,256	178,847
Gain/ (Loss) on Disposal	(240)	(1,086)	(8)	25	(576)	(2,613)	(1,731)	(1,661)	(26,528)	(12,653)	(292)	(1,551)
Other Losses	(546)	(731)	(11)	(549)	(1,121)	(1,582)	(23,070)	(22,188)	(16,241)	(11,636)	(997)	(629)
Net Cost of Services	1,056,199	852,930	66,193	52,759	1,292,616	1,306,730	1,341,402	1,398,246	4,857,967	4,805,199	695,383	683,514
Government Contributions ***												
RESULT FOR THE YEAR	1,056,199	852,930	66,193	52,759	1,292,616	1,306,730	1,341,402	1,398,246	4,857,967	4,805,199	695,383	683,514
Other Comprehensive Income												
Net Increase in Property, Plant and Equipment												
Asset Revaluation Reserve	17,844	7,461	599	331	33,588	14,798	25,623	11,098	124,934	51,542	16,646	7,434
Available for Sale Financial Assets Valuation Gains	–	–	–	–	–	–	–	–	–	4,847	–	–
Total Other Comprehensive Income	17,844	7,461	599	331	33,588	14,798	25,623	11,098	124,934	56,389	16,646	7,434
TOTAL COMPREHENSIVE INCOME	**1,074,043**	**860,391**	**66,792**	**53,090**	**1,326,204**	**1,321,528**	**1,367,025**	**1,409,344**	**4,982,901**	**4,861,588**	**712,029**	**690,948**
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 2009 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 2010 and 30 June 2010 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 2010

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	
2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009
$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
850,629	791,484	737,907	701,370	216,984	207,326	512,021	489,349	–	–	8,885,670	8,546,559
194,362	162,125	232,239	210,309	194,887	171,609	150,304	114,829	–	–	4,135,386	3,834,744
38,671	32,426	42,326	35,857	6,598	8,099	14,049	16,081	–	–	492,605	479,689
96,892	96,690	146,359	156,003	161,454	133,914	33,656	53,428	–	–	939,307	957,980
2,051	324	6,185	1,630	270	66	354	186	–	–	27,823	22,458
1,182,605	1,083,049	1,165,016	1,105,169	580,193	521,014	710,384	673,873	–	–	14,480,791	13,841,430
34,303	8,633	188,267	139,833	12,348	6,782	110,464	60,164	–	–	1,661,129	1,378,020
2,890	3,149	6,559	4,862	3,835	2,027	15,058	9,155	–	–	74,419	58,254
5,224	11,661	34,299	31,832	30,043	39,841	106,391	98,449	–	–	367,974	342,790
1,548	3,119	6,047	7,613	7,469	7,808	11,435	13,477	–	–	76,852	85,142
43,965	26,562	235,172	184,140	53,695	56,458	243,348	181,245	–	–	2,180,374	1,864,206
(540)	(932)	20,587	(1,350)	(123)	(443)	(268)	(935)	–	–	(9,719)	(23,199)
(371)	(1,100)	(1,255)	(1,065)	(160)	(587)	(560)	(1,142)	–	–	(44,332)	(41,209)
1,139,551	1,058,519	910,512	923,444	526,781	465,586	467,864	494,705	–	–	12,354,468	12,041,632
								12,311,294	11,886,145	12,311,294	11,886,145
1,139,551	1,058,519	910,512	923,444	526,781	465,586	467,864	494,705			(43,174)	(155,487)
24,960	8,829	23,337	8,576	4,573	1,915	8,844	4,754			280,948	116,738
–	–	–	–	–	–	–	–			–	4,847
24,960	8,829	23,337	8,576	4,573	1,915	8,844	4,754			280,948	121,585
1,164,511	**1,067,348**	**933,849**	**932,020**	**531,354**	**467,501**	**476,708**	**499,459**			**237,774**	**(33,902)**
								1,398	1,246	1,398	1,246
								1,398	1,246	1,398	1,246

Service Group Statement

for the year ended 30 June 2010

Supplementary Financial Statements

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 ** OVERNIGHT ACUTE INPATIENT SERVICES		SERVICE GROUP 2.3 ** SAME DAY ACUTE INPATIENT SERVICES	
	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
ASSETS												
Current Assets												
Cash and Cash Equivalents	46,800	35,241	1,328	1,263	87,983	65,629	89,471	85,906	319,458	327,884	42,966	37,321
Receivables	11,065	8,200	–	1,088	45,225	23,846	28,236	40,366	229,685	162,034	17,201	31,779
Inventories	3,988	3,405	124	153	7,467	7,861	6,097	10,900	53,384	45,222	8,061	7,421
Financial Assets at Fair Value	6,780	1,288	227	–	16,130	6,377	8,673	3,182	59,514	94,160	6,947	2,073
Non-Current Assets Held for Sale	10,968	2,201	81	187	1,321	1,630	3,100	3,551	7,144	7,587	11,834	1,596
Total Current Assets	79,601	50,335	1,760	2,691	158,126	105,343	135,577	143,905	669,185	636,887	87,009	80,190
Non-Current Assets												
Receivables	308	286	4	4	552	752	929	1,779	6,818	9,076	823	1,267
Financial Assets at Fair Value	588	335	11	7	676	3,350	367	808	5,265	7,277	438	552
Property, Plant and Equipment												
– Land and Buildings	573,358	559,576	19,246	24,838	1,079,229	1,109,841	823,306	832,334	4,014,224	3,865,620	534,859	557,625
– Plant and Equipment	46,646	39,876	1,390	1,511	85,890	94,873	83,909	88,729	333,713	314,245	41,033	46,959
– Infrastructure Systems	19,856	18,611	921	896	47,817	46,409	28,411	27,654	167,974	154,746	19,291	22,301
Intangible Assets	11,843	601	167	6	6,527	8,547	6,464	8,706	94,130	77,352	7,844	5,548
Other	999	836	44	33	2,725	2,372	1,396	1,308	14,376	8,090	906	919
Total Non-Current Assets	653,598	620,121	21,783	27,295	1,223,416	1,266,144	944,782	961,318	4,636,500	4,436,406	605,194	635,171
Total Assets	733,199	670,456	23,543	29,986	1,381,542	1,371,487	1,080,359	1,105,223	5,305,685	5,073,293	692,203	715,361
LIABILITIES												
Current Liabilities												
Payables	39,982	34,336	1,570	2,190	70,586	76,655	90,356	107,247	568,306	574,811	67,733	78,442
Borrowings	1,257	149	64	23	1,254	–	937	–	6,268	7,987	994	–
Provisions	213,181	173,378	9,893	7,902	297,187	272,247	322,636	319,740	1,089,470	959,322	125,916	132,335
Other	1,580	664	52	29	2,238	1,130	1,452	1,193	6,552	12,899	1,174	576
Total Current Liabilities	256,000	208,527	11,579	10,144	371,265	350,032	415,381	428,180	1,670,596	1,555,019	195,817	211,353
Non-Current Liabilities												
Borrowings	15,191	19,170	879	1,334	17,683	50,361	13,281	14,590	85,695	75,173	10,319	12,794
Provisions	9,526	7,378	346	267	13,514	11,200	20,067	15,805	47,221	42,534	6,024	5,841
Other	3,061	3,046	57	59	14,287	6,268	6,453	3,068	59,653	23,982	5,700	2,545
Total Non-Current Liabilities	27,778	29,594	1,282	1,660	45,484	67,829	39,801	33,463	192,569	141,689	22,043	21,180
Total Liabilities	283,778	238,121	12,861	11,804	416,749	417,861	455,182	461,643	1,863,165	1,696,708	217,860	232,533
Net Assets	449,421	432,335	10,682	18,182	964,793	953,626	625,177	643,580	3,442,520	3,376,585	474,343	482,828

* NSW Budget Paper No. 3 has replaced program statements with service group statements. Service group statements focus on the key measures of service delivery performance.

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

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 (ab),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 2010

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	
2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009
$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
60,467	38,716	94,588	41,523	11,184	11,816	132,350	129,030	–	–	886,595	774,329
17,530	21,973	30,981	36,861	5,791	10,838	24,092	17,911	–	–	409,806	354,896
4,116	3,019	6,001	4,427	35,967	48,571	2,967	3,621	–	–	128,172	134,600
8,334	1,532	9,367	2,346	1,819	63	6,527	6,751	–	–	124,318	117,772
1,990	1,765	1,980	16,126	298	361	295	180	–	–	39,011	35,184
92,437	67,005	142,917	101,283	55,059	71,649	166,231	157,493	–	–	1,587,902	1,416,781
214	713	1,040	1,621	160	153	1,610	1,961	–	–	12,458	17,612
814	503	1,226	324	88	473	1,132	8,435	–	–	10,605	22,064
801,998	662,145	749,851	643,202	146,946	143,593	284,171	356,547	–	–	9,027,188	8,755,321
53,007	51,848	62,150	49,329	10,883	10,915	23,465	23,649	–	–	742,086	721,934
27,643	22,629	27,451	25,817	5,154	5,040	13,261	14,009	–	–	357,779	338,112
15,426	6,128	24,592	10,327	1,246	334	4,051	2,012	–	–	172,290	119,561
1,305	1,004	1,517	1,273	298	221	1,070	1,013	–	–	24,636	17,069
900,407	744,970	867,827	731,893	164,775	160,729	328,760	407,626	–	–	10,347,042	9,991,673
992,844	811,975	1,010,744	833,176	219,834	232,378	494,991	565,119	–	–	11,934,944	11,408,454
32,978	39,056	57,468	50,157	10,970	16,798	27,194	28,754	–	–	967,143	1,008,446
1,292	–	1,318	23	384	202	587	–	–	–	14,355	8,384
259,099	230,744	229,241	204,297	63,661	55,286	150,173	135,017	–	–	2,760,457	2,490,268
1,972	903	2,072	900	361	230	1,287	563	–	–	18,740	19,087
295,341	270,703	290,099	255,377	75,376	72,516	179,241	164,334	–	–	3,760,695	3,526,185
17,078	36,406	75,105	36,892	3,414	4,691	7,376	7,375	–	–	246,021	258,786
11,031	9,344	10,149	8,290	2,992	2,567	6,897	5,931	–	–	127,767	109,157
11,106	4,233	9,068	4,104	807	812	10,906	4,394	–	–	121,098	52,511
39,215	49,983	94,322	49,286	7,213	8,070	25,179	17,700	–	–	494,886	420,454
334,556	320,686	384,421	304,663	82,589	80,586	204,420	182,034	–	–	4,255,581	3,946,639
658,288	491,289	626,323	528,513	137,245	151,793	290,571	383,085	–	–	7,679,363	7,461,815

Notes to and Forming Part of the Financial Statements

for the year ended 30 June 2010

1. The NSW Department of Health Reporting Entity

(a) The NSW Department of Health (the Department), as a reporting entity, comprises all the entities under its control, namely Area Health Services constituted under the *Health Services Act, 1997*; the Royal Alexandra Hospital for Children, the Justice Health Service, the Clinical Excellence Commission, the Bureau of Health Information (established with effect from 1 July 2009 under the provisions of the *Health Services Act*), the Graythwaite Trust (per Supreme Court order) and the Health Administration Corporation (which for both years includes the operations of the Ambulance Service of NSW, Health Support Services, NSW Institute of Medical Education and Training and Health Infrastructure). All of these entities are reporting entities that produce financial statements in their own right.

Effective from 1 July 2009 HealthQuest, a former Statutory Health Corporation was abolished under the *Health Services Act* and its equity transferred to the Department.

The Albury Base Hospital was also separated from Greater Southern Area Health Service under the Act and now reports as a distinct entity responsible to the NSW Minister for Health with its services provided under contract by Albury Wodonga Health, an entity established under Victorian legislation for this purpose. The Albury Wodonga Health (Employment Division) has also been established with effect from 1 July 2009. The Division captures employee related expense and related assets and liabilities. Both of these entities operate under the Department's control.

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 2010 have been authorised for issue by the Chief Financial Officer and Director-General on 8 October 2010.

2. Summary of Significant Accounting Policies

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.

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.

Accounting Standard/Interpretation

AASB 9, *Financial Instruments* and AASB 2009–11, *Amendments to Australian Accounting Standards arising from AASB 9*, have application from 1 July 2013 and focus on simplifying the classifications of financial assets into those carried at amortised cost and those carried at fair value. They also simplify the requirements for embedded derivatives and remove the tainting rules associated with held-to-maturity assets. They have been assessed as having no material impact on the Department.

AASB 1053, *Application of tiers of Australian Accounting Standards*, has application from 1 July 2013 and establishes a differential reporting framework consisting of two tiers of reporting requirements. Tier 1 entities will continue to apply existing Australian Accounting Standards. Tier 2 entities will apply the same recognition, measurement and presentation requirements but reduced disclosure requirements. Tier 2 entities include the majority of public sector entities. This standard has been assessed as having no material impact on the Department.

AASB 2009-5, *Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project*, has application from 1 July 2010 and comprises accounting changes for presentation, recognition or measurement purposes. This standard has been assessed as having no material impact on the Department.

AASB 2009-8, *Amendments to Australian Accounting Standards – Group Cash-settled Share-based Payment Transactions*, has application from 1 July 2010 and makes amendments which clarify the scope of AASB 2 by requiring an entity that receives goods or services in a share-based payment arrangement to account for those goods or services no matter which entity in the group settles the transaction, and no matter whether the transaction is settled in shares or cash. This standard has been assessed as having no impact on the Department.

AASB 2009-9, *Amendments to Australian Accounting Standards- Additional Exemptions for First-time Adopters*, has application from 1 July 2010 and makes amendments to ensure that entities applying Australian Accounting Standards for the first time will not face undue cost or effort in the transition process in particular situations. This standard has been assessed as having no impact on the Department.

AASB 2009-10, *Amendments to Australian Accounting Standards- Classification of Rights Issues,* has application from 1 July 2010 and provides clarification concerning equity instruments. This standard has been assessed as having no material impact on the Department.

AASB 124, *Related Party Disclosures* and AASB 2009-12, *Amendments to Australian Accounting Standards*, have application from 1 July 2011 and simplify the definition of a related party. They have been assessed as having no impact on the Department.

Interpretation 19, *Extinguishing Financial Liabilities with Equity Instruments* and AASB 2009-13, *Amendments to Australian Accounting Standards arising from Interpretation 19*, have application from 1 July 2010 and addresses the accounting by an entity when the terms of a financial liability are renegotiated and result in the entity issuing equity instruments to a creditor to extinguish all or part of the financial liability. They have been assessed as having no impact on the Department.

AASB 2009-14, *Amendments to Australian Interpretation-Prepayments of a Minimum Funding Requirement*, has application from 1 July 2011 and makes limited-application amendments to Interpretation 14 AASB 119 – *The Limit on a Defined Benefit Asset, Minimum Funding Requirements and their Interaction*. This standard has been assessed as having no impact on the Department.

AASB 2010-1, *Amendments to Australian Accounting Standards – Limited Exemption from Comparative AASB 7 Disclosures for First-time Adopters*, has application from 1 July 2010 and provides additional exemption on IFRS transition in relation to AASB 7 *Financial Instruments: Disclosures*, to avoid the potential use of hindsight and to ensure that first-time adopters are not disadvantaged as compared with current IFRS-compliant preparers. This standard has been assessed as having no impact on the Department.

AASB 2010-2, *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*, has application from 1 July 2013 and determines disclosures in Australian Accounting Standards from which Tier 2 entities are exempt. This standard has been assessed as having no material impact on the Department.

AASB 2010-3 and AASB 2010-4, *Amendments to Australian Accounting Standards arising from the Annual Improvements Project*, have application from 1 January 2011 and amend a number of different Australian Accounting Standards. These standards have been assessed as having no material 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 17% are applied to the value of leave payable at 30 June 2010, such on-costs being consistent with actuarial assessment (Comparable on-costs for 30 June 2009 were also 17%).

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

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

ii) Long Service Leave and Superannuation

At the consolidated level of reporting, long service leave entitlements are dissected as 'Current' if there is an unconditional right to payment and 'Non-Current' if the entitlements are conditional. Current entitlements are further dissected between 'Short Term' and 'Long Term' on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Long service leave provisions are measured on a short hand basis at an average escalated rate of 18.3% (9.8% at 30 June 2009) for all employees with five or more years of service. The escalation applied is consistent with the actuarial assessment and is affected in the main by the movement in the Commonwealth Government 10 year bond yield which is used as the discount rate. Long service leave provisions for the parent entity have been calculated in accordance with the requirements of Treasury Circular T09/04. The parent entity's liability for long service leave is assumed by the Crown Entity.

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

The superannuation expense for the financial year is determined by using the formulae specified in the Treasurer's Directions. The expense for certain superannuation schemes (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 AASB139, *Financial Instruments: Recognition and Measurement*. Rental revenue is recognised in accordance with AASB117, Leases on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 *Revenue* when the Department's right to receive payment is established.

Royalty revenue is recognised in accordance with AASB118 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 AASB116, *Property, Plant and Equipment* and AASB140, *Investment Property.*

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence the asset's fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

The Department revalues Land and Buildings and Infrastructure at least every three years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date.

To ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date, indices provided in expert advice from the 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 AASB136, *'Impairment of Assets'* and impairment testing. This is because *AASB136* modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are material. Selling costs are regarded as immaterial.

(l) Maintenance

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a part or component of an asset, in which case the costs are capitalised and depreciated.

(m) Leased Assets

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

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

Operating lease payments are charged to the 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. 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, derecognised or through the amortisation process.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

(r) Impairment of Financial Assets

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the entity will not be able to collect all amounts due.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the 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 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.

(aa) Emerging Assets

The NSW Department of Health's emerging interest in car parks and hospitals have been valued in accordance with 'Accounting for Privately Financed Projects' (TPP06-8). This policy requires 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.

(ab) Service Group Statements Allocation Methodology

Expenses and revenues are assigned to service groups in accordance with statistical data for the twelve months ended 31 December 2009 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 and Equipment.

3. Employee Related Expenses

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
		Employee related expenses comprise the following specific items:		
98,911	97,713	Salaries and Wages	6,955,611	6,735,690
3,306	3,293	Superannuation – Defined Benefit Plans	152,254	162,803
4,500	3,846	Superannuation – Defined Contribution Plans	566,981	525,863
3,404	6,695	Long Service Leave*	351,195	265,690
7,866	8,842	Recreation Leave	715,417	731,189
1,017	960	Workers' Compensation Insurance	124,986	113,034
5,830	5,894	Payroll Tax and Fringe Benefits Tax	6,601	5,870
–	–	Death and Disability	12,625	6,420
124,834	**127,243**		**8,885,670**	**8,546,559**
		The following additional information is provided:		
–	–	Employee Related Expenses Capitalised – Land and Buildings	766	1,476
–	–	Employee Related Expenses Capitalised – Plant and Equipment	–	2,236
–	–	Employee Related Expenses Capitalised – Intangibles	6,754	7,168
–	**–**		**7,520**	**10,880**

*The increase in Consolidated Long Service Leave in 2009/10 primarily reflects the increase in the actuarial factor applied in accordance with AASB119 Employee Benefits.

4. Other Operating Expenses

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
–	–	Blood and Blood Products	82,567	76,965
429	577	Domestic Supplies and Services	91,600	89,227
111,552	145,043	Drug Supplies	614,208	615,745
–	–	Food Supplies	88,324	87,483
507	300	Fuel, Light and Power	112,766	91,649
58,940	59,322	General Expenses (b)	187,355	201,177
7,071	12,741	Information Management Expenses	106,617	132,472
195,698	193,693	Insurance	218,193	206,488
45,405	15,220	Interstate Patient Outflows, NSW	184,210	137,309
1,952	1,534	Medical and Surgical Supplies	648,248	572,334
		Maintenance (c)		
1,016	867	Maintenance Contracts	107,901	107,530
1,033	1,472	New/Replacement Equipment under Capitalisation Threshold	123,378	111,005
3,078	2,243	Repairs	79,385	88,708
–	–	Maintenance/Non-Contract	31,754	33,897
2	3	Other Maintenance	835	349
1	35	Operating Lease Rental Expense – Minimum Lease Payments	40,071	38,694
1,868	2,331	Postal and Telephone Costs	50,638	53,814
2,659	3,929	Printing and Stationery	43,062	45,900
706	185	Rates and Charges	16,737	15,031
6,701	6,594	Rental	46,057	43,987
674	184	Special Service Departments	348,260	271,476
14,764	13,400	Staff Related Costs	70,640	72,210
–	–	Sundry Operating Expenses (a)	207,767	131,721
2,450	2,655	Travel Related Costs	79,830	74,550
–	–	Visiting Medical Officers	554,983	535,023
456,506	**462,328**		**4,135,386**	**3,834,744**
		(a) Sundry Operating Expenses comprise:		
–	–	Aircraft Expenses (Ambulance)	60,843	56,505
–	–	Contract for Patient Services	136,340	65,835
–	–	Isolated Patient Travel and Accommodation Assistance Scheme	10,584	9,381
–	**–**		**207,767**	**131,721**

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
		(b) General Expenses include:		
5,221	4,973	Advertising	9,504	11,145
185	292	Books, Magazines and Journals	7,085	7,889
		Consultancies		
1,077	1,761	– Operating Activities	15,337	14,081
713	1,146	– Capital Works	2,405	2,229
1,925	1,900	Courier and Freight	15,088	15,001
326	345	Auditors Remuneration – Audit of Financial Statements	3,895	3,845
989	920	Legal Services	6,834	6,669
4	47	Motor Vehicle Operating Lease Expense – Minimum Lease Payments	57,727	64,413
211	212	Membership/Professional Fees	4,749	5,826
–	–	Payroll Services	249	293
347	317	Security Services	10,711	13,064
120	243	Translator Services	2,935	2,932
–	–	Quality Assurance/Accreditation	3,821	3,143
199	485	Data Recording and Storage	3,572	3,569
		(c) Reconciliation – Total Maintenance		
5,129	4,585	Maintenance Expense – Contracted Labour and Other (Non-Employee Related), included in Note 4 above	343,254	341,489
75	72	Employee Related Maintenance Expense included in Note 3	59,941	62,737
5,204	**4,657**	Total Maintenance Expenses included in Notes 3 and 4	**403,195**	**404,226**

5. Depreciation and Amortisation

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
2,223	1,828	Depreciation – Buildings	296,953	296,068
1,774	1,952	Depreciation – Plant and Equipment	158,754	154,579
–	–	Depreciation – Infrastructure Systems	14,477	14,198
–	–	Amortisation – Leased Buildings	3,080	2,309
392	558	Amortisation – Intangibles	19,341	12,535
4,389	**4,338**		**492,605**	**479,689**

6. Grants and Subsidies

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
19,914	18,975	Payments to the National Blood Authority and the Red Cross Blood Transfusion Service net of payments recognised in Note 4	19,914	18,975
–	–	Operating Payments to Other Affiliated Health Organisations*	491,628	546,505
6,866	1,369	Capital Payments to Affiliated Health Organisations	10,077	7,928
		Grants-		
138,933	145,925	Cancer Institute NSW	138,933	135,389
10,425	13,847	External Research	11,932	15,285
4,490	4,242	NSW Institute of Psychiatry	4,490	4,242
1,993	1,857	National Drug Strategy	1,993	1,857
65,837	57,086	Non-Government Voluntary Organisations	144,088	133,465
11,597,280	11,020,157	Payments to Controlled Health Entities	–	–
63,292	20,321	Other Payments	116,252	94,334
11,909,030	**11,283,779**		**939,307**	**957,980**

*The Commonwealth Highly Specialised Drug program was varied from 1 July 2009 and was earmarked by the provision of revenue funding of $40.244 million to Affiliated Health Organisations. In previous years the revenues received were provided to the Affiliated Health Organisations as part of the recurrent allocations.

7. Finance Costs

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
–	–	Finance Lease Interest Charges	470	1,168
–	238	Other Interest Charges*	27,353	21,290
–	**238**		**27,823**	**22,458**

The increase in 2009/10 reflects the progression of private/public partnership funding arrangements.

8. Sale of Goods and Services

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
		(a) Sale of Goods comprise the following:-		
–	–	Sale of Prosthesis	44,728	42,055
–	–	Cafeteria/Kiosk	17,232	20,959
–	–	Linen Service Revenues – Non-Health Services	9,586	12,765
–	–	Meals on Wheels	2,203	2,863
–	–	Pharmacy Sales	7,136	6,142

8. Sale of Goods and Services (cont.)

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
		(b) Rendering of Services comprise the following:		
–	–	Patient Fees	418,984	394,493
–	–	Staff-Meals and Accommodation	6,636	7,709
		Infrastructure Fees		
–	–	– Monthly Facility Charge	219,878	204,463
–	–	– Annual Charge	72,705	59,888
53,214	54,567	Department of Veterans' Affairs Agreement Funding	315,358	299,749
–	–	Ambulance Non-Hospital User Charges	68,402	59,083
–	–	Use of Ambulance Facilities	3,581	2,949
–	–	Motor Accident Authority Third Party Receipts	78,203	51,632
–	–	Car Parking	20,444	21,800
–	–	Child Care Fees	10,059	9,540
–	–	Clinical Services	41,019	28,534
–	–	Commercial Activities	50,328	49,718
–	–	Fees for Medical Records	2,350	2,122
–	–	Services Provided to Non-NSW Health Organisations	21,823	14,192
–	–	Highly Specialised Drugs*	191,449	–
–	–	PADP Patient Copayments	573	907
3,298	3,115	Personnel Services – Institute of Psychiatry	3,298	3,115
6,830	6,252	Personnel Services – Health Professional Registration Boards	6,830	6,252
978	291	Patient Inflows from Interstate	978	291
8,298	10,855	Other	47,346	76,799
72,618	**75,080**		**1,661,129**	**1,378,020**

*The Commonwealth Highly Specialised Drug program was varied from 1 July 2009. The State now claims on a recovery basis the cost of highly specialised drugs through Medicare (Commonwealth). In previous years these funds were received within annual Government Allocation from the Consolidated Fund.

9. Investment Revenue

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
		Interest		
–	–	– T Corp Hour-Glass Investment Facilities Designated at Fair Value through Profit or Loss	27,654	9,917
13,147	11,177	– Other	26,597	30,308
–	–	Lease and Rental Income	17,399	15,397
–	–	Royalties	91	51
1,903	924	Other	2,678	2,581
15,050	**12,101**		**74,419**	**58,254**

10. Grants and Contributions

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
		Clinical Drug Trials	20,515	16,766
44,303	39,071	Commonwealth Government Grants	92,170	82,326
23,430	23,000	Health Super Growth	23,430	23,000
–	–	Industry Contributions/Donations	68,872	64,877
5,670	5,778	Grants from Cancer Institute of NSW	59,984	49,456
100	216	Research Grants	37,659	37,411
–	–	University Commission Grants	457	189
9,377	10,469	Other Grants	64,887	68,765
82,880	**78,534**		**367,974**	**342,790**

11. Other Revenue

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
–	–	Commissions	2,315	2,732
–	–	Conference and Training Fees	6,101	5,671
477	1,272	Treasury Managed Fund Hindsight Adjustment	21,973	32,772
–	–	Sale of Merchandise, Old Wares and Books	500	1,110
–	–	Rights to Receive Fixed Assets	2,308	1,861
4,711	5,252	Sundry Revenue	43,655	40,996
5,188	**6,524**		**76,852**	**85,142**

12. Loss on Disposal

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
2,776	5,312	Property, Plant and Equipment	323,475	364,737
(1,147)	(4,192)	Less Accumulated Depreciation	(271,363)	(332,442)
1,629	**1,120**	**Written Down Value**	**52,112**	**32,295**
(360)	(497)	Less Proceeds from Disposal	(20,411)	(9,532)
(1,269)	**(623)**	**Loss on Disposal of Property Plant and Equipment**	**(31,701)**	**(22,763)**
45,119	17,748	Financial Assets at Fair Value	19,652	47,988
(45,119)	(17,748)	Less Proceeds from Disposal	(19,652)	(47,988)
–	**–**	**Loss on Disposal of Financial Assets at Fair Value**	**–**	**–**
–	340	Intangible Assets	683	340
–	–	Less Accumulated Amortisation	(138)	–
		Written Down Value	**545**	**340**
–	–	Less Proceeds from Disposal	–	–
–	**(340)**	**Loss on Disposal of Intangible Assets**	**(545)**	**(340)**
–	–	Assets Held for Sale	23,791	15,466
–	–	Less Proceeds from Disposal	(46,318)	(15,370)
–	**–**	**Gain/(Loss) on Disposal of Assets Held for Sale**	**22,527**	**(96)**
(1,269)	**(963)**	**Total Loss on Disposal**	**(9,719)**	**(23,199)**

13. Other Losses

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
(82)	6	Impairment of Receivables	(44,332)	(38,615)
–	(2,085)	Write off of Shares	–	(2,085)
–	–	Decrement on Land Revaluation, Justice Health	–	(509)
(82)	**(2,079)**		**(44,332)**	**(41,209)**

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	47,496	68,700	82,684	198,880
Contributions recognised in previous years which were not expended in the current financial year	54,332	427,990	115,040	597,362
Total amount of unexpended contributions as at balance date	**101,828**	**496,690**	**197,724**	**796,242**

Comment on restricted assets appears in Note 27.

15. Appropriations

	PARENT AND CONSOLIDATED	
	2010 $000	2009 $000
Recurrent Appropriations		
Total Recurrent Draw-Downs from NSW Treasury (per Summary of Compliance)	11,708,076	11,201,765
Less Liability to Consolidated Fund (per Summary of Compliance)	–	–
Total	**11,708,076**	**11,201,765**
Comprising:		
Recurrent Appropriations (per Statement of Comprehensive Income)	11,708,076	11,201,765
Total	**11,708,076**	**11,201,765**
Capital Appropriations		
Total Capital Draw-Downs from NSW Treasury (per Summary of Compliance)	447,373	522,461
Total	**447,373**	**522,461**
Comprising:		
Capital Appropriations (per Statement of Comprehensive Income)	447,373	522,461
Total	**447,373**	**522,461**

16. Acceptance by the Crown Entity of Employee Benefits and Other Liabilities

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
		The following liabilities and/or expenses have been assumed by the Crown Entity or other government agencies:		
3,306	3,293	Superannuation – Defined Benefit	152,254	155,284
3,404	6,446	Long Service Leave	3,404	6,446
187	189	Payroll Tax	187	189
6,897	**9,928**		**155,845**	**161,919**

17. Service Groups of the Department

Service Group 1.1 Primary and Community Based Services

Service Description: This service group covers the provision of health services to persons attending community health centres or in the home, including health promotion activities, community based women's health, dental, drug and alcohol and HIV/AIDS services. It also covers the provision of grants to non-Government organisations for community health purposes.

Objective: This service group contributes to making prevention everybody's business and strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:

- improved access to early intervention, assessment, therapy and treatment services for claims in a home or community setting
- reduced rate of avoidable hospital admissions for conditions identified in the State Plan that can be appropriately treated in the community and
- reduced rate of hospitalisation from fall-related injury for people aged 65 years and over.

Service Group 1.2 Aboriginal Health Services

Service Description: This service group covers the provision of supplementary health services to Aboriginal people, particularly in the areas of health promotion, health education and disease prevention. (Note: This Service Group excludes most services for Aboriginal people provided directly by Area Health Services and other general health services which are used by all members of the community).

Objective: This service group contributes to ensuring a fair and sustainable health system by working towards a range of intermediate results that include the following:

- the building of regional partnerships for the provision of health services
- raising the health status of Aboriginal people and
- promoting a healthy lifestyle.

Service Group 1.3 Outpatient Services

Service Description: This service group covers the provision of services provided in outpatient clinics including low level emergency care, diagnostic and pharmacy services and radiotherapy treatment.

Objective: This service group contributes to creating better experiences for people using health services and ensuring a fair and sustainable health system by working towards a range of intermediate results including improving, maintaining or restoring the health of ambulant patients in a hospital setting through diagnosis, therapy, education and treatment services.

Service Group 2.1 Emergency Services

Service Description: This service group covers the provision of emergency ambulance services and treatment of patients in designated emergency departments of public hospitals.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results including reduced risk of premature death or disability by providing timely emergency diagnostic treatment and transport services.

Service Group 2.2 Overnight Acute Inpatient Services

Service Description: This service group covers the provision of health care to patients admitted to public hospitals with the intention that their stay will be overnight, including elective surgery and maternity services.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results that include the following:

- timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and patient satisfaction and
- reduced rate of unplanned and unexpected hospital readmissions.

Service Group 2.3
Same Day Acute Inpatient Services

Service Description: This service group covers the provision of health care to patients who are admitted to public hospitals with the intention that they will be admitted, treated and discharged on the same day.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results that include the following:

- timely treatment of booked surgical patients resulting in improved clinical outcomes, quality of life and patient satisfaction and
- reduced rate of unplanned and unexpected hospital readmissions.

Service Group 3.1
Mental Health Services

Service Group: This service group covers the provision of an integrated and comprehensive network of services by Area Health Services and community based organisations for people seriously affected by mental illness and mental health problems. It also includes the development of preventative programs which meet the needs of specific client groups.

Objective: This service group contributes to strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:

- improving the health, wellbeing and social functioning of people with disabling mental disorders and
- reducing the incidence of suicide, mental health problems and mental disorders in the community.

Service Group 4.1
Rehabilitation and Extended Care Services

Service Description: This service group covers the provision of appropriate health care services for persons with long-term physical and psycho-physical disabilities and for the frail-aged. It also includes the co-ordination 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 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
		Current		
61,616	60,324	Cash at Bank and On Hand	342,319	291,228
–	–	Short Term Deposits	544,276	483,101
61,616	**60,324**		**886,595**	**774,329**
		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:		
61,616	60,324	Cash and Cash Equivalents (per Statement of Financial Position)	886,595	774,329
61,616	**60,324**	**Closing Cash and Cash Equivalents (per Statement of Cash Flows)**	**886,595**	**774,329**

Refer to Note 40 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

19. Receivables

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
		Current		
52,659	30,891	(a) Sale of Goods and Services	266,259	277,990
1,901	3,687	Goods and Services Tax	74,031	72,581
1,016	949	Personnel Services – Institute of Psychiatry	1,016	949
755	763	Personnel Services – HPRB	755	763
30,454	6,738	Other Debtors	88,278	14,161
86,785	**43,028**	**Sub Total**	**430,339**	**366,444**
(171)	(96)	Less Allowance for Impairment	(57,623)	(46,698)
3,314	2,398	Prepayments	37,090	35,150
89,928	**45,330**		**409,806**	**354,896**
		(b) Movement in the Allowance for Impairment		
		Sale of Goods and Services		
(96)	(1,286)	Balance at 1 July	(40,402)	(39,388)
7	1,184	Amounts written off during the year	32,543	34,385
–	(69)	Amounts recovered during the year	52	475
(82)	75	(Increase)/decrease in allowance recognised in result for the year	(40,250)	(35,874)
(171)	**(96)**	**Balance at 30 June**	**(48,057)**	**(40,402)**
		(c) Movement in the Allowance for Impairment		
		Other Debtors		
–	–	Balance at 1 July	(6,296)	(7,270)
–	–	Amounts written off during the year	803	4,999
–	–	Amounts recovered during the year	1	173
–	–	(Increase)/decrease in allowance recognised in result for the year	(4,074)	(4,198)

19. Receivables (cont.)

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
–	–	**Balance at 30 June**	**(9,566)**	**(6,296)**
		Non-Current		
–	–	(a) Sale of Goods and Services	849	1,539
		Other Debtors	–	–
–	–		849	1,539
–	–	Less Allowance for Impairment	(275)	(526)
–	–	Prepayments	11,884	16,599
–	–		12,458	17,612
		(b) Movement in the Allowance for Impairment		
		Sale of Goods and Services		
–	–	Balance at 1 July	(526)	(1,349)
–	–	Amounts written off during the year	251	1,451
		(Increase)/decrease in allowance recognised		
–	–	in result for the year	–	(628)
–	–	**Balance at 30 June**	**(275)**	**(526)**
		(c) Movement in the Allowance for Impairment		
		Other Debtors		
–	–	Balance at 1 July	–	(333)
–	–	Amounts written off during the year	8	333
		(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	16,685	13,798
–	–	Patient Fees – Ineligibles	19,950	17,700
–	–	Patient Fees – Other	59,070	56,131

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 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
		Current – Held for Distribution		
29,134	40,634	Drugs	67,644	77,334
5,637	6,694	Medical and Surgical Supplies	54,341	45,149
–	–	Food Supplies	1,115	1,577
–	–	Engineering Supplies	493	504
–	–	Other Including Goods in Transit	4,579	10,036
34,771	**47,328**		**128,172**	**134,600**

21. Financial Assets at Fair Value

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
		Current		
–	–	T Corp Hour-Glass Investment Facilities	124,318	117,772
–	**–**		**124,318**	**117,772**
		Non-Current		
–	–	T Corp Hour-Glass Investment Facilities	10,605	22,064
–	**–**		**10,605**	**22,064**

Refer to Note 40 for further information regarding credit risk, liquidity risk and market risk arising from financial instruments.

22. Other Financial Assets

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
		Current		
64,216	66,845	Advances Receivable – Intra Health	–	–
64,216	**66,845**		–	–
		Non-Current		
57,453	88,795	Advances Receivable – Intra Health	–	–
57,453	**88,795**		–	–

Refer to Note 40 for further information regarding credit risk, liquidity risk and market risk arising from financial instruments.

23. Other Assets

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
		Non-Current		
–	–	Emerging Rights to Assets (Refer to Note 2 (aa))	24,636	17,069
–	**–**		**24,636**	**17,069**

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	
2010 $000	2009 $000		2010 $000	2009 $000
		Assets Held for Sale		
–	13,955	Land and Buildings	38,716	34,917
–	–	Infrastructure Systems	295	267
–	**13,955**		**39,011**	**35,184**
		Amounts Recognised in Equity Relating to Assets Held for Sale		
–	–	Available for Sale Financial Asset Revaluation Increments/(Decrements)	15,371	2,773
–	**–**		**15,371**	**2,773**

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	
	2010 $000	2009 $000
Land and Buildings – Fair Value		
Gross Carrying Amount	206,985	173,851
Less Accumulated Depreciation and Impairment	(75,241)	(60,243)
Net Carrying Amount	**131,744**	**113,608**
Plant and Equipment – Fair Value		
Gross Carrying Amount	25,630	26,315
Less Accumulated Depreciation and Impairment	(20,649)	(20,024)
Net Carrying Amount	**4,981**	**6,291**
Total Property, Plant and Equipment Net Carrying Amount at Fair Value	**136,725**	**119,899**

25. Property, Plant and Equipment – Reconciliation

	LAND $000	BUILDINGS $000	PLANT AND EQUIPMENT $000	TOTAL $000
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**

	LAND $000	BUILDINGS $000	PLANT AND EQUIPMENT $000	TOTAL $000
Year Ended 30 June 2009				
Net Carrying Amount at Start of Year	74,075	54,579	7,708	136,362
Additions	1,375	2,349	1,320	5,044
Assets Held for Sale	(13,230)	(725)	–	(13,955)
Disposals	(335)	–	(785)	(1,120)
Net Revaluation Increment Less Revaluation				
Decrements Recognised in Reserves	(8,797)	6,520	–	(2,277)
Administrative Transfers	(375)	–	–	(375)
Depreciation Expense	–	(1,828)	(1,952)	(3,780)
Net Carrying Amount at End of Year	**52,713**	**60,895**	**6,291**	**119,899**

*All Land and Buildings for the parent entity were valued by the Land and Property Management Authority independently of the Department on 1 July 2009.
*Plant and Equipment is predominantly recognised on the basis of depreciated cost.
*In acccordance with the fair value requirements of AASB 116 the land, buildings and infrastructure assets of the Department for 2008/09 had a factor applied in relation to the movement in the market and variation in the building and infrastructure costs. The adjustment was performed on a gross basis in accordance with note 2 (j). This factor gives consideration to the valuation of Physical Non-Current Assets at Fair Value. The indices used were determined by the Land and Property Management Authority.

25. Property, Plant and Equipment

	CONSOLIDATED	
	2010 $000	2009 $000
Land and Buildings – Fair Value		
Gross Carrying Amount	15,442,263	14,767,187
Less Accumulated Depreciation and Impairment	(6,415,075)	(6,011,866)
Net Carrying Amount	**9,027,188**	**8,755,321**
Plant and Equipment – Fair Value		
Gross Carrying Amount	1,909,048	1,964,003
Less Accumulated Depreciation and Impairment	(1,166,962)	(1,242,069)
Net Carrying Amount	**742,086**	**721,934**
Infrastructure Systems – Fair Value		
Gross Carrying Amount	625,364	573,321
Less Accumulated Depreciation and Impairment	(267,585)	(235,209)
Net Carrying Amount	**357,779**	**338,112**
Total Property, Plant and Equipment Net Carrying Amount at Fair Value	**10,127,053**	**9,815,367**

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 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)
Administrative Transfers	(20,226)	–	–	–	–	(20,226)
Revaluations	8,971	237,361	4,663	–	29,953	280,948
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 $000	BUILDINGS $000	LEASED BUILDINGS $000	PLANT AND EQUIPMENT $000	INFRASTRUCTURE SYSTEMS $000	TOTAL $000
Year Ended 30 June 2009						
Net Carrying Amount at Start of Year	1,672,105	6,826,859	52,288	690,459	332,774	9,574,485
Additions	5,230	463,699	257	176,150	280	645,616
Reclassifications to Intangibles	–	–	–	(433)	–	(433)
Assets Held for Sale	(19,848)	(7,119)	–	–	(96)	(27,063)
Disposals	(2,606)	(20,099)	–	(9,492)	(98)	(32,295)
Net Revaluation Increment Less Revaluation Decrements Recognised in Reserves	(32,450)	145,396	3,342	–	(59)	116,229
Administrative Transfers	5,982	–	–	–	–	5,982
Depreciation Expense	–	(296,068)	(2,309)	(154,579)	(14,198)	(467,154)
Reclassifications	1,661	(42,850)	1,851	19,829	19,509	–
Net Carrying Amount at End of Year	**1,630,074**	**7,069,818**	**55,429**	**721,934**	**338,112**	**9,815,367**

*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 acccordance 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 Land and Property Management Authority.

26. Intangible Assets

	PARENT	
	2010 $000	2009 $000
Software		
Cost (Gross Carrying Amount)	2,117	6,242
Less Accumulated Amortisation and Impairment	(2,117)	(5,850)
Net Carrying Amount	**–**	**392**
Total Intangible Assets at Net Carrying Amount	**–**	**392**

26. Intangibles – Reconciliation

	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	**–**

	PARENT
	Software $000
Year Ended 30 June 2009	
Net Carrying Amount at Start of Year	2,485
Amortisation (Recognised in Depreciation and Amortisation)	(558)
Disposals	(340)
Administrative Transfer	(1,195)
Net Carrying Amount at End of Year	**392**

26. Intangible Assets

	CONSOLIDATED	
	2010 $000	2009 $000
Software		
Cost (Gross Carrying Amount)	261,570	188,647
Less Accumulated Amortisation and Impairment	(89,280)	(69,225)
Net Carrying Amount	**172,290**	**119,422**
Other		
Cost (Gross Carrying Amount)	–	991
Less Accumulated Amortisation and Impairment	–	(852)
Net Carrying Amount	**–**	**139**
Total Intangible Assets at Net Carrying Amount	**172,290**	**119,561**

26. Intangibles – Reconciliation

	CONSOLIDATED		
	SOFTWARE$000	OTHER $000	TOTAL $000
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**

	SOFTWARE $000	OTHER $000	TOTAL $000
Year Ended 30 June 2009			
Net Carrying Amount at Start of Year	81,564	320	81,884
Additions – Internal Development	50,074	45	50,119
Reclassifications From Plant and Equipment	433	–	433
Amortisation (Recognised in Depreciation and Amortisation)	(12,309)	(226)	(12,535)
Disposals	(340)	–	(340)
Net Carrying Amount at End of Year	**119,422**	**139**	**119,561**

27. Restricted Assets

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
		The Department's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.		
–	–	Specific Purposes	367,308	349,656
–	–	Perpetually Invested Funds	6,905	7,019
–	–	Research Grants	164,602	153,406
–	–	Private Practice Funds	221,536	158,662
–	–	Other	35,891	25,449
–	**–**		**796,242**	**694,192**

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 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
		Current		
1,022	659	Accrued Salaries, Wages and On-Costs	138,681	232,843
682	1,107	Taxation and Other Payroll Deductions	76,769	108,851
54,121	48,087	Superannuation Guarantee Charge Payables	54,121	48,087
51,750	23,025	Creditors	606,933	559,955
		Other Creditors		
–	–	– Capital Works	90,639	58,710
77,816	35,614	– Intra Health Liability	–	–
185,391	**108,492**		**967,143**	**1,008,446**

29. Borrowings

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $000
		Current		
–	–	Treasury Advances Repayable – Secured	3,145	4,681
–	–	Finance Leases [See note 32(d)] – Secured	4,477	3,703
–	–	Other- Long Bay PPP	799	–
–	–	Other- Mater PPP	5,934	–
–	**–**		**14,355**	**8,384**
		Non-Current		
–	–	Treasury Advances Repayable – Secured	3,557	6,606
–	–	Finance Leases [See note 32(d)] – Secured	10,688	15,143
		ANZAC Foundation loan from Sydney University	1,822	2,000
–	–	Other- Long Bay PPP	83,117	81,002
–	–	Other- Mater PPP	146,837	154,035
–	**–**		**246,021**	**258,786**

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	
2010 $000	2009 $000		2010 $000	2009 $000
		Current Employee Benefits and Related On-Costs		
7,976	7,244	Recreation Leave – Short Term Benefit	703,855	617,956
4,749	5,651	Recreation Leave – Long Term Benefit	505,908	524,764
342	260	Long Service Leave – Short Term Benefit *	133,053	139,847
3,078	2,345	Long Service Leave – Long Term Benefit *	1,409,894	1,199,654
–	–	Health and Wellness (Ambulance Service of NSW)	–	2,000
–	–	Death and Disability (Ambulance Service of NSW)	7,151	5,450
–	–	Sick Leave – Long Term Benefit	596	597
16,145	**15,500**	**Total Current Provisions**	**2,760,457**	**2,490,268**
		Non-Current Employee Benefits and Related On-Costs		
407	446	Long Service Leave – Conditional *	124,857	109,023
–	–	Sick Leave – Long Term Benefit	56	54
–	–	Death and Disability (Ambulance Service of NSW)	2,854	80
407	**446**	**Total Non-Current Provisions**	**127,767**	**109,157**
		Aggregate Employee Benefits and Related On-Costs		
16,145	15,500	Provisions – Current	2,760,457	2,490,268
407	446	Provisions – Non-Current	127,767	109,157
		Accrued Salaries, Wages and On-Costs		
55,825	49,853	(refer to Note 28)	249,378	389,781
72,377	**65,799**		**3,137,602**	**2,989,206**

*The increase in Long Service Leave liability principally relates to the actuarial review conducted as at 30 June 2010 which was significantly affected by the ten year government bond rate as at that date.

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	
2010 $000	2009 $000		2010 $000	2009 $000
		Current		
–	590	Income in Advance	18,702	19,049
–	–	Other	38	38
–	**590**		**18,740**	**19,087**
		Non-Current		
–	–	Income in Advance	119,996	50,874
69,070	1,637	Other	1,102	1,637
69,070	**1,637**		**121,098**	**52,511**

At 30 June 2010 the Department held $67.968 million as Income in Advance relating to licensing rights for the future use of the Royal North Shore Hospital car park. The remainder of the Income in Advance principally relates to monies received from the Sydney University as a contribution towards the construction costs of a research and education facility. Upon commissioning of the facility the University will partly occupy the facility and the income in advance will be exhausted over the term of occupation. Income in advance has also been received as a consequence of Health Services entering into agreements for the sale of surplus properties, the provision and operation of private facilities and car parks.

32. Commitments for Expenditure

PARENT 2010 $000	PARENT 2009 $000		CONSOLIDATED 2010 $000	CONSOLIDATED 2009 $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	326,432	303,476
–	–	Later than one year and not later than five years	348,717	320,893
–	–	Later than five years	2,778,631	2,939,077
–	**–**	**Total Capital Expenditure Commitments (Including GST)**	**3,453,780**	**3,563,446**
		The Government is committed to capital expenditures as follows in accordance with the Department's Asset Acquisition Program:		

	2010 $000	2009 $000
Not later than one year	807,105	689,234
Later than one year and not later than five years	1,675,388	1,018,866
Total Capital Program	**2,482,493**	**1,708,100**

However, Contractual Commitments are confined to the values reported above for 2010 ($3.396 billion) and 2009 ($3.563 billion).

		(b) Other Expenditure Commitments		
		Aggregate other expenditure contracted for at balance date and not provided for:		
50,058	17,907	Not later than one year	387,930	346,183
18,731	4,473	Later than one year and not later than five years	563,189	566,397
–	–	Later than five years	3,852,480	3,727,372
68,789	**22,380**	**Total Other Expenditure Commitments (Including GST)**	**4,803,599**	**4,639,952**

Major commitments relate to contracts for Public Private Partnership provision of services – see Notes 32(f) to (i).

32. Commitments for Expenditure (cont.)

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
		(c) Operating Lease Commitments		
		Commitments in relation to non-cancellable operating leases are payable as follows:		
7,128	7,243	Not later than one year	123,054	104,869
23,279	29,240	Later than one year and not later than five years	248,023	195,356
	–	Later than five years	40,628	88,353
30,407	**36,483**	**Total Operating Lease Commitments (Including GST)**	**411,705**	**388,578**
		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	4,913	4,836
–	–	Later than one year and not later than five years	15,556	14,268
–	–	Later than five years	265	6,441
–	**–**	**Minimum Lease Payments (Including GST)**	**20,734**	**25,545**
–	–	Less: Future Financing Charges	(3,684)	(4,377)
–	–	Less: GST Component	(1,885)	(2,322)
–	**–**	**Present Value of Minimum Lease Payments**	**15,165**	**18,846**
–	–	Current (Note 29)	4,477	3,703
–	–	Non-Current (Note 29)	10,688	15,143
–	**–**		**15,165**	**18,846**
		The present value of finance lease commitments is as follows:		
–	–	Not later than one year	4,477	3,703
–	–	Later than one year and not later than five years	10,475	12,521
–	–	Later than five years	213	2,622
–	**–**		**15,165**	**18,846**

The finance lease commitment is in respect of the Hawkesbury Private Hospital. The term of the lease is 20 years at which time the ownership of the buildings transfers to the NSW State Government.

32. Commitments for Expenditure (cont.)

(e) Contingent Asset Related to Commitments for Expenditure

The total 'Commitments for Expenditure' above includes input tax credits of $9 million in relation to the Parent Entity and $790 million in relation to NSW Health that are expected to be recoverable from the Australian Taxation Office. The comparatives for 2008–09 are $5 million and $783 million 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 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 HNEAHS 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 HNEAHS 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 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 non-current liability (Borrowings)

NOMINAL	2010 $000	2009 $000
Not later than one year	6,527	1,390
Later than one year and not later than five years	34,831	31,099
Later than five years	126,690	136,949

(b) Capital Commitments – PPP Mental Health Building and Refurbished Buildings (PPP interest)

NOMINAL	2010 $000	2009 $000
Not later than one year	4,637	6,847
Later than one year and not later than five years	18,788	19,756
Later than five years	33,921	38,209

(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	2010 $000	2009 $000
Not later than one year	26,414	29,341
Later than one year and not later than five years	107,059	106,895
Later than five years	565,643	592,220

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 $83 million (2009: $85 million) are expected to be recoverable from the Australian Taxation Office.

(g) Long Bay Forensic and Prison Hospitals Private/Public Partnership

In 2006–07 a private sector company, PPP Solutions (Long Bay) Pty Limited, was engaged to finance, design, construct and maintain the Long Bay Forensic and Prison Hospitals at Long Bay under a Project Deed. The development is a joint project between the NSW Department of Health and the Department of Corrective Services. In addition to the hospital facilities, the project includes a new Operations Building and a new Pharmacy Building for Justice Health, and a new Gatehouse for the NSW Department of Corrective Services. The new development was completed in December 2008.

After construction was completed, Justice Health, a statutory health corporation, operated and recognised the new Hospital, the Operations Building and the Pharmacy Building as an asset of $86 million. The basis for the accounting treatment is that services will be delivered by Justice Health for the duration of the term until May 2034.

In addition, Justice Health will recognise the liability to PPP Solutions, payable over the period to 2034 for the construction of the new facilities.

An estimate of the commitments is as follows:

(a) Repayment of PPP Non-Current Liability – New Forensic Hospital and Operations Building

NOMINAL	2010 $000	2009 $000
Not later than one year	973	879
Later than one year and not later than five years	5,039	4,555
Later than five years	86,296	87,752

(b) Capital Commitments – PPP interest

NOMINAL	2010 $000	2009 $000
Not later than one year	9,801	9,894
Later than one year and not later than five years	38,056	38,540
Later than five years	116,663	125,981

(c) Other Expenditure Commitments – Provision of Facilities Management and Other Non-Clinical Services to the New Facilities.

NOMINAL	2010 $000	2009 $000
Not later than one year	8,560	8,100
Later than one year and not later than five years	38,679	36,135
Later than five years	283,098	294,202

The expenditure commitments include Goods and Services Tax. Related input tax credits of $53 million (2009: $55 million) are expected to be recoverable from the Australian Taxation Office.

(h) Orange and Associated Health Services Private/Public Partnership

In December 2007, a private sector company, Pinnacle Healthcare (OAHS) Pty Limited, was engaged to finance, design and construct the new Orange Hospital and new health facilities including Orange Tertiary Mental Health and other expansion works. Pinnacle will refurbish existing buildings and provide facilities management and delivery of ancillary non-clinical services for these hospital facilities and the new Bathurst Hospital under a Project Deed. Provision of facilities maintenance commenced in April 2007, followed by other non-clinical support services in December 2008. The new development will be completed in stages and full service commissioning is anticipated in 2011–12.

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. The amendments include an increase in the PPP operating service payments.

When construction is completed, the Greater Western Area Health Service (GWAHS) will operate and recognise the new Orange Hospital, Orange Tertiary Mental Health and refurbished facilities as an asset of $162.1 million under the original PPP financing arrangements. The basis for the accounting treatment is that services will be delivered by GWAHS for the duration of the term until December 2035.

In addition, GWAHS will recognise the liability to Pinnacle Healthcare, payable over the period 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 are progressively paid by GWAHS during construction. GWAHS recognises the extended works as its WIP assets as expenditures are incurred.

An estimate of the commitments including the amendments is as follows:

(a) Capital Commitments – New Orange Hospital and Health Facilities

NOMINAL	2010 $000	2009 $000
Not later than one year	22,663	5,473
Later than one year and not later than five years	68,916	64,110
Later than five years	482,148	492,784

(b) Other Expenditure Commitments – Provision of Facilities Management and Other Non-Clinical Services to the New and Existing Facilities

NOMINAL	2010 $000	2009 $000
Not later than one year	25,008	21,464
Later than one year and not later than five years	117,946	105,019
Later than five years	1,009,921	943,687

The expenditure commitments include Goods and Services Tax. Related input tax credits of $157 million (2009: $148 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.

When construction is completed, the Northern Sydney and Central Coast Area Health Service (NSCCAHS) will operate and recognise the new Royal North Shore Hospital, the new Community Health Facility and the new car park facility as an asset of $722 million.

In addition, NSCCAHS will recognise the liability to InfraShore, payable over the period to 2036 for the construction of the new Royal North Shore Hospital, new Community Health Facility and new car park facility.

The car park facilities across the Hospital campus 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 2008, the Department received an upfront payment that represents 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) Capital Commitments – New Acute Hospital, Health Facilities and Car Park

NOMINAL	2010 $000	2009 $000
Not later than one year	–	–
Later than one year and not later than five years	107,309	28,284
Later than five years	2,262,562	2,320,705

(b) Other Expenditure Commitments – Provision of Facilities Management and Other Non-Clinical Services to the New and Existing Facilities

NOMINAL	2010 $000	2009 $000
Not later than one year	35,047	14,102
Later than one year and not later than five years	177,318	163,720
Later than five years	1,682,619	1,721,541

The expenditure commitments include Goods and Services Tax. Related input tax credits of $387 million (2009: $386 million) 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 $63.814 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	
	2010 $000	2009 $000	2010 $000	2009 $000	2010 $000	2009 $000	2010 $000	2009 $000
Cash Balance at the Beginning of the Financial Year	4,687	4,556	10,438	9,023	54,111	42,805	69,236	56,384
Receipts	6,267	4,345	4,034	5,317	432,683	326,920	442,984	336,582
Expenditure	(5,459)	(4,214)	(5,542)	(3,902)	(437,405)	(315,614)	(448,406)	(323,730)
Cash Balance at the End of the Financial Year	**5,495**	**4,687**	**8,930**	**10,438**	**49,389**	**54,111**	**63,814**	**69,236**

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.

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(b) Workers Compensation Hindsight Adjustment

TMF normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 2003–04 fund year and an interim adjustment for the 2005–06 fund year were not calculated until 2009–10. As a result, the 2004–05 final and 2006–07 interim hindsight calculations will be paid in 2010–11.

(c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB127, Affiliated Health Organisations listed in the Third Schedule of the *Health Services Act, 1997* are only recognised in the Department's consolidated financial statements to the extent of cash payments made.

However, it is accepted that a contingent liability exists which may be realised in the event of cessation of health service activities by any Affiliated Health Organisation. In this event the determination of assets and liabilities would be dependent on any contractual relationship, which may exist or be formulated between the administering bodies of the organisation and the Department.

(d) Mater Hospital Private/Public Partnership

Note 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. 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)

The lessee of certain property controlled by SSWAHS had made a claim against SSWAHS. The lessee was seeking compensation for unpaid rent and damages in respect of recision of an agreement and lease for a proposed private hospital on the Royal Prince Alfred Hospital Campus. The private hospital was to be constructed and operated by the lessee. The Supreme Court judgement in favour of SSWAHS was handed down in 2008–09. In relation to the proceedings, costs were awarded against the lessee in favour of SSWAHS. Appeal proceedings against the Supreme Court judgement has commenced by the lessee and it is expected that a period up to 12 months will expire before the matter is heard.

(i) Interstate Patient Flows, Australian Capital Territory

The Department has agreed with ACT Health that a clinical and resource cost audit be performed on a subset of NSW patient inflows to the ACT.

This review is required to assess the reasonableness of the rapid increases in the number of separations/statistical discharges and same day admissions through ACT emergency departments for NSW patients since 2006–07.

It is also expected that the audit will make recommendations on an appropriate process of regular auditing and data checking relating to NSW inflows to the ACT. As indicated in last year's financial statements the outcome and completion date of the review cannot be reliably estimated and, therefore it is not possible to quantify the contingent liability that may present.

(j) Property, Plant and Equipment, Northern Sydney/Central Coast Area Health Service

The Northern Sydney Central Coast Area Health Service has purchased two properties in Frenchs Forest and duly recognised the expenditure as Property, Plant and Equipment. Further claims concerning settlement for these properties is currently the subject of litigation.

(k) Other Legal Matters

Two legal matters are currently on foot, which carry a potential total liability of $78,000. This compares with five matters reported for 2008–09 for which a contingency of $170,000 was reported.

35. Reconciliation of Cash Flows from Operating Activities to Net Cost of Services

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
(39,860)	9,222	Net Cash Used on Operating Activities	686,338	554,945
(4,389)	(4,338)	Depreciation	(492,605)	(479,689)
(82)	(2,079)	Allowance for Impairment	(44,332)	(41,209)
(6,897)	(9,928)	Acceptance by the Crown of Employee Benefits	(155,845)	(161,919)
(606)	(1,559)	(Increase)/ Decrease in Provisions	(288,799)	(268,300)
32,123	5,549	Increase / (Decrease) in Prepayments and Other Assets	95,227	55,269
(143,742)	20,940	(Increase)/ Decrease in Creditors	4,992	41,642
(1,269)	(963)	Net Gain/ (Loss) on Sale of Property, Plant and Equipment	(9,719)	(23,199)
(11,708,076)	(11,201,765)	Recurrent Appropriation	(11,708,076)	(11,201,765)
(447,373)	(522,461)	Capital Appropriation	(447,373)	(522,461)
–	–	Revaluation of Investment	–	5,054
(203)	(1,347)	Other	5,724	–
(12,320,374)	**(11,708,729)**	**Net Cost of Services**	**(12,354,468)**	**(12,041,632)**

36. Non-Cash Financing and Investing Activities

PARENT			CONSOLIDATED	
2010 $000	2009 $000		2010 $000	2009 $000
–	–	Assets Received by Donation	5,724	99
–	**–**		**5,724**	**99**

37. 2009–10 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 $12.354 billion exceeded the Statement of Comprehensive Income budget by $52 million. However, 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 and 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 approved other budget and funding adjustments resulting in an adjusted result of $45 million which is within performance bands framed by Treasury.

Details of all adjustments from the reported budget follow:

		$m
Variation from Budget per Statement of Comprehensive Income		**(52)**

Treasury Funded Variations

• Grants to Wayside Chapel	1	
• Keep Them Safe	(4)	
• Variations in Commonwealth Funded Projects	10	
• SES Staff Reductions	(2)	
• Section 28 transfer, from other NSW Government Agencies (Homelessness)	2	7
		(45)

Notes to and Forming Part of the Financial Statements

for the year ended 30 June 2010

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	**(52)**
• Increases in recurrent appropriation as reflected in Treasurer's Advance and Section 28 adjustment as shown above	7
• Treasurer's Advance approvals for variations in Asset Acquisition Program	42
• Crown acceptance of employee liabilities (a non-cash expense to the Department)	5
	2

Assets and Liabilities

Net assets increased by $263 million above the budget provided. This included the following variations:

	$m
• Movements in Property, Plant and Equipment per independent asset revaluations $281 million and asset acquisitions/transfers in excess of disposals and depreciation charges $90 million	343
• Increase in intangibles	40
• Increase in Leave Provisions due mainly to awards and actuarial assessment of accumulated leave entitlements	(188)
• Increase in Receivables, eg in respect of monies owing for Elective Surgery Waiting Lists, Highly Specialised Drugs and the treatment of patients eligible under the Department of Veterans' Affairs funding criteria	57
• Increase in Cash/Other Financial Assets largely due to increase in Income in Advance	59
• Increase in Income in Advance due to receipt of moneys lodged under contract for future use of Royal North Shore carpark	(64)
• Decrease in Creditors	15
• Other	1
	263

Cash Flow

Cash Flows from Operating Activities

Payments

2009–10 total payments were less than budget by $31 million, the principal component of which was the decrease in Employee Related payments ($150 million) and Finance Costs ($5 million) offset by additional grants $37 million and Other Payments $87 million.

Receipts

2009–10 total revenue receipts were $32 million more than budget estimates, major variations occurred in respect of Sale of Goods and Services $172 million, Interest received ($9 million) and Other ($132 million). The major movements related to the inclusion of Highly Specialised Drug revenue from the Commonwealth as Sale of Goods and Services whereas the budget provided for the increase under Other. Movements in receivables of $57 million as referenced under Assets and Liabilities also contributed to the remaining variation.

Cash Flows from Government

The increase of $49 million in Cash Flows from Government results from additional recurrent funding of $7 million referenced above plus additional approvals of $42 million for the asset acquisition program. This covers additional expenditure relating to Swine Flu $5 million, Nepean and Blacktown Hospital Redevelopment $29 million and Royal North Shore Hospital PPP and other adjustments of $8 million.

Cash Flows from Investing Activities

The increase of $8 million reflects acquisitions and the payment of capital creditors for $60 million in excess of the initial budget.

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 continous basis.

a) Financial Instrument Categories

PARENT		TOTAL CARRYING AMOUNTS AS PER THE STATEMENT OF FINANCIAL POSITION	
		2010 $000	2010 $000
Financial Assets			
Class:	**Category**		
Cash and Cash Equivalents (Note 18)	N/A	61,616	60,324
Receivables (Note 19)[1]	Loans and receivables (at amortised cost)	84,713	39,245
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)	121,669	155,640
Total Financial Assets		**267,998**	**255,209**
Financial Liabilities			
Payables (Note 28)[2]	Financial liabilities measured at amortised cost	131,191	60,247
Other (Note 31)		69,070	1,637
Total Financial Liabilities		**200,261**	**61,884**

1 Excludes statutory receivables and prepayments (ie not within scope of AASB 7)
2 Excludes statutory payables and unearned revenue (ie not within scope of AASB 7)

CONSOLIDATED		TOTAL CARRYING AMOUNTS AS PER THE STATEMENT OF FINANCIAL POSITION	
		2010 $000	2010 $000
Financial Assets			
Class:	**Category**		
Cash and Cash Equivalents (Note 18)	N/A	886,595	774,329
Receivables (Note 19) [1]	Loans and receivables (at amortised cost)	299,259	248,178
Financial Assets at Fair Value (Note 21)	At fair value through profit or loss (designated as such upon initial recognition)	134,923	139,836
Total Financial Assets		**1,320,777**	**1,162,343**
Financial Liabilities			
Borrowings (Note 29)		260,376	267,170
Payables (Note 28) [2]	Financial liabilities measured at amortised cost	903,351	940,979
Other (Note 31)		1,140	1,675
Total Financial Liabilities		**1,164,867**	**1,209,824**

1 Excludes statutory receivables and prepayments (ie not within scope of AASB 7)
2 Excludes statutory payables and unearned revenue (ie not within scope of AASB 7)

(b) Credit Risk

Credit risk arises when there is the possibility of the Department's debtors defaulting on their contractual obligations, resulting in a financial loss to the Department. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment). Credit risk arises from the financial assets of the Department, including cash, receivables, and authority deposits. No collateral is held by the Department. The Department has not granted any financial guarantees.

Credit risk associated with the Department's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards.

Authority deposits held with NSW TCorp are guaranteed by the State.

Cash

Cash comprises cash on hand and bank balance deposited in accordance with Public Authorities (Financial Arrangements) Act approvals. Interest is earned on daily bank balances at rates between 2.9% and 4.4% for the Parent and between 2.45% and 7.0% for the Consolidated entity. This compares to rates of 2.9% to 7.15% in the previous year for the Parent and 2.9% to 7.15% 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, $80.377 million (2009: $35.476 million) for the Parent and $182.178 million (2009: $156.159 million) for the Consolidated related to debtors that were not past due and not considered impaired. Debtors of $4.336 million (2009: $3.769 million) for the Parent and $117.081 million (2009: $92.019 million) for the Consolidated were past due but not considered impaired. Together these represent 99.8% (2009: 99.8%) for the Parent and 83.8% (2009: 84.0%) 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 2010	TOTAL [1,2] $000	PAST DUE BUT NOT IMPAIRED [1,2] $000	CONSIDERED IMPAIRED [1,2] $000
<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
2009			
<3 months overdue	2,642	2,642	–
3 months – 6 months overdue	1,127	1,127	–
> 6 months overdue	96	–	96
	3,865	3,769	96

CONSOLIDATED 2010	TOTAL [1,2] $000	PAST DUE BUT NOT IMPAIRED [1,2] $000	CONSIDERED IMPAIRED [1,2] $000
<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
2009			
<3 months overdue	67,952	52,401	15,551
3 months – 6 months overdue	30,334	20,668	9,666
> 6 months overdue	40,957	18,950	22,007
	139,243	92,019	47,224

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 4.39 and 8.12% (2009 -2.69 and 5.23 %) while over the year the weighted average interest rates reported by Health Services ranged between 4.37 and 7.74% (2009 -2.67 and 5.64%). 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, eg 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	> 5Yr $000
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	–	69,070	–	–	69,070	–	5,002	64,068
	–	200,261	–	–	200,261	131,191	5,002	64,068
2009								
	%	$000	$000	$000	$000	$000	$000	$000
Payables:								
Accrued Salaries, Wages, On-Costs and Payroll Deductions	–	1,608	–	–	1,608	1,608	–	–
Creditors	–	58,639	–	–	58,639	58,639	–	–
Other Liabilities	–	1,637	–	–	1,637	–	1,637	–
	–	61,884	–	–	61,884	60,247	1,637	–

CONSOLIDATED			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	> 5Yr $000
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**

2009								
	%	$000	$000	$000	$000	$000	$000	$000
Payables:								
Accrued Salaries, Wages, On-Costs and Payroll Deductions	–	341,694	–	–	341,694	341,694	–	–
Creditors	–	599,285	–	–	599,285	599,285	–	–
Borrowings:								
Other Loans and Deposits	8.79	248,324	248,324	–	–	4,475	28,816	215,033
Finance leases	6.7	18,846	–	18,846	–	3,703	12,521	2,622
Other Liabilities		1,675	–	–	1,675	38	1,637	–
Total		**1,209,824**	**248,324**	**18,846**	**942,654**	**949,195**	**42,974**	**217,655**

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 $41.184 million disclosed in the 2010 '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 2010.

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 2009. 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%		+1%	
		Result	Equity	Result	Equity
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	–	–	–	–
Other	69,070	691	691	(691)	(691)
2009					
Financial Assets					
Cash and Cash Equivalents	60,324	(603)	(603)	603	603
Receivables	39,245	–	–	–	–
Other Financial Assets	155,640	(1,556)	(1,556)	1,556	1,556
Financial Liabilities					
Payables	60,247	–	–	–	–
Other	1,637	16	16	(16)	(16)

CONSOLIDATED	CARRYING AMOUNT $'000	-1%		+1%	
		Result	Equity	Result	Equity
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)
2009					
Financial Assets					
Cash and Cash Equivalents	774,329	(7,743)	(7,743)	7,743	7,743
Receivables	248,178	–	–	–	–
Financial Assets at Fair Value	139,836	(1,398)	(1,398)	1,398	1,398
Financial Liabilities					
Borrowings	267,170	2,672	2,672	(2,672)	(2,672)
Payables	940,979	–	–	–	–
Other	1,675	17	17	(17)	(17)

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	2010 $'000	2009 $'000
Cash facility	Cash, money market instruments	Up to 1.5 years	223,924	222,726
Strategic cash facility	Cash, money market and other interest rate instruments	1.5 years to 3 years	85,085	68,164
Medium-term growth facility	Cash, money market instruments, Australian and International bonds, listed property, Australian and International shares	3 years to 7 years	63,621	50,684
Long-term growth facility	Cash, money market instruments, Australian and International bonds listed property, Australian and International shares	7 years and over	53,217	70,129

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 (ie 95% probability). The TCorp Hour-Glass Investment facilities are designated at fair value through profit or loss and therefore any change in unit price impacts directly on profit (rather than equity).

A reasonably possible change is based on the percentage change in unit price (as advised by TCorp) multiplied by the redemption value as at 30 June each year for each facility (balance from Hour-Glass Statement).

		IMPACT ON PROFIT/LOSS	
	Change in unit price	2010	2009
Hour-Glass Investment – Cash facility	1%	2,699	2,167
Hour-Glass Investment – Strategic cash facility	2 to 5%	1,419	1,771
Hour-Glass Investment – Medium-term growth facility	7 to 24%	6,476	8,131
Hour-Glass Investment – Long-term growth facility	15%	7,982	7,655

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	TOTAL $'000
TCorp Hour-Glass Invt.Facility	–	425,847	–	425,847

(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 2010.

41. Increase/(Decrease) in Net Assets from Equity Transfers

Parent

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. In 2008–09 the Department transferred land to the State Property Authority valued at $0.375 million (both parent and consolidated). The parent entity also transferred intangibles of $1.195 million within Health which had no effect on the consolidation.

Consolidated

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**

In 2008–09 The Department received net assets of $5.982 million through equity transfers being the land transferred to the State Property Authority ($0.375 million) and the transfer in of land attached to the Forensic Hospital at Long Bay – $6.357 million.

42. Post Balance Date Events

(a) Caring Together: The Health Action Plan for NSW

As part of the reform of the public hospital system implemented in response to the Special Commission of Inquiry into Acute Care Services in the NSW Public Hospitals, three statutory health corporations have been established under the authority of the *Health Services Act*. Each of the statutory health corporations, as listed below, comes under the accounting control of the Department and will commence reporting in the 2010–11 financial year.

The Agency for Clinical Innovation (ACI)

The operations of the Greater Metropolitan Clinical Taskforce, which formerly operated as a unit of the Northern Sydney/ Central Coast Area Health Service, will be absorbed within this entity which commenced operations with effect from 11 January 2010. It has approval under Section 4(1A) of the *Public Finance and Audit Act 1983* to defer reporting to 2010–11 due to the relative immateriality of financial activity in the 2009–10 year.

ACI's objective is to identify high quality, safe and cost effective ways to care for patients within the NSW public system.

The Clinical Education and Training Institute (CETI)

CETI has been established with effect from 1 July 2010 and will develop, conduct, co-ordinate, support and evaluate clinical education and training programs across the NSW public health system.

The Sydney Children's Hospital Network

The Sydney Children's Hospital Network has been established as a statutory health corporation and comprises the activities of the Royal Alexandra Hospital for Children (which had previously functioned as a statutory health corporation) and the Sydney Children's Hospital (previously listed as a hospital under the control of the South Eastern Sydney/Illawarra Area Health Service as per the *Health Services Act 1997*).

The establishment of the network provides a single public health organisation to deliver improved health services for children in NSW.

(b) Council of Australian Governments (COAG) National Health and Hospital Network Reform

On 20 April 2010 the State of NSW and the Commonwealth agreed on national health reforms to establish Local Health Networks in NSW and introduce national standards for timely access to emergency care and elective surgery.

Under the Agreement, NSW will remain responsible for system-wide planning, performance and purchasing of public hospital services and supporting the transition process for the Commonwealth to assume full funding and policy responsibility for general practice, primary health care and the national aged care system.

These reforms will be financed through a combination of:

- funding sourced from the NSW's Healthcare Specific Purpose Payment;
- an agreed amount of NSW GST revenue, which will be allocated on New South Wales' behalf to a fund for health and hospital reform; and
- guaranteed additional funding to be paid by the Australian Government.

The key elements of the National Health and Hospitals Network reforms include:

Local Health Networks

- local health networks will be established in 2010–11 to manage groups of public hospitals; and
- a professional Governing Council will be constituted for each Local Health Network.

Funding Reforms

- the Commonwealth will fund 60% of the national efficient price of public hospital services and 60% of capital, research and training in public hospitals;
- where activity based funding applies, Australian Government funding will be based on the service agreements between the Department of Health and Local Health Networks;
- Australian and NSW government funds for activity based funding will be pooled and transparently allocated by a NSW managed funding authority; and

- Australian Government funding for other services such as capital, teaching and research and small regional and rural hospitals will be provided directly to the NSW Government.

Primary Health Care and Aged Care Funding and Policy Reforms

- in New South Wales, the Australian Government will assume full funding and policy responsibility for GP and primary health care, primary mental health care, immunisation, and cancer screening programs from 1 July 2011; and
- in addition, the Australian Government will assume full funding and policy responsibility for aged care and services under the Home and Community Care program for people over 65.

Performance and Standards

- national standards will be implemented for emergency care and elective surgery; and
- transparent reporting will provide more information about the national, state and local performance of the health system.

c) Transfer of Callan Park Hospital site to Leichhardt Council

Given the relocation of health services from the Callan Park site to Concord Hospital an offer has been made to Leichhardt Municipal Council for a 99 year lease of 40 of the 60 hectares contained in the Callan Park site. Leichhardt Council has commenced a master planning study with the target completion date of December 2012 and public exhibition scheduled for February/March 2011. At this stage no date for transfer of the site has been discussed by the Council or Sydney Harbour Foreshore Authority.

Based on transfer of 40 hectares the potential reduction in the Department's land and buildings and infrastructure assets approximates $42 million, such estimate been updated from last year's estimate of $59 million due to the formal revaluation of the associated Service's assets in 2009–10.

END OF AUDITED FINANCIAL STATEMENTS

Administration

Appendix 1

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.

A Freedom of Information (FOI) application may also be lodged, requesting access to records. Access to records may not be granted in special circumstances as determined by the *Freedom of Information Act 1989*.

Records are kept confidential and are only seen by staff involved in the care and treatment of the 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 Area Health Service where they live. Contact details for the Transport for Health offices can be accessed via the NSW Health website.

Consumer Participation

NSW Health Care Advisory Council

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

A Review of the HCAC and Health Priority Taskforces (HPTs) has been undertaken. The Review looked at the effectiveness and operation of the HCAC and the HPTs. A number of the recommendations relating to individual HPTs were implemented.

Following discussions between the Minister, the Director-General and HCAC Co-Chairs in late 2009 a preferred option for the establishment, recruitment and selection for a revised Health Care Advisory Council was mapped. AHAC Chairs and experts from the various medical, nursing, and allied health professions and other community representatives were recommended for appointment to the new Council commencing in 2010.

The Council met five times during 2009–10 and provided advice on the following priority issues:

- H1N1 Influenza 09 (Human Swine Influenza)
- The state of our public hospitals, June 2009 report
- Staff Accommodation and Retention in Rural and Remote NSW
- Casemix Funding Allocation
- Community Health Review, National Health and Hospital Reform Commission Report and National Primary Health Strategy
- Local decision making
- H1N1 Influenza Update
- *Caring Together*: Building Sustainability – the next stages of reform
- *Caring Together*: Recommendation 117
- Future of HCAC
- Health Dialog – Clinical variation
- *Caring Together*: Recommendation 131 and local decision making
- IPART Review
- National Health Reform

The HCAC newsletter promotes the outcomes and achievements from the health priority taskforces and the HCAC to their membership and broader health networks. Produced as a quarterly publication in print and electronic form, the first issue was published March 2008.

Each edition profiles one of the taskforces in-depth, as the 'In Focus' segment to highlight important issues relevant to them, promote resources developed and advise on future projects.

Taskforces also contributed with guest editorials and updates on key activities.

Health Priority Taskforces

Health Priority Taskforces (HPTs) provide advice to the Director- General on policy directions and service improvements in each of the high priority areas of the NSW health system.

The operation and function of many HPTs is now being managed within the reforms outlined in *Caring Together: The NSW Health Action Plan*, the establishment of the Agency for Clinical Innovation and NSW Kids. As a result in 2010 the Health Priority Taskforces were decommissioned and Chairs of these advisory committees are no longer members of the Health Care Advisory Council.

There were nine Health Priority Taskforces (HPTs) operating in 2009–10:

- Aboriginal and Population Health – provided direction, leadership and develops agreed positions relating to Aboriginal health policy, strategic planning and broad resource allocation issues and focuses on strategies and actions that support directions for Population Health activities in NSW.
- Children and Young People's Health – facilitated provider and consumer leadership of children and young people's health services.
- Chronic, Aged and Community Health – provided access to information on patient/carer/clinician/population, provided access to and implementation of appropriate integrated care, funding and workforce. This Taskforce completed its work and formally came to an end in February 2010 due to the *Caring Together* led to a restructuring of the Health Care Advisory Council, to which the Taskforce reported, as well as other changes in consultation mechanisms across NSW Health.

- Critical Care – responsible for critical care services planning.
- Greater Metropolitan Clinical Taskforce – supported the clinician networks and evolving groups such as Acute Aged Care and Gynaecological Oncology.
- Maternal and Perinatal – provided direction and leadership for NSW maternal and perinatal services.
- Mental Health – responsible for prevention, early recognition, early intervention and promotion and acute care.
- Rural Health – monitored the implementation of the NSW Rural Health Report and NSW Rural Health Plan and advised on a range of rural health service delivery issues.
- Sustainable Access – responsible for the review of the Waiting List policy, Predictable Surgery Program, patient journeys and Emergency Department performance targets.

Area Health Advisory Councils

There are nine Area Health Advisory Councils (AHACs), one for each Area Health Service and one for the Children's Hospital at Westmead. They advise chief executives on policy, planning and delivery of health services.

Each council includes people who have experience in the provision of health services, representing the interests of consumers, health services and the local community. At least one member must also have knowledge, expertise or experience of Aboriginal health.

Councils submit an annual report to the Minister for tabling in Parliament. Council Chairs and Chief Executives also participated in two Area Health Advisory Council forums on 9 November 2009 and 27 May 2010, to discuss common issues and challenges, including the Independent Panel's audit progress report on the implementation of *Caring Together*, and the NSW response to the National Health and Hospitals Agreement. These meetings provide an invaluable networking opportunity for AHACs across the State.

Disability Action Plan

The Department of Health Disability Action Plan 2009–2014 objective is to reduce and, where possible, eliminate discriminatory barriers to people with disability, whether they are in departmental employment, seeking employment or requiring health services provided by the Department. The Department will seek to reduce attitudinal barriers and physical access barriers, address communication difficulties, improve consultation to better utilise sector expertise, increase employment opportunity for people with disability and review and develop specialist and adaptable services when these are required.

In 2009–10 the Disability Action Plan was agreed after a series of internal and external consultations and implementation has commenced, building on previous achievements. The Disability Action Plan will continue to be implemented over 2010–11.

The seven outcomes are:

1. The Department's policy and programs are effective in meeting the diverse needs of people with disability
2. Information provided by the Department is accessible to people with disability
3. Buildings and facilities owned or leased by the Department are physically accessible to people with disability
4. People with disability are assisted to effectively participate fully in departmental public consultations and on advisory boards and committees
5. Employment of people with disability within the Department is increased, supported and maintained.
6. Departmental decision making practices, programs and operations will positively influence other agencies to improve participation and quality of life of people with disability.
7. Specialist or adaptive services are funded by the Department when mainstream services are not responsive or adequate to meet the needs of people with disability.

The Department's Disability Action Plan meets the requirements under Section 9 of the *Disability Services Act 1993 (NSW)* and can be downloaded from the NSW Health website in pdf or Word at http://www.health.nsw.gov.au/pubs/2010/dis_action_plan.html.

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 for 2009–10 Included:

- NSW Department of Health's Close the Gap Day event which increased awareness of issues affecting Aboriginal

and Torres Strait Islanders. Presentations highlighted the progress achieved by NSW Health to improve the health outcomes of Aboriginal people in NSW and the introduction of new and innovative programs including the Injury Prevention Program, Housing for Health Program and the Aboriginal Mental Health Trainee Program.

- Issuing a Statement of Commitment declaring the Department's undertaking to:
  - uphold and apply cultural protocols such as 'Welcome to Country' and 'Acknowledgement of Country'
  - acknowledge and respect Aboriginal cultural identity through the use of the NSW Aboriginal Health Partnership Agreement
  - use the Aboriginal Health Impact Statement when developing or reviewing significant policies and programs, and implement agreed actions to support the delivery of services and programs to Aboriginal people in NSW.
- NAIDOC celebrations with emails and posters used to increase employee awareness of Aboriginal culture, history, sport, entertainment and policies.
- Development and publication of the 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.

Equal Employment Opportunity Management Plan 2010–11

The following activities are proposed for the 2010–11 EEO Management Plan:

- Improve the accuracy of EEO group representation data by conducting an employee survey
- Review alternative data sources to improve the accuracy of disability data.

A distribution index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the EEO group is less concentrated at lower salary levels.

Table 1. Trends in the representation of EEO Groups[1]

		% OF TOTAL STAFF[2]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	50%	62%	62%	62%	62%	63%
Aboriginal people and Torres Strait Islanders	2.6%[3]	2%	1%	1%	1%	1%
People whose first language was not English	19%	20%	21%	21%	21%	21%
People with a disability	12%	3%	4%	3%	3%	3%
People with a disability requiring work-related adjustment	7%	1%	1.0%	0.8%	0.9%	0.8%

Table 2. Trends in the distribution of EEO Groups[4]

		DISTRIBUTION INDEX[5]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	100	96	95	94	95	95
Aboriginal people and Torres Strait Islanders	100	-	-	-	-	-
People whose first language was not English	100	90	90	90	91	90
People with a disability	100	97	100	97	97	96
People with a disability requiring work-related adjustment	100	-	-	-	-	-

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** 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 more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

Multicultural Policies and Services Program (MPSP) (formerly Ethnic Affairs Priority Statement)

Achievements 2009–10

GOAL	HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2009–10
1. To keep people healthy	Greater Western	Central West / Orana and Far West Multicultural Interagency	Representatives from Greater Western Area Health Service attend and provide regular input into these network meetings. In partnership with the Interagency, research was undertaken to determine the viability of establishing a clinic at Orange Base Hospital to address the health needs of the Sudanese community.
	Hunter New England	Navigating the System	A series of workshops was run in conjunction with Northern Settlement Services in Armidale with groups of Congolese, Sudanese and Afghani clients, providing basic health information for daily life. Topics covered included: • navigating the health system • home medicine • nutritionusing interpreters, and • women's health
	Northern Sydney Central Coast	Women's Health Information Sessions	Information sessions on women's health issues have been held in community venues, with the assistance of health care interpreters. Language groups included Chinese, Korean, Indian, Spanish, Iranian, Afghani, Japanese and Tibetan. Sessions included information on: • pap smears • breast checks • well women's checks • women and heart health • contraception sexual health • relaxation/stress management emergency • GPs • Health Care Interpreter Services • women's safety and domestic and family violence awareness and information
	South East Sydney and Illawarra	CALD Men's Health Program – Illawarra	A series of one-off and ongoing men's health projects have been undertaken including ongoing support of the Men's Shed group for long term unemployed and retrenched CALD men from Portuguese, Spanish, Greek and Serbian background over 55 years of age, and the establishment of a new Men's Shed group for Turkish and Arabic speaking men.
	Sydney South West	Be Active – Be Healthy	A health literacy and physical activity program for Vietnamese, Khmer and Assyrian communities has been developed and implemented. Initiatives included sessions on health checks, information on physical activity anddevelopment of a group physical activity program. Since the completion of the 10-week program, 44 Khmer women and 55 Vietnamese women have registered and participated in ongoing physical activity programs.
	Sydney West	Healthy Living for the Multicultural Community in The Hills	Strong partnerships have been established across Government, and NGOs to address the health issues of local culturally and linguistically diverse communities. Initiatives developed and implemented include: • healthy eating educational talk, • interactive physical activities sessions • survey for 'health challenge to win' • multilingual 'Measure Up' campaign, • multicultural luncheon, and • low cost childcare support A total of 140 people from diverse language backgrounds attended the program.
	Justice Health	Inmate Development Committee	Inmates/ patients incarcerated in NSW have the majority of their civil liberties suspended for the duration of their sentence. The Inmate Development Committee has been established with representatives from all major non-English speaking backgrounds within NSW, and provides a 'voice' in addressing issues which impact on their health.
	NSW Refugee Health Service	Fairfield Refugee Nutrition Project	The project continues to offer a minimum of twelve, 6-week courses yearly in basic nutrition, with an emphasis on reducing food insecurity. As a result of changes to the target audience, from children aged 0 to 5 years to children aged 0 to 12 years, topics covered during the nutrition course have been expanded to include: • Vitamin D • Iron • fussy eating • body image • physical activity and • chemicals in food

GOAL	HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2009–10
	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)	Capoeira Angola – Project Bantu	During the last twelve months, STARTTS delivered Capoeira Angola groups at Miller Intensive English Centre (IEC), Fairfield IEC, Evans IEC, Chester Hill IEC, Cabramatta IEC and at STARTTS Office in Carramar. The groups are evaluated for psychosocial benefits to participants. An Evaluation Report has been produced.
	Multicultural HIV and Hepatitis C Service (MHAHS)	Community development projects	MHAHS worked with the Cambodian, Vietnamese and Thai communities to increase knowledge and awareness around HIV and hepatitis C. Training was conducted with community workers and community members, and the service participated in Cambodian, Thai and Vietnamese community festivals and engaged with ethnic media.
	Department of Health, Inter-Government and Funding Strategies	NSW Aged Care Assessment Program (ACAP) Key Stakeholder Consultations	The Aged Care Integration Unit, Inter-Government and Funding Strategies, sought to engage with clients and other stakeholders of the Aged Care Assessment Program (ACAP) in NSW to determine levels of satisfaction of the service. This three-year project (2008–2010) consisted of three separate surveys. Results demonstrate a high level of satisfaction with the ACAP service by clients, their families and carers, and a moderate and improving level of satisfaction of the ACAT service by aged care service providers. Round 2 of the survey, held in late 2009, targeted CALD clients to determine current levels of engagement and identified ways to improve access to ACAT services for these communities.
	Department of Health Centre for Health Advancement	Translated smoke-free cars resources for the community	As part of a significant communication campaign to raise the community's awareness of the ban on smoking in cars with children under the age of 16 years under the Public Health (Tobacco) Act 2008, a smoke-free cars factsheet was developed and translated into a number of languages. The smoke-free cars factsheet is available in Arabic, Chinese, Greek, Italian and Vietnamese on the NSW Health website and the Multicultural Health Communication Service website.
	Department of Health, Primary Health and Community Partnerships	Multicultural Health Week	Primary Health and Community Partnerships has engaged in a partnership project with the Multicultural Health Communication Service to promote health messages to CALD communities and improve their knowledge and awareness of the health system and services during Multicultural Health Week. The Week was held between 27 July and 2 August 2009 and the theme in 2009 was 'Evidence to Equity'. Mr Stepan Kerkyasharian, AM ,Chair of the NSW Community Relations Commission, launched the Week at the National Maritime Museum's Welcome Wall.
2. To deliver high quality service	Greater Western	Health Newsletter	Assistance is being provided to Bathurst Neighbourhood Centre to produce a Health Newsletter for distribution to CALD communities in Bathurst and its surrounds.
	Hunter New England	To deliver high quality health services	Multicultural Liaison Officers are involved with patient discharge planning from the John Hunter Hospital and the Royal Newcastle Centre to ensure that patients are: • provided with culturally appropriate services post-discharge, and • linked in with Multicultural Aged Care packages where this is appropriate.
	Greater Southern	Turkish Needs Analysis	In response to ongoing requests by the Turkish community in the Illawarra for a Turkish speaking multicultural health worker, a needs analysis was undertaken during 2009. Findings showed that the community did have a lack of knowledge about services and how to access them effectively. However, the report also showed that the community is quite small and has very few new arrivals. As a result, a short-term project was established aimed at working with the community to increase their understanding of services available.
	Northern Sydney Central Coast	CALD Advisory Group	The NSCCAHS CALD Advisory Group consists of representatives of a diverse range of community groups including: • large, established communities • smaller emerging communities and • communities with a high proportion of refugee and humanitarian entrants Meetings of the CALD Advisory Group have resulted in the identification of health service issues that need to be addressed to improve the accessibility and cultural appropriateness of services.
	South East Sydney Illawarra	Improving End-of-Life Care for Culturally Diverse Patients and their Families – an Intensive Care Perspective	This project was developed to consider end-of-life issues in an intensive care setting among people of CALD background. It addressed an increasing need for culturally appropriate responses in difficult clinical settings. Dealing with death varies enormously among cultures; it evokes very intense feelings that are dealt with differently by every individual and family.
	Sydney South West	Health literacy for youth and women of newly arrived communities	In partnership with Adult Multicultural Education Services (AMES), a special project to incorporate health information into orientation programs for new arrivals in Canterbury/Bankstown was developed. It facilitates access to health services for newly arrived and non-English speaking young people and women.
	Sydney West	Early Intervention Services and Resource for CALD families with Children 0–8	A clinician's guide to Early Intervention Services and Resources for Culturally and Linguistically Diverse families in the area serviced by SWAHS has been developed and distributed. It includes information on services external to the Area Health Service and multicultural Statewide services.

GOAL	HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2009–10
	Justice Health	Interpreter Policy	A review of Justice Health's policy, usage and business processes surrounding the use of healthcare interpreters highlighted the need to amend key components to ensure greater uptake by staff and patients. Justice Health established a central cost code that has had a positive impact upon the transparency of the process and has decreased confusion amongst health staff needing access to interpreters.
	NSW Refugee Health Service	Community Education Program	Bilingual Community Educators delivered 80 information sessions regarding the NSW Health Care System to 1,635 refugees. Sessions were delivered at Auburn and Fairfield English Language Colleges, Liverpool University of Western Sydney College, Bankstown AMES, through public schools and Migrant Resource Centres.
	STARTTS	Families in Cultural Transition (FICT)	FICT aims to reduce the social isolation that often accompanies migration, by building a comprehensive resource kit for facilitators and using it to train groups of newly arrived refugee families. FICT groups were run with the following communities: Burundian, Sierra Leonean, South Sudanese, Ethiopian, Eritrean, Liberian, Mauritanian, Hazara, Iraqi (mixed), Mandaean, Assyrian, Tamil, Karen, Burmese (mixed). The groups were run in Sydney, Wollongong, Lismore, Newcastle and Coffs Harbour. An evaluation report for African FICT groups was produced.
	Department of Health, Inter-Government and Funding Strategies	HealthOne NSW Services	In response to the needs of particular communities, HealthOne NSW services include government and non-government services that assist access to appropriate health care for people from culturally and linguistically diverse backgrounds. These services may include interpreter services and services provided by the NSW Refugee Health Service, Transcultural Mental Health Services and access to the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).
	Department of Health, Workforce Development and Innovation	International Graduate Orientation Program	To support international medical, nursing and allied health graduates to integrate more easily into the NSW healthcare system, funding of $488,000 in 2009–10 was allocated to rural and regional Area Health Services for an international graduate orientation program.
	Department of Health, Centre for Health Protection	'Super' factsheet on influenza	A 'super' factsheet, or a summary of the most important information contained in a series of pandemic influenza factsheets, was developed and translated into four key languages. The concept was so successful that an English version was made widely available.
3. To provide the health care people need	Greater Western	Interpreter Services	'How to Access the Health Care Interpreter Services' packages were further distributed to facilities across the Area Health Service. Health Care Interpreter Service training for clinical staff continued across the area. Interpreter Services contact details have been placed on the Greater Western Area Health Service Community Engagement intranet site.
	Hunter New England	Cultural Aspects of Birthing- an online in-service training for obstetric staff	This module was developed to inform staff of the cross cultural issues involved in antenatal and postnatal service delivery. The aim of the training is to assist obstetric service providers in developing cultural competence. The learning package is interactive.
	North Coast	Refugee Health Clinic	The clinic was established to address these issues and provide an accessible, affordable, culturally appropriate service that would assist refugees to regain control over their health, which is the key to their physical and psychological recovery. The ultimate goal is to assist the refugees regain their self-confidence to be able to access the health care system independently.
	Northern Sydney Central Coast	Community Consultation Feedback	A workshop for CALD community leaders, service providers and health workers was held on the Central Coast to report on key findings of community consultations conducted with CALD community representatives. The purpose of the consultation was to explore experiences accessing health services, barriers to accessing services and health information needs. During the workshop, strategies for addressing key issues were identified and an implementation plan was developed.
	South East Sydney Illawarra	Evaluation of Community Theatre as a Health Promotion Tool for the Macedonian Community	'Fear and Shame' – a Macedonian language play adopted an innovative, culturally tailored approach to mental health promotion and stigma reduction in CALD communities. Approximately 1,600 people attended eight performances at three venues. This project was a partnership project between the Multicultural Health Service, Central Network Mental Health Service and University of NSW.
	Sydney South West	Better Life for Arabic Women	A culturally appropriate health improvement project to promote holistic concept of health and well-being for Arabic speaking women was developed and implemented. Initiatives included aqua aerobic and learn to swim classes for Iraqi, Mandaean, Coptic and Catholic Sudanese, Turkish, Kurdish and Pakistani women. Health education sessions for women on various health issues and risk factors were also provided.
	Sydney West	Development of a Neuropsychological Assessment Tool for the Chinese Community	A partnership between the Multicultural Health Unit and the Department of Clinical Psychology at St Joseph's Hospital has been formed to develop a valid and reliable tool to assess dementia in Chinese patients. 150 non-brain impaired Chinese individuals between the ages of 55-89 were invited to participate in the study. One-hour face-to-face testing on standard cognitive tests was conducted with the use of an interpreter. The study is currently focusing on analysis of the data that will be published in the near future.
	Multicultural Problem Gambling Service	Gambling Fact Sheet	Multicultural Problem Gambling Service (MPGS) in partnership with the Diversity Health Institute Clearinghouse, designed and produced a new fact sheet addressing Adolescent Problem Gambling in 14 languages (Arabic, Bosnian, Chinese – Simplified, Chinese – Traditional, Croatian, Dari, Greek, Italian, Korean, Persian, Serbian, Tagalog, Turkish and Vietnamese).

GOAL	HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2009–10
	Female Genital Mutilation Service (FGM)	FGM Clinical Education and Training	One hundred and thirty two (132) clinical staff undertook the clinical in-service training in metropolitan and rural areas of NSW about female genital mutilation.
	Justice Health	Health Centre Signage	Justice Health commissioned and installed multi-language signage in all Correctional, Juvenile Justice Centres and Police Cell Complexes Statewide. The top three non-English speaking languages within NSW prisons (Arabic, Chinese and Vietnamese) have been used in addition to English.
	NSW Refugee Health	Burmese Refugee Forum	The Forum 'Diverse Refugee Communities from Burma in NSW – Karen, Rohingya and Burmese Refugees' was held at Auburn Hospital on 24 November 2009. This was attended by approximately 45 participants from Area Health and Statewide health services, other government agencies, NGOs, private health practices, and Universities.
	STARTTS	Families in Cultural Transition (FICT)	At present, STARTTS has over 40 facilitators who implement the program covering a significant range of languages and cultural backgrounds. These include South Sudanese (various language and tribal groupings), Sierra Leonean, Liberian (different language and tribal groupings), Burundian, Congolese, Ethiopian, Eritrean, Somali, Hazara, Afghan (other languages), Karen, Burmese, Chin, Tamil, Assyrian, Chaldean, Kurdish, other Iraqi groups, Iranian, Serbian, Nepalese, Bhutanese and others.
	Multicultural HIV and Hepatitis C Service (MHAHS)	HIV awareness campaign	MHAHS developed and implemented an HIV awareness campaign for Spanish-speaking men in south-western Sydney who have sex with men (MSM) and is currently developing a similar campaign targeting Thai MSM.
	Department of Health, Centre for Health Protection	Research on access barriers to HIV services	The Department has provided research grant funding to the National Centre for HIV Social Research examining barriers to HIV service access for CALD populations and levels of HIV risk awareness and knowledge in several ethnic communities in Sydney.
4. To manage health services better	Greater Western	Orientation process for local facilities	All health facilities provided orientation to staff highlighting the specific cultural assets of the CALD population within the rural context.
	Hunter New England	Nurse Manager, Cultural Support	A new trial position was established to identify and liaise with all international nursing graduates who are employed by Hunter New England Area Health Service. The position liaises with nurse mentoring system to explain the impact that culture and related training can have on the ease with which the international nursing graduates can relate to their patients and other staff.
	North Coast	Education and information for health professionals	Education and information sessions were provided to the community, health professionals, medical students, GPs and schoolchildren. These sessions provided information tailored to each audience on a wide range of topics including • recovery from mental illness • refugee health care • refugee health services • the use of interpreter services • sexual safety • cross cultural communication and • Translation for specialists
	Northern Sydney Central Coast	Intranet Site	A new Multicultural Health Service intranet site was developed to provide NSCCHS staff members with access to information on policy issues, interpreting services, demographic information, CALD community organisations, multilingual resources, multicultural health services. Staff now are provided with all details on one site, which includes links to key government and community organisations.
	South East Sydney Illawarra	Bangladeshi Reference Group and Bangladeshi Women's Health Project	The Bangladeshi Reference Group was formed to assist with sharing information, resources, expertise and achievements and to develop a co-ordinated approach to assisting this community in the Botany and Randwick local government areas. Because of the Reference Group, regular community engagement and education sessions with the aim of improving health literacy among Bangladeshi women living in the Northern sector of SESIAHS have been held.
	Sydney South West	Accredited Cultural Competence Course	In partnership with Workforce Development and Innovation, Department of Health, a Vocational Education and Training Accreditation Board (VETAB) accredited course was developed, piloted, evaluated and approved to improve the capacity of health workers to work effectively with CALD people. The course contains an on-line component and is now available to be held regularly through Workforce Development.
	Sydney West	New Interpreter Signs for SWAHS	The Area Health Service developed and put in place a procedure for the development of and placement of interpreter signage. Using the procedure, the Multicultural Health Unit co-ordinated the development, production, distribution and installation of 640 new interpreter signs across all area facilities and services.
	NSW Refugee Health Service (RHS)	Oral health information for refugees	The NSW Centre for Oral Health Strategy and the RHS have devised a training package for the RHS Bilingual Community Educators on Oral Health. Information is provided on oral hygiene and access to dental services.

Multicultural Policies and Services Program – Initiatives Planned for 2010–11

Planned Initiatives 2010–11

GOAL	HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2009–10
1. To keep people healthy	Greater Western	Central West / Orana and Far West Multicultural Interagency	Representatives from Greater Western Area Health Service will continue to attend and provide regular input into these network meetings. The meetings are scheduled quarterly and meeting venues are rotated at different towns throughout the region.
	Hunter New England	Multicultural Child and Family Health support	The program will provide support and education for new mothers in a multicultural group setting. The groups will provide culturally appropriate access to services for new mothers. New mothers will be referred to the groups through the Mums, Obstetrics and Multicultural Services (MOMS) program in Newcastle and the Lower Hunter.
	Northern Sydney Central Coast	Hospital Tours	Tours of hospitals will be organised for students of the Adult Migrant English Program who have recently arrived in Australia. The purpose of the tours is to introduce students to services provided by public hospitals and the role of specific health workers. Information on health services is distributed to students during the session and used as a teaching aide in the English classes.
	South East Sydney Illawarra	African Radio Program African Voice	The African Voice, community radio program will be broadcast in several African languages (and English). It aims to engage and provide relevant health information to these communities. Volunteers are currently recording program sessions on tape for quality control and start broadcasting later in 2010. This project is a partnership between volunteers from African communities and 2VOX FM Community Radio Program, supported by the South East Sydney Illawarra Multicultural Health Service.
	Sydney South West	Table for One	This nutrition education project has been developed and implemented for socially isolated Polish and Macedonian people in Sydney's South West. The aim of the project is to assist shopping for healthy foods and eating well. The project was developed in partnership with Community Nutrition in SSWAHS
	Sydney West	Suicide Prevention and Research Project	The project is a collaborative venture between the Diversity Health Institute (under the auspices of the Trans Cultural Mental Health Centre) and the Australian Institute for Suicide Research and Prevention, Griffith University (research lead). The project objectives are to co-ordinate, facilitate and implement data gathering procedures for a longer-term project reviewing suicide in immigrant populations living in Australia from 1970 to the present.
	NSW Refugee Health Service (RHS)	Oral health information for refugees	The NSW Centre for Oral Health Strategy and NSW Refugee Health Service training package on Oral Health will be provided to various refugee community groups.
	STARTTS	'New Land – New Life'	The next stage of New Land-New Life will include courses at two TAFEs in South Western Sydney and possible acquisition of a larger piece of land close to the site of the Fairfield Hospital. A funding application is currently with Community Development and Support Expenditure Program in Fairfield to purchase the necessary equipment and employ a staff member to work on this project. Should the funding and the land be available, a market garden will be established. The garden would be used to promote healthy lifestyle including exercise and healthy eating as well as meaningful activity.
	Department of Health, Inter-Government and Funding Strategies	NSW Transitional Aged Care Program (TACP)	The NSW TACP is a unique service that supports older people to rebuild their functional capacity after a stay in hospital by improving independence and confidence. Inter-Government and Funding Strategies will continue to roll-out TACP places, across NSW to provide ongoing opportunities to refine CALD strategies and demonstrate achievements and improvements.
2. To Deliver high quality services	Greater Western	Health Newsletter	Greater Western Area Health Service will continue to assist Bathurst Neighbourhood Centre in producing a Health Newsletter for distribution to CALD communities of the Bathurst area and surrounds.
	Hunter New England	Rewriting the Emergency Department Pathways at the John Hunter Hospital	A clinical nurse specialist will review and revise the emergency department pathways and all documentation about the use of interpreters and Non English Speaking patients. This will increase the onus on staff to ensure interpreters are used when required.
	Northern Sydney Central Coast	Family Violence Project	Feedback from CALD community groups and service providers has indicated that family violence continues to be of concern in some communities. A project to build the capacity of the Area Health Service to more effectively identify and respond to family violence issues in CALD communities in the Central Coast region will be established. The first phase of the project will involve interviews with CALD community workers and services involved with family violence to further identify issues influencing family violence in CALD communities.
	South East Sydney Illawarra	Cultural Diversity and Capacity Building Activities	This project is aimed at building capacity of rural health staff in engaging with and responding to CALD communities. Activities planned include: • holding cross cultural training for health service providers, and • working in partnership with specialist health services eg (Mental Health Services) to develop programs/projects for CALD communities where a need is identified.

	Sydney South West	Health literacy for youth and women of newly arrived communities	In partnership with AMES, a project to incorporate health information into orientation programs for new arrivals is planned in Canterbury/Bankstown area. This will facilitate young people's and women access existing health services.
	Sydney West	Data Collection	A Project Initiation Request has been endorsed by the Area Information Technology Service to work in partnership with Multicultural Health to improve collection of data collection about CALD clients. The project aims to improve access to interpreters, provide monitoring opportunities, and provide an ability to run reports. The overall aim of the project is to benefit both patients and staff by ensuring a safer patient journey.
	STARTTS	'Sharing Our Stories – Sharing Our Strengths' Conference	In 2011, STARTTS will convene a Conference focused on refugee communities learning from each other. The report from the previous Conference held in 2007 has been published and is available from STARTTS.
	Department of Health, Centre for Health Advancement	Translated retailer resources on the tobacco display ban	Initiatives in 2010–11 will continue to raise community and retailer awareness about the tobacco display ban across non-English speaking population groups, with a focus on distributing translated retailer resources through relevant retailer channels.
3. To provide the health care people need	Greater Western	Interpreter Services	Greater Western Area Health Service will explore the possibility of developing an e-learning tool for the 'How to Access Health Care Interpreter Services' education package. The project would be supported through the Centre for Rural and Remote Education Unit.
	Hunter New England	End of Life Project	A research project will be implemented to identify who elders of culturally and linguistically diverse backgrounds are most likely to nominate as their substitute decision maker.
	Northern Sydney Central Coast	Information Sessions on Mental Health and Drug and Alcohol Services	Information sessions on mental health and drug and alcohol in both the Northern Sydney and Central Coast sectors will be facilitated for CALD community workers and CALD community leaders. The sessions will provide an overview on service types, locations, intake and referral processes and access to interpreters. The sessions are being organised in response to the results of recent consultations with CALD community members, which have indicated a need for information on mental health and drug and alcohol services.
	South East Sydney Illawarra	Developing a Framework for Building Capacity for Cultural Competence in Health Services	The proposed Framework, which integrates ideas from the cultural competence literature, offers the opportunity to improve health outcomes and reduce health inequities for CALD communities. The proposed Framework will assist in mapping existing strategies, identifying gaps and opportunities, identifying priorities for action and planning integrated strategies for sustainable change.
	Sydney South West	Spanish RACE (Recovery After a Cardiac Event)	The program was developed in response to the lack of attendance of Spanish speaking patients to the mainstream Cardiac Rehabilitation program. It was a partnership project with Liverpool Cardiac Rehabilitation team. The initiative will involve two programs of eight weekly sessions conducted each year. All sessions will be conducted either by bilingual workers or by using interpreters.
	Sydney West	Having a Baby In Australia? We Speak Your Language report and CD	This is a partnership project between Westmead maternity services and Multicultural Health Western Cluster. The CD was developed to improve the knowledge of childbirth amongst CALD women, build their confidence and minimize the fear and anxiety caused by their lack of knowledge of childbirth. The CD has been developed in a further 7 community languages and is now available in Burmese, Dinka, Juba Arabic, Dari, Somali, Urdu and Vietnamese, as well as the original Arabic, Persian, Tamil, Hindi, Cantonese, Mandarin, Korean and English.
	Ambulance Service	Migrant Community Education Program	The aim of this project is to develop information to new migrants on how to access the ambulance service through triple zero in an emergency. NSW Ambulance Service is working with Adult Migrant English Services to determine the information needs of migrants and refugees and to develop educational content that is appropriate to these audiences.
	NSW Refugee Health Service	Working with Older Refugees	Guidelines are being developed in partnership with SSWAHS Ethnic Aged Advisor to assist staff in working with Older Refugees.
	STARTTS	Service for older refugees including the Older People in Cultural Transition Program (OPICT)	STARTTS will cost and seek funding for an integrated strategy to assist older refugees given the successful trial of Older People in Cultural Transition Program (OPICT). OPICT is a program, which aims to reduce the social isolation that accompanies migration by building a comprehensive resource kit for facilitators, and using it to train groups of newly arrived, older refugees.
4. To manage health services better	Greater Western	Men's Health Initiative	Programs will be developed and established that target male health issues within CALD communities, in-line with the recently released National Male Health Policy and NSW Health – Men's Health Plan 2009–2012.
	Hunter New England	Using e-learning to develop the professional skills of interpreters	Interpreters across northern NSW will be able to log on to 'My Link' in the Hunter New England Health website to undertake training in the use of medical terminology. The program will set assignments that can be assessed and the results recorded in the staff in-service electronic system known as Pathlore. This will be a pilot for further education to be offered to interpreters in regional and rural areas.

	Northern Sydney Central Coast	MPSP Plan	A NSCCAHS Multicultural Policies and Service Implementation Plan will be developed. The Plan will address priorities included in the NSW Health Multicultural Health Policy and Plan as well as local issues identified in consultation with CALD community groups and health staff. Information sessions will also be presented to senior management on the requirements of the MPSP program.
	South East Sydney Illawarra	Talking Diversity Health	The Talking Diversity Health program involves visits by Diversity Health Co-ordinators to all wards and departments to learn and hear about the experiences and needs of frontline staff in providing quality and safe care to our patients from CALD backgrounds. Information gathered will establish a baseline from which to improve, and highlight best practice that has the potential for wider application.
	Sydney South West	Workforce Development	A plan for rolling out a custom-made training program is being developed for all multicultural workers in SSWAHS.

Human Resources

The Workplace Relations and Management Branch (WRMB) is responsible for developing, implementing and evaluating a broad range of human resource initiatives for NSW Health.

Additionally, within WRMB, the Human Resources Operations Unit (HRO) provides comprehensive human resource management services for the NSW Department of Health, 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.

Department of Health

Achievements

- In line with the broader public sector commitment and through the provision of comprehensive leave data to managers, and their strong and effective management, there was a reduction in the number of staff with annual leave in excess of 40 days.
- HRO successfully transitioned to the new public sector e-recruitment system and has established clear processes to ensure compliance with policy. HRO has also introduced a new position description template.
- HRO's input has underpinned a number of successful functional realignments and restructuring programs within the department.

Industrial Relations Policies and Practices

The Department maintained a harmonious industrial relationship with staff and unions throughout the year. All issues were discussed and resolved collaboratively and there were no industrial disputes.

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 six times throughout the year. Department representatives and each of the unions in turn, chaired the meetings.

Matters discussed at the JCC meetings included restructuring of divisions and branches, devolution and realignment of branch functions, National Health and Hospital Network Agreement, and the Cutting Red Tape Review.

Policies were regularly reviewed to ensure they remained current and relevant.

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 Editing and Proofreading, Managing Up, Strategic Decision Making and Coaching Skills for Managers.

The Department's training courses reinforced the NSW Public Sector Capability Framework, in programs such as Staff Selection Techniques; Resume Writing and Interview Skills; Coaching and Performance System (CAPS); Induction and Orientation; Managing Performance; and Coaching Skills for Managers.

The Department also participated in the NSW sector-wide Executive Development Programs co-ordinated by the Department of Premier and Cabinet.

Awards and Scholarships

The Department conducted a number of staff awards and scholarships in 2009–10 including:

- Quarterly Staff Awards for Excellence
- Margaret Samuel Memorial Scholarship for Women
- Peter Clark Memorial Scholarship for Men.

In 2009–10, departmental employees were recognised across the public sector by the award of the NSW Service Medallion.

NSW Health System

Significant Workplace Relations Matters

Memoranda of Understanding (MOUs) on wage increases were signed with the skilled trades group of unions and with the Barrier Industrial Council for staff employed in Broken Hill. The agreed changes to wages and conditions of employment were implemented through variations to industrial awards and related policies.

Work commenced on the development of bargaining agendas and negotiations for MOUs to cover ambulance officers and nursing staff post 1 July 2010, consistent with the Government's Public Sector Wages Policy. Claims for increased wages and conditions for these groups have been received from the Health Services Union and NSW Nurses Association.

Under the 2008–2010 MOU with the NSW Nurses' Association, the Association had leave to make application to the Industrial Relations Commission (IRC) for increases to night shift penalties and salary increases for experienced nurses (registered nurse year 8 and above).

In September 2009 the IRC conditionally dismissed the Association's application for increased night shift penalties. The IRC gave leave to revisit the application provided the Department and the Association first conduct a joint study/survey of nurses working night shifts to assess the medical issues raised in the proceedings. The Department and Association are working together to develop and conduct the survey. The hearing of the Association's experienced nurse claim commenced in April 2010. After a week of proceedings the matter was adjourned at the Association's request with the parties reporting back to the IRC in September 2010.

HealthQuest was dissolved on 1 July 2009. As part of the transitional arrangements, the Workplace Relations and Management Branch has administered all appeals concerning medical assessments since that time. This will continue pending the introduction of new arrangements for the hearing of appeals, which are being developed by the Department of Premier and Cabinet in consultation with Unions NSW.

The Department appealed against a 2008 IRC decision which had found that staff specialists were entitled to receive the full taxation benefit in relation to the meal entertainment salary packaging item, rather than the tax saving being shared on a 50/50 basis as applies to all other staff. In April 2009, the Full Bench upheld the Department's appeal and set aside the original decision.

The Department has managed a claim by the Health Services Union seeking a declaratory order in the IRC regarding the award definitions and rates of pay for registrars. Hearings took place in May 2010 with further hearings scheduled for August 2010.

In April 2010 the IRC handed down a decision in the long running matter of the Department's proposal for increased charges for staff with private use of NSW Health motor vehicles. The IRC found that the Department was not constrained by the 'no extra claims' provision included in Awards and MOUs. The Department continues to press its claim.

In September 2009 voluntary redundancy offers were withdrawn from a number of nurses at Sydney West Area Health Service (SWAHS) following confirmation that such offers were not to be made to staff in frontline clinical positions. The NSW Nurses Association is seeking orders from the IRC on behalf of 28 nurses that they should be paid voluntary redundancy even though most continue to be employed at SWAHS. The application was conciliated without success in May 2010 with hearings commencing in June 2010. The matter is scheduled for further hearing during 2010.

Work continued on implementation of *Caring Together: The Health Action Plan for NSW*. Activities and achievements during the reporting period included:

- Establishing the Statewide Anti-Bullying Advice Line within Health Support Services with the first calls taken in April 2010

- The appointment of Anti-Bullying Management Advisors in Area Health Services
- Data collection on bullying complaints within the health system
- Undertaking reviews of policies on bullying prevention and management, performance management and recruitment with revised policies to be issued during 2010
- Co-ordinating union consultation in relation to the proposed hand hygiene policy.

Key Policies Released in 2009–10

- Staff Specialist Emergency Physicians – Special Remuneration Arrangements for the Period to June 2012 (PD2009_041) – provides for special remuneration arrangements for staff specialist emergency physicians.
- Sick Leave Management (PD2009_050) – specifies the sick leave entitlements for staff within the NSW Health Service, as well as procedures to be followed by managers to manage the sick leave of staff.
- Visiting Medical Officer Model Service Contracts (PD2009_052) – issues the model service contracts to be used by Public Health Organisations in engaging Visiting Medical Officers (VMOs).
- Oral Health Practitioners Private Practice Scheme (PD2009_059) -provides an arrangement within which oral health practitioners can be approved to operate private dental practices in public health facilities.
- Grievances – Effective Workplace Resolution (PD2010_007) – ensures all NSW Health workplaces have in place systems that facilitate prompt, fair, confidential and flexible management of all workplace grievances.
- Staff Specialists Training, Education and Study leave – new funding entitlement (PD2010_011) -sets out the staff specialists' Training, Education and Study Leave funding entitlement for approved TESL for the 2009–10 financial year.

NSW Health Workforce

NSW DEPARTMENT OF HEALTH, AMBULANCE SERVICE OF NSW, HEALTH SERVICES, HEALTH ADMINISTRATION CORPORATION AND OTHER NSW HEALTH ORGANISATIONS CLINICAL STAFF RATIO TO ALL STAFF AT JUNE

	June 05	June 06	June 07	June 08	June 09	June 10
Medical, nursing, allied health, other health professionals, Scientific and Technical Officers, oral health practitioners and ambulance clinicians as a proportion of all staff %	70.3%	71.5%	71.8%	72%	72.2%	72.4%

Source: Health Information Exchange 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

	June 05	June 06	June 07	June 08	June 09	June 10
Medical	6,462	6,826	7,318	7,866	8,140	8,524
Nursing	35,523	36,920	38,101	39,043	39,142	39,352
Allied Health	6,848	7,122	7,387	7,487	7,936	8,088
Other Prof. and Para professionals	3,431	3,383	3,351	3,329	3,227	3,042
Scientific and Technical Clinical Support Staff	5,484	5,581	5,763	5,727	5,618	5,618
Oral Health Practitioners and Therapists	990	1,008	998	1,098	1,133	1,106
Ambulance Clinicians	3,020	3,156	3,308	3,370	3,587	3,663
Corporate Services	5,038	4,667	4,593	4,476	4,378	4,310
Major IT Project Implementation	0	0	0	0	70	143
Hospital Support Workers	10,723	10,709	11,244	11,649	12,211	12,411
Hotel Services	8,674	8,605	8,550	8,551	8,284	8,210
Maintenance and Trades	1,246	1,221	1,192	1,164	1,123	1,073
Other	350	353	388	512	369	357
Total	87,788	89,551	92,194	94,270	95,219	95,895

Source: Health Information Exchange and Health Service local data

Notes: **1** FTE calculated as the average for the month of June, paid productive and paid unproductive hours. **2** As at March 2006, the employment entity of NSW Health Service staff transferred from the respective Health Service to the State of NSW (the Crown). Third Schedule Facilities' staff have not transferred to the Crown and are therefore not reported in the Department of Health's Annual Report as employees, but are funded from the Health appropriation. **3** Includes salaried (FTE) staff employed with 'Health Services, Ambulance Service of NSW and the NSW Department of Health'. All non-salaried staff such as Visiting Medical Officers (VMO) and other contracted staff are excluded. **4** 'Medical' includes Staff Specialists and Junior Medical Officers. 'Nursing' includes Registered Nurses, Enrolled Nurses, Midwives and Assistants in Nursing. '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. 'Major 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 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: Health Professional Registration Boards, Institute of Medical Education and Training, Mental Health Review Tribunal, Clinical Excellence Commission and Health Infrastructure. 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 Reports. **7** Health Executive Service staff were not consistently included in previous Annual Reports. Figures for 2008 and 2009 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'. The FTE for these employees has been moved into the correct group 'Hotel Services', for all years 2003 to 2009. **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** Major IT Project Implementation staff have been separated from Corporate Services for June 2009 and June 2010 on the basis that these staff are of a temporary nature for a specific phase of NSW Health's new corporate systems implementation (including payroll and rostering) and are not a regular part of the NSW Health workforce. Corporate Services staffing has been adjusted for both 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 after re-classification. **12** Albury Hospital has been included in all years. **13** Rounding errors are included in this table.

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

	June 05	June 06	June 07	June 08	June 09	June 10
Health Professional Registration Boards	46	57	56	59	60	59
Institute of Medical Education and Training	0	25	26	26	26	24
HealthQuest	22	24	20	13	1	0
Mental Health Review Tribunal	14	17	20	21	26	29
Clinical Excellence Commission	12	22	23	31	31	35
Health Infrastructure	0	0	0	7	21	17
Total	94	144	145	157	165	164

Source: Health Information Exchange and Health Service local data. Subject to rounding.

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 2009–10:

- 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, the Pandemic Influenza A (H1N1) and 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 firewardens.

Strategies to improve Occupational Health and Safety include:

- Ongoing commitment to the NSW Department of Health OHS Mission Statement.
- Promotion of Healthy Lifestyle campaigns to staff and managers on general health and well-being strategies
- Information, training and consultation with staff and managers on health and safety in the workplace.

Other Significant Occupational Health and Safety (OHS)/HR initiatives

- **Panel of external human resource investigators** – the Department established a panel of experts to undertake HR investigations across the NSW public health system, where it is determined that an external investigator is required.
- **OHS and Inury Management (IM) Profile review** – the Department undertook a review of the OHS and IM Profile Tool as part of a process of continuous improvement. Recommendations from the review are currently being implemented.
- **Review of Safer Place to Work Training Strateg**y – the Department commenced a review of the violence minimisation training strategy. A revised strategy is expected to be released in late 2010.
- **Prevention and Management of Bullying** – the Department commenced a review of the policy for the prevention and management of workplace bullying. A revised policy will be released in late 2010.

TMF Award Winners

The Treasury Managed Fund (TMF) recognises excellence in OHS, injury management and risk management in the public sector through its annual awards program. The 2009 TMF Award winners were announced in October 2010 and NSW Health was once again successful.

- Sydney West Area Health Service won in the category for OHS risk management with its project titled '*Manual Handling Program*'.
- Greater Western Area Health Service were successful in the category for injury management with two projects '*Effective Management of Psychological Injuries*' and '*Effective Management of Body Stressing/Manual Handling Injuries*'.
- Northern Sydney Central Coast Area Health Service secured the PSRMA Risk Management Innovation Award with its project '*Solving the Problem Before it Happens*'.

- Ambulance Service of NSW and Sydney West Area Health Service were also finalists in the PSRMA innovation and OHS risk management categories respectively.

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.

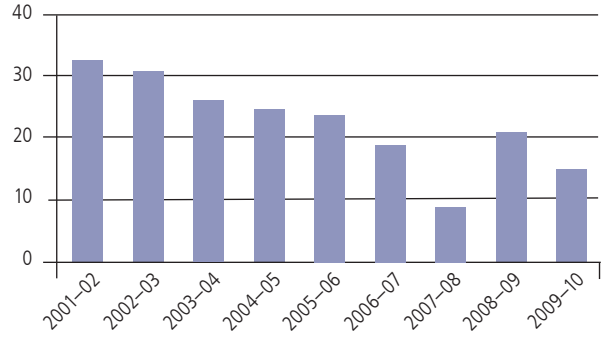
During 2009–10, 15 new claims were lodged with the NSW Department of Health's insurer. This positive result demonstrated a decline in the number of claims from the previous year (21 in 2008–09), and the continual decline in workers compensation claims since the 2001–02 Financial Year.

The greatest number of workers compensation claims were for journey/vehicle injuries which accounted for five of the 15 claims (2 of the 21 in 2008–09) and body stress which accounted for four of the 15 claims (five of the 21 in 2008–09). A reduction was noted in the amount of slips, trips and falls which represented three of the 15 claims (eight of the 21 in 2008–09). Out of 15 claims two were declined by the insurer.

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

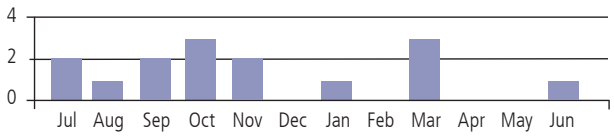
- Achievement of the actions and targets under the Working Together Public Sector Workplace Health and Safety and Injury Management Strategy 2010 – 2012.
- A focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work-related injuries.
- Frequent claims 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.

1. Number of New Claims Each Year from 2001–02 to 2009–10 Financial Years



YEAR	JUL 09
2001–02	33
2002–03	31
2003–04	26
2004–05	25
2005–06	23
2006–07	19
2007–08	9
2008–09	21
2009–10	15

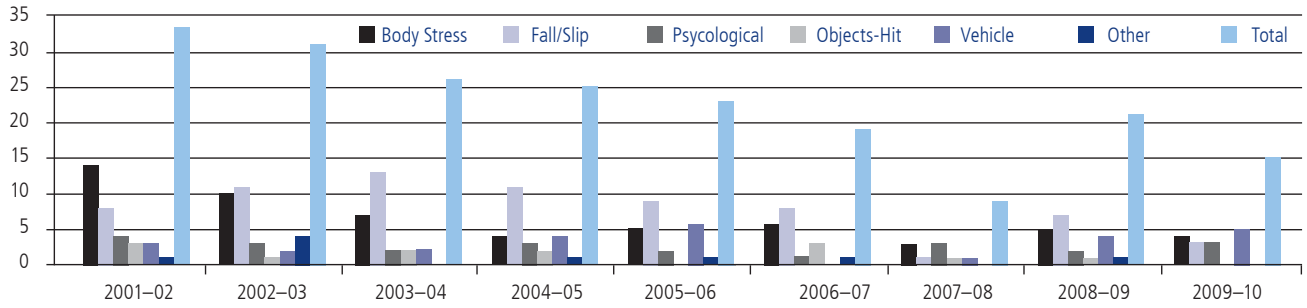
2. Workers Compensation Claims each month for 2009–10



3. 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		2			1	4
Fall/slip/trip	1			1	1								3
Psychological				2					1				3
Objects- hit													0
Vehicle	1	1	2		1								5
Other													0
Total	**2**	**1**	**2**	**3**	**2**	**0**	**1**	**0**	**3**	**0**	**0**	**1**	**15**

4. Workers Compensation Claims by Category from 2001–02 to 2009–10



5. Categories of Workers Compensation Claims from 2001–02 to 2009–10

YEAR	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
Body stress	14	10	7	4	5	6	3	5	4
Fall/slip	8	11	13	11	9	8	1	8	3
Psychological	4	3	2	3	2	1	3	2	3
Objects-hit	3	1	2	2	0	3	1	1	0
Vehicle	3	2	2	4	6	0	1	2	5
Other	1	4	0	1	1	1	0	1	0
Total	**33**	**31**	**26**	**25**	**23**	**19**	**9**	**21**	**15**

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.

Debora Picone – Director-General
2009 World Health Executive Forum
Montreal, Canada

Clive Wright – Chief Dental Officer and Director, Centre for Oral Health Strategy
15th Scientific and Refresher Course in Dentistry
Jakarta, Indonesia

Julie Letts – Principal Policy Analysts, Population Health, Centre for Epidemiology and Research
Australasian Bioethics Conference
Queenstown, New Zealand

Wayne Smith – Director, Environmental Health
Food Regulation Standing Committee Working Group developing policy guidelines for Infant Formula
Wellington, New Zealand

Amanda Christensen – TB Program Manager, Population Health
7th Annual Pacific Island Tuberculosis Controllers Association (PITCA)
Guam

Sarah Thackway – Director, Epidemiology and Research
World Health Organisation Global Forum on Mass Gatherings
Rome, Italy

Jeremy McAnulty – Acting Director, Health Protection
World Health Organisation Global Forum on Mass Gatherings
Rome, Italy

Sue Campbell-Lloyd – Manager, Immunisation (AIDS and Infectious Diseases)
European Society for Paediatric Infectious Diseases
Nice, France

Andrew Milat – Manager, Strategic Research and Development, Centre for Health Advancement
6th World Congress on Prevention of Diabetes and its Complications (WCPD)
Dresden, Germany

Gerald Kohn – Deputy Director, Strategic Procurement
Australian Health Infrastructure Alliance (AHIA)
Auckland, New Zealand
PHARMAC
Wellington, New Zealand

David McGrath – Director, Mental Health and Drug and Alcohol Programs
53rd Session of the Commission on Narcotics Drugs
Vienna, Austria

Craig Smith – Acting Chief Information Officer, Strategic Information Management
Cerner Health Conference
Kansas City, US

Deborah Willcox – Director, Executive and Ministerial Services
Senior Executives in State and Local Government course
Boston, USA

Simon Leslie – Clinical Chair of the Hospital Skills Program IMET
International Conference on Residency and Education (ICRE)
Victoria, British Columbia, Canada

Robert Lagaida – Director, Health Support Services
Meeting with PHARMAC and Procurement Branch of New Zealand Department of Health
Wellington, New Zealand

Mike Rillstone – Chief Executive, Health Support Service
Meeting with New Zealand Minister for Finance and Minister for Health
Wellington, New Zealand

Judy Muller – Junior Medical Officer (JMO) Manager (NSCCAHS)
British Medical Journal Career Fair
London, England

Martin Mackertich – Director, Clinical Services (SESIAHS)
British Medical Journal Career Fair
London, England

Bruce Sanderson – Director, Medical Services (NSCCAHS)
British Medical Journal Career Fair
London, England

Robyn Burley – Director, Workforce Development and Innovation
British Medical Journal Career Fair
London, England

Greg Smith – President, Mental Health Review Tribunal
26th Annual Conference of Australasian Institute of Judicial Administration Mental Health and the Administration of Justice Conference
Auckland, New Zealand

Sarah Henson – Forensic Team Leader
10th Annual International Association of Forensic Mental Health Services Conference
Vancouver, Canada

Robert Leece – Chairman, Health Infrastructure Board
Study Tour of the latest Health developments
UK and Europe

Robert Rust – Chief Executive, Health Infrastructure
Study Tour of the latest Health developments
UK and Europe

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 2009–10 and has had input into:

- Implementation of the NSW Health Online Privacy Training Program.
- Development of a protocol for distribution of the privacy leaflet and poster.
- 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 2009–10, including:

- Presentation in the Department of Health as part of the Biostatistical Officer Training Program in July 2009.
- Privacy Education Presentations to health services in Greater Western Area Health Service including Broken Hill, Dubbo, Orange and Bathurst late July-August 2009.
- Presentation/Information Session on Health Information Privacy Law and Regulations for Health Support Services in Dec 2009.
- Participation in the NSW Health Freedom of Information Officers' network meetings.
- Participation in the Electronic Health Record Steering Committee meetings.
- Participation in the NSW Health and Civil Chaplaincies Advisory Committee (Memorandum of Understanding) Committee.

Internal Review

Four applications for internal review were received by the Department in 2009–10.

1. An application was received in June 2009 and completed in August 2009. The complaint mainly related to an alleged breach of the *Privacy and Personal Information Protection Act 1998*.
   The application was about the alleged disclosure by a staff member of the applicant's personal details.
   All complaints related to the disclosure of personal information, therefore Information Protection Principle 11 (Disclosure) was applicable. The findings of the internal review concluded that there was no breach of Information Protection Principle 11.
2. An application was received in April 2010 and completed in June 2010. The complaint mainly related to staff access to patient medical records and the application of the *Health Records and Information Privacy Act 2002*. The Department does not hold patient medical records. Area Health Services are responsible for providing health services in their respective geographical areas. The Department advised that the application should be referred to the relevant Area Health Services.
3. Two privacy complaints relating to Healthelink were received in September and November 2009, but both complaints were later withdrawn.

Senior Executive Service

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

SES LEVEL	AS AT 30 JUNE 2010	AS AT 30 JUNE 2009
8	1	1
7	3	3
6	3	3
5	2	2
4	8	7
3	12	13
2	6	6
1	2	2
Total positions	**37**	**37**

Senior Executive Performance Statements

Professor Debora Picone, AM

Position Title: Director-General
SES Level: 8
Remuneration: $435,800
Period in Position: 3 years

The Minister for Health and the Director-General, Department of Premier and Cabinet have expressed satisfaction with Professor Picone's performance during 2009–10.

Significant Achievements in 2009–10

- Provided high level advice to the Premier and Minister for Health on the National Health Reforms. The NSW Government signed the National Health and Hospitals Network Agreement in April 2010, which will deliver additional Commonwealth funding of $1.07 billion to NSW over the next four years.
- Led a comprehensive consultation process on the proposed National Health Reforms. Chaired forums with key health and community stakeholders across the State, from Campbelltown to Wollongong and Westmead to Goulburn. Engaged with clinicians and community through correspondence, emails and the Director-General's blog.
- Provided leadership through the effective financial management of the $15.1 billion Health budget. Worked co-operatively with NSW Treasury and the Department of Premier and Cabinet to improve health efficiency; further implement and refine episode funding;
  and, working with Health Services to guide effective management of resources, in light of continued increases in demand for services.
- Provided excellent leadership to Between the Flags; Take the Lead; Essentials of Care; Hand Washing; and Clinical Handover Strategies. Continued to lead implementation on the broader range of major government responses to Inquiries including *Caring Together: The Health Action Plan for NSW* (focus on improved patient care and greater engagement across the health system) and Keep Them Safe (focus on delivering an improved child protection framework).
- Oversight of the development and implementation of an enhanced Performance Management Framework across NSW Health, with improved reporting and monitoring and focus on the delivery of high quality patient care and good financial performance.
- Put in place processes to lead effective Culture Change across NSW Health.
- Led a co-ordinated response to the Pandemic (H1N1) 2009 Influenza.
- Represented NSW Health and provided strategic direction and input into a range of high level cross-jurisdictional and interagency forums including the Council of Australian Governments (COAG) and the Australian Health Ministers' Advisory Council.
- Led a comprehensive process to improve access to patient care through the achievement of Elective Surgical and Emergency Department access targets and an increase in patients enlisted in comprehensive chronic disease management programs with 1,618 patients enrolled in the Severe Chronic Disease Management Program as at June 2010.
- Led by example in building strong collaborative relationships between NSW Health and other NSW Government agencies, Non-Government Organisations and Australian Government agencies.
- Contributed to the achievement of government priorities, including leading the delivery on five NSW State Plan priorities with a focus on improving access to quality health care and promoting healthier lifestyle choices.

Dr Richard Matthews, AM

Position Title: Deputy Director-General, Strategic Development
SES Level: 7
Remuneration: $377,250
Period in Position: 6 years

The Director-General has expressed satisfaction with Dr Matthews' performance throughout 2009–10 in the position of Deputy Director-General, Strategic Development.

Dr Matthews achieved the performance criteria contained in his performance agreements:

Significant Achievements in 2009–10

- Achieved responsibilities for NSW Health as outlined in *Keep Them Safe – A Shared Approach to Child Wellbeing*, including:
  - the establishment of child well being units,
  - regional intake and referral services,
  - training and change management strategy for the Health Service including mandatory reporters,

- comprehensive health assessments of children entering out of home care and
- enhancements of some Health services being provided under Keep Them Safe

- Achieved progress in implementing actions in *Caring Together: The Health Action Plan for NSW*, including:
  - The Statewide Review of Hospitals
  - Commencement of the Severe Chronic Disease Management Program
  - Implementation of NSW Kids, including establishment of The Sydney Children's Hospitals Network (Randwick and Westmead).
- Ensured the successful Statewide implementation of NSW Implementation Plans for COAG National Partnership Agreements, including Activity Based Funding and Sub-Acute Care.
- 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 following key projects:
  - The NSW Health Costs and Outcomes Study
  - The development of a Health Care Atlas for NSW
  - The development of the 2010–11 NSW Health Episode Funding Policy is in final draft form and will be released soon.
- 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.
- Finalised NSW Health response to the Community Health Review (CHR) in the context of *Caring Together*.

Dr Kerry Chant

Position Title: Deputy Director-General, Population Health and Chief Health Officer
SES Level: 6
Remuneration: $331,500
Period in Position: 18 months

The Director-General expressed satisfaction with Dr Chant's performance in 2009–10 in the position of Deputy Director-General, Population Health and Chief Health Officer. Dr Chant achieved the performance criteria contained in her performance agreement.

Significant Achievements 2009–10

- Participated in strategic initiatives and policy development within the Australian Health Ministers' Advisory Council sub-committees – the Australian Health Protection.
- Committee and the Australian Population Health Development Principal Committee (APDHPC); and chaired the Blood Borne Viruses and Sexually Transmissible Infections Strategy sub-committee of APHDPC.
- Chairs the National Oral Health Plan Monitoring Group.
- Represents NSW on the National Health and Medical Research Council.
- Led the NSW Health response to pandemic (H1N1) 2009 influenza and the implementation of the pandemic H1N1 influenza 2009 vaccination program in NSW.
- Led implementation of the *Public Health (Tobacco) Act 2008*, which commenced on 1 July 2009, and introduced significant reform to the regulation of sale and promotion of tobacco products in NSW.
- Strengthened the NSW Get Healthy Information and Coaching Service, providing free and independent healthy lifestyle advice and personalised coaching for adults in NSW, the first Statewide service of its kind in Australia. ACT and Tasmania will join the service in 2010–11.
- Implemented the Go 4 Fun parenting program in NSW, supporting families to make healthy lifestyle choices with their children.

- Led the development of initiatives under the National Partnership Agreement on Preventive Health between the Australian Government and NSW, with more than $100 million for healthy lifestyle activities for NSW communities.
- Established pertussis outbreak control strategies to reduce community transmission of pertussis and protect children too young to be fully vaccinated in response to an increase in pertussis notifications in NSW.
- Successfully developed and implemented a television, print and digital prevention campaign, '*Get Tested, Play Safe*', to raise awareness and promote testing for sexually transmissible infections among young people. The campaign achieved excellent recall and impact.
- Led the planning and establishment of a new Aboriginal Sexual and Reproductive Health Program, in partnership with the Aboriginal Health and Medical Research Council and funded through the COAG 'Closing the Gap' National Partnership Agreement on Indigenous Early Childhood Development. The five year Program aims to strengthen sexual health literacy and improve sexual health outcomes for Aboriginal young people.
- Successfully led the Statewide implementation of the recommendations of the Review of Hepatitis C Treatment and Care Services, resulting in a 57% increase in the number of patients accessing antiviral therapy and a 140% increase since 2005–06 in the number of public sites from which treatment is available.
- Successfully implemented the first phase of the NSW pilot of initiation of hepatitis C antiviral therapy by general practitioners, thus expanding the clinical workforce available to provide treatment and management of chronic hepatitis C.
- Led the enhancement of activity within the Needle and Syringe Program to expand coverage across the public program by 8% in 2009–10.
- Oversaw the design and implementation of a new, Statewide, database to support surveillance and control of notifiable communicable diseases.
- Critically evaluated the Aboriginal Housing for Health program, showing a 40% reduction in hospitalisations for infectious diseases among Aboriginal people living in residences where the intervention was implemented.
- Successfully partnered with other departments in implementation and planning for evaluation of the NSW Aboriginal Water and Sewerage program.
- Evaluated the Aboriginal Environmental Health Officer Training program, to demonstrate a successful program that has increased the Aboriginal workforce in environmental health from virtually nil to 17% of the NSW Health environmental health workforce.
- Led the system-wide reforms of ethical and scientific review of research within NSW Health to improve efficiency, enhance the safety of participants in research and increase clinical research activity.
- Developed a framework to improve research governance at the Area Health Service level to ensure appropriate risk management, financial and ethical accountability.
- Developed strategies for 'Conflict resolution in end of life settings'.
- Strengthened Public Health Real Time Emergency Department Surveillance System (PHREDSS) to be operational in 56 Emergency Departments.
- Strengthened record linkage in NSW, with 30.7 million health records linked via the Centre for Health Record Linkage.
- Published the School Survey and the Adult Health Survey Reports.
- Led the implementation of community water fluoridation in the councils/shires of Coffs Harbour, Menindee and Richmond Valley (Casino).
- Oversaw the publication of the findings of the NSW Child Dental Health Survey 2007.
- Oversaw the introduction of new Public Dental Personnel Awards (2009).
- Implemented the Aboriginal Oral Health (Sydney Dental Hospital Hub and Spoke) Program under the National Partnership Closing the Gap Agreement partnership. A $6 million project over four years.

- Strengthened the effective operation of the NSW Aboriginal Health Partnership and developed the NSW Aboriginal Health Partnership Protocols.
- Developed governance structures and frameworks for the implementation of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

Dr Tim Smyth

Position Title: Deputy Director-General, Health System Quality, Performance and Innovation
SES Level: 7
Remuneration: $373,428
Period in Position: 20 months

Dr Smyth achieved the performance criteria contained in his performance agreement.

Significant Achievements in 2009–10

- Establishment of the new Clinical Safety, Quality and Governance Branch
- Successful establishment of the Bureau of Health Information
- Introduction of the revised Performance Management Framework for health services
- Commencement of the Surgery Futures project
- Support of key elements of the *Caring Together* Action Plan
- Major reduction in numbers of patients waiting longer than national benchmark times for planned surgery
- Contribution to the national patient safety and quality agenda through role of Commissioner, Australian Commission on Safety and Quality in Health Care
- Effective financial management of Division

Karen Crawshaw

Position Title: Deputy Director-General, Health System Support
SES Level: 7
Remuneration: $377,250
Period in Position: 2 years 9 months

Ms Crawshaw has achieved the performance criteria contained in her performance agreement, which focus on strategic leadership in workforce, corporate and business services, assets and procurement, corporate governance, risk management, legal services and the Health Legislative Program. The Director-General has expressed satisfaction with Ms Crawshaw's performance throughout this period.

Significant Achievements in 2009–10

- Led Statewide improvements in financial management and efficiency improvements to achieve a satisfactory Net cost of Service result for NSW Health and improved creditor management.
- Oversight of the NSW Health Capital Program to achieve Budget targets.
- Led and oversighted significant industrial negotiations and arbitrations including the 2010 nurses' wages and conditions bargaining, proposals to increase charges for private use of official motor vehicles and to oppose a claim by the Nurses Association for increased night shift penalty rates.
- Finalised implementation of a Statewide system to better manage medical locums and casual medical vacancies in NSW hospitals.
- Launch of NSW Health's recruitment branding and marketing campaign to attract health professionals to NSW including national and international online and print media and an associated microsite with information about NSW Health and current vacancies.
- Led the development and implementation of a program of activities to improve organisational culture and strengthen local decision-making as part of the implementation of *Caring Together: the Health Action Plan for NSW*, including:
  - development of a Workplace Culture Framework for NSW Health

- strengthening of NSW Health's anti-bullying strategies
- development and implementation of new role of Clinical Support Officer.

- Oversight of the Health Legislative Program including:
  - the Health Practitioner Regulation (NSW) National Law and Regulation to support the new national health practitioner registration framework in NSW
  - Commencement of the Assisted Reproductive Technology Act and Regulation including establishment of donor conception registers for the benefit of children conceived through donor ART
  - Commencement of new Private Health Facilities Act and Regulations to provide more comprehensive licensing standards
  - amendments to improve the operation of provisions governing the root cause analysis of serious adverse clinical events in the health system.
- New employment screening procedures for NSW Health staff to improve efficiency and timeliness.
- Strategic oversight of NSW Health's Shared Services Program, including food, linen, warehousing and logistics, employee services, payroll, and accounts payable, and its contribution to improved efficiency and value for many health system operations.

David Gates

Position Title: Chief Procurement Officer
SES Level: 6
Remuneration: $300,800
Period in Position: 14 Years

Significant Achievements

- Co-ordinated the Capital Investment of $740 million with full achievement against the 2009–10 Budget Paper targets.
- Managed the Capital Program review and approval processes, including submission of the 2010 Total Asset Management Plan and endorsement to the forward 10 year Capital Investment Strategic Plan.
- Managed the update of the Health Service Asset Strategic Plans and disposal of assets surplus to need.
- Directed the 2009–10 Procurement Program focussing on achievement of cost avoidance targets to health care services.
- Renewed Goods and Services Procurement accreditation for NSW Health including agreement to the Procurement Framework and development of a Procurement Portal as the key tool to share procurement policy, risk management and practise guidelines.
- Managed the NSW Health Sustainability Strategy targeted at Fleet, Water and Energy usage reductions and the introduction of new sustainability initiatives.
- Managed business efficiency and research institute governance projects in support of Health Services

John Roach

Position Title: Chief Financial Officer, Health System Support
SES Level: 6
Remuneration: $297,485
Period in Position: 1 year

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

Significant Achievements in 2009–10

- Provided effective financial management and control of the NSW Health Budget with the actual Net Cost of Service result within NSW Treasury tolerance benchmark.
- Proactive financial leadership through improved NSW Health creditor performance and achievement of a nil result for trade creditors ready for payment over 45 days.
- Timely allocation of annual budgets to Health Services with strengthened budget control and reporting framework ensuring effective control and monitoring of core recurrent and capital expenditure and recurrent revenue budgets.
- Undertook monthly performance review meetings with Health Service Chief Executives to provide financial leadership and direction to ensure compliance with financial benchmarks and targets were being monitored and remedial actions were being implemented where required.

- Implemented an efficiency and revenue improvement program to identify and focus on key budget controls and initiatives being undertaken to improve liquidity and budget performance of Health Services.
- Improved the financial analysis, reporting and cash management of the NSW Health Capital Program to ensure direct correlation between approved sources and applications of capital funds.
- Implemented improved reporting of NSW Health's financial performance to NSW Treasury.
- Co-ordination of system wide financial information required by NSW Treasury for annual Maintenance of Effort budget requirements.

Annie Owens

Position Title: Director,
Workplace Relations and Management
SES Level: 5
Remuneration: $242,661
Period in Position: 2 years

Ms Owens achieved the performance criteria contained in her performance agreement.

Significant Achievements in 2009–10

- Management of NSW Health's ongoing negotiations over the 2010 nurses' wages and conditions bargaining.
- Management of new memorandums of understanding with the Skilled Trades group of NSW Health unions and the Barrier Industrial Council in relation to Broken Hill, including the making of new awards and the monitoring of wages offsets to complete the 2008–09 bargaining round.
- Management of ongoing negotiations for a memorandum of understanding with the Health Services' Union in relation to the paramedic workforce for 2010 bargaining.
- Development of a new Operations Control Centre Award in conjunction with the Ambulance Service, in preparation for major industrial case arbitration for this workforce.
- Effective management of significant arbitrations in the Industrial Relations Commission including arbitration to progress Health's proposals to increase charges for private use of official motor vehicles and to oppose a claim by the Nurses Association for increased night shift penalty rates.
- Directed the creation of the Anti Bullying Advice Line in Health Support Services and the creation of the Anti Bullying Management advisor positions in Health Services in response to *Caring Together* recommendations.
- Development of a Statewide reporting system for bullying complaints with consistent criteria for reporting and capacity for analysis of data on a Statewide basis.
- Established and managed an interim appeals mechanism for the NSW public sector within the Workplace Relations and Management Branch as part of the transitional arrangements following the wind-up of HealthQuest.
- Effective support of Health Services in relation to staffing issues associated with improvements in efficiency and budget controls.
- Completed review of the OHS and Injury Management Profile tool as part of a process of continuous improvement.


R. N. S. H.
EMERGENCY
DEPARTMEN

Funding and Expenditure

Appendix 2

Accounts Age Analysis

Accounts Receivable Ageing as at 30 June 2010

CATEGORY	2009–10		2008–09	
	$000	%	$000	%
< 30 Days	80,640	92.9	38,869	90.3
30/60 Days	222	0.3	658	1.5
60/90 Days	265	0.3	334	0.8
> 90 Days	5,658	6.5	3,167	7.4
TOTAL	**86,785**		**43,028**	

In 2009–10 receivables less than 30 days increased significantly. The major components of the 2009–10 balance are High Cost Drugs ($21.7 million); National Partnership Agreement on Elective Surgery Waiting List Reduction Plan Stage Three ($21.1 million); Department of Veterans Affairs ($13.4 million); Interest Receivable ($4.7 million); National Blood Products excess payment ($1.8 million); and Debtors GST ($1.9 million).

The balance over 90 days is represented by underfunding of High Cost Drugs receivable ($2.3 million); Copyright Agency Limited ($1.0 million); Area Health Services Fringe Benefits Tax ($1.0 million); and Sundry Debtors ($1.4 million).

In 2008–09 the significant receivable balance over 90 days is represented by $3.03 million receivable from Area Health Services which includes Fringe Benefits Tax of $2.039 million.

Accounts Payable Ageing as at 30 June 2010

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
Sept 2009	30,548	1	0	1	0
Dec 2009	33,216	0	0	0	0
Mar 2010	24,260	12	3	3	2
Jun 2010	158,685	2	0	0	0

The June level of payables is much higher than other quarters as it includes the year end accrual of First State Superannuation expense paid on behalf of Health Services ($54.0 million); the extent to which capital expenditure has been accrued under Australian Accounting Standards ($50.0 million); Cross Border Accrual ($34.2 million); Energy Australia ($8.0 million); Department of Health and Ageing for Herceptin program ($1.6 million); and other sundry creditors ($10.9 million).

QUARTER	TOTAL ACCOUNTS PAID ON TIME		TOTAL AMOUNT PAID
	%	$000	$000
Sep 2009	99.4	3,569,254	3,583,588
Dec 2009	99.6	3,078,300	3,096,881
Ma 2010	99.5	3,060,011	3,081,582
Jun 2010	99.7	3,568,841	3,593,999

Capital Works and Asset Management

Strategic Asset Management

Significant Achievements 2009–10

- Capital expenditure of $739.9 million was achieved against the approved 2009–10 BP4 program of $692.9 million.
- Approximately $18.9 million worth of construction contracts for projects with value less than $10 million were awarded.
- Approximately $91.5 million of contracts over $10 million awarded by Health Infrastructure are subject to a separate report.
- The forward 10 year Capital Investment Strategic Plan was endorsed with an excess of $3.1 billion (2009–10 to 2012-13) in Committed Funding over the next four years.
- Thirty one properties were disposed of during 2009–10 with gross sales proceeds totalling at $10.6 million. All properties were sold in accordance with Government policy.

Major Priorities for 2010–11

- Full expenditure of the 2010–11 asset acquisition program of $1,015 million.
- Investment in 2010–11 to focus on:
  - Major hospital redevelopments (> $10 million managed by Health Infrastructure)
  - Other major building projects with value greater than $0.25 million
  - Statewide programs including:
    - Regional Cancer Centres
    - COAG capital initiatives
    - Information, Communication and Technology (ICT)
    - Ambulance, Radiotherapy and Health Technology
    - Mental Health, Rural Health and HealthOne
    - Repairs, Maintenance and Renewals.
- Contractually commit approximately $26.8 million worth of new capital projects with an individual value of less than $10 million.
- Continue to work with the Health Services to further refine their Asset Strategic Plans to better determine future asset related requirements.

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 2009–10

PROJECT	TOTAL COST $M	COMPLETION DATE
Ambulance Service NSW		
Ambulance CAD Infrastructure Upgrade	0.58	Sep 2009
Ambulance Medical Equipment (Minor Works)	1.74	May 2010
Ambulance Operations Centres Change Management	0.66	Jun 2010
Radio GRN/PMR Network – Ambulance	1.40	Jun 2010
Ambulance Defibrillators	1.50	Jun 2010
Greater Southern Area Health Service		
Bega Hospital Mental Health Unit	2.20	Jun 2010
GSAHS Electronic Medical Record	0.99	Jun 2010
GSAHS Imaging and Monitoring Equipment	2.50	Jun 2010
Wagga Wagga Sterilzer Upgrade	0.70	Jun 2010
Greater Western Area Health Service		
Bathurst Hospital Image Intensifier/ Ultrasound Equipment	0.70	Jul 2009
Blayney HealthOne	0.91	Nov 2009
IM&T GWAHS Electronic Medical Record (MP86)	1.03	Dec 2009
Orange PPP – Oral Health Expansion	1.69	May 2010
GWAHS Medical Imaging Implementation	3.23	Jun 2010
Hunter New England Area Health Service		
Warialda Hospital Redevelopment	10.64	Jul 2009
Manning Base Hospital Emergency Department	13.28	Sep 2009
Nicholas Trust Palliative Care	0.61	Feb 2010
Surgical Training Facility	0.74	Feb 2010
HNEAHS Swine Flu Equipment	0.67	Mar 2010
HNE Clinical Systems	2.60	Jun 2010
HNEAHS Clinical Outreach Program	4.05	Jun 2010
Quirindi Staff Accommodation	0.4	Jun 2010
HNEAHS Infr Strategy St1	1.41	Jun 2010
HNE Groupwise Migration	0.3	Jun 2010
HNE PACS IT Contribution	0.25	Jun 2010
HNE Upgrade to Servers	0.45	Jun 2010
HNEAHS CHIME	0.4	Jun 2010
Muswellbrook Staff Accommodation	0.4	Jun 2010

PROJECT	TOTAL COST $M	COMPLETION DATE
North Coast Area Health Service		
Coffs Harbour Hospital Orthovoltage Unit	0.94	Oct 2009
IM&T NCAHS Electronic Medical Record (MP86)	1.20	Oct 2009
Port Macquarie Hospital Orthovoltage Unit	0.89	Oct 2009
Coffs Harbour Base Hospital Second Linear Accelerator	3.52	Nov 2009
Port Macquarie Emergency Department Interim Upgrade	1.30	Nov 2009
Lismore Cardiac Catheterisation Laboratory Unit	4.03	Apr 2010
Lismore Hospital Stage 2 'Integrated Cancer'	27.00	May 2010
NCAHS Medical Imaging Implementation	4.89	Jun 2010
Northern Sydney Central Coast Area Health Service		
RNSH Stage 2 – R&E Building Stage 2	32.10	Sep 2009
RNSH Urgent Works Douglas Building	0.79	Nov 2009
RNSH Stage 2 – R&E Building	68.08	Dec 2009
Wyong Hospital Mechanical Services	1.56	Feb 2010
RNSH 3T MRI Replacement	3.00	Mar 2010
RNSH Magnetic Resonance Imaging Building Works	0.69	Mar 2010
RNSH PET Services	4.64	Mar 2010
Gosford Hospital – Mental Health Unit	12.13	Apr 2010
NSCCAHS Medical Imaging Implementation	4.89	Jun 2010
Mona Vale Asbestos Removal	0.5	Jun 2010
Hornsby Mental Health Intensive Care	0.48	Dec 2009
NSCCAHS Infrastructure Strategy	2.55	Jun 2010
South Eastern Sydney Illawarra Area Health Service		
Illawarra Cancer Care Centre Linear Accelerator	3.63	Sep 2009
St George Hospital 3T MRI Replacement	3.63	Sep 2009
St George Digital Subtraction Angiography	1.0	Dec 2009
Sydney Eye Hospital Decontamination Equipment	0.49	Dec 2009
St George Hospital Cancer Care Centre Linear Accelerator	3.78	Apr 2010
Sydney Childrens Hospital Paediatric Eye Clinic Refurbishment	0.43	Apr 2010
Wollongong Psychiatric Emergency Care Centre (PECC)	5.50	Jun 2010
Wollongong Psychiatric Emergency Care Centre (PECC)	5.50	Jun 2010

PROJECT	TOTAL COST $M	COMPLETION DATE
North Coast Area Health Service		
Illawarra Cancer Care Centre Linear Accelerator	3.63	Sep 2009
St George Hospital 3T MRI Replacement	3.51	Sep 2009
Prince of Wales Hospital DSA	1.25	Apr 2010
Wollongong Hospital DSA	1.0	Apr 2010
SESIAHS Infrastructure Strategy Stage 1	0.79	May 2010
SESIAHS Swine Flu	1.1	Jun 2010
Edmond Blackett Roof/Stone work	1.3	Jun 2010
Wollongong Hospital Operating Theatre Equipment	1.0	Jun 2010
Sydney Children's Hospital Network		
Sydney Childrens Hospital Upgrade Imaging Equipment	2.0	Jul 2009
Childrens Hospital Westmead Upgrade Imaging Equipment	1.96	Apr 2010
Sydney Childrens Hospital Refurbish Audiology	0.49	Jun 2010
CHW 3T MRI Replacement	4.81	Jun 2010
Sydney South West Area Health Service		
SSWAHS Digital Mammography Equipment	0.86	Jul 2009
Bankstown Hospital Pathways Home	3.26	Aug 2009
Bowral Hospital Paediatric Unit	2.30	Aug 2009
RPAH SRS Modified Linear Accelerator	7.12	Aug 2009
Redfern/Waterloo Community Health Centre	9.77	Nov 2009
RPAH Upgrade/Replacement PET/CT Scanner	4.00	Dec 2009
Bankstown-Lidcombe Hospital MRI Unit	2.40	Mar 2010
SSWAHS Swine Flu Equipment	1.55	Mar 2010
Liverpool Hospital Cancer Therapy Centre Replacement Linac	3.95	Jun 2010
SSWAHS Medical Imaging Implementation	8.35	Jun 2010
RPAH Cell and Molecular Therapy Unit	2.0	Jun 2010
Sydney West Area Health Service		
Sydney West Area Health Service Energy Performance Contract	3.86	Sep 2009
Westmead Hospital New Equipment	4.30	Oct 2009
Westmead Hospital Replacement CT Scanner	0.92	Oct 2009
Nepean Hospital PET-CT Scanner	3.28	May 2010
Rouse Hill HealthOne	0.53	May 2010
SWAHS Area Wide Equipment Program	0.50	Jun 2010
SWAHS Infrastructure Strategy Stage 1	2.95	Jun 2010
SWAHS PACS/RIS 4 of 5 sites complete at June 2010)	5.27	Jun 2010
SWAHS ITD Infrastructure	2.0	Jun 2010
SWAHS ITD Equipment	0.95	Jun 2010
SWAHS EMR/PAS Rollout	2.5	Jun 2010
SWAHS Millenium Pathnet	1.94	Jun 2010
Total estimated cost of works completed	**347.09**	

Note: includes projects only with an estimated total cost over $0.25 million

Health Infrastructure

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In 2007, New South Wales Health established a new entity, Health Infrastructure, as a discrete centre of asset management excellence to take over the delivery and management of major capital works projects valued at over $10 million, as well as potentially a range of related infrastructure and facility management services on behalf of the NSW public health system.

Project Value

Health Infrastructure's approved capital program at 30 June 2010 was $2.576 billion.

PROJECT	($M)
Planning Projects	19
Work in progress projects	1,435
Public private partnership projects	1,122

Capital Spend in 2009–10

Health Infrastructure capital project spend in 2009–10 was $594 million.

PROJECT	($M)
Planning projects	7
Work in progress projects	315
Private public partnerships	272

New Planning Projects in 2009–10

The following projects were included in the HI Planning Capital Program in 2009–10:

- Central Coast Radiotherapy
- Sydney Infrastructure Reform Strategy
- Tamworth Health Services Redevelopment
- Ryde Rehabilitation Centre
- Sydney Children's Hospital Child and Adolescent Inpatient Unit
- Nepean Hospital Stage 3A – Mental and Oral Health Planning
- Prince of Wales Mental Health ICU

New Works in Progress in 2009–10

The following projects commenced as new construction works in 2009–10:

FORECAST	($M)
Bathurst Hospital Ambulatory Care	8.5
Coonamble MPS	14.5
Manilla MPS	19.3
Narrabri Hospital Redevelopment	41.7
Nepean Hospital Stage 3	83.5

Projects Completed in 2009–10

PROJECT	($M)
Auburn Health Redevelopment	129
Gosford Hospital Car Park and Main Access	12
Manning Base Hospital ED	13
Lismore Integrated Cancer Care Centre	26

Other Project Delivery Achievements in 2009–10

- The on-time delivery of the Auburn Hospital
- The on-time delivery of the Lismore Integrated Cancer Care Centre in May 2010
- The on-time delivery of Gosford Mental Health in May 2010.
- The opening of Ward 19 (Orange Hospital) in February 2010.

Major Project Delivery Priorities for 2010–11

Delivery of the 2010–11 capital project program with a current forecast total value of $520 million.

PROJECT	($M)
Planning	3
Work in Progress	294
PPPs	223

New Planning Projects in 2010–11

Health Infrastructure will take on a greater number of planning projects in 2010–11, including:

- Northern Beaches Redevelopment Stage 1
- St George Hospital Emergency Department
- Royal North Shore Clinical Services Building
- Lockhart MPS
- Wagga Wagga Base Hospital Redevelopment Stage 1
- Tamworth Hospital Stage 2 – Maternity Reconfiguration
- Illawarra Regional Hospitals Elective Surgery
- Dubbo Health Service Stage 1
- Hornsby Hospital Stage 1.

New Works in Progress in 2010–11 (per BP4)

The following projects have been announced as new works as part of the increased NSW Health capital expenditure program in 2010–11.

- Hornsby Hospital Mental Health Unit
- Nepean Hospital Stage 3A
- Werris Creek MPS
- Gundagai MPS
- Prince of Wales Mental Health ICU

Federal Government Funding

The Federal Government has announced funding for Regional Cancer Centres as part of the Health and Hospital Fund over the next four years. In addition, COAG announced funding for the Sub-Acute bed program.

PROJECT	($M)
Central Coast Regional Cancer Service.	28.5
New England and North West Regional Cancer Centre	31.7
South Coast Cancer Network Stage 1	
– Shoalhaven Regional Cancer Centre	23.8
South Coast Cancer Network Stage 2	
– Illawarra Regional Cancer Centre	12
North Coast Cancer Institute	
– Port Macquarie Regional Cancer Centre	4.75
– Coffs Harbour Regional Cancer Centre	5.8
– Lismore Regional Cancer Centre	6.5
Sub-Acute Program	187.15

Related Activities

- Transfer of state nursing home to the non-government sector
- Structuring arrangements to fund and operate hospital car parks
- Land Sales
- Accommodation Models
- Systematised Design of Hospitals
- Medihotel Model

Credit Card Certifications

It is affirmed that for the 2009–10 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:

- official travel and subsistence expense
- 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 periodically lodged for management consideration
- Six-monthly reports are submitted to Treasury, certifying that the Department's credit card use is within the guidelines issued.

Procurement Cards

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

Use of the cards benefits all health services through the reduction in the number 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 applied to the use of procurement cards.

Non-Government Organisations Funded

ABORIGINAL HEALTH	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$1,535,075	Peak body advising State and Federal Governments on Aboriginal health matters and provides advocacy and support for Aboriginal community controlled health services
Aboriginal Medical Service Co-op Ltd	$221,000	Preventive health care, drug and alcohol and maternal health services for the Aboriginal community in the Sydney inner city area
Aboriginal Medical Service Western Sydney Co-op Ltd	$315,400	Preventive health care and drug and alcohol services for Aboriginal community in the Sydney Western Metropolitan area and a deceased person van service for NSW
Albury Wodonga Aboriginal Health Service Inc	$70,000	Upgrade dental software, health promotion projects and staff training
Awabakal Newcastle Aboriginal Co-op Ltd	$290,000	Preventive health care, drug and alcohol, otitis media program and family health services for the Aboriginal community in the Newcastle area
Biripi Aboriginal Corporation Medical Centre	$221,000	Preventive drug and alcohol and family health services for the Aboriginal community in the Taree area
Bourke Aboriginal Health Service Ltd	$167,971	Public health programs and drug and alcohol services for the Aboriginal community in Bourke and surrounding areas
Centacare Wilcannia-Forbes	$140,200	Family health services for the prevention of violence and supporting positive family relationships in Narromine and Bourke
Condoblin Aboriginal Health Service Ltd	$6,490	Support for hearing related services
Coomealla Health Aboriginal Corporation	$30,000	Drug and alcohol services for the Aboriginal community in the Dareton area
Coonamble Aboriginal Health Corporation	$42,000	Upgrade of essential IT equipment
Cummeragunja Housing and Development Aboriginal Corporation	$203,300	Preventive health services for Aboriginal community in the Cummeragunja, Moama and surrounding areas, including computer upgrades and minor infrastructure
Durri Aboriginal Corporation Medical Service	$142,600	Preventive drug and alcohol services for the Aboriginal communities in the area
Forster Local Aboriginal Lands Council	$79,100	Family health services for the prevention and management of violence within Aboriginal families
Goorie Galbans Aboriginal Corporation	$118,400	Family health services to reduce family violence, sexual assault and child abuse
Grace Cottage Inc	$99,600	Family Health Services involving individual and group support, educational workshops and training to reduce family violence, sexual assault and child abuse in Dubbo
Griffith Aboriginal Medical Service	$93,000	Computer and equipment upgrades
Illaroo Cooperative Aboriginal Corporation	$50,800	Personal Care Worker for the Rose Mumbler Retirement Village
Illawarra Aboriginal Medical Service	$234,900	Preventive health care, drug and alcohol services, youth health and welfare services and a childhood nurse for the Aboriginal community in the Illawarra area
Intereach NSW Inc	$206,800	A family health best practice model to increase access by the Aboriginal community to services specifically dealing with family violence, child protection and sexual assault services in the Deniliquin area
Katungul Aboriginal Corporation Community and Medical Services	$176,316	Otitis media co-ordinator for Aboriginal communities of the Far South Coast region, and equipment upgrades
Maari Ma Health Aboriginal Corporation	$45,000	Develop plan for infrastructure
MDEA and Nureen Aboriginal Women's Cooperative	$49,900	Counselling and support service for Koori women and children in stress from domestic violence
Ngaimpe Aboriginal Corporation	$224,900	Residential drug and alcohol treatment centre for men in the Central Coast area and NSW, including literacy and numeracy program
The Oolong Aboriginal Corporation	$170,200	A residential drug and alcohol treatment and referral service for Aboriginal people in Nowra
Orana Haven Aboriginal Corporation (Drug and Alcohol Rehabilitation Centre)	$128,600	Residential drug and alcohol rehabilitation service for Aboriginal and non Aboriginal people
Orange Aboriginal Health Service	$43,110	Fit out of GP consultation rooms
Riverina Medical and Dental Aboriginal Corporation	$593,300	Preventive health care, drug and alcohol, otitis media program and co-ordinator and family health services to develop and implement family health education programs for the Aboriginal community in the Riverina region plus IT and equipment upgrades
South Coast Medical Service Aboriginal Corporation	$143,800	Preventive health care and drug and alcohol services for the Aboriginal community in the Nowra area
Tharawal Aboriginal Corporation	$142,600	Preventive health care and drug and alcohol services for the Aboriginal community in the Campbelltown area
Thubbo Aboriginal Medical Cooperative	$20,000	Assist with fitout of consultation room
Walgett Aboriginal Medical Service Co-op Ltd	$375,229	Preventive health care and drug and alcohol services and family health services for the Aboriginal community in Walgett and surrounding areas plus support for IT equipment, dental chairs and security

ABORIGINAL HEALTH	AMOUNT	DESCRIPTION
WAMINDA (South Coast Women's Health and Welfare Aboriginal Corp)	$79,100	Family health services grant to develop an education and training program for Aboriginal Community Workers covering family violence, sexual assault and child abuse issues
Weigelli Centre Aboriginal Corporation	$80,200	Residential drug and alcohol counselling, retraining and education programs for Aboriginal people in the Cowra area and upgrading of facilities
Wellington Aboriginal Corporation Health Service	$226,089	Drug and alcohol services, youth and family health services for the Aboriginal community in Wellington
Yerin Aboriginal Health Services Inc	$466,200	Health and medical services both at the Centre and on an outreach basis, administration support, preventive health, otitis media program and family health services for Aboriginal people in the Wyong area
Yoorana Gunya Aboriginal Family Violence Healing Centre Aboriginal Corporation	$153,200	Family health services for the Aboriginal community in Forbes and surrounding areas
TOTAL	**$7,385,380**	

AIDS	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$842,500	Implementation of state wide 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	$178,200	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	$65,625	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 Council of NSW Inc	$9,375,075	The peak state wide 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; treatment information, health promotion and support programs for people with HIV/AIDS; education and outreach programs for commercial sex workers through the Sex Workers Outreach Project (SWOP); individual and group counselling; enhanced primary care and GP liaison and HIV/AIDS information provision
Australasian Society for HIV Medicine Inc	$1,773,524	Provision of training for accreditation of general practitioners prescribing HIV or hepatitis C treatments under Section 100 of the National Health Act ; 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	$44,625	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Biripi Aboriginal Corporation Medical Centre	$80,500	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
Bulgarr Ngaru Medical Aboriginal Corporation	$80,500	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
Coomealla Health Aboriginal Corporation	$80,500	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	$21,000	Provision of sexual and reproductive health programs for local Aboriginal communities
Diabetes Australia – NSW	$1,793,700	Provision of free needles and syringes to registrants of the National Diabetic Services Scheme resident in NSW
Durri Aboriginal Corporation Medical Service	$29,750	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities

AIDS	AMOUNT	DESCRIPTION
Family Planning NSW	$21,000	Provision of sexual and reproductive health evaluation framework for Aboriginal communties in NSW
Griffith Aboriginal Medical Service	$71,000	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
Hepatitis NSW	$1,331,000	State wide 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, information, support and treatment for the affected communities and to prevent hepatitis C transmission
Illawarra Aboriginal Medical Service	$44,625	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Katungul Aboriginal Corporation Community and Medical Services	$60,000	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
National Centre in HIV Epidemiology and Clinical Research	$508,878	Analysis and reporting of HIV, sexually transmissible infections and viral hepatitis surveillance data. Monitoring of prevalence, incidence and risk factors among populations at risk of HIV, sexually transmissible infections and viral hepatitis
National Centre in HIV Social Research	$299,132	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	$1,313,200	State wide 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)	$1,244,230	Coordination of needle and syringe exchange scheme in retail pharmacies throughout NSW
Pius X Aboriginal Corporation	$59,500	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Positive Life NSW	$735,000	Statewide community based education, information and referral support services for people living with HIV/AIDS
South Coast Medical Service Aboriginal Corporation	$60,000	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Walgett Aboriginal Medical Service Co-op Ltd	$75,000	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	$59,500	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
TOTAL	**$20,247,564**	

ALTERNATIVE BIRTHING	AMOUNT	DESCRIPTION
Durri Aboriginal Corporation Medical Service	$174,900	Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area
Walgett Aboriginal Medical Service Co-op Ltd	$174,900	Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area
TOTAL	**$349,800**	

CARERS	AMOUNT	DESCRIPTION
Association of Genetic Support of Australasia (AGSA)	$108,400	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	$59,191	Program supporting family and carers of people with Huntington's disease
Autism Spectrum Australia	$216,900	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
Can Revive Inc	$62,030	Grant program supporting Aboriginal and Culturally and Linguistically Diverse (CALD) carers

CARERS	AMOUNT	DESCRIPTION
Carers NSW Inc	$613,000	Grant for peak body role including health professional training, biennial conference, information and advice and E-bulletin
DAMEC	$84,000	Grant program supporting Aboriginal and Culturally and Linguistically Diverse (CALD) carers
Disability and Aged Information Service Inc	$109,300	'Working Carers Support Gateway' – providing internet based information and support service for low income employed carers
Down Syndrome Association of NSW Inc	$105,800	'All the Wa' – program supporting carers of people with Down Syndrome via information and peer support
Link Up Aboriginal Corporation	$91,000	Grant program supporting Aboriginal and Culturally and Linguistically Diverse (CALD) carers
Macedonian Australian Welfare Association	$114,333	Grant program supporting Aboriginal and Culturally and Linguistically Diverse (CALD) carers
Multiple Sclerosis Society Ltd	$32,600	'Family Matter' 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)	$84,400	Care for carers program – providing information and support to carers of people with muscular dystrophy and other neuromuscular disorders
The Cancer Council NSW	$54,900	Cancer Carers Support Online – providing a statewide education program using facilitator-led online delivery and telegroup support
The Spastic Centre	$108,400	Carers Link program – supporting parents and carers of people with cerebral palsy and other significant physical disability via mutual support and education initiatives
Yarkuwa Indigenous Knowledge Centre	$90,000	Grant program supporting Aboriginal and Culturally and Linguistically Diverse (CALD) carers
TOTAL	**$1,934,254**	

ARTIFICIAL LIMBS	AMOUNT	DESCRIPTION
Amputee Association of NSW Inc	$18,600	Support of amputees in NSW
TOTAL	**$18,600**	

COMMUNITY SERVICES	AMOUNT	DESCRIPTION
Association for the Wellbeing of Children in Healthcare Ltd	$152,000	Information and advice on the non-medical needs of children and adolescents in the health care system for families, parents and health professionals
Council of Social Service NSW	$202,400	Grant to support the development of the 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
Kids of Macarthur Health Foundation	$50,000	Matching grant for fundraising effort for children's health services
NSW Association for Youth Health Inc	$108,200	Peak body committed to 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	$309,000	Co-ordination and implementation of NGO Quality Improvement Program for health NGOs funded under the NGO Grant Program
United Hospital Auxiliaries of NSW Inc	$167,000	Co-ordination and central administration of the United Hospital Auxiliaries located in NSW Department of Health
Women's Health NSW	$170,100	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 of Health and other government and non government services
TOTAL	**$1,158,700**	

DRUGS 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	$247,100	Multi-purpose Drug and Alcohol Centre
Australian Drug Foundation	$10,000	Grant towards the development and delivery of a Drug Information Prevention Suite and Seminar for the NSW alcohol and other drug (AOD) workforce
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
DAMEC (Drug and Alcohol Multicultural Education Centre)	$561,400	State wide program targeting health and related professionals to assist them to appropriately service CALD customers
Family Drug Support	$310,750	Grant to support services for families of drug and alcohol affected people
Life Education NSW Ltd	$1,715,100	A registered training organisation providing health oriented educational program for primary school children
Macquarie University Department of Psychology	$59,100	Project funding for a drug and alcohol education curriculum content in the Master of Social Health course
Metro Screen	$140,000	One off grant for the Play Now Act Now project
Network of Alcohol and Other Drugs Agencies Inc	$2,253,690	Peak body for NGOs providing alcohol and other drug services
NSW College of Nursing	$35,000	Grant for the development of two post graduate drug and alcohol nursing subjects
Pharmacy Guild of Australia (NSW Branch)	$1,380,000	NSW Pharmacy Incentive Scheme that involves the payment of incentives to pharmacists to encourage them to participate in the State's methadone/buprenorphine program
Ted Noffs Foundation	$10,000	Grant towards the sponsorship of the 2010 National Drug and Alcohol awards
The Construction Industry Drug and Alcohol Foundation – Foundation House	$200,000	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	$264,755	A residential drug and alcohol treatment and referral service for Aboriginal people
Uniting Care NSW / ACT	$3,194,849	Medically Supervised Injecting Centre trial
University of Sydney – Brain and Mind Research Institute	$125,000	Research into Alcohol Related Brain Injury (ARBI)
TOTAL	**$10,906,744**	

HEALTH PROMOTION	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$335,730	Prevention partnerships for Aboriginal people in Closing the Gap in indigenous health outcomes
KIDSAFE NSW Inc	$133,700	Prevention of deaths and injuries to children under the age of fifteen
National Heart Foundation of Australia (NSW Division)	$392,000	Prevention in Practice program aims to increase awareness of the benefits of addressing lifestyle risk factors and support effective intervention within general practice
TOTAL	**$861,430**	

MENTAL HEALTH	AMOUNT	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	$155,596	Peak body advising State and Federal Governments on Aboriginal health matters and providing advocacy and support for Aboriginal community controlled health services
Aboriginal Medical Service Co-op Ltd	$252,000	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	$76,800	Mental health worker project for Aboriginal community
Albury Wodonga Aboriginal Health Service Inc	$76,800	Mental Health worker project for Aboriginal community
Awabakal Newcastle Aboriginal Co-op Ltd	$86,300	Mental Health worker project for Aboriginal community in the Newcastle area
Black Dog Institute	$1,394,700	Programs to advance the understanding, diagnosis and management of mood disorders through research, education, training and population health approaches

MENTAL HEALTH	AMOUNT	DESCRIPTION
Bulgarr Ngaru Medical Aboriginal Corporation	$88,100	Mental health worker project for Aboriginal community
Carers NSW Inc	$1,862,300	Three five-year 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	$86,300	Mental health worker project for Aboriginal community
Cummeragunja Housing and Development Aboriginal Corporation	$86,300	Mental health worker project for Aboriginal community
Frederic House	$172,600	Project grant for mental health services at aged care facility
Galambila Aboriginal Health Service Inc.	$76,800	Mental health worker project for Aboriginal community
General Practice NSW	$1,664,294	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	$81,400	Mental health worker project for Aboriginal community
Lifeline Australia	$75,000	Project grant to Lifeline Australia to scope an interface between their crisis telephone service and NSW Mental Health Line
Mental Health Carers ARAFMI NSW Inc	$934,200	Five-year family and carer mental health projects
Mental Health Coordinating Council NSW	$1,550,200	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	$380,000	Specialist outreach support program for people with mental health issues
Neami Ltd	$450,000	Community based outreach service offering a structured, strength-based assessment and support process whereby consumer aspirations and goals shape the context for the interventions offered
Network of Alcohol and Other Drugs Agencies Inc	$276,136	Peak body for NGOs providing alcohol and other drug services
New Horizons Enterprises Ltd	$405,000	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)	$489,100	Contribution to consumer and carer input into mental health policy making process and one off for Mental Health Copes project
Parramatta Mission	$620,800	Five-year family and carer mental health projects
Peer Support Foundation Ltd	$224,800	Social skills development program, providing education and training for youth, parents and teachers undertaken in schools across NSW
PRA	$545,000	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	$76,800	Mental health worker project for Aboriginal community
Schizophrenia Fellowship of NSW Inc	$2,042,300	Three five-year family and carer mental health projects
Schizophrenia Research Institute	$490,000	Provide support for the prevention and cure of schizophrenia by establishing a Chair of Schizophrenia Epidemiology and Population Health and a schizophrenia evidence library
South Coast Medical Service Aboriginal Corporation	$165,600	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	$76,800	Mental health worker project for Aboriginal community
The Butterfly Foundation	$160,000	Project grant to deliver support for families of people with eating disorders
University of Wollongong – IHMRI	$85,000	Grant to support the treatment of personality disorder project
Walgett Aboriginal Medical Service Co-op Ltd	$153,600	Mental health worker project for Aboriginal community
WAMINDA (South Coast Women's Health and Welfare Aboriginal Corp)	$76,800	Mental health worker project for Aboriginal community
Weigelli Centre Aboriginal Corporation	$76,800	Mental health worker project for Aboriginal community
Wellington Aboriginal Corporation Health Service	$84,100	Project grant for the employment of a clinical team leader (psychologist) with Aboriginal mental health focus
Yerin Aboriginal Health Services Inc	$76,800	Mental health worker project for Aboriginal community
TOTAL	**$16,055,126**	

ORAL HEALTH	AMOUNT	DESCRIPTION
Aboriginal Medical Service Co-op Ltd	$137,290	Aboriginal oral health services
Aboriginal Medical Service Western Sydney Co-op Ltd	$416,790	Aboriginal oral health services
Albury Wodonga Aboriginal Health Service Inc	$32,290	Aboriginal oral health services
Awabakal Newcastle Aboriginal Co-op Ltd	$185,290	Aboriginal oral health services
Biripi Aboriginal Corporation Medical Centre	$185,290	Aboriginal oral health services
Bulgarr Ngaru Medical Aboriginal Corporation	$402,490	Aboriginal oral health services
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	$213,000	Aboriginal oral health services
Durri Aboriginal Corporation Medical Service	$402,490	Aboriginal oral health services
Hunter and New England Area Health Service	$407,900	Dental services and education for Aboriginal communities in the New England and North West NSW areas
Illawarra Aboriginal Medical Service	$299,490	Dental services for the Aboriginal community in the Illawarra area
Katungul Aboriginal Corporation Community and Medical Services	$310,590	Aboriginal oral health services
Maari Ma Aboriginal Corporation	$200,190	Aboriginal oral health services
Orange Aboriginal Health Service	$200,000	Aboriginal oral health services
Pius X Aboriginal Corporation	$184,790	Aboriginal oral health services
Riverina Medical and Dental Aboriginal Corporation	$435,390	Aboriginal oral health services
South Coast Medical Service Aboriginal Corporation	$263,990	Aboriginal oral health services
Tharawal Aboriginal Corporation	$367,200	Aboriginal oral health services
University of Sydney	$168,219	Aboriginal oral health services
Walgett Aboriginal Medical Service Co-op Ltd	$105,000	Aboriginal oral health services
TOTAL	**$4,917,689**	

RURAL DOCTORS SERVICES	AMOUNT	DESCRIPTION
NSW Rural Doctors Network Ltd	$1,298,900	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; and the rural resident medical officer cadetship program supporting selected medical students in their final two years of study who commit to completing two of their first three postgraduate years in a NSW rural allocation centre
TOTAL	**$1,298,900**	

CHRONIC CARE FOR ABORIGINAL PEOPLE	AMOUNT	DESCRIPTION
Aboriginal Medical Service Co-op Ltd	$74,900	Preventive vascular health program for the Aboriginal community in the Sydney inner city area
Biripi Aboriginal Corporation Medical Centre	$69,000	Preventive vascular health program for the Aboriginal community in the Taree area
Durri Aboriginal Corporation Medical Service	$69,100	Preventive vascular health program for the Aboriginal community in the Kempsey area
Galambila Aboriginal Health Service Inc.	$69,100	Preventive vascular health program for the Aboriginal community in the Coffs Harbour area
TOTAL	**$282,100**	

Operating Consultants

Table 1: Consultancies equal to or more than $50,000

CONSULTANT	COST $	TITLE / DESCRIPTION
Management Services		
Ernst & Young	140,651	Review of Greater Western Area Health Serives Payroll and Leave Liability Project
Independent Pricing and Regulatory Tribunal	518,620	NSW Health Costs and Outcomes Study
Nous Group P/L	79,749	Review and Implementation Plan for the Office of the Chief Health Officer
Consultancies equal to or more than $50,000	739,019	

Table 2: Consultancies less than $50,000

DURING THE YEAR 33 OTHER CONSULTANCIES WERE ENGAGED IN THE FOLLOWING AREAS:	
IT Services	3,420
Management Services	117,945
Operating Environment	326
Organisational Review	173,166
Training	43,117
Consultancies less than $50,000	337,975
Total Consultancies used during 2009/10	**1,076,995**

Other Funding Grants

ORGANISATION NAME	AMOUNT	DESCRIPTION
Adelaide Research and Innovation	15,000	Public Health Classifications Project
Aftercare	259,010	Set up and Support for the Housing and Accommodation Support Initiative
Aged and Community Services	103,000	Mental Health Promotion Project in Residential Aged Care Facilities
AIDS Council of NSW	50,000	Funding for Implementation Plan
AIDS Council of NSW	50,000	Funding to increase mental health literacy of the Gay, Lesbian, Bisexual and Transgender community
Albury Wodonga Health	83,162	General Practice Procedural Training Program
Arinex Pty Ltd	4,545	Sponsorship of speaker at Advance Care Planning Conference
ARTD P/L	21,409	Family Referral Service Support – Keep Them Safe
ASN Conferences Pty Ltd	10,000	Principal Sponsorship of Australasian Epidemiological Association Annual Conference 2010
Attorney General's Department	284,526	Implementation the Magistrates Early Referal into Treatment Program
Austral Economics P/L	13,000	Social Costs of Tobacco within NSW
Australasian Men's Health Forum	15,000	National Men's Health Conference 2009
Australian and New Zealand Intensive Care Society	243,479	Australian and New Zealand Intensive Care Society Centre for Outcomes and Resource Evaluation
Australian College of Health Service Executives	29,425	ACHSE Health Funding – Plannning and Management Library
Australian College of Health Service Executives	143,245	Management Development Program
Australian College of Midwives	4,545	Sponsorship for Seminars
Australian Hearing	60,684	Funding of Longitudinal Study of Outcomes for Children Diagnosed with Hearing Impairment
Australian Rotary Health	11,364	Indigenous Health Scholarship
Australian Society for HIV Medicine	55,000	Workforce Development Support
Australian Women's Health Network	9,086	Funding for the Aust Womens Health Conference
Cancer Council NSW	31,364	Support for Measure Up campaign
Catholic Healthcare Ltd	37,474	Funding for Lymphoedema Diagnosis Funding
Centre for Education and Research on Ageing (CERA)	20,000	Development of 'Being a Healthy Woman' a resource for women with intellectual disability
Charles Sturt University	4,000,000	Grant payment to Joint Charles Sturt University Dubbo Dental Clinic
Clinical Excellence Commission	27,600	Evaluation of the implementation of Child Personal Health Record
Community Health Education Groups (CHEGS)	26,844	Tooty Fruity Vegie Physical Activity Follow-up Study
CRC For Asthma	74,000	Grant payment for Lane Cove Tunnel Study
Department of Community Services	181,900	Implementation of the Magistrates Early Referral into Treatment Program
Department of Education and Trainning	45,455	Teaching Sexual Health Schools Program
Department of Education and Trainning	39,189	School and Aboriginal Community Alcohol Project
Department of Health and Ageing	1,090,000	Marketing campaign – Measure Up
Department of Health and Ageing	896,366	Australian Bone Marrow Donor registry for the National Cord Blood Collection network
Department of Health and Ageing	1,650,129	Funding for Australian Childhood Immunisation Register
Department of Health and Ageing	1,793,000	NSW contribution to the Australian Commission and Quality in Health Care (ACSQHC)
Department of Health, South Australia	625,133	Contribution to Council of Australia Governments Initiative – Health Workforce Taskforce
Department of Health, South Australia	1,148,896	Contribution to Australian Health Minister's Advisory Committee (AHMAC) 2009–10
Department of Health, South Australia	26,667	Contribution to Council of Australia Governments (COAG)
Department of Health, South Australia	250,000	COAG shared contribution – National Registration and Accreditation
Department of Human Services	60,873	Contribution to Web Based Professional Education Project for Mental Health Workforce
Department of Human Services	26,866	Contribution towards Mental Health Workforce Advisory Committee
Department of Human Services	11,088	Funding for Mental Health Professional Online Development hosting enhancements
Department of Human Services	35,860	Contribution to the Mental Health Nurse Education Taskforce clearing house

ORGANISATION NAME	AMOUNT	DESCRIPTION
Department of Juvenile Justice	478,004	National Illicit Drug Strategy (NIDS) Funding
Department of Juvenile Justice	2,328,390	Implementation of Magistrates Early Referal into Treatment Program
Department of Juvenile Justice	119,491	Young People in Custody Health Survey
Department of Juvenile Justice	23,636	Domestic Violence and Sexual Assault Prevention
Department of Premier and Cabinet	36,000	Tackling Violence Program
Diabetes Australia (NSW)	27,273	Support for Measure Up campaign
GFK Bluemoon	104,220	Mental Health communication market research
Healthy Kids School Canteen Association	26,963	Support for Crunch and Sip, a program designed to promote healthy lifestyles amongst children.
Housing NSW	85,073	NSW Health share of funding for the Justice and Human Services CEOs Secretariat
Hunter and New England Area Health Service	9,986	Funding for the Nooka Murrock Project
Hunter and New England Area Health Service	59,871	Funding for 'The actual and the potential of inter professional teamwork in rural health care' project
Hunter and New England Area Health Service	16,307	Rural Outreach Genetic Council Network
Hunter Councils Inc	106,513	Creating livable communities in the Lower Hunter Project
Kids of Macarthur Health Foundation	40,000	Grant – Annual Ball Donation
Kidsafe NSW	63,650	Support to Child Injury Prevention Activities
KPMG Consulting	41,066	Evaluation of the involuntary treatment trial
Lachlan Shire Council	40,000	Grant Tottenham Ambulance
Local Government and Shires Association	104,500	Healthy Local Government Grant Scheme
Macquarie University	3,900	Grant for technical evaluation of equipment for tender
Medically Supervised Injecting Centre	19,000	Research Grant for 'Randomised double blinded trial comparing the effectiveness of intranasal and intramuscular Naloxone for the treatment of acute opioid overdose at the Sydney Medically Supervised Injecting Centre'
Mental Health Association of NSW	80,000	Contribution towards Coordination of Mental Health Week 2008
Mental Health Coordinating Council	1,000,000	Funding of Infrastructure Grant Program
Mildura Aboriginal Corporation	677,560	Capital Grant Funding
Miracle Babies Foundation	60,000	Donation for Website Development
Mission Australia	240,000	Set up and Support for the Housing and Accommodation Support Initiative
Monash University	45,455	Assessment of the longitudinal benefits of a specialised attachment-based group parenting program focused on improving parenting outcomes and health outcomes for substance using mothers and their infants
Multiple Birth Association	2,530	Donation for Monthly Newsletter
National Association of Loss and Grief (NALAG)	100,000	Funding Young Refugees
National Call Centre Network Ltd	368,188	National Call Network. Nurse-based telephone triage and provision of health advice.
National Call Centre Network Ltd	11,753,473	Governance and Operational Costs
National Heart Foundation (NSW)	45,550	Support for Measure Up campaign
National Heart Foundation (WA Division)	20,350	Australian Physical Activity Network
National Stroke Foundation	107,132	Australian Better Health initiative (ABHI) Measure Up Campaign
Neami Limited	554,000	Set up and Support for the Housing and Accommodation Support Initiative
New Horizons Enterprises Limited	302,000	Set up and Support for the Housing and Accommodation Support Initiative
Newspoll Market and Social Research	29,880	Smoking Bans Study
Nikable Events Pty Ltd	2,045	Sponsorship for Children's Big Day Out 2009
NSW Cancer Council	12,273	Food Marketing to Children – complaints co-ordination function
NSW Cancer Council	50,000	Food Marketing and Policy Research
NSW Cancer Council	120,000	Grant to deliver services training to Mental Health professionals
NSW Children's Guardian	27,692	Funding for Out Of Home Care (OOHC) Group
NSW Department of Aboriginal Affairs	10,000	Cultural Events Funding Contribution

ORGANISATION NAME	AMOUNT	DESCRIPTION
NSW Department of Education and Training	60,570	Development of an anti smoking in schools project
NSW Department of Education and Training	150,000	Support for Live Life Well program – Health Lifestyles in Children
NSW Police	60,000	National Call Network. Nurse-based telephone triage and provision of health advice.
NSW Police	74,061	Building Community Partnership in NSW
NSW Police	54,119	Funding for Mental Health intervention team
NSW Police	239,677	Implementation of the Magistrates Early Referral into Treatment Program
NSW School Canteen Association	458,000	Funding for Fresh Tastes @ School Booster Program
NSW Therapeutic Advisory Group	260,864	NSW Therapeutic Advisory Group 2009–10 Funding Agreement
On Track Community	283,920	Funding for Housing and Accommodation Support Initiative pilot project
Orange Aboriginal Medical Service	1,146,000	Aboriginal Minor Capital Works Asset Acquisition Program
Parkinson's NSW Inc	13,636	Fund Parkinson's Awareness Campaign
Parkinson's NSW Inc	11,746	Parkinson's NSW Statewide Support Group Leaders Meeting – July 2009.
Parramatta Mission	232,000	Set up and Support for the Housing and Accommodation Support Initiative
Picture This Theatre Reproduction	5,000	Sponsorship of the Picture This Production – Bug at the Nimrod Theatre, promoting the 2010 Club Drugs Campaign – Don't let drugs use you.
Psychiatric Rehabilitation Australia	318,000	Set up and Support for the Housing and Accommodation Support Initiative
Reed Exhibitions	5,000	Sponsorship of workshops at the GP Conference and Exhibition at Homebush in May 2010
Relationships Australia NSW	986,874	Pilot a Family Referral Service in Mt Druitt and surrounding areas
Richmond Fellowships of NSW	549,920	Housing and Accommodation Support Initiative pilot projects
Richmond Fellowships of NSW	230,000	Young People's Outreach Program
Royal Australian and New Zealand College of Psychiatrists	109,091	Training and accredited training sites in Addiction Medicine NSW
Royal Australian and New Zealand College of Psychiatrists	700,000	Funding for Rural Psychiatry Training Projects
Schizophrenia Research Institute	500,000	Schizophrenia Research chair
Schizophrenia Research Institute	235,000	Funding for SRI/NSW Health Partnership Project
Schizophrenia Research Institute	1,238,073	Core Grant
Sids and Kids NSW	25,673	Funding for Early Pregnancy Loss Workshop
Social Research Centre	67,319	Telephone Survey into perspective of Nutrition and Physical Activity in the Workforce
South Eastern Sydney and Illawarra Area Health Service	1,000	Annual Public Forum on 'Brain Plasticity – It's Never Too Late To Change Your Mind'
South Eastern Sydney and Illawarra Area Health Service	20,364	Shoalhaven District Memorial Hospital OHS Therapy Project
Southern Cross University	18,182	Funding for 'A Sustainable Role for Smaller Rural Hospitals'
Southern Cross University	88,182	Funding for Severe Chronic Disease Project
St Luke's Anglicare	38,000	Set up and Support for the Housing and Accommodation Support Initiative
State Library NSW	150,000	Drug Information in Libraries
Surry Hills Neighbourhood Centre	5,000	Sponsorship of the 2010 Surry Hills Festival.
Sydney South West Area Health Service	98,784	2009–10 National Poisons Register
Sydney South West Area Health Service	7,273	Develop Education Kit
TAFE NSW – Northern Sydney	25,500	Alcohol and other drugs and mental (non-clinical) training for existing workers and new recruits
Taylor Nelson Sofres Australia	59,984	Research in falls prevention social marketing activity among older people
The Benevolent Society	612,898	Keep Them Safe – National Family Referral Service
The Benevolent Society	732,497	To pilot a Family Referral Service in Newcastle and surrounding areas
The George Institute	75,000	Partnership Grant to 'Reduce Salt in the Australian Diet'
The Hammond Care Group	10,000	Sponsor Biennial Conference
The Sax Institute	11,098	Organise Mini Exchange focused on Health Economics
The Sax Institute	150,000	Study of Environment on Aboriginal Resilience and Child Health
The Sax Institute	250,000	National Collaborative Research Infrastructure Strategy

ORGANISATION NAME	AMOUNT	DESCRIPTION
The Sax Institute	1,841,400	Capacity Building Infrastructure Grant
The Sax Institute	174,621	Aboriginal Injury Prevention Program
The Sax Institute	100,000	Children and Young People Physical Activity Measures
The Wayside Chapel	500,000	Capital Grant Funding
Uniting Care NSW.ACT	20,000	Brokerage funding to facilitate access to treatment services for clients of the Medically Supervised Injecting Centre.
UnitingCare Children Young People and Families	477,876	Operating funding Keep Them Safe Family Service
UnitingCare Children Young People and Families	697,876	To pilot a Family Referral Service in Dubbo and surrounding areas
University of New South Wales	140,000	Commonwealth Health Risk Factory Management Efficiency Trial
University of New South Wales	25,000	Australian Research Council Linkage Project
University of New South Wales	19,091	Australian Research Council Research Partner in Young Carers
University of New South Wales	19,000	Research Grant for Development of a sexual health and contraception intervention for pregnant women who are drug dependent
University of New South Wales	42,727	Mental health frequent presenters project
University of New South Wales	205,000	Injury Risk Management Research Centre
University of New South Wales	27,273	Revision of the Policy Directive: Neonatal Abstinence Guidelines and the Clinical Guidelines for the Management of Drug Use in Pregnancy, Birth and the Early Development Years of the Newborn
University of New South Wales	50,000	Grants for the Smoking Cessation Project
University of New South Wales	40,000	Support for research aimed at preventing smoking amongst prisoners
University of New South Wales	20,586	Falls in Older People
University of New South Wales	25,000	Australian Research Council Linkage Project – Human Factors and Patient Safety
University of Newcastle	2,291,355	Funding for Drought and Climate Change Mental Health
University of Newcastle	1,355,000	Base funding for the Centre for Rural and Remote Mental Health
University of Newcastle	46,142	Funding for Insulin Pump therapy for young people in Rural areas
University of Sydney	18,282	Physicial Activity, Nutrition and Obesity Research Group
University of Sydney	150,000	Funding for Addiction Medicine Workforce Development and Training
University of Sydney	199,500	National Health and Medical Research Council Grant
University of Sydney	1,000	Sponsorship of Master of Health Informatics Prize
University of Sydney	45,455	Development of a NSW Standard of Care: Substance use in Pregnancy Services
University of Sydney	9,567	Funding Agreement – Chair of Medical Physicians
University of Sydney	40,324	University based research initiatives 'Community Treatment Orders – Improving Decision Making Processes by Clinicians'
University of Sydney	1,286,563	NSW Schools Physical Activity and Nutrition Survey
University of Sydney	2,946	Grant – Good Nutrition Sydney
University of Sydney	700,000	Smoke Check Project Grant
University of Sydney	25,000	Extension of D&A research project- Comparative proteomics and morphometric analysis between Human alcoholism and rats 'Alcohol Effects Project'
University of Tasmania	20,000	Woodsmoke Australian Research Council Link Project
University of Technology	81,940	Funding of Cognitive Behavioural Therapy and Early Psychosis
Various Councils	4,068,433	Grant for Fluoridation Program
Various NGOs	690,601	Providing residential rehabilitation services for clients from Adult Drug Court
Various NGOs	248,744	To enable Community Drug Action Teams to implement projects within their community that minimise harms associated with drug and alcohol misuse.
Walgett Aboriginal Medical Service	126,000	Capital Grant Funding
Youthsafe	22,200	Safe Alternative Transport Guide Project
Total	**59,128,958**	

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 research in the areas of public health and health services 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.

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 2009–10 are as follows:

GRANT RECIPIENT	AMOUNT $ (ROUND 2)	AMOUNT $ (ROUND 3)	PURPOSE
Hunter Medical Research Institute	249,983	249,590	Public Health Program – Capacity Building Group
Sydney West Area Health Service	250,000	250,000	Centre for Infectious Diseases and Microbiology – Public Health
University of New South Wales	177,895		Consortium for Social and Policy Research on HIV, Hepatitis C and Related Diseases
University of New South Wales	244,919	250,000	Centre for Primary Health Care and Equity
University of New South Wales	221,738		Centre for Health Informatics
University of New South Wales		250,000	Australian Institute of Health Innovation
University of Sydney	250,000	250,000	Australian Rural Health Research Collaboration
University of Sydney		178,073	Prevention Research Centre
University of Wollongong	50,000		Centre for Health Service Development
TOTAL	**1,444,535**	**1,427,663**	

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 2007–08, 2008–09 and 2009–10.

Table 1: Workers Compensation – frequency and total claims cost

OCCUPATION GROUP	2009–10				2008–09				2007–08			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Nurses	2,072	31%	19.3	35%	2,460	37%	17.7	38%	2,426	37%	17.4	41%
Hotel Services	1,170	18%	10.8	20%	1,156	17%	8.0	17%	1,341	20%	8.9	21%
Medical/Medical Support	804	12%	7.8	14%	799	12%	5.2	11%	743	11%	5.1	11%
General Administration	652	10%	6.9	12%	486	7%	3.7	8%	480	7%	3.1	7%
Ambulance	758	11%	5.4	10%	598	9%	6.0	13%	487	7%	3.4	8%
Maintenance	226	3%	2.2	4%	154	2%	1.2	3%	175	3%	1.4	3%
Linen Services	115	2%	0.6	1%	114	2%	1.0	2%	75	1%	0.3	1%
Not Grouped	852	13%	2.3	4%	933	14%	3.7	8%	865	14%	3.3	8%
Total	**6,649**	**100%**	**55.3**	**100%**	**6,700**	**100%**	**46.5**	**100%**	**6,592**	**100%**	**42.9**	**100%**

MECHANISM OF INJURY GROUP	2009–10				2008–09				2007–08			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Body stress	2,739	41%	24.8	45%	2,821	42%	21.8	47%	2,744	42%	18.8	44%
Slips and Falls	1,205	18%	10.4	19%	1,092	16%	7.8	17%	1,094	16%	8.5	20%
Mental Stress	406	6%	8.1	15%	369	6%	5.9	13%	383	6%	5.9	14%
Hit by Objects	1,092	16%	5.8	10%	990	15%	4.6	10%	1,001	15%	4.3	10%
Motor Vehicle	576	9%	3.8	7%	544	8%	3.4	7%	510	8%	2.6	6%
Other causes	631	9%	2.4	4%	884	13%	3.0	6%	860	13%	2.8	6%
Total	**6,649**	**100%**	**55.3**	**100%**	**6,700**	**100%**	**46.5**	**100%**	**6,592**	**100%**	**42.9**	**100%**

Data Source: Data for fund year 2009–10 from SICorp DataWarehouse

Table 2: Analysis

	2009–10	2008–09	2007–08
Number of Employees FTE	103,418	102,867	99,815
Salaries and Wages $M	8,910	8,521	7,912
No. of claims per 100 FTE	6.43	6.51	6.60
Average Claims Cost – $	8,322	6,934	6,508
Cost of Claims per FTE – $	535	452	430
Cost of Claims as % of S&W	0.62	0.55	0.54

2008–09 and 2007–08 actual figures. 2009–10 projected figures

Table 3: Average Cost ($ per claim)

	2009–10	2008–09	2007–08
Nurses	9,327	7,181	7,183
Hotel Services	9,271	6,884	6,607
Medical/Medical Support	9,643	6,517	6,863
Body Stress	9,051	7,734	6,839
Slips and Falls	8,666	7,164	7,758
Mental Stress	19,924	15,951	15,322

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 July 1989 to 30 June 2010 is presented below in two parts – from 1 July 1989 to 31 December 2001 and 1 January 2002 to 30 June 2010.

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

Statistics at 30 June 2010 reveal that legal liability claims are broken up as follows (figures in brackets denote June 2009 figures):

- 1 July 1989 to 31 December 2001 (as at 30 June 2010) Treatment non surgical 39% (40%); Treatment Surgical 29% (31%); Hepatitis C 4% (4%); Slipping and Falling 7% (7%) and Other 21% (18%)
- 1 January 2002 to 30 June 2010 Anaesthetic 2% (2%); Antenatal neonatal 7% (7%); Consent 3% (3%); Diagnosis 16% (17%); Infection Control 1% (1%); Misplaced/Lost 14% (15%); Non-procedural Surgical 13% (12%); Procedural Surgical 11% (11%); Slips and Trips 6% (6%); Treatment Failure 14% (16%) and Other 11% (10%)

Health Liability – Top 10 Practice Areas

Table 4: Claims from 1 January 2002 to 30 June 2010

PRACTICE AREA DESCRIPTION	NO. OF CLAIMS	% OF TOTAL CLAIMS	NET INCURRED ($M)	% OF TOTAL COST
Specialist Obstetrics	144	5%	116.3	14%
General Practice – procedural	431	14%	90.1	11%
Obstetrics and Gynaecology	145	5%	83.4	10%
General Practice – Obstetrics	134	4%	83.2	10%
Specialist Emergency Medicine	359	11%	81.0	10%
General Practice – Other	327	10%	39.0	5%
Midwifery	35	1%	36.1	4%
Specialist Surgery – Orthopaedic	140	4%	29.2	4%
Specialist Paediatrics	41	1%	24.0	3%
Specialist Physician – Neurology	20	1%	17.2	2%
Top 10 Total	**1,776**		**599.6**	

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 (HMO's) 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

Table 5: Claims from 1 January 2002 to 30 June 2010

PRACTICE AREA DESCRIPTION	NO. OF CLAIMS	% OF TOTAL CLAIMS	NET INCURRED ($M)	% OF TOTAL COST
General Practice – Other	76	9%	13.6	10%
Specialist Surgery – Orthopaedic	97	11%	12.6	9%
Specialist Obstetrics	67	8%	11.0	8%
General Surgery	56	6%	10.8	8%
General Practice – Obstetrics	38	4%	9.5	7%
Top 5 Total	**334**		**57.5**	

Incidents reported since the commencement of the VMO Scheme to 30 June 2010 – 4,366 incidents have been reported of which 899 are or have been converted and managed as claims.

For the specific period ending 1 July 2009 – 30 June 2010, 423 incidents had been notified, thus allowing early management as applicable. Of these, 69 are now being managed as claims.

The VMO premium for the 2009–10 policy period has reduced due to better than expected claims experience. The 2009–10 premium is $37.6 million, down from $39.1 million for the 2008–09 policy period.

Since its inception in 1999 for specialist sessional VMO's, 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. As part of the 2007–08 NSW Government Mini-Budget initiatives, effective June 2009, cover was extended to permit VMOs to treat privately referred non-inpatients at NSW public hospitals.

Retrospective Cover for VMOs and HMOs for incidents prior to 1 January 2002

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

This initiative was introduced to lessen the financial demands on medical defence organisations in the setting of premiums. As at 30 June 2010, the Department had granted indemnity in respect of one case compared to 349 cases in 2008–09.

Other Insurable Risks

Property

Property remains a minor risk with statistics at 30 June 2010 indicating that small claims have remained stable over recent funds years. The three most common claim types for the 2009–10 period were storm/water damage, accidental damage and theft/burglary.

Since 1 July 2000 to 30 June 2010, 5,134 claims have been lodged at a total net cost of $39,731,338.

Claim costs are Storm/Water Damage 39% (40%), Accidental Damage 20% (5%), Theft/Burglary 15% (10%), Fusion/Electrical Faults 7% (10%) Other 19% (35%).

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.

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.

Workers compensation 2003–04 final five years and 2005–06 interim three years were declared and adjusted as at 30 June 2010, with the Department receiving surpluses of $1.5 million and $10.7 million respectively. In total, NSW Health received a total surplus hindsight adjustment of $12.2 million.

Motor vehicle deposit premiums are also hindsight adjusted after 18 months. The motor vehicle hindsight premium for the 2007–08 fund year as at 31 December 2008 was a $0.6 million surplus.

Financial responsibility for workers compensation and motor vehicle was devolved to Health Services as of 1 July 1989, while liability, property and miscellaneous are held centrally as master managed funds.

The cost of insurance in 2009–10 for NSW Health is identified under Premium. Benchmarks are the budget allocation.

	PREMIUM $M	BENCHMARK $M	VARIATION $M
Workers Compensation	128.7	149.0	20.3
Motor Vehicle	8.2	7.5	-0.7
Property	9.2	8.9	-0.4
Liability	159.9	158.3	-1.6
Miscellaneous	0.5	0.5	–
Total TMF	306.5	324.1#	17.6
VMO	37.6	–	n/a
Total	**344.1**	**–**	**n/a**

Subject to rounding

Benchmarks (other than VMOs) are funded by NSW Treasury. Workers Compensation and motor vehicle 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.

In 2009–10 the motor vehicle premium increase by 3.8% based on an increase in exposure combined with a deterioration in combined claims costs for the calendar years 2008 and 2009 resulting in a funding shortfall of 9%.

Risk Management Initiatives

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

- Ongoing commitment to and participation in the whole-of-Government Occupational Health and Safety (OHS) and injury management improvement strategy.
- Ongoing participation in the NSW WorkCover occupational stress management steering group to develop prevention and intervention strategies for occupational stress in the health and community services sector.
- Ongoing development and support of the NSW Health OHS audit tool, the OHS Profile. NSW Health in conjunction with Independent Commission Against Corruption have developed a new training resource 'Managing the risk of corruption – A training kit for the NSW public health sector'.
- Continued promotion of the 'Clinicians toolkit for improving patient care', which is directed at visiting medical officers and other clinicians.
- The ongoing development of the VMO Incident Reporting System (an early incident reporting system that allows VMO to report any incident that may trigger a medical liability claim).
- Ongoing support and refinement of an extensive information collection and management process that records all incidents in an electronic system (Incident Information Management System). The process encompasses clinical and corporate incidents and is guided by a reissued incident management policy that ensures a consistent, systematic and co-ordinated approach to the management of these incidents.
- A policy and framework on NSW Health enterprise-wide risk management (PD 2009_039) was issued in June 2009. This was the initial phase in the four year plan for the implementation of a NSW Health wide comprehensive risk management and monitoring system.
- Release of guideline on strategies to minimise transmission of influenza in health facilities (GL2010_006).
- Release of policy outlining legal requirements to be met by health facilities in relation to fire safety (PD2010_024).
- Formation of Workers Compensation Risk Control Group comprising representatives from across the Health Services, to identify and initiate strategic risk control measures for the management of workers compensation claims and premiums over the next three years.
- Review and revision of the Medical Indemnity Explanation Document 2002, aimed at providing a comprehensive explanation of the VMO Medical Indemnity Scheme.

Internal Audit and Risk Management Attestation

NSW HEALTH

Internal Audit and Risk Management Attestation for the 2009-2010 Financial Year, for the Department of Health, NSW

I, Dr Richard Matthews AM, 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 the senior management of the Department of Health, NSW to understand, manage and satisfactorily control risk exposures.

I, Dr Richard Matthews AM, am of the opinion that the Audit and Risk Committee for the Department of Health, NSW is constituted and operate 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 Richard Matthews AM, have established a predominantly in-house internal audit service delivery model for the Department of Health, NSW, which in part uses a co-sourced service delivery model for specialist or investigative audit services. This model has been selected after due consideration of the size of the department, the complexity of the department's core business, the risk profile of the department's operations, and the overall cost and flexibility of alternative service delivery models.

I, Dr Richard Matthews AM, declare that this Internal Audit and Risk Management Attestation is made on behalf of the Department of Health, NSW.

Dr Richard Matthews AM
Acting Director-General, NSW Health

7 September 2010

Contact Officer:
Ross Tyler
Manager, Internal Audit
Department Of Health, NSW
9391 9640

Three-Year Comparison

of key items of expenditure

Employee Related Expenses	2010		2009		2008		Increase/decrease (%) compared to previous year	
	$000	% Total Expense	$000	% Total Expense	$000	% Total Expense	2010	2009
Salaries and Wages	6,974,837	48.17	6,741,560	48.71	6,362,731	48.51	3.46	5.95
Long Service Leave	351,195	2.43	265,690	1.92	213,600	1.63	32.18	24.39
Annual Leave	715,417	4.94	731,189	5.28	603,635	4.60	-2.16	21.13
Workers Comp. Insurance	124,986	0.86	119,454	0.86	124,741	0.95	4.63	-4.24
Superannuation	719,235	4.97	688,666	4.98	654,717	4.99	4.44	5.19
Sub Total	8,885,670	61.36	8,546,559	61.75	7,959,424	60.68	3.97	7.38
Other Operating Expenses								
Food Supplies	88,324	0.61	87,483	0.63	88,564	0.68	0.96	-1.22
Drug Supplies	614,208	4.24	615,745	4.45	622,876	4.75	0.25	-1.14
Medical and Surgical Supplies	648,248	4.48	541,965	3.92	541,965	4.13	13.26	0.00
Special Service Departments	348,260	2.40	271,476	1.96	256,868	1.96	28.28	5.69
Fuel, Light and Power	112,766	0.78	91,649	0.66	81,207	0.62	23.04	12.86
Domestic Charges	91,600	0.63	89,227	0.64	83,652	0.64	2.66	6.66
Other Sundry/General								
Operating Expenses *	1,333,744	9.21	1,260,687	9.11	1,158,706	8.83	5.80	8.80
Visiting Medical Officers	554,983	3.83	535,023	3.87	520,309	3.97	3.73	2.83
Maintenance	343,253	2.37	341,489	2.47	320,618	2.44	0.52	6.51
Depreciation	492,605	3.40	479,689	3.47	448,619	3.42	2.69	6.93
Grants and Subsidies								
Payments to Third Schedule and other Contracted Hospitals	521,619	3.60	568,441	4.11	603,849	4.60	-8.24	-5.86
Other Grant Payments	417,688	2.88	389,539	2.81	423,096	3.23	7.23	-7.93
Finance Costs	27,823	0.19	22,458	0.16	7,629	0.06	23.89	194.38
TOTAL EXPENSES	**14,480,791**		**13,841,430**		**13,117,382**		**4.62**	**5.52**

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

Source: Audited Financial Statements 2009–10 and 2008–09

Service Delivery

Appendix 3

Information Management

and electronic service delivery

The Strategic Information Management (SIM) Branch manages the NSW Health Information and Communications Technology (ICT) Strategy and in conjunction with Health Support Services is accountable its implementation. The integrated suite of clinical and corporate information solutions enhances patient safety and improves quality of care.

During 2009–10 the SIM Branch has overseen an ambitious ICT Portfolio, continuing the implementation of a number of core Statewide programs and commencing a number of significant new corporate, clinical and infrastructure initiatives. These programs ensure the portfolio is well placed to support continuous improvement in the delivery of healthcare and, importantly, the continuum of care as patients move between hospital and community facilities.

Key Achievements

National eHealth Agenda

NSW Health is actively represented at a Commonwealth level through our membership on the National e-Health Transition Authority (NeHTA) Board and reference groups. This involvement ensures national standards and solutions are integrated into NSW Health's future ICT Portfolio and our plans are aligned with the national reform agenda.

During 2009–10 SIM contributed to the development of the business case for the Personally Controlled Electronic Health Record (PCEHR) – the first component of which was funded as part of the Federal health reforms.

SIM also established collaboration projects with NeHTA to enable the use of Healthcare identifiers in future NSW ICT initiatives – starting with the Statewide Medical Imaging archive. Taking a lead role in these projects establishes important foundations for all of NSW Health's ICT programs and will ultimately enable secure messaging of clinical information between providers across care settings.

Clinical Systems Strategy

Electronic Medical Record (eMR) – Hospital based

The Electronic Medical Record (eMR) is a multi-stage project to progressively capture key clinical information electronically and provide this information at the point of care to health professionals treating their patients. In 2009–10 the baseline was extended to 49 hospitals across the State. The eMR improves communication between clinicians by better tracking patients and providing reliable information about a patient's current care and medical history.

The baseline eMR is an active record which will be added to at each hospital visit and will eventually be fully integrated to support the flow of information across all health care settings.

Phase I of the Program has been delivered in South East Sydney Illawarra, North Coast and Sydney West Area Health Services and is currently being implemented in Greater Southern and Greater Western Area Health Services. Implementation plans have been finalised for North Sydney Central Coast Area Health Service to complete this phase of the program.

While Phase I of the eMR program delivered a significant component of information that clinicians consider to be important for patient care, consultation planning has commenced for Phase II which will further build on the foundation eMR to enhance and expand clinical documentation, decision support and electronic Medications Management to deliver greater benefits to the health system.

Electronic Medical Record (eMR) – Community Health and Outpatient Care

More than 20 million community health and outpatient care services are delivered annually, which accounts for 20% of NSW Health's expenditure. Last year NSW Treasury agreed to fund an Electronic Medical Record for Community Health which will link a network of services delivered by GPs, community health and hospital outpatient clinics. This record will progressively be linked to the hospital eMR to support quality of care and a seamless flow of information between care settings.

During the year SIM has co-ordinated the planning of the eMR for Community Health through collaboration with community healthcare workers and clinicians. The initial development and liaison will identify core needs and priorities to build a system that will support a multi-discipline clinical network and integrated patient care plans.

Medical Imaging

NSW Health is currently rolling out a Statewide integrated digital imaging and radiology information system. The Picture Archive and Communication System and Radiology

Information System (PACS/RIS) are integrated systems that allow diagnostic images such as X-rays, MRI ultrasounds and CT scans to be captured, transmitted and stored digitally. The integrated PAC/RIS program supports simultaneous viewing of medical images, along with the report to requesting clinicians, in hospital wards and departments via a PACS web browser, regardless of where they are located or where the test was conducted. During 2009–10 the program completed the establishment of all major Area Health Service hubs and integrated this information into the eMR. The focus of 2010–11 will be to complete all remaining sites and commence the implementation of a Statewide image archive providing appropriate credentialed clinicians access to images regardless of where they originated.

From a clinical portfolio perspective in 2009–10 the SIM branch also worked with the Health Service Performance Improvement (HSPI) Branch to establish a Statewide Endoscopy Information System and planned the upgrade of patient flow systems – including the State 'Bed Board' and capacity and planning tools.

Corporate Systems Strategy

In addition to SIM's continued role in the development of the Statewide Human Resources (HR) / Payroll application, two new major corporate programs were established in 2009–10, Rostering and Patient Billing.

ICT Infrastructure Strategy

The SIM branch established the framework for a series of investments in ICT Infrastructure in 2009–10. The program will ensure that NSW Health's telecommunications networks, data centres and server infrastructure are secure, scalable and reliable and provide optimal support for clinicians and NSW Health staff using our ICT applications and devices.

The program will also provide the link between NSW Health and State and Commonwealth initiatives such as the NSW Whole of Government data centre initiative and the National Broadband Network.

Phase 1 of the program involved a significant upgrade of all routing and switching infrastructure across the State, creating additional capacity in the Cumberland data centre for new programs of work such as the Statewide rostering program and the progression of Active Directory projects in all Area Health Services to enable a consistent clinician experience.

Rostering

The Rostering Program will provide Automated Rostering that helps ensure the right resources are in the right place at the right time to provide appropriate care and treatment. It involves the development and implementation of three components:

- Defining and delivering best practice rostering processes
- The installation of a contemporary electronic rostering system
- A significant change management and training program.

In 2009–10, SIM and Health Support Services worked with the Area Health Services to complete the procurement phase for the program – obtaining the software solution and services to assist with implementation.

Patient Billing

The Patient Billing solution will maximise the Health revenue stream and support work processes in the areas of invoicing, debtor management and account reconciliation. The system also integrates patient billing with clinical orders and patient administrative and financial systems.

In 2009–10 procurement and development of the PowerBilling and Revenue Collection (PBRC) software was completed and plans for implementation in 2010–11 finalised.

Future ICT Capital Program

In 2009–10 SIM also commenced the development of four major ICT business cases in line with Caring Together recommendations and the ICT Capital Strategic Investment Plan. At year end, documentation was being prepared to enable programs for Electronic Medications Management, the second phase of the Electronic Medical Record – including Intensive Care, the next phase of the Infrastructure Program and the final components of the Corporate Systems strategy. Successful business cases will be funded from July 2011.

Waste Reduction

And purchasing policy

Sustainability

In 2009–10 NSW Health continued its proactive implementation to Sustainability Strategy. Initiatives for the year included:

Fleet Management

- Continued reduction of fuel consumption and CO2 emissions by actively managing fleet vehicles and usage and exceeding NSW Government cleaner fleet targets.

Water and Energy (including Facilities Management)

- Continued implementation of water action plans by each Area Health Service
- Initiated a $2.5 million Hospital Sustainability Initiative with Sydney Water upgrading water equipment in the metropolitan area with funds to be spent by June 2012
- Completed the NABERS (National Australian Built Environment Rating System) for hospitals performance benchmarks
- Investigation into co-generation projects where viable
- Replacement of coal / oil fired boilers with high efficiency gas, lighting upgrades, control upgrades
- Development of information management system for reporting energy, gas and water usage and reduction strategies.

Waste Reduction and Purchasing Policy (WRAPP)

In 2009 the Department of Environment Climate Change and Water provided NSW Health with Statewide audit results on procurement of paper and toners and waste management of paper, toners and computers.

The audit results provide NSW Health with a Statewide baseline. The next WRAPP report is due in 2011 and NSW Health WRAPP Policy to support the next reporting cycle was being finalised at year end.

Water reduction and purchasing

NSW Health is committed to better waste management practices and waste friendly purchasing in all our offices. NSW Health achieved the following recycling results:

Paper

NSW Health purchased 8,704 tonnes of paper for all offices Statewide of which 3,638 tonnes contained a recycled component that is 41.8% of the total consumed.

Waste Paper/Cardboard and Packaging

A total of 7,540 tonnes of paper and cardboard were recycled across NSW Health Statewide, achieving a 71% recycle rate.

Computer and IT Equipment

IT equipment (computer equipment and accessories) were recycled where possible, with dangerous or hazardous material recovered so that no harmful components went to landfill.

Toner Cartridges

The use of toner cartridges was 57,157 Statewide and 51.2% of these were recycled.

Purchasing

NSW Health purchases stationery items made from either recycled material or items that are easily recyclable. During the year, NSW Health donated reusable stationery items to the University of NSW.

Procurement

Significant Achievements 2009–10

- Formation of a Procurement Business Unit with Health Support Services through the transfer of functions and staff from the Department of Health and the Department of Services, Technology and Administration to take over the management of all Statewide Health contracts
- Gained interim goods and services procurement accreditation to allow the NSW Health system to carry out procurement without referencing the Department of Services, Technology and Administration

- Renewal of eight Statewide health contracts with an emphasis on working with Area Health Services on implementation issues and centralisation of equipment purchases through the new procurement unit allowing better leverage of NSW Health's buying power
- Commenced roll-out of the Statewide IV pumps contract requiring the replacement of the entire IV pump fleet of over 10,000 pumps over a 12 month period.
- The Strategic Procurement Program resulted in avoided costs of $8.7 million in 2009–10 from initiatives such as aggregation of equipment procurement, renewal of medical supply contracts and improved purchasing of existing contracts, bringing the total procurement cost avoidance over the three years from 2007-08 to $52.6 million.

Priorities for 2010–11

- Finalise the procurement model to ensure procurement is standardised and best practice across the NSW Health system
- Ensure that procurement policies, processes, tools and systems are further developed to support the procurement model and the achievement of full procurement accreditation
- Complete development of NSW Health Procurement Portal as the principal web-based tool for accessing all such policies and practise tools
- Extend the proportion of goods and service expenditure currently under Statewide contracts through the identification of areas where there are significant benefits from establishment of Statewide Contracts
- Conclude major tender for diagnostic equipment and consumable in Pathology Services
- Finalise the procurement process for pharmaceuticals and develop proposals for further changes to the management of the pharmaceutical supply chain.

Table 1: 2009 Audit results for whole of Health procurement of paper and toners

PROCUREMENT					
Paper A4, A4, print (reams)	Recycled paper A4, A4, print (reams)	% of recycled paper used	Qty Toners purchased	Qty Recycled toners	% of Recycled toners used
959,439	400,977	41.8%	61,990	11,758	19.0%

Table 2: 2009 Audit results for whole of Health waste management

WASTE											
Paper Waste (Tonnes)	Paper Recycled (Tonnes)	% Of Recycled Toners Used	Packaging Disposed (Tonnes)	Packaging Recycled (Tonnes)	% Of Packaging Recycled	(Cart-ridges) Toners Disposed	(Cart-ridges) Toners Recycled	% Of Toners Recycled	(Unit No.) Comp-uters To Landfill	(Unit No.) Com-puters Recycled	% Of Com-puters Recycled
6,727.8	4,517.6	67.2%	4,264.9	3,022.4	70.9%	37,811	19,346	51.2%	16,022	4,246	26.5%

Shared Services

Program

Health Support Services

Health Support Services (HSS) is a diverse and unique Statewide organisation of 5,700 employees, established in 2007 in response to the need for a shared services program in NSW Health.

The mission of Health Support Services is to provide common shared services across corporate, technology and disability services to NSW Health customers in an innovative, efficient and cost effective manner.

HSS's extensive Statewide services include implementing the latest IT health information systems, providing payroll and accounts payable functions, supporting patient care through food and linen services and assisting people with a disability to live and participate in the community.

Throughout 2009–10 Health Support Services made good progress with implementing recommendations relating to food, linen, warehousing and ICT programs. These reforms placed Health Support Services in a strong position to continue providing support to Area Health Services as they transition towards Local Health Networks.

At 30 June 2010 the shared services transition program, including Food, Linen, Logistics and Warehousing, Enable NSW, payroll, recruitment, finance and procurement was 80% complete.

Significant achievements 2009–10

Some of the benefits realised in 2009–10 under the shared services model included:

- Payroll – standardisation of fortnightly pay cycle for 112,000 employees across the State enabled greater uniformity and efficiency.
- Finance – the move to one financial management information system (Statewide Management Reporting Tool – SMRT), combined with standardised accounting practices and reporting periods, has resulted in improved data consistency and quality.
- Procurement – through demand consolidation, product standardisation, more effective negotiating practices and centralised purchasing, Health Support Services has been able to capture substantial savings in a number of areas. A centralised procurement process for major medical equipment has delivered over $6 million in cash savings and will continue to grow in the coming years.
- Food Services – has seen improved efficiencies through food production unit consolidation and process improvements.
- Linen Services – system improvements were implemented to assist Area Health Services with linen usage minimisation strategies.
- Warehousing – a centralised program is being implemented consolidating 17 warehouses down to five distribution centres to provide economies in distribution and saving $3 million in real estate and distribution costs.

Information and Communication Technology (ICT) Program

Health Support Services has overseen one of the most ambitious technology programs in Australia with the implementation of a number of core Statewide programs and commencing a number of significant new corporate, clinical and infrastructure initiatives.

This ensured Health Support Services was well placed to support continuous improvement in the delivery of healthcare and, importantly, the continuum of care as patients move between hospital and community facilities. Programs included:

- Electronic medical records
- Medical imaging
- Corporate IT system – Human Resources Information System
- Statewide Service Desk
- E-Recruit
- JMO Recruit
- Statewide Management Reporting Tool (SMRT)
- Patient Billing
- Community Health
- Rostering
- Asset Management
- Business Information
- Pharmacy.

Highlights throughout 2009–10 included:

- Business Information – the Business Information program entered its third year in delivering two main streams of work including Decision Support Tools such as the Patient Flow Portal and implementing the new Enterprise Data Warehouse to replace the Health Information Exchange.
- Pharmacy Reform – in 2009–10 planning commenced for the Pharmacy Reform program to improve hospital pharmacies for better patient outcomes. The Garling Report made a number of recommendations to improve pharmaceutical practices in NSW public hospitals. In response the Pharmacy Reform Program commenced four interrelated work streams including iPharmacy, supply chain, procurement and contract renewal and funding models.
- Data Centre Program – supporting these critical projects, the Data Centre Program involves the establishment of three main technology centres for health services (Liverpool, Cumberland and Newcastle) and the amalgamation of their existing hosting services to provide the hub for all future Statewide systems. While this work was effectively completed by early 2009 the continued demand on the data centre services has required ongoing investment in all three major facilities throughout 2009 and into 2010. Health Support Services continues to participate as a major partner in the NSW Government Data Centre Reform strategy that is expected to deliver significant relief in respect of quality and cost effective data centre services by mid 2011.

In the continued roll-out of the ICT Capital program, further efficiencies included:

- Electronic Medical Record – almost 70,000 clinicians were trained to use this new system that replaces paper documentation for electronic orders, results, theatre and emergency department documentation. Benefits included improved communications about the patient, reduced cost of duplicate ordering and printing results.
- Medical Imaging – this program replaces physical films with digital images providing doctors throughout the hospital with immediate access to the image. Benefits included faster diagnosis of patients and cost reduction from not printing film.
- Rostering Centre of Excellence – during the year the Rostering Centre of Excellence was established and software implementation and consultations across the State planned. This followed one of the Garling Report recommendations that called for the establishment of better rostering processes and the implementation of a Statewide rostering system that is more patient-focused and provides a safer work environment for staff.
- Statewide Service Desk (SWSD) – the IT help desk support for Area Health Services, is the first point of contact for IT support for more than 120,000 NSW Health employees. SWSD handled an average of 30,000 enquiries each month and in 2009–10 the SWSD reached a milestone of half a million tickets processed.
- Human Resources Information System (HRIS) – planning for the implementation of the HRIS continued into 2009–10, to replace the current outdated Supero systems. This new system has been used extensively with health services around the world, and continues to undergo rigorous testing to ensure NSW Health business requirements are met. The new payroll system offers a number of benefits to staff and managers including a self-service function to view pay and leave details on line.
- EnableNSW – assisted 15,000 people with a disability with essential respiratory, mobility, self-care and communication-assisting technology assisting them to live at home with their families. The 2009–10 Budget saw a significant funding boost for EnableNSW that will ensure a further reduction in waiting times for people living with a disability including more specialised power wheelchairs, better access for adults and children with severe communication impairments to vital speech generating devices and more basic equipment that helps people cared for at home, such as specialised shower chairs, continence aids and special lifting devices. The waiting lists for Area Health Services that have already transitioned to EnableNSW have decreased, indicating that management of waiting lists can be solved with these improved efficiencies.

Knowledge Sharing

The Clinical Information Access Program (CIAP) and the Australian Resource Centre for Healthcare Innovations (ARCHI) are world class knowledge sharing tools for all NSW Health staff. Information at clinician fingertips, decision support material at the bedside and the promotion of best practice and innovation around the State are the best examples of how technology supports excellent patient care.

In 2009–10 CIAP and ARCHI launched a marketing campaign including site visits in every Area Health Service to provide targeted education for clinical staff. These activities are now an integral part of an ongoing marketing and education strategy and have received excellent feedback from users. CIAP implemented a Statewide authentication model to improve access and now has over 11,000 individuals registered for external access to CIAP. ARCHI currently has over 1,500 projects available for users to share and adopt lessons learned in the health system.

CIAP and ARCHI received over 5 million hits per month highlighting the value that these services provide NSW Health staff.

Operations

Food Services

Health Support Services Food Services catered for six Area Health Services with a budget of more than $148 million per year. On average Health Support Services served almost 61,000 meals every day across most public hospitals in NSW, a total of 22 million meals for the year.

Difficulty in opening patient meals is thought to be a contributing factor to patient malnutrition in hospitals and action was recommended in the Garling Report. Work commenced in 2009–10 towards implementing changes to hospital food packaging as part of HSS food services reforms, making meals more accessible for all patients.

Linen Services

Following a formal consultation process in 2009, there is now an agreed Statewide standard organisational structure for all Linen Services management and staff. This has led to the establishment of:

- Linen Resource Management Division that administers linen stocks on a Statewide basis and provides customer service management supported by the latest Linen IT system
- Quality Assurance team to introduce ISO accreditation
- Business improvement line to address efficiency and consistency across all Linen Services
- New Statewide pricing model
- Energy efficiency programs such as the water reduction strategy at the HSS Linen Service, Orange.

Service Centre Parramatta (SCP)

The Service Centre Parramatta provided transactional corporate services for a range of Area Health Services and agencies. In 2009–10 the SCP supported the transition of a range of services including warehousing at Westmead, Orange and Wagga Wagga, sundry debtor processing for the Greater Western Area Health Service (GWAHS) and the Greater Southern Area Health Service (GSAHS), Visiting Medical Officer (VMO) processing for GSAHS and employee services and payroll services for Sydney South West Area Health Service (SSWAHS).

Service Centre Newcastle

The Service Centre Newcastle transitioned recruitment and employee services for Northern Sydney Central Coast Area Health Service (NSCCAHS), finance and payroll services, procurement and logistics for South Eastern Sydney Illawarra Area Health Service (SESIAHS), V Money services for North Coast Area Health Service (NCAHS) and NSCCAHS and Sutherland and Cardiff Warehouse inventory.

Priorities for 2010–11

As Health Support Services continues on its mission to provide efficient, effective and innovative shared services to the NSW health system, our challenge will be to continually review and expand those services and operations in a way that benefits the delivery of front-line clinical services in NSW.

Health Support Services will remain focused on customer need as the basis for all shared services delivered to NSW Health and will continue to build strong relationships with Area Health Services and other organisations that benefit from those services.

In 2010–11, Health Support Services will continue its program of reforms to bring savings and efficiencies to the NSW Health system and to provide vital, ongoing support as the health system moves to Local Health Networks in 2011. Planned projects include:

- A new Statewide payroll system is being implemented providing a single source for all payroll information including a unique identification for every employee.
- A new rostering system will be implemented replacing a number of legacy applications. The new system will optimise the rosters for clinicians and highlight unsafe working hours, as detailed in the Garling Report.
- New patient flow monitoring system is being implemented to assist in proactively managing patient flow from emergency through to discharge of care. This will reduce the delays in emergency admissions and reduce length of stay.
- A new revenue system is being implemented consolidating all patient bills and facilitating electronic transfer to health funds. This will encourage patients to use their health funds and generate revenue for hospitals.
- The food services reform program is aimed at streamlining the production, quality, choice, packaging and delivery of food to patients. This initiative will deliver improved nutritional standards, improved patient satisfaction and reduced cost of meals per bed day.

Significant Committees

Governance Committees

Senior Executive Advisory Board

Chair: Director-General
Responsible Branch: Executive and Ministerial Services

The key meeting of NSW Health Chief Executives and the Department's Management Board, the Senior Executive Advisory Board is responsible for:

- Providing advice to the Management Board on system-wide matters including budget management, major strategies and policies
- Statewide planning, direction setting and guidance of NSW Health
- Providing leadership on Statewide health issues, including population and community health and health promotion
- Improving executive communication within the NSW health system
- Ensuring that all health care services work collaboratively to deliver equitable and effective integrated services to the NSW community.

Department of Health Management Board

Chair: Director-General
Responsible Branch: Office of the Director-General

The Director General chairs the NSW Department of Health Management Board which is the key management meeting and forum for the NSW Department of Health. The Management Board considers and makes decisions on issues of department and health system-wide interest, including the NSW Health budget, development of health policy and monitoring of health system performance.

Finance, Risk and Performance Management Committee

Chair: Director-General
Responsible Branch: Finance and Business Management

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

Area Health Services and Statutory Health Corporations are also required to establish their own Finance Committee as a condition of subsidy.

Risk Management and Audit Committee

Chair: Jon Isaacs (Independent Chair)
Responsible Branch: Internal Audit

This Committee assists the Director-General to perform her duties under the relevant legislation, particularly in relation to the Department of Health internal control, risk management and internal and external audit functions.

Area Health Services and Statutory Health Corporations are also required to establish their own Audit Committee as a condition of subsidy.

Reportable Incident Review Committee

Chair: Deputy Director-General, Health System Quality, Performance and Innovation
Responsible Branch: Clinical Safety, Quality and Governance

Examines and monitors serious clinical adverse events reported to the Department via Reportable Incident Briefs and ensures appropriate action is taken. Identifies issues relating to morbidity and mortality that may have Statewide implications and provides advice on policy development to effect health care system improvement.

Independent Monitoring Panel

Chair: John Walsh, PricewaterhouseCoopers

The Independent Monitoring Panel monitors the progress of the implementation of the Caring Together: The Health Action Plan for NSW.

Independent Community and Clinicians Expert Advisory Council

Chair: Dr Michael Keating

Provides advice directly to the Minister for Health and the Director-General on the new and existing initiatives for the implementation of Caring Together: The Health Action Plan for NSW.

NSW Health Care Advisory Council

Co-Chair: Hon Ian Sinclair AC
Co-Chair: Prof Judith Whitworth AC
Responsible Branch: Primary Health and Community Partnerships

The Health Care Advisory Council is the peak clinical and community advisory body for the Minister for Health and the Director-General on clinical services, innovative service delivery models and health care standards.

Health Priority Taskforces

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

The operation and function of many HPTs is now being managed within the reforms outlined in Caring Together: The NSW Health Action Plan, the establishment of the Agency for Clinical Innovation and NSW Kids. As a result in 2010 the Health Priority Taskforces were decommissioned and Chairs of these advisory committees are no longer members of the Health Care Advisory Council.

Aboriginal and Population Health Priority Task Force

Co-Chairs: Ms Sandra Bailey and Professor Louise Baur
Responsible Branch: Aboriginal Health

This taskforce provides strategic advice to the Director-General of the Department of Health on matters relating to Aboriginal and population health in NSW.

Children and Young People's Health Priority Taskforce

Co-Chairs: Professor Graham Vimpani and Irene Hancock
Responsible Branch: Statewide Services Development

This taskforce is a relatively new group. Its future activities will include providing leadership across child and young people's health services and strategic advice to the Minister and NSW Health. Last meeting was December 2009.

Chronic, Aged and Community Health Priority Taskforce

Co-chairs: Kath Brewster and Professor Ron Penny
Responsible Branch: Inter-government and Funding Strategies

Provides direction and leadership to achieve highly integrated chronic, aged and community health services, which reflect best national and international standards.

This Taskforce completed its work and formally came to an end in February 2010. Caring Together led to a restructuring of the Health Care Advisory Council, to which the Taskforce reported, as well as other changes in consultation mechanisms across NSW Health.

Maternal and Perinatal Health Priority Taskforce

Chair: Professor William Walters and Ms Natasha Donnolley
Responsible Branch: Primary Health and Community Partnerships Branch

This taskforce provides direction and leadership for NSW maternal and perinatal services to ensure they reflect best national and international standards.

Critical Care Health Priority Taskforce

Co-Chairs: Dr Tony Burrell and Barbara Daly
Responsible Branch: Statewide Services Development

The Critical Care Health Priority Taskforce provides direction and leadership for NSW critical care services to ensure they achieve highly integrated services which reflect best national and international critical care standards. This taskforce also advises the Department on the co-ordination, planning and development of critical care services at a Statewide level and on strategic directions for models of care and the implications of planning initiatives. In addition, it monitors and evaluates clinical effectiveness and outcome measures, resource utilisation and current research trends in relation to critical care service delivery and provides support and guidance to clinicians and Area Health Services in regard to critical care service management, planning and implementation processes.

Mental Health Priority Taskforce

Co-Chairs: Scientia Professor Philip Mitchell and Laraine Toms
Responsible Branch: Mental Health and Drug and Alcohol

This taskforce provides direction and leadership for the development of integrated mental health services for NSW, reflecting best practice national and international standards. The Mental Health Priority Taskforce also provides advice in relation to strategic planning for NSW mental health services and reviews mental health programs and initiatives to maintain a focus on NSW mental health priorities.

Rural and Remote Health Priority Taskforce

Co-Chairs: Dr Peter Davis and Liz Rummery
Responsible Branch: Statewide Services Development

This taskforce works with rural Area Health Services to monitor the implementation of the recommendations in the NSW Rural Health Report and the NSW Rural Health Plan and to provide advice on rural and remote health issues to the Minister for Health and the Director General. Last meeting was December 2009.

Sustainable Access Health Priority Taskforce

Co-Chairs: Professor Brian McCaughan
Responsible Branch: Health Service Performance Improvement

The Sustainable Access Health Priority Taskforce monitors and provides advice on improving and sustaining access to quality services within the NSW public healthcare system, through a focus on the patient journey. The Surgical Services, Emergency Care, and Acute Care Taskforces report to this HPT. Last meeting was February 2010.

Ministerial Advisory Committees

Ministerial Advisory Committee on Hepatitis

Chairperson: Prof Geoffrey W McCaughan
Responsible Branch: AIDS/Infectious Diseases

This Committee provides the Minister for Health with expert advice on all aspects of the strategic response to blood borne hepatitis (that is, hepatitis B and hepatitis C).

Ministerial Advisory Committee on HIV and Sexually Transmitted Infections

Chairperson: Dr Roger J Garsia
Responsible Branch: AIDS/Infectious Diseases

The Committee provides the Minister for Health with expert advice on all aspects of the strategic response to HIV and sexually transmitted infections (STIs).

Ministerial Standing Committee on Hearing

Chairperson: Prof Jennie Brand-Miller
Responsible Branch: Primary Health and Community Partnerships

The Ministerial Standing Committee on Hearing provides advice to the Minister for Health on the provision of hearing services and the setting of strategic directions for both government and non-government hearing services in NSW.

NSW General Practice Council

Chairperson: Dr Diane O'Halloran
Responsible Branch: Primary Health and Community Partnerships

The NSW General Practice Council provides expert and strategic advice to the Minister for Health and the Department. The Council also provides formal liaison and consultation mechanisms between NSW Health and general practice, and facilitates the involvement of general practitioners in the development of health policies and initiatives aimed at improving the health of people in NSW.

Maternal and Perinatal Committee

Chairperson: Prof. William A Walters
Responsible Branch: Primary Health and Community Partnerships

The principal function of the Committee is to review maternal and perinatal morbidity and mortality in NSW, and advise on matters relating to the health of mothers and newborn infants. The Committee is privileged under section 23(7) of the Health Administration Act 1982.

Ministerial Taskforce on Emergency Care

Co Chair: Rod Bishop
Co Chair: Catherine Foster-Curry
Responsible Branch: Health Service Performance Improvement

The Ministerial Taskforce on Emergency Care was established in November 2007 to advise the Minister for Health and the Director-General on the key issues of emergency demand and workforce.

Area Health Advisory Councils

Area Health Advisory Councils facilitate the involvement of health service providers, consumers and community members in the development policies, plans and initiatives at the local level. The Councils are established in all Area Health Services.

The Children's Hospital at Westmead also has an advisory council constituted similarly to the Area Health Advisory Councils.

The Ambulance Service Advisory Council advises the Director-General with respect to the provision of Ambulance Services, as required under the *Health Services Act 1997*.

Other Committees

The Reportable Incident Review Committee

The Reportable Incident Review Committee (RIRC) is responsible for monitoring and analysis of information reported to NSW Department of Health relating to serious clinical incidents to identify issues that may have Statewide implications. The Committee provides strategic direction, advice on policy development to support continuing improvement in the safety and quality of health care, and ensures appropriate action is taken about serious clinical incidents in New South Wales.

In July 2006, the Committee became a privileged committee authorised by the NSW Minister for Health under section 23 of the Health Administration Act 1982 to conduct research and investigations into morbidity and mortality in NSW relating to serious clinical incidents reported via Reportable Incident Briefs within NSW.

The RIRC is in its sixth operational year and is an integral part of the NSW Health Patient Safety and Clinical Quality Program. It supports and monitors the safe delivery of patient care through the analysis of serious clinical incidents and recommends risk reduction strategies to prevent such incidents reoccurring.

The Statewide Medication Strategy Co-ordination Committee

Reporting to the Director-General, the Statewide Medication Strategy Co-ordination Committee (SMSCC) is responsible for the strategic co-ordination of activities being undertaken by NSW Health to deliver safe, effective and cost efficient use of medications across NSW Health. The Committee will achieve this by:

- providing a co-ordination point for actions being undertaken by the Medication Safety Expert Advisory Committee, the Clinical Pharmacy Model Committee and the Pharmacy Reform Program.
- developing and updating a NSW Health Medication Management Forward Plan
- supporting and informing the development of an electronic medication management IT business case for submission to NSW Treasury as part of the NSW Health ICT strategy
- developing a communication strategy in conjunction with Health Media and Communications to ensure that NSW Health staff and external stakeholders are informed and engaged in the Forward Plan.

The Medication Safety Expert Advisory Committee

In April 2009, the Medication Safety Expert Advisory Committee replaced the Medication Safety Advisory Committee.

The Committee is to provide strategic direction for medication safety in NSW and engage the wider healthcare workforce within NSW to affect change in medications management, improving medication safety.

The Committee is responsible for advising the NSW Department of Health on:

- Medication safety risk management and performance measurement
- Medication safety policy and guideline requirements including development implementation and evaluation into NSW Department of Health facilities
- Tools and resources to support medication safety initiatives (including information technology)
- Development of Quality use of medicines guidelines and implementation
- Statewide implementation of National medicine-related initiatives
- Issues or incidents requiring the development and release of Safety Alert Broadcast System (SABS) information

The Healthcare Associated Infections (HAI) Steering Committee

The HAI Steering Committee is responsible for the strategic direction for Healthcare Associated Infections (HAI) prevention and control in NSW by ensuring that Health Services implement policies, guidelines and initiatives to prevent and control the acquisition of HAI, and monitor and report on their performance.

The Committee takes an overarching strategic role and specifically will:

- Set, and provide ongoing review of the strategic direction for the prevention and control of HAI
- Determine policies, guidelines and other initiatives required to ensure the strategic direction for HAI can be met
- Determine how policies, guidelines and other initiatives are implemented and monitored across the NSW Health system
- Review the performance of Health Services to ensure implementation and monitoring of policies, guidelines and other initiatives occurs
- Recommend corrective action to improve performance of Health Services

- Advise the Management Board and the Senior Executive Advisory Board on measures to prevent and control the acquisition of HAI
- Consider national directions from the Australian Health Ministers' Conference (AHMC), Australian Health Ministers' Advisory Council (AHMAC), Australian Commission on Safety and Quality in Health Care, and other jurisdictions in its decision making.
- The HAI Steering Committee was reconstituted during 2010 and the new Committee held its first meeting in May 2010.
- Three Sub-Committees report to the Committee and provide expert technical advice on HAI; environmental hygiene (cleaning); disinfection and sterilisation of instruments and equipment.

Healthcare Associated Infections (HAI) Expert Advisory Sub-Committee

This sub-committee is responsible for providing expert advice to the HAI Steering Committee on new and emerging HAI problems, the technical content of policies, guidelines and other initiatives; HAI indicators and audit data; current infection control best practice; and implementation, monitoring and sustainability of policies, guidelines and other initiatives.

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Statistics

Appendix 4

Acts Administered

Legislative changes

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 Assisting the Minister for Health (Cancer))
- *Chiropractors Act 2001* No 15 (except part, the Attorney General)*
- *Dental Practice Act 2001* No 64 (except part, the Attorney General)*
- *Dental Technicians Registration Act* 1975 No 40*
- *Drug and Alcohol Treatment Act 2007* No 7
- *Drug Misuse and Trafficking Act 1985* No 226, Part 2A (jointly with the Minister for Police, 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
- *Health Professionals (Special Events Exemption) Act 1997* No 90
- *Health Records and Information Privacy Act 2002* No 71
- *Health Services Act 1997* No 154
- *Human Tissue Act 1983* No 164
- *Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937* No 37
- *Lunacy (Norfolk Island) Agreement Ratification Act 1943* No 32
- *Medical Practice Act 1992* No 94 (except part, the Attorney General)*
- *Mental Health Act 2007* No 8
- *Mental Health (Forensic Provisions) Act 1990* No 10, Part 5 (remainder, Attorney General)
- *New South Wales Institute of Psychiatry Act 1964* No 44
- *Nurses and Midwives Act 1991* No 9 (except part, the Attorney General)*
- *Optical Dispensers Act 1963* No 35*
- *Optometrists Act 2002* No 30 (except part, the Attorney General)*
- *Osteopaths Act 2001* No 16 (except part, the Attorney General)*
- *Pharmacy Practice Act 2006* No 59 (except part, the Attorney General)*
- *Physiotherapists Act 2001* No 67 (except part, the Attorney General)*
- *Podiatrists Act 2003* No 69 (except part, the Attorney General)*
- *Poisons and Therapeutic Goods Act 1966* No 31
- *Private Health Facilities Act 2007* No 9
- *Psychologists Act 2001* No 69 (except part, the Attorney General)*
- *Public Health Act 1991* No 10
- *Public Health (Tobacco) Act 2008* No 94
- *Smoke-free Environment Act 2000* No 69
- *Sydney Hospital (Trust Property) Act 1984* No 133
- *Tuberculosis Act 1970* No 18

*Repealed on 1 July 2010

Legislative Changes

New Acts

- *Carers (Recognition) Act 2010* No 20*

*Allocated to the Minister for Disability Services

Amending Acts

- *Health Legislation Amendment Act 2010* No 52**

**Not all provisions are in force

Acts Repealed

Nil

Orders

- Health Services Amendment (Bureau of Health Information) Order 2009
- Health Services Amendment (STARTTS) Order 2009
- Health Services Amendment (Affiliated Health Organisations) Order 2009
- Health Services Amendment (The Agency for Clinical Innovation) Order 2009

National Registration and Accreditation Scheme for Health Professionals

Development of the National Registration and Accreditation Scheme continued throughout 2009-2010 with extensive public and practitioner consultation on draft legislation to adopt and implement the Scheme and subsequently the passage of the *Health Practitioner Regulation Act 2009* and the *Health Practitioner Regulation Amendment Act 2010* through Parliament in 2009-2010. Commenced 1 July 2010

Subordinate Legislation

Principal Regulations made

- *Assisted Reproductive Technology Regulation 2009*
- *Private Health Facilities Regulation 2010*

Significant Amending Regulations Made

- *Human Tissue Amendment (Designated Specialists) Regulation 2010*
- *Mental Health Amendment (Tribunal) Regulation 2010*
- *Mental Health (Forensic Provisions) Amendment Regulation 2010*
- *Poisons and Therapeutic Goods Amendment (First Aid in Mines) Regulation 2009*
- *Public Health (General) Amendment (Disclosure of Information) Regulation 2009*
- *Public Health (General) Amendment (Register of Congenital Conditions) Regulation 2009*
- *Public Health Amendment (Deaths Involving Anaesthetics) Regulation 2009*

Repealed Regulations

- *Day Procedure Centres Regulation 1996*
- *Private Hospitals Regulation 1996*

Amending Privacy Codes of Practice made

- *Health Records and Information Privacy Code of Practice Amendment (Domestic Violence Intervention) 2010*

Freedom of Information

Report

Freedom of Information Report

The *Freedom of Information Act 1989 (FOI Act)* gives the public a legally enforceable right to information held by public agencies, subject to certain exemptions.

During the 2009–10 financial year, the NSW Department of Health received 130 new requests for information under the FOI Act, compared to 101 new requests in the previous financial year, an increase of 33%. Since 2005–06 the numbers of applications have increased by 333%.

The Department carried over nine applications from the 2008–09 reporting period. Of the 139 applications to be processed, 28 were granted full access, 38 were granted partial access and 16 requests were refused access. A total of 24 were determined as no documents held. Ten applications were transferred to other agencies, one applicant failed to pay an advance deposit and four applicants failed to amend their request which left unamended was an unreasonable diversion of resources to complete. Five applicants withdrew their requests. Thirteen applications have been carried forward to the next reporting period.

During the past financial year, there have been various issues relevant to FOI applications. A number were applications for performance and reporting data, whilst others concerned costs, personal information issues or issues that relate to the management of health services across the State. The Department also provided considerable assistance and advice to applicants, including the re-scoping of a significant number of FOI applications.

The Department received 21 personal FOI applications. Non-personal applications have increased by 23% over the previous financial year, totalling 109 compared to 86 in 2008–09. 44 applications were received from Members of Parliament, representing ten more than received in 2008–09. There were 31 applications from the media, compared to 24 in 2008–09.

The Department received eight applications for an internal review within the last reporting period, the outcome being six reviews varying the original decision.

There were 35 applications that required consultations with parties outside the NSW Department of Health and most required consultation with more than one party, involving a total of 220 third parties being consulted. In addition, the Department dealt with 27 third party consultations from other agencies.

During 2008–09 the Department estimated its FOI processing charges to be $9,610.50 which was partly offset by $6,162.50 received in fees. The annual operating costs to the Department were far in excess of the above amounts, comprising the wages and general administration costs for FOI within the Executive and Ministerial Services Branch.

No applications were received for the amendment or notation of records, nor were any Ministerial certificates issued.

FOI APPLICATIONS RECEIVED, DISCONTINUED OR COMPLETED	NUMBER OF FOI APPLICATIONS					
	Personal		Other		Total	
	2008–09	2009–10	2008–09	2009–10	2008–09	2009–10
A1 New	15	21	86	109	101	130
A2 Brought forward	0	2	13	7	13	9
A3 Total to be processed	15	23	99	116	114	139
A4 Completed	14	14	81	92	95	106
A5 Discontinued	1	7	9	13	10	20
A6 Total processed	15	21	90	105	105	126
A7 Unfinished (carried forward)	0	2	9	11	9	13

APPLICATIONS DISCONTINUED	PERSONAL		OTHER		TOTAL	
	2008–09		2009–10		2008–09	
	2008–09	2009–10	2008–09	2009–10	2008–09	2009–10
B1 Request transferred out to another agency (s.20)	1	5	1	5	2	10
B2 Applicant withdrew request	0	2	0	3	0	5
B3 Applicant failed to pay advance deposit (s.22)	0	0	4	1	4	1
B4 Applicant failed to amend a request that would have been an unreasonable diversion of resources to complete (s.25(1)(a1))	0	0	4	4	4	4
B5 Total discontinued	1	7	9	13	10	20

COMPLETED FOI APPLICATIONS	NUMBER OF COMPLETED FOI APPLICATIONS					
	Personal		Other		Total	
	2008–09	2009–10	2008–09	2009–10	2008–09	2009–10
C1 Granted or otherwise available in full	4	5	43	23	47	28
C2 Granted or otherwise available in part	2	8	19	30	21	38
C3 Refused	2	1	10	15	12	16
C4 No documents held	6	0	9	24	15	24
C5 Total completed	14	14	81	92	95	106

DOCUMENTS MADE AVAILABLE TO THE APPLICANT WERE:	NUMBER OF FOI APPLICATIONS (GRANTED OR OTHERWISE AVAILABLE IN FULL)					
	Personal		Other		Total	
	2008–09	2009–10	2008–09	2009–10	2008–09	2009–10
D1 Provided to the applicant	4	5	41	22	45	27
D2 Provided to the applicant's medical practitioner	0	0	0	0	0	0
D3 Available for inspection	0	0	0	0	0	0
D4 Available for purchase	0	0	0	0	0	0
D5 Library material	0	0	0	0	0	0
D6 Subject to deferred access	0	0	2	0	2	0
D7 Available by a combination of any of the reasons listed in D1-D6 above	0	0	0	1	0	1
D8 Total granted or otherwise available in full	4	5	43	23	47	28

DOCUMENTS MADE AVAILABLE TO THE APPLICANT WERE:	NUMBER OF FOI APPLICATIONS (GRANTED OR OTHERWISE AVAILABLE IN PART)					
	Personal		Other		Total	
	2008–09	2009–10	2008–09	2009–10	2008–09	2009–10
E1 Provided to the applicant	2	8	19	30	21	38
E2 Provided to the applicant's medical practitioner	0	0	0	0	0	0
E3 Available for inspection	0	0	0	0	0	0
E4 Available for purchase	0	0	0	0	0	0
E5 Library material	0	0	0	0	0	0
E6 Subject to deferred access	0	0	0	0	0	0
E7 Available by a combination of any of the reasons listed in E1-E6 above	0	0	0	0	0	0
E8 Total granted or otherwise available in part	2	8	19	30	21	38

ACCESS TO THE DOCUMENTS REFUSED	NUMBER OF REFUSED FOI APPLICATIONS					
	Personal		Other		Total	
	2008–09	2009–10	2008–09	2009–10	2008–09	2009–10
F1 Exempt	1	0	7	5	8	5
F2 Deemed refused	1	1	3	10	4	11
F3 Total refused	2	1	10	15	12	16

DOCUMENTS CLASSIFIED AS EXEMPT	NUMBER OF FOI APPLICATIONS (REFUSED OR ACCESS GRANTED OR OTHERWISE AVAILABLE IN PART ONLY)					
	Personal		Other		Total	
	2008–09	2009–10	2008–09	2009–10	2008–09	2009–10
Restricted documents:						
G1 Cabinet documents (Clause 1)	0	0	2	0	2	0
G2 Executive Council documents (Clause 2)	0	0	0	0	0	0
G3 Documents affecting law enforcement and public safety (Clause 4)	0	0	0	1	0	1
G4 Documents affecting counter-terrorism measures (Clause 4A)	0	0	0	0	0	0
Documents requiring consultation:						
G5 Documents affecting inter-governmental relations (Clause 5)	0	0	0	0	0	0
G6 Documents affecting personal affairs (Clause 6)	1	0	4	0	5	0
G7 Documents affecting business affairs (Clause 7)	0	0	12	0	12	0
G8 Documents affecting the conduct of research (Clause 8)	1	0	0	0	1	0
Documents otherwise exempt:						
G9 Schedule 2 exempt agency	0	0	0	0	0	0
G10 Documents containing information confidential to Olympic committees (Clause 22)	0	0	0	0	0	0
G11 Documents relating to threatened species, Aboriginal objects or Aboriginal places (Clause 23)	0	0	0	0	0	0
G12 Documents relating to threatened species conservation (Clause 24)	0	0	0	0	0	0
G13 Plans of management containing information of Aboriginal significance (Clause 25)	0	0	0	0	0	0
G14 Private documents in public library collections (Clause 19)	0	0	0	0	0	0
G15 Documents relating to judicial functions (Clause 11)	0	0	0	0	0	0
G16 Documents subject to contempt (Clause 17)	1	0	0	2	1	2
G17 Documents arising out of companies and securities legislation (Clause 18)	0	0	0	0	0	0
G18 Exempt documents under interstate FOI legislation (Clause 21)	0	0	0	0	0	0
G19 Documents subject to legal professional privilege (Clause 10)	0	0	2	0	2	0
G20 Documents containing confidential material (Clause 13)	0	0	0	0	0	0
G21 Documents subject to secrecy provisions (Clause 12)	0	0	3	1	3	1
G22 Documents affecting the economy of the State (Clause 14)	0	0	0	0	0	0
G23 Documents affecting financial or property interests of the State or an agency (Clause 15)	0	0	0	0	0	0
G24 Documents concerning operations of agencies (Clause 16)	0	0	1	1	1	1
G25 Internal working documents (Clause 9)	0	0	1	0	1	0
G26 Other exemptions (eg. Clauses 20, 22A and 26)	0	0	1	0	1	0
G27 Total applications including exempt documents	3	0	26	5	29	5

MINISTERIAL CERTIFICATES WERE ISSUED	NUMBER OF MINISTERIAL CERTIFICATES	
	2008–09	2009–10
H1 Ministerial certificates issued	0	0

FORMAL CONSULTATIONS	NUMBER	
	2008–09	2009–10
I1 Number of applications requiring formal consultation	28	35
I2 Number of persons formally consulted	136	220

APPLICATIONS FOR AMENDMENT OF PERSONAL RECORDS	NUMBER OF APPLICATIONS FOR AMENDMENT OF PERSONAL RECORDS	
	2008–09	2009–10
J1 Agreed in full	0	0
J2 Agreed in part	0	0
J3 Refused	0	0
J4 Total	0	0

APPLICATIONS FOR NOTATION OF PERSONAL RECORDS	NUMBER OF APPLICATIONS FOR NOTATION	
	2008–09	2009–10
K1 Applications for notation	0	0

FEES ASSESSED AND RECEIVED FOR FOI APPLICATIONS PROCESSED (EXCLUDING APPLICATIONS TRANSFERRED OUT)	ASSESSED COSTS		FEES RECEIVED	
	2008–09	2009–10	2008–09	2009–10
L1 All completed applications	$8,702.50	$9,610.50	$5,340.00	$6,162.50

FEE WAIVERS OR DISCOUNTS ALLOWED	NUMBER OF FOI APPLICATIONS (WHERE FEES WERE WAIVED OR DISCOUNTED)					
	Personal		Other		Total	
	2008–09	2009–10	2008–09	2009–10	2008–09	2009–10
M1 Processing fees waived in full	0	0	0	0	0	0
M2 Public interest discount	0	0	0	1	0	1
M3 Financial hardship discount – pensioner or child	3	0	0	2	3	2
M4 Financial hardship discount – non-profit organisation	0	0	0	0	0	0
M5 Total	3	0	0	3	3	3

FEE REFUNDS GRANTED AS A RESULT OF SIGNIFICANT CORRECTION OF PERSONAL RECORDS	NUMBER OF REFUNDS	
	2008–09	2009–10
N1 Number of fee refunds granted as a result of significant correction of personal records	0	0

TIME TAKEN TO PROCESS COMPLETED APPLICATIONS (CALENDAR DAYS)	NUMBER OF COMPLETED FOI APPLICATIONS					
	Personal		Other		Total	
	2008–09	2009–10	2008–09	2009–10	2008–09	2009–10
O1 0-21 days – statutory determination period	7	3	23	24	30	27
O2 22-35 days – extended statutory determination period for consultation or retrieval of archived records (S.59B)	0	5	12	2	12	7
O3 Over 21 days – deemed refusal where no extended determination period applies	0	3	2	43	2	46
O4 Over 35 days – deemed refusal where extended determination period applies	7	3	44	23	51	26
O5 Total	14	14	81	92	95	106

TIME TAKEN TO PROCESS COMPLETED APPLICATIONS	NUMBER OF COMPLETED FOI APPLICATIONS					
	Personal		Other		Total	
	2008–09	2009–10	2008–09	2009–10	2008–09	2009–10
P1 0-10 hours	8	12	39	68	47	80
P2 11-20 hours	6	1	29	20	35	21
P3 21-40 hours	0	1	10	2	10	3
P4 Over 40 hours	0	0	3	2	3	2
P5 Total	14	14	81	92	95	106

REVIEWS WERE FINALISED	NUMBER OF COMPLETED REVIEWS	
	2008–09	2009–10
Q1 Internal reviews	1	8
Q2 Ombudsman reviews	0	2
Q3 ADT reviews	0	0

RESULTS OF INTERNAL REVIEWS FINALISED GROUNDS ON WHICH INTERNAL REVIEW WAS REQUESTED	NUMBER OF INTERNAL REVIEWS					
	Personal		Other		Total	
	Original Agency Decision Upheld	Original Agency Decision Varied	Original Agency Decision Upheld	Original Agency Decision Varied	Original Agency Decision Upheld	Original Agency Decision Varied
R1 Access refused	1	3	0	3	1	6
R2 Access deferred	0	0	0	0	0	0
R3 Exempt matter deleted from documents	0	0	1	0	1	0
R4 Unreasonable charges	0	0	0	0	0	0
R5 Failure to consult with third parties	0	0	0	0	0	0
R6 Third parties' views disregarded	0	0	0	0	0	0
R7 Amendment of personal records refused	0	0	0	0	0	0
R8 Total	1	3	1	3	2	6

Disease Notifications by Area Health Service of Residence, Crude Rates per 100,000 Population, NSW, 2009

CONDITION	GREATER SOUTHERN[F]		GREATER WESTERN[F]			HUNTER / NEW ENGLAND[F]		NORTH COAST[F]		NORTHERN SYD / CENTRAL COAST[F]		SOUTH EASTERN SYD/ ILLAWARA[F]		SYDNEY SOUTH WEST[F]		SYDNEY WEST[F]	
	ALBURY	GOULBURN	BROKEN HILL	DUBBO	BATHURST	NEWCASTLE	TAMWORTH	PT MACQUARIE	LISMORE	GOSFORD	HORNSBY	WOLLONGONG	RANDWICK	CAMPERDOWN	LIVERPOOL	PENRITH	PARRAMATTA
Adverse event after immunisation	5.6	5.6	0.0	2.9	0.6	1.5	1.1	0.3	1.4	4.5	1.1	2.4	1.8	0.9	0.4	1.2	2.4
Anthrax	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Arboviral infection	27.4	10.7	95.3	46.0	11.5	56.1	43.1	77.2	109.8	12.8	5.1	8.7	4.9	3.8	2.3	4.4	3.3
Barmah Forest virus[b]	1.1	4.6	18.1	1.0	1.2	15.0	7.7	28.0	39.1	5.8	0.1	2.6	0.3	0.2	0.4	0.0	0.0
Ross River virus[b]	25.5	5.1	77.1	45.0	10.3	39.8	33.1	47.5	67.6	6.1	1.5	3.4	1.9	1.6	1.1	2.8	1.0
Other[b]	0.7	0.9	0.0	0.0	0.0	1.3	2.2	1.7	3.1	1.0	3.5	2.6	2.8	2.1	0.9	1.6	2.4
Blood lead level >= 15ug/dL[b]	3.3	0.5	34.0	27.8	2.3	8.0	0.6	0.7	3.1	1.0	1.7	3.7	1.1	1.4	2.1	3.1	1.5
Botulism[m]	0.0	0.0	0.0	0.0	0.0	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	1.0	0.0	0.0	1.1	0.0	0.0	0.0	0.1	0.0	0.1	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	0.0	0.0
Chlamydia trachomatis infection	217.9	163.0	335.6	237.5	188.4	290.7	221.3	136.5	259.1	213.3	132.5	184.0	334.5	251.0	150.1	172.4	158.8
Congenital chlamydia[b]	0.7	0.0	0.0	1.0	0.0	0.7	0.0	0.0	0.3	1.0	0.1	1.1	0.1	0.7	0.7	2.8	1.9
Chlamydia – other[b]	217.2	163.0	335.6	236.5	188.4	290.0	221.3	136.5	258.8	212.4	132.4	183.0	334.4	250.3	149.4	169.6	156.9
Cholera[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.1
Creutzfeldt-Jakob disease[b]	0.0	0.5	0.0	0.0	0.0	0.5	0.0	0.3	0.0	0.0	0.0	0.8	0.0	0.0	0.1	0.3	0.0
Cryptosporidiosis[b]	11.5	7.0	2.3	41.2	21.8	19.9	23.2	17.5	25.7	22.0	29.7	9.7	26.5	21.3	12.1	32.6	18.8
Giardiasis[b]	23.3	25.1	18.1	41.2	26.4	35.4	32.6	10.8	4.1	26.5	40.2	26.2	48.6	31.8	19.0	34.2	26.2
Gonorrhoea[b]	8.5	3.7	29.5	2.9	5.7	12.0	2.8	11.5	10.0	11.8	15.2	8.7	71.4	54.3	22.2	9.3	15.5
Haemolytic uraemic syndrome	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.1
H.influenzae serotype [b]	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.6	0.1
Hib epiglottitis[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hib meningitis[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hib septicaemia[b]	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
Hib infection NOS[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0
Hepatitis A[b]	25.2	9.8	0.0	6.7	4.0	26.9	24.3	20.9	64.9	13.1	12.3	55.6	12.3	5.6	8.4	10.9	25.0
Hepatitis B	8.9	7.4	38.6	12.5	5.7	11.2	9.4	7.4	4.1	12.8	35.3	12.9	54.9	72.5	60.4	16.2	70.8
Hepatitis B -acute viral[b]	0.0	0.0	0.0	0.0	0.6	1.7	0.0	1.4	0.7	0.3	0.0	0.8	0.5	0.0	0.7	0.3	0.3
Hepatitis B -other[b]	8.9	7.4	38.6	12.5	5.2	9.5	9.4	6.1	3.4	12.5	35.3	12.1	54.4	72.5	59.7	15.9	70.5
Hepatitis C	47.4	44.6	65.8	66.1	46.5	53.5	40.8	51.2	69.3	56.8	22.9	47.2	60.6	63.9	55.1	46.3	37.3
Hepatitis C -acute viral[b]	1.5	0.5	2.3	2.9	0.0	1.3	0.0	0.0	0.0	0.0	0.1	0.0	0.4	0.2	0.2	0.0	0.3
Hepatitis C -other[b]	45.9	44.1	63.5	63.2	46.5	52.1	40.8	51.2	69.3	56.8	22.7	47.2	60.2	63.8	54.9	46.3	37.0
Hepatitis D[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.3	0.0	0.0	0.0	0.2	0.0	0.0	0.3
Hepatitis E[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.2	0.0	0.4	1.1	0.1	0.0	0.5
HIV infection[b]	0.7	2.8	4.5	1.0	1.2	2.5	0.6	1.7	1.4	1.6	4.6	0.8	13.4	15.5	2.2	0.9	2.6
Influenza	168.4	157.9	45.4	141.7	83.3	180.6	135.2	72.5	218.0	77.0	136.0	91.2	125.6	200.2	164.6	265.6	165.0
Influenza-Type A(H1)[b]	0.4	0.5	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.5	0.0	0.8	0.5	0.2	0.3	0.6
Influenza-Type A(H3)[b]	0.7	14.9	4.5	6.7	8.6	2.5	2.8	1.4	0.7	1.6	6.8	6.0	11.8	16.4	11.4	18.9	8.1
Influenza-Type A(Untyped)[b]	60.3	25.1	11.3	58.4	19.5	95.6	29.8	22.6	78.6	50.8	77.3	60.3	62.3	73.5	71.5	126.0	89.8
Influenza-Type H1N1[b]	106.9	117.5	29.5	76.6	55.1	82.4	102.7	48.5	138.7	24.6	51.1	24.9	50.6	109.7	81.3	119.9	66.5
Influenza-Type B[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.3	0.0	0.1	0.5	0.0
Legionellosis	0.0	0.0	2.3	1.9	1.7	1.7	1.1	0.3	1.4	1.6	1.2	3.9	1.5	1.1	0.5	2.5	1.4
L. longbeachae[b]	0.0	0.0	2.3	0.0	1.2	1.2	0.6	0.3	1.4	0.6	1.0	3.2	1.1	0.7	0.4	0.6	1.0

CONDITION	GREATER SOUTHERN[F]		GREATER WESTERN[F]			HUNTER / NEW ENGLAND[F]		NORTH COAST[F]		NORTHERN SYD / CENTRAL COAST[F]		SOUTH EASTERN SYD/ ILLAWARA[F]		SYDNEY SOUTH WEST[F]		SYDNEY WEST[F]	
	ALBURY	GOULBURN	BROKEN HILL	DUBBO	BATHURST	NEWCASTLE	TAMWORTH	PT MACQUARIE	LISMORE	GOSFORD	HORNSBY	WOLLONGONG	RANDWICK	CAMPERDOWN	LIVERPOOL	PENRITH	PARRAMATTA
L. pneumophila[b]	0.0	0.0	0.0	1.9	0.6	0.3	0.6	0.0	0.0	1.0	0.2	0.8	0.3	0.4	0.1	1.9	0.4
Legionnaires' disease other	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Leprosy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Leptospirosis[b]	0.0	1.4	0.0	0.0	0.6	0.5	1.7	0.3	1.4	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.1
Listeriosis[b]	0.0	0.0	0.0	1.0	0.0	0.5	0.0	0.0	0.0	0.0	0.4	0.3	0.4	0.7	1.1	0.0	0.3
Lymphogranuloma venereum (LGV)[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0
Malaria[b]	3.3	1.4	0.0	1.9	1.7	1.3	0.6	1.4	0.3	1.0	1.1	0.3	1.0	0.5	1.6	0.0	2.2
Measles	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.4	0.3	0.4	1.4	0.2	0.0	0.1
Measles lab confirmed	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.4	0.3	0.4	1.2	0.2	0.0	0.1
Measles – other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0
Meningococcal disease	0.4	0.9	2.3	2.9	1.2	1.5	2.8	0.7	1.4	1.0	0.9	2.6	2.5	1.4	0.8	1.6	0.7
Meningococcal – serogroup B[b]	0.4	0.9	0.0	1.9	1.2	1.2	2.2	0.7	1.4	0.3	0.5	1.8	0.8	0.7	0.5	1.2	0.4
Meningococcal – serogroup C[b]	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.3	0.0	0.2	0.0	0.1
Meningococcal – serogroup W135b	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.3	0.0	0.0	0.0	0.1
Meningococcal – serogroup Y[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.3	0.0	0.0	0.0	0.0
Meningococcal – other	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.3	0.1	0.3	1.0	0.7	0.1	0.0	0.1
Mumps[b]	0.4	0.0	0.0	1.0	0.0	0.3	0.6	0.0	1.0	0.3	0.9	0.5	1.0	1.1	0.4	0.0	0.5
Pertussis	203.9	171.4	131.5	278.6	225.1	209.6	124.7	180.0	278.7	213.3	135.7	364.6	134.0	112.3	123.1	297.0	146.7
Pneumococcal disease (invasive)[b]	3.0	5.1	2.3	3.8	7.5	10.5	8.3	3.0	4.5	11.5	5.2	7.9	7.8	7.0	7.3	5.6	6.3
Psittacosis[b]	0.4	0.5	0.0	0.0	1.7	0.0	1.1	0.3	0.0	0.6	0.2	0.0	0.1	0.2	0.1	1.9	0.1
Q fever[b]	1.9	5.6	11.3	10.5	5.7	4.0	8.8	4.4	8.9	0.0	0.4	2.9	0.1	0.0	0.2	0.0	0.0
Rubella	0.0	0.5	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.2	0.0	0.1	0.2	0.0	0.0	0.1
Congenital rubella[b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rubella – other[b]	0.0	0.5	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.2	0.0	0.1	0.2	0.0	0.0	0.1
Salmonella infection[b,d]	31.8	33.4	31.8	36.4	19.5	32.2	42.5	36.4	58.4	29.4	46.8	25.2	49.6	41.9	32.7	42.6	36.5
Shigellosis[b]	1.5	0.9	2.3	0.0	0.0	0.7	1.1	0.3	3.4	0.6	2.3	0.5	7.4	3.8	0.9	0.3	2.0
Syphilis	1.5	7.4	102.1	6.7	9.2	6.5	5.5	3.4	6.2	8.6	7.8	7.6	37.9	37.2	14.5	9.0	10.8
Congenital syphilis	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Infectious syphilis [b,c]	1.5	0.9	0.0	1.0	1.2	2.7	0.0	0.3	1.4	1.9	3.8	1.3	29.2	23.9	2.6	3.4	3.5
Syphilis – other[b]	0.0	6.5	102.1	5.7	8.0	3.8	5.5	3.0	4.8	6.7	4.0	6.3	8.7	13.3	12.0	5.6	7.3
Tetanus	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Tuberculosis[b]	2.2	2.3	0.0	0.0	0.0	2.5	0.6	1.0	2.4	0.6	7.4	3.9	9.4	12.6	10.2	3.7	14.6
Typhoid[b]	0.7	0.0	0.0	0.0	0.6	0.3	0.0	0.0	0.3	0.0	0.9	0.3	0.5	0.7	0.9	0.3	1.7
Verotoxin – producing Escherichia coli infections[b]	0.0	0.0	0.0	0.0	0.0	1.7	0.6	0.3	0.3	1.3	0.0	0.0	0.1	0.0	0.1	0.3	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. **f** Area health service further divided into the geographical region covered by their component Public Health Unit (PHU). **h** Includes cases with unknown PHU.

NOS: not otherwise specified.

No case of the following diseases have been notified since 1991: Plague[b], Diphtheria[b], Granuloma Inguinale[b], Lyssavirus[b], Poliomyelitis[b], Rabies, Smallpox, Typhus[b], Viral Haemorrhagic Fever, Yellow Fever.

2009 influenza data: cases reported to PHUs; contain 50 laboratory notifications from either interstate residents or overseas.

Notification rates for Justice Health are not reported due to changing population base.

1. Selected Data for the Year Ended June 2010 Part 1[1,2,10]

AREA HEALTH SERVICE	SEPARATIONS	PLANNED SEP %	SAME DAY SEP %	TOTAL BED DAYS	AVERAGE LENGTH OF STAY (ACUTE)[3, 6]	DAILY AVERAGE OF INPATIENTS[4]
Children's Hospital at Westmead	28,880	54.7	45.3	92,633	3.2	254
Justice Health	2,336	67.8	5.2	79,696	32.4	218
Sydney South West	319,180	43.6	44.7	1,247,513	3.6	3,418
South Eastern Sydney and Illawarra	296,366	43.9	44.9	1,197,413	3.6	3,281
Sydney West	220,084	35.2	41.8	858,246	3.4	2,351
Northern Sydney and Central Coast	185,400	39.8	37.9	871,761	4.3	2,388
Hunter and New England	193,936	44.3	40.9	767,664	3.6	2,103
North Coast	156,375	45.3	46.6	607,448	3.7	1,664
Greater Southern	108,036	34.1	45.5	378,995	2.6	1,038
Greater Western	88,398	38.6	43.8	327,945	2.9	898
Total NSW	1,598,991	41.6	43.2	6,429,314	3.6	17,615
2008/09 Total	1,555,480	41.4	42.6	6,368,298	3.7	17,447
Percentage change (%)9	2.8	0.2	0.6	1.0	-1.9	1.0
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

2. Selected Data for the Year Ended June 2010 Part 2[1,2,10]

AREA HEALTH SERVICE	OCCUPANCY RATE5 JUNE 10	ACUTE BED DAYS[6]	ACUTE OVERNIGHT BED DAYS[6]	NON-ADMITTED PATIENT SERVICES[7]	EMERGENCY DEPT. ATTENDANCES[8]
Children's Hospital at Westmead	91.8	92,633	79,562	629,448	49,833
Justice Health	n/a	75,036	74,915	3,597,300	n/a
Sydney South West	92.6	1,121,978	981,875	4,425,895	359,741
South Eastern Sydney and Illawarra	93.3	998,492	870,657	4,987,739	392,790
Sydney West	91.5	727,729	636,581	3,043,688	245,608
Northern Sydney and Central Coast	89.8	764,463	695,842	2,570,864	266,308
Hunter and New England	81.3	687,031	608,118	2,651,582	369,009
North Coast	85.6	563,203	490,430	1,812,062	309,258
Greater Southern	73.8	270,874	221,789	1,383,630	223,733
Greater Western	72.6	248,370	209,739	1,189,025	226,702
Total NSW	88.3	5,549,809	4,869,508	26,291,232	2,442,982
2008/09 Total	87.4	5,523,318	4,874,799	27,808,772	2,416,774
Percentage change (%)9	0.9	0.5	-0.1	-5.5	1.1
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

3. Average Available Beds, June 2010[1,5]

AREA HEALTH SERVICE	GENERAL HOSPITAL UNITS[3,4]	NURSING HOME UNITS	COMMUNITY RESIDENTIAL	OTHER UNITS	TOTAL
The Children's Hospital at Westmead	281	–	–	–	281
Justice Health	284	–	–	–	284
Sydney South West	3,819	194	–	19	4,032
South Eastern Sydney and Illawarra	3,404	120	–	–	3,524
Sydney West	2,408	183	–	314	2,905
Northern Sydney and Central Coast	2,484	47	–	205	2,737
Hunter and New England	2,680	321	–	231	3,232
North Coast	1,577	75	–	–	1,652
Greater Southern[6]	1,445	392	23	54	1,914
Greater Western	1,280	375	51	153	1,860
Total NSW[6]	19,662	1,707	74	976	22,421
2008–09 Total[6]	19,585	1,679	80	967	22,311
2007–08 Total	19,486	1,714	282	915	22,397
2006–07 Total	19,170	1,419	412	1,379	22,380
2005–06 Total	18,952	1,464	177	1,482	22,075
2004–05 Total	18,573	1,032	636	1,232	21,472
2003–04 Total[2]	17,098	1,306	678	1,289	20,370
2002–03 Total[2]	16,882	1,381	647	1,237	20,147
2001–02 Total[2]	16,001	1,497	627	1,389	19,513
2000–01 Total[2]	16,098	1,580	696	1,346	19,720
1999-00 Total[2]	17,226	1,682	672	1,674	21,254

Table 1 & 2 notes:
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 reported are as of 31/8/2010. **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: HIE, WebDOHRS. **8** Source: HIE and WebDOHRS. Pathology and radiology services performed in emergency departments have been excluded since 2004/05. **9** Planned separations, Same day separations and occupancy rates are percentage point variance from 2008/09. **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 the Greater Southern Area Health Service and the NSW State numbers to the previous year. The hospital's activity and bed numbers are excluded from both the Greater Southern Area Health Service and the NSW 2009–10 totals, but were included in all previous years.

Table 3 notes:
1 Source: Sustainable Access Plan bed reporting since 2004–05. **2** The number of beds for 1999-00 to 2003–04 is the average available beds over the full year and is provided for general comparison only. **3** The number of general hospital unit beds from 2002–03 onwards is not comparable with previous years as cots and bassinettes were included from 2002–03. **4** Beds for Hawkesbury District Health Service have been included to reflect contractual arrangements for the treatment of public patients in that facility. **5** Beds in emergency departments, delivery suites, operating theatres and recovery wards are excluded. Flex and surge beds are included. **6** As Albury Base Hospital transferred on 1 July 2009 to the integrated Albury-Wodonga Health Service managed by Victoria, caution is required when comparing the Greater Southern Area Health Service and the NSW State total bed numbers to the previous year. The hospital's beds are excluded from both the Greater Southern Area Health Service and NSW 2009–10 totals, but were included in all previous years. As at June 2009 there were 144 beds at Albury Base Hospital.

There are 86 licensed private hospitals in NSW with a total of 6,378 beds. Of these, 19 are private psychiatric hospitals authorised under the *Mental Health Act 2007* with a total of 704 beds.

New in 2009–10

Closures

During 2009–10, there were three private hospital closures and one relocation of services.

Canada Bay, Jean Colvin and Lismore Private Hospitals closed and their licenses were cancelled.

The Peninsular Private Sleep Laboratory moved the service to a new location in Frenchs Forest and a new licence was issued following application by the operators.

Legislation

NSW Health is the regulatory authority for privately owned and operated private health facilities across the State. Clinical Safety, Quality and Governance has responsibility on behalf of the Director-General for regulating private health facilities and enforcing licensing standards under the:

- *Private Health Facilities Act 2007*
- *Private Health Facilities Regulation 2010*
- *Assisted Reproductive Technology (ART) Act 2007*

The Private Health Facilities Act 2007 and associated Regulation which replaced the *Private Hospitals and Day Procedure Centres Act 1988* on 1 March 2010, sets out the requirements for licensing and the standards of care and safety for admitted patients.

The distinction between private hospitals and private day care facilities has been removed and the Regulation introduces a reporting regime and review of incidents to private health facilities to ensure reporting and investigation of adverse events. These reviews were previously only mandatory in public health facilities.

The Private Health Facilities Regulation 2010 significantly updates the licensing standards that apply to the various classes of licensed private health facilities across NSW and stipulates accommodation standards, regular audits, a complaints policy, a written incident management system and an annual review by the Medical Advisory Committee of a written admission policy. Private health facilities must meet all general licensing standards and any associated licensing standards that apply to each class of the facility. [http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+64+2010+cd+0+N]

There are currently 18 prescribed classes of private health facilities:

- Anaesthesia
- Cardiac catheterisation
- Cardiac surgery
- Chemotherapy
- Emergency
- Gastrointestinal Endoscopy
- Intensive care
- Interventional neuroradiology
- Maternity
- Medical
- Mental health
- Neonatal
- Paediatric
- Radiotherapy
- Rapid opioid detoxification
- Rehabilitation
- Renal dialysis
- Surgical.

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There are four new classes not previously required to be licensed – Anaesthesia, Interventional Neuroradiology, Radiotherapy and Rapid Opioid Detoxification classes. Other classes have changed significantly such as the Gastrointestinal Endoscopy class. This now applies to all offering services which use a flexible endoscope with an internal lumen for the passage of an instrument to examine the upper or lower gastrointestinal tract. It is not confined to those facilities that employ more than simple sedation or major regional blocks.

The Assisted Reproductive Technology (ART) Act 2007 which came in to effect on 1 January 2010, requires providers to be registered and establishes a voluntary central donor register which, following the birth of a child born as a result of ART treatment using donated gametes, will hold information on the child and the donor. Information on the Register can be accessed by a person conceived using donated gametes once they turn 18. The ART Act also allows parents to access certain non-identifying information about their donor and donors to access non-identifying information about their offspring.

ART providers are required to collect and store information about donors and women undergoing ART treatment and provide this information to the Register following the birth of a donor conceived child.

Information on the ART legislation and its operation can be found at http://www.health.nsw.gov.au/hospitals/phc/art.asp

Private Hospital Activity Levels for the Year Ended 30 June 2010

	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 South West	588	105,909	7.5	24.9	0.5	80,483	9.1	36.1	0.7	629	11.5	91.5	7.6
South Eastern Sydney and Illawarra	1,373	251,427	5.5	45.9	0.7	171,360	7.6	56.3	1.2	1,465	-2.3	91.5	-0.8
Sydney West	1,037	126,760	2.4	36.5	-0.5	79,339	1.4	46.3	-1.9	838	-1.5	76.9	-12.2
Nothern Sydney and Central Coast	1,942	283,035	5.9	60.4	-0.2	192,806	6.5	73.3	0.0	2,006	4.6	97.3	-4.5
Hunter and New England	868	116,272	7.6	37.5	0.9	75,418	9.5	48.8	0.7	772	3.7	86.1	2.2
North Coast	227	46,812	7.6	23.0	1.1	37,039	8.9	33.7	1.9	255	4.7	89.9	20.8
Greater Southern	199	42,662	6.7	28.3	2.7	30,029	8.7	37.9	2.8	212	3.4	77.4	0.3
Greater Western	144	15,427	-0.5	14.9	-0.2	10,148	-3.0	20.8	-1.0	89	-2.9	57.3	-1.4
Total NSW	6,378	988,304	5.7	38.2	0.7	676,622	6.9	49.5	0.6	6,265	2.5	88.9	-1.4

1. Licensed beds as at 30 June 2010. 2. Market share calculations include Children's Hospital at Westmead in the total for NSW. Source: Licenced Beds – Private Health Care Branch, 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 2008/09. 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.

Registered Health Professionals

in NSW

PROFESSION	NO. OF REGISTRANTS AS AT 30 JUNE 2010
Chiropractors	1,543
Dentists	5,387
Dental Hygienists	360
Dental Therapists	317
Oral Health Therapists	85
Students (both dentists and auxiliaries)	1075
Dental Technicians	842
Dental Prosthetists	491
Medical Practitioners	
General Registration	31,420
Conditional Registration	4,060
Nurses and Midwives	
Registered Nurses	86,497
Registered Nurse and Midwife	17,250
Registered Midwives	294
Enrolled Nurses	16,800
Authorised Nurse Practitioner	158
Authorised Midwife Practitioner	1
Optical Dispenser	1,545
Optometrists	1,764
Osteopaths	574
Pharmacists	8,481
Physiotherapists	7,074
Podiatrists	937
Psychologists (includes 1,487 provisional)	10,770

Section 108 Mental Health Act 2007

In accordance with Section 108 of the *NSW Mental Health Act (2007)* this report details mental health activities for 2009–10 in relation to:

(a) achievements during the reporting period in mental health service performance

(b) data relating to the utilisation of mental health resources.

Total Beds and Activity

In 2009–10 there were 2,636 funded mental health beds in NSW, an increase of 726 funded beds (40.7%) from 2000–01.

In the tables below, average available beds may be less than funded beds due to (i) commissioning periods between the completion of construction and full operation of new units/ beds (eg Forensic Hospital, Coffs Harbour, Gosford Hospital), (ii) temporary closures due to renovation or operational reasons, (iii) Definitional differences regarding non-acute CAHMS beds which operates during the week and school terms; and (iv) data reporting issues (eg Lottie Stewart).

Average occupancy is calculated as percentage of available beds which are occupied, however estimates derived in this way from aggregate data are likely to be an underestimate of true occupancy at a unit level.

Performance Indicators

This report includes Health Service Performance Agreement (HSPA) 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 (eg Primary Care, Rehabilitation and Aged Care). Therefore the numbers reported here may differ from those in national reports (eg 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 for each Area Health Service since 2000–01.

FUNDED BEDS	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
Funded Beds at 30 June	1,874	1,922	2,004	2,107	2,157	2,219	2,316	2,360	2,491	2,636
Increase since 30 June 2001	-	48	130	233	283	345	442	486	617	762

AVERAGE AVAILABLE BEDS (FULL YEAR)	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
Average Available beds	1,814	1,845	1,899	1,985	2,075	2,153	2,261	2,283	2,396	2,475
Increase since 30 June 2001	-	31	85	171	261	339	447	469	582	661
Average Availability (%) of funded beds	97%	96%	95%	94%	96%	97%	98%	97%	96%	94%

AVERAGE OCCUPIED BEDS (FULL YEAR)	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
Average Occupied beds	1,572	1,621	1,702	1,773	1,847	1,912	2,056	2,059	2,120	2,163
Increase since 30 June 2001	-	48	130	201	274	340	484	487	548	591
Average Occupancy (%) - of available beds	87%	88%	90%	89%	89%	89%	91%	90%	88%	87%

Mental Health Acute Inpatient Care (Separations from overnight stays)

AREA HEALTH SERVICE	ACUTE OVERNIGHT SEPARATIONS									
	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
SSW	4,545	4,866	5,041	5,058	5,135	6,211	5,997	5,709	5,903	5,486
SESI	3,577	3,866	3,876	4,609	4,425	4,815	4,692	4,801	4,768	4,828
SW	3,309	3,493	3,149	3,124	3,074	3,683	4,613	4,869	4,772	4,365
NSCC	2,803	2,755	2,628	2,776	3,187	3,472	4,068	3,426	3,858	3,786
HNE	3,402	3,511	3,839	4,166	3,969	4,023	4,103	4,210	4,033	4,141
NC	1,566	1,545	2,034	2,395	2,354	2,421	2,200	2,168	2,425	2,246
GS	1,369	1,373	1,318	1,342	1,348	1,290	1,221	1,636	1,690	1,721
GW	877	954	858	1,197	1,505	1,656	1,608	1,510	1,479	1,620
CHW	-	-	-	-	94	121	96	116	150	130
JHS	161	151	100	92	91	123	699	806	706	694
NSW	21,609	22,514	22,843	24,759	25,182	27,815	29,297	29,251	29,784	29,016

Source: NSW State HIE – Area Health Service returns to Department of Health Reporting System (DOHRS).
Limitations: Some data may be reported manually by Areas and may include some inaccuracies or missing data.

Interpretation

In 2009–10 funded acute beds increased by 85. The new funded beds were; four (PECC beds – due to open in December 2010) in Wollongong (South Eastern Sydney Illawarra); five in Gosford (Northern Sydney Central Coast), 10 in HNE Mater MH Service (Hunter New England), 10 in Bathurst (Greater western) and 56 in Forensic Hospital (JH) of which 17 were child and adolescent beds.

Other changes in 2009–10 were: reduction in the number of acute adult/older beds in Westmead (Sydney West) from 26 in 2008–09 to 22 in 2009–10; re-classification of 12 beds in Concord (South Western Sydney) from adult to child/adolescent, and re-opening of four acute beds in the re-located James Fletcher / Mater MH Service (Hunter New England).

Acute overnight separations increased steadily between 2004 and 2007 aligned to increased funding which saw the implementation of Psychiatric Emergency Care Centres (PECCs) and a rise in the acute Mental Health bed base. Bed availability data shows that a small proportion of the additional beds funded in 2009–10 were not fully operational at the end of the reporting period.

Mental Health Non-acute Inpatient Care – Occupied Bed-days

AREA HEALTH SERVICE	ACUTE OVERNIGHT SEPARATIONS									
	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
SSW	32,260	30,048	28,949	29,467	22,913	16,821	19,030	19,623	16,668	15,764
SESI	-	-	-	-	-	-	5,002	4,978	8,009	16,054
SW	52,580	53,250	56,291	56,123	55,805	56,588	54,898	50,874	63,654	58,393
NSCC	56,324	56,248	55,820	59,397	62,815	61,707	65,370	62,934	63,612	60,778
HNE	42,464	42,913	42,868	43,502	42,450	43,497	39,055	37,826	47,707	47,526
NC	-	-	-	-	-	-	-	-	-	-
GS	14,669	16,680	17,426	17,697	17,959	17,751	17,032	17,269	23,983	25,815
GW	30,440	30,741	33,555	38,344	39,978	35,866	37,234	37,540	35,741	32,830
CHW	-	-	-	-	-	-	-	-	-	-
JHS	21,765	22,396	21,299	21,604	21,769	20,980	20,115	19,677	12,690	20,952
NSW	250,502	252,276	256,208	266,134	263,688	253,210	257,736	250,721	272,064	278,112

Source: NSW State HIE: Area Health Service returns to Department of Health Reporting System (DOHRS). Limitations: DOHRS reporting of overnight occupied bed days from May-June 2010 was not available for Children's Hospital at Westmead. The data was provided manually from the Area.

Interpretation

Non-acute bed numbers increased by 60 from 931 in 2008–09 to 991 in 2009–10. This was due to the funding of 20 beds each in Mater MH Service (Hunter New England), Coffs Harbour (North Coast), and Forensic Hospital (Justice Health). The funded non-acute beds in Forensic Hospital and Mater are not due to open until October 2010 and March 2011 respectively. Substantial increase in non-acute bed numbers occurred in 2008–09 (see Annual Report 2008-2009).

Increased non-acute overnight bed days in SESIAHS in 2009–10 is mainly due to the full operation of 20 non-acute beds each that had opened in Shellharbour and Sutherland hospital in mid and late 2008–09. A similar increase in non-acute bed days in JH is mainly due to the higher availability and full functioning of non-acute beds in the Forensic hospital in 2009–10 compared to 2008–09.

Ambulatory Care (Contacts)

AREA HEALTH SERVICE	AMBULATORY CONTACTS										
	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	% 2009-2010 TARGET MET
SSW	57,568	113,802	166,910	195,935	227,012	243,385	179,233	166,276	223,557	291,333	78%
SESI	98,072	159,475	221,264	233,001	291,447	285,580	296,926	265,664	278,491	263,515	79%
SW	146,494	150,022	125,178	123,872	118,026	164,617	189,429	193,646	164,315	174,026	57%
NSCC	103,928	228,093	282,408	295,704	351,699	373,628	441,085	471,621	455,298	517,409	142%
HNE	90,365	89,692	111,593	129,721	108,739	163,259	166,140	133,107	129,693	139,663	50%
NC	5,945	69,278	120,586	145,000	123,710	133,427	137,590	153,132	144,318	150,587	97%
GS	6,399	82,702	106,753	25,332	88,237	158,486	146,889	155,465	178,631	197,213	106%
GW	73,557	88,643	102,644	101,994	111,112	120,535	124,491	108,451	146,281	145,100	86%
CHW	3,183	8,634	10,885	10,055	12,787	16,759	20,900	18,618	16,774	13,936	48%
JHS	-	443	4,608	171,115	299,101	50,258	60,388	54,733	59,168	69,648	100%
NSW	**585,511**	**990,784**	**1,252,829**	**1,431,729**	**1,731,870**	**1,709,934**	**1,763,071**	**1,720,713**	**1,796,526**	**1,962,430**	**91%**

Source: NSW State HIE from Area ambulatory source systems in the State data warehouse.
Targets: Based on target numbers of funded ambulatory Full Time Equivalent (FTE) Staff. Targets are set at 80% of the actual expected number of contacts.
Limitations: Area Health Services using the CHIME system (Hunter New England and St Vincents Hospital in South Eastern Sydney Illawarra) are reporting ambulatory data into the State HIE in an earlier format (CHAMB 1) which does not include duration and may underestimate the number of contacts compared to later format (CHAMB 2). The data included may therefore represent an under-reporting of the ambulatory contacts recorded in local source-systems. Reporting for this year is still incomplete in a number of AHS. The total for 2009–10 is likely to increase as Area data entry is completed.

Interpretation

This indicator has increased by 14% in 2009–10, due to seven out of the 10 Area Health Services increasing their recording of ambulatory contacts. In 2009–10 the overall performance on this indicator has increased to 91% of expected contacts from 83% in 2008–09. Five Area Health Services showed a reporting compliance above the 80% target.

There is substantial variability between Areas for this indicator (range: 48% – 142%). This may reflect local data system issues as well as differences in local practices for collection and processing of clinician-reported activity data.

Child/Adolescent beds – 2008–09 to 2009–10

The funded acute beds number increased by 29 from 55 in 2008–09 to 84 in 2009–10. Changes occurred at Concord (Sydney South West) where 12 beds reported as adult beds in the 2008–09 Report were reclassified from adult as child/adolescent and Forensic hospital (Justice Health) where 17 new beds opened in June 2010 (bed activity for these beds were not reported in DOHRS in the current period). Acute bed activity (separations) increased by 10% in the current period from 687 in 2008–09 to 757 in 2009–10.

Funded non-acute CAMHS beds remained unchanged at 56. The availability and occupancy statistics for these units are complicated by the fact that they operate mainly during the week and in school terms.

All units except the Forensic hospital (JH) reported same number of available beds as funded. No bed activity was reported from the Forensic hospital as the beds were opened at the end of the reporting period (June 2009–10).

Private Hospitals

In 2008–09, 19 private hospitals authorised under the Mental Health Act provided inpatient psychiatric services in NSW in 705 authorised beds.

Changes from 2008–09 to 2009–10

Two new mental health units, Campbelltown Private (26 beds) and Hills Private (32 beds) were opened in 2009–10. Funded beds at St John of God Richmond increased by two, from 86 to 88. Wandene Hospital has been renamed Wesley Private Kogarah.

In 2009–10 there was an overall increase of 60 funded beds (9.3%) across all private hospitals (from 645 beds in 2008–09 to 705 beds in 2009–10). Overnight admissions to private hospitals increased by almost 9% (from 8,927 in 2008–09 to 9,721 in 2009–10).

Overall in 2009–10, 98% (693) of the funded beds were available and almost 74% (510) of the available beds were occupied across all Private hospitals.

Data Sources for the Annual Report

Data for average available beds, average occupied beds and overnight separations in Public Health facilities was compiled from the Department of Health Reporting System (DOHRS, data extracted in July 2010).

The 'Funded Beds' data for Public Health facilities was compiled from the 'Bed Survey' that happened in June/July 2010. The survey collected data on bed numbers against bed types by financial-sub-program at ward/unit level in MH facilities in Area Health Services.

The 'Authorised Beds' data for Private facilities is provided by the Private Health Care Branch.

'Deaths' (in Public Health facilities) and 'Private Provider' data is supplied direct from Area Health Services and Private Providers via an annual survey (conducted in July 2010).

Ambulatory Contact data was extracted in July 2010 from the MH-AMB tables in the NSW State HIE.

Note for Public Hospital Activity Table

For the first time, this report separates the older people's beds from adult beds. These were reported together with the Adult category in previous reports.

Public Hospitals Activity Levels – Mental Health

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

AHS/HOSPITAL	LOCATION	'FUNDED[1] BEDS' AT 30 JUNE		'AVERAGE AVAILABLE[2] BEDS' IN YEAR		'AVERAGE OCCUPIED[3] BEDS' IN YEAR		'OVERNIGHT[4] SEPARATIONS' IN 12 MTHS TO 30/6/10	DEATHS[5] IN 12 MTHS TO 30/6/10
		2009	2010	2008–09	2009–10	2008–09	2009–10		
X500 Sydney South West		**407**	**407**	**381**	**387**	**338**	**349**	**5,806**	**5**
Acute Beds – Adult									
Bankstown/Lidcombe HS – Hospital	Bankstown	30	30	30	29	27	26	596	
Bowral and District Hospital	Bowral	2	2	2	2	0	0	30	
Campbelltown Hospital	Campbelltown	56	56	51	56	51	55	1,092	1
Concord Hospital[7]	Concord	142	100	129	97	119	97	1,682	2
Liverpool Hospital	Liverpool	54	54	50	54	52	50	946	1
Royal Prince Alfred Hospital	Camperdown	40	40	40	40	37	37	781	
Acute Beds – Child/ Adolescent									
Campbelltown Hospital (Gna Ka Lun)	Campbelltown	10	10	10	10	7	10	121	
Concord Hospital[7]	Concord		12		12		4	6	
Acute Beds – Older[6]									
Concord Hospital			30		30		27	231	
Non-Acute Beds – Adult									
Concord Hospital	Concord	35	35	35	35	24	23	15	1
Liverpool Hospital	Liverpool	14	14	17	14	14	14	43	
Non-Acute Beds – Child/ Adolescent									
Thomas Walker Hospital[8]	Concord	24	24	17	8	7	6	263	
X510 South Eastern Sydney / Illawarra		**302**	**306**	**277**	**300**	**271**	**276**	**4,971**	**5**
Acute Beds – Adult									
Prince of Wales Hospital[6]	Randwick	62	56	64	57	68	57	1,054	3
Shellharbour Hospital	Shellharbour	49	49	45	49	47	44	1,031	
St. George Hospital[6]	Kogarah	34	28	34	28	31	27	612	
St. Vincents Public Hospital	Darlinghurst	33	33	33	33	30	29	981	
Sutherland Hospital	Sutherland	28	28	28	28	28	26	405	1
Wollongong[6,24]	Wollongong	34	24	33	20	30	19	477	
Acute Beds – Child/ Adolescent									
Sydney Children's Hospital	Randwick	8	8	8	8	4	8	56	
Acute Beds – Older[6]									
Prince of Wales Hospital[6]	Randwick		6		6		6	56	
St. George Hospital[6]	Kogarah		6		6		5	35	
Wollongong[6]	Wollongong		14		14		11	121	1
Non-Acute Beds – Adult									
Prince of Wales Hospital	Randwick	14	14	14	14	14	14	56	
Shellharbour Hospital	Shellharbour	20	20	17	19	11	15	39	
Sutherland Hospital	Sutherland	20	20	1	18	8	15	48	

AHS/HOSPITAL	LOCATION	'FUNDED[1] BEDS' AT 30 JUNE		'AVERAGE AVAILABLE[2] BEDS' IN YEAR		'AVERAGE OCCUPIED[3] BEDS' IN YEAR		'OVERNIGHT[4] SEPARATIONS' IN 12 MTHS TO 30/6/10	DEATHS[5] IN 12 MTHS TO 30/6/10
		2009	2010	2008–09	2009–10	2008–09	2009–10		
X520 Sydney West		**448**	**444**	**444**	**436**	**398**	**385**	**4,533**	**6**
Acute Beds – Adult									
Blacktown Hospital[9]	Blacktown	34	34	34	34	37	40	805	
Blue Mountain DH – Katoomba	Katoomba	15	15	14	12	13	11	190	1
Cumberland Hospital	Westmead	102	102	94	102	99	103	1,670	
Penrith DHS – Nepean Hospital	Penrith	39	39	39	38	35	35	1,284	
Westmead[6,10]	Westmead	26	12	25	12	25	19	196	3
Acute Beds – Child/ Adolescent									
Westmead (Redbank – AAU)	Westmead	9	9	34	9		7	58	
Acute Beds – Older[6]									
St. Josephs Hospital, Auburn[11]	Auburn	15	15	19	19	15	14	126	2
Westmead[6,10]	Westmead		10		10		3	36	
Non-Acute Beds – Adult									
Cumberland Hospital	Westmead	159	159	159	159	169	145	64	
Non-Acute Beds – Child/ Adolescent									
Westmead (Redbank – AFU & CFU)[12]	Westmead	17	17		25	–	2	83	
Non-Acute Beds – Older6									
Lottie Stewart Hospital[13]	Dundas	16	16	10		0			
Mt Druitt Hospital[14]	Mount Druitt	16	16	16	16	5	6	21	
X530 Northern Sydney / Central Coast		**404**	**409**	**394**	**394**	**349**	**348**	**4,117**	**5**
Acute Beds – Adult									
Gosford District Hospital[15]	Gosford	25	30	25	25	22	22	471	1
Hornsby & Ku-Ring-Gai Hospital	Hornsby	41	41	38	38	33	32	803	
Macquarie Hospital	North Ryde	14	14	14	14	15	14	237	
Manly Hospital[6]	Manly	30	20	31	20	29	19	428	
Royal North Shore Hospital	St Leonards	24	24	24	24	21	22	433	
Wyong Hospital[6]	Wyong	54	39	51	39	45	32	1,003	1
Acute Beds – Older[6]									
Greenwich Home of Peace Hospital	Greenwich	20	20	20	20	19	18	216	1
Manly Hospital[6]	Manly		10		10		9	98	
Wyong Hospital[6]	Wyong		15		15		13	97	1
Non-Acute Beds – Adult									
Macquarie Hospital[6]	North Ryde	181	151	181	151	161	134	45	1
Non-Acute Beds – Child/ Adolescent									
Coral Tree[16]	North Ryde	15	15	10	8	4	3	281	
Non-Acute Beds – Older[6]									
Macquarie Hospital[6]	North Ryde		30		30		30	5	

AHS/HOSPITAL	LOCATION	'FUNDED[1] BEDS' AT 30 JUNE		'AVERAGE AVAILABLE[2] BEDS' IN YEAR		'AVERAGE OCCUPIED[3] BEDS' IN YEAR		'OVERNIGHT[4] SEPARATIONS' IN 12 MTHS TO 30/6/10	DEATHS[5] IN 12 MTHS TO 30/6/10
		2009	2010	2008–09	2009–10	2008–09	2009–10		
X540 Hunter / New England		**333**	**367**	**333**	**345**	**290**	**294**	**4,265**	**7**
Acute Beds									
Armidale and New England Hospital	Armidale	8	8	8	8	6	6	206	
HNE Mater MH Service[17]	Newcastle	82	78	81	76	75	71	1,899	
Maitland Hospital	Maitland	24	24	25	24	26	23	681	1
Manning Base Hospital	Taree	20	20	20	20	17	14	348	
Morisett Hospital	Morisett	12	12	12	12	8	9	50	
Tamworth Base Hospital	Tamworth	25	25	25	25	17	17	543	
Acute Beds – Child/ Adolescent									
John Hunter Hospital (Nexus)	Newcastle	12	12	12	12	9	7	309	
Acute Beds – Older[6]									
HNE Mater MH service[17]	Newcastle		18		18		17	105	2
Non-Acute Beds – Adult									
HNE Mater MH Service[17, 24]	Newcastle		20						
Morisett Hospital6	Morisett	118	91	118	91	112	85	55	
Non-Acute Beds – Older[6]									
Morisett Hospital[6]	Morisett		27		27		25	22	4
Tamworth Base Hospital[14]	Tamworth	16	16	16	16	11	12	27	
Wingham & District Hospital[14]	Wingham	16	16	16	16	9	8	20	
X550 North Coast		**125**	**145**	**129**	**130**	**109**	**117**	**2,246**	**3**
Acute Beds – Adult									
Coffs Harbour and District Hospital[18]	Coffs Harbour	30	30	30	37	29	34	527	1
Kempsey Hospital	Kempsey	10	10	10	10	8	8	202	
Lismore Base Hospital	Lismore	40	40	44	39	35	35	734	1
Port Macquarie Base Hospital	Port Macquarie	12	12	12	12	12	11	213	
Tweed Hospital	Tweed heads	25	25	25	25	22	24	493	1
Acute Beds – Child/ Adolescent									
Lismore Base Hospital	Lismore	8	8	8	7	3	5	77	
Non-Acute Beds – Adult									
Coffs Harbour and District Hospital[18]	Coffs Harbour		20						
X560 Greater Southern		**118**	**118**	**120**	**120**	**98**	**103**	**2,046**	**0**
Acute Beds – Adult									
Albury Base Hospital	Albury	24	24	24	24	18	19	583	
Goulburn Base Hospital[19]	Goulburn	20	20	22	22	16	17	634	
Wagga Wagga Base Hospital	Wagga Wagga	20	20	20	20	18	18	504	
Non-Acute Beds – Adult									
Kenmore Hospital	Goulburn	54	22	54	22	46	19	181	
Non-Acute Beds – Older[6]									
Kenmore Hospital	Goulburn		32		32		30	144	

AHS/HOSPITAL	LOCATION	'FUNDED[1] BEDS' AT 30 JUNE		'AVERAGE AVAILABLE[2] BEDS' IN YEAR		'AVERAGE OCCUPIED[3] BEDS' IN YEAR		'OVERNIGHT[4] SEPARATIONS' IN 12 MTHS TO 30/6/10	DEATHS[5] IN 12 MTHS TO 30/6/10
		2009	2010	2008–09	2009–10	2008–09	2009–10		
X570 Greater Western		**191**	**201**	**179**	**183**	**140**	**132**	**1717**	**3**
Acute Beds – Adult									
Bathurst Hospital[20]	Bathurst		10		5		3	123	
Bloomfield Hospital[21a]	Orange	28	28	28	28	23	21	849	
Broken Hill Base Hospital	Broken Hill	6	6	6	6	5	4	212	
Dubbo Base Hospital	Dubbo	18	18	18	18	14	14	436	
Mudgee District Hospital	Mudgee	2	2	2	2	0	0	0	
Non-Acute Beds – Adult									
Bloomfield Hospital[21b]	Orange	137	109	125	124	98	90	97	3
Non-Acute Beds – Older6									
Bloomfield Hospital[21c]	Orange		28						
X160 Children's Hospital Westmead		**8**	**8**	**8**	**8**	**8**	**7**	**130**	**0**
Children's Hospital Westmead	Westmead	8	8	8	8	8	7	130	
X170 Justice Health Service		**155**	**231**	**131**	**172**	**119**	**152**	**708**	**0**
Acute Beds – Adult									
Forensic Hospital[22, 23]	Malabar		39						
Long Bay (Ward E, F & G)[23]	Malabar	40	40	95	114	84	95	694	
Mulawa and MRRC[23]	Silverwater	56							
Metropolitan Remand Unit[23]	Silverwater		43						
Mulawa Correctional Centre[23]	Silverwater		13						
Acute Beds – Child/ Adolescent									
Forensic Hospital[22, 23]	Malabar		17						
Non-Acute Beds – Adult									
Forensic Hospital (Clovelly & Dee Why)[24]	Malabar	59	79	36	58	35	57	14	
NSW – TOTAL		**2,491**	**2,636**	**2,396**	**2,475**	**2,120**	**2,163**	**30,539**	**34**

1 Funded beds are those funded by NSW Health. **2** Average Available beds are the average of 365 nightly census counts as reported in DOHRS. This figure is an overstimate for Child and adolescent non-acute units which do not operate for 365 days. **3** Average occupied beds are calculated from the total Occupied Overnight bed days for the year, as reported in DOHRS. Data for non-acute child and adolescent units is only for days that these units are operational in the year (they are deemed to operate only for 231 days, Monday to Friday excluding public holidays). **4** Overnight Separations exclude sameday separations and are derived from DOHRS. **5** Death of patients who had been in a MH unit at any time during a stay that ended in death in the period 2009/10. **6** Separate reporting category for Older People. These were reported together within the Adult category in previous reports. All facilities with this split are identified. **7** Concord bed split: 100 acute adult, 30 acute older, 35 non-acute older and 12 acute C&A (142). 7 C&A beds opened in June 2009. **8** Thomas Walker Hospital has only 12 of its 24 funded beds available. **9** Occupied beds exceeded available beds due to the use of serge beds. **10** Four beds in Westmead (previously 26, now 22) were closed in August 2009. Combined adult and older bed activity data reported in DOHRS as patients are admitted interchangably to an available bed irrespective of financial sub class. **11** Extra 4 beds reported are funded outside the Mental Health program. **12** The higher number of available beds (than funded) is due to reporting of some day-only beds. **13** Lynford Lodge in Lottie Stewart Hospital has not yet moved from CADE to T-BASIS model. They are not reporting any activity data in DOHRS. **14** T-BASIS Aged Care Services. **15** Five additional beds opened in April 2010. **16** Due to staffing and other issues only an average of 8 beds were available in the period. **17** Transfer of all mental health wards from James Fletcher Hospital to Mater Mental Health Service effective from 30 June 2009. Mater now has 30 new beds and 4 beds that were closed have re-opened in Boronia. **18** Twenty new non-acute beds opened in August 2009. No activity reported against these beds in DOHRS. It seems that some non-acute bed activity is being reported together with acute beds in DOHRS. **19** Average available beds includes 2 day-procedure beds. **20** A 10 bed Mental Health Unit opened at Bathurst in February 2010. Four beds remain unavailable due to staffing issues. **21a** 2009 bed number revised to 28 from 34 as 4 non-acute beds were incorrectly included in this category. **21b** 2009 bed number revised to 137 from 133 (see footnote 21a). 21cAudley Clinic is in a trasitionary state and will be reconfigured from a 28 non-acute older persons unit to a 12 acute bed and 16 non-acute bed older persons unit. **22** New beds opened in June 2010. **23** Combined bed activity data reported in DOHRS. **24** Funded beds not yet opened: (Wollongong, 4 PECC beds to open in Dec. 2010; Mater, 20 beds to open in Mar. 2011; Forensic Hospital, 20 beds to open in Oct. 2010)

Psychiatric Hospitals and Children and Adolescent Hospitals/Units – listed in order of presentation in the table Psychiatric Hospitals: Cumberland, Macquarie, HNE Marter MH Service, Morisett, Kenmore and Bloomfield Children and Adolescent Psychiatric Hospitals/Units: Concord Hospital (C&A Unit), GnaKaLun, Thomas Walker, Sydney Children's Hospital, Westmead (Redbank acute/non-acute), Coral Tree, John Hunter Hospital (Nexus), Lismore (C&A Unit) and Children's Hospital Westmead, Forensic Hospital (C&A Unit). Source: Mental Health and Drug and Alcohol Office.

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 30/6/10		ON LEAVE	DEATHS IN
	as at 30/06/10	as at 30/6/09	as at 30/6/10	as at 30/6/09	as at 30/6/10	12 mths to 30/6/09	12 mths to 30/6/09	Over Night	Same Day	as at 30/6/10	12 mths to 30/6/10
Albury/Wodonga Private[5]	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[6]	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[7]	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[8]	93	93	92	88	82	92	81	1,350	5,807	0	0
Northside Cremorne Clinic[8]	36	36	36	26	29	36	29	438	1,303	0	2
Northside West Clinic[8]	57	57	52	44	26	52	34	522	3,334	0	0
South Pacific[8]	37	37	37	34	30	37	30	547	3,129	0	0
St John of God Burwood[8]	86	86	86	64	65	86	62	1,400	3,123	0	0
St John of God Richmond[8]	88	86	88	69	74	88	65	1,264	2,676	0	0
The Sydney Clinic	44	44	44	38	42	43	29	784	0	0	0
Sydney Southwest Private	18	18	18	15	14	18	10	123	44	0	0
Wandene[9]		30		30							
Warners Bay Private	25	25	25	24	24	25	20	388	11	0	0
Wesley Ashfield[8]	38	38	38	25	30	38	27	460	2,874	0	0
Wesley Kogarah[8, 9]	30		30		24	30	26	454	1,567	0	1
Total 2009–10	705		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. The data is provided by Private Health Care Branch. **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** Beds were not available on 30 June 10 due to refurbishment. **6,7** New facilities in 2009–10. **8** Same day admissions in these facilities are mainly for day only programs. **9** Renamed Wesley Kogarah.
Source: Private Hospital Manual Returns.

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Services and Facilities

Content

NSW Department of Health

NSW Department of Health

North Sydney Office
73 Miller Street
North Sydney NSW 2060
(Locked Mail Bag 961, North Sydney NSW 2059)

Telephone: 9391 9000
Facsimile: 9391 9101
Website: www.health.nsw.gov.au
Email: nswhealth@doh.health.nsw.gov.au
Business hours: 9.00am–5.00pm, Monday to Friday

Director-General: Professor Debora Picone, AM

Centre for Oral Health Strategy

Corner Mons Road and Institute Road
Westmead NSW 2145

Telephone: 8821 4300
Facsimile: 8821 4302
Business hours: 9.00am–5.00pm, Monday to Friday

Chief Dental Officer: Dr Clive Wright

Environmental Health Branch

Building 11
Gladesville Hospital Campus
Victoria Road, Gladesville NSW 2111
(PO Box 798, Gladesville NSW 1675)

Telephone: 9816 0234
Facsimile: 9816 0240
Business hours: 9.00am–5.00pm, Monday to Friday

Director: Dr Wayne Smith

Pharmaceutical Services Unit

Building 20
Gladesville Hospital Campus
Victoria Road, Gladesville NSW 2111
(PO Box 103, Gladesville NSW 1675)

Telephone: 9879 3214
Facsimile: 9859 5165
Business hours: 8.30am–5.30pm, Monday to Friday

Chief Pharmacist and Associate Director: Judith Mackson

Methadone Program

Telephone: 9879 5246
Facsimile: 9859 5170

Enquiries relating to authorities to prescribe other drugs of addiction:

Telephone: 9879 5239
Facsimile: 9859 5175

Health Professionals Registration Boards

Level 6
477 Pitt Street, Sydney NSW 2000
(PO Box K599, Haymarket NSW 1238)

Telephone: 9219 0212
Facsimile: 9281 2030
Email: hprb@doh.health.nsw.gov.au
Business hours: 8.30am–5.00pm, Monday to Friday
Cashier service: 8.30am–4.30pm, Monday to Friday

Director: Jim Tzannes

Health Support Services

Health Support Services

Head Office Chatswood
PO Box 1770
Chatswood NSW 2057

Telephone: 8644 2000
Facsimile: 9904 6296
Email: info@hss.health.nsw.gov.au

Service Centres

Service Centre Newcastle
Suite 6, 464 King Street, Newcastle 2300
Payroll Service Desk: 1800 853 400

Service Centre Parramatta
2-12 Macquarie St, Parramatta 2150
Payroll Service Desk: 1800 428 283
Statewide Service Desk: 1300 285 533

EnableNSW
Locked Bag 5270 Parramatta NSW 2124
Telephone: 1 800 ENABLE (1 800 362 253)
Facsimile: 8797 6543
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Metropolitan Area Health Services

Maps and profiles

Northern Sydney Central Coast

Area Health Service

Holden Street, Gosford
Locked Bag 2915
Central Coast Business Centre NSW 2252

Telephone: 4320 2333
Facsimile: 4320 2477
Website: www.nscchealth.nsw.gov.au
Business hours: 8.30am-5.00pm, Monday to Friday

Chief Executive: Matthew Daly

Local Government Areas

Gosford, Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Manly, Mosman, North Sydney, Pittwater, Ryde, Warringah, Willoughby and Wyong.

Public Hospitals

Gosford Hospital
Hornsby Ku-ring-gai Hospital
Long Jetty Healthcare Centre
Macquarie Hospital, Manly Hospital
Mona Vale Hospital
Royal North Shore Hospital
Ryde Hospital, Wyong Hospital
Woy Woy Hospital

Community Health Centres

Berowra Community Health Centre
Brooklyn Community Health Centre
Erina Community Health Centre
Frenchs Forest Community Health Centre
Galston Community Health Centre
Hillview Community Health Centre
Kincumber Community Health Centre
Lake Haven Community Health Centre
Long Jetty Community Health Centre
Mangrove Mountain Community Health Centre
Mona Vale Community Health Centre
Pennant Hills Community Health Centre
Queenscliff Community Health Centre
Ryde Community Health Centre
Toukley Community Health Centre
Wiseman's Ferry Community Health Centre
Woy Woy Community Health Centre
Wyong Central Community Health Centre
Wyong Community Health Centre

Child and Family Health

Avalon Early Childhood Health Centre
Balgowlah Early Childhood Health Centre
Berowra Early Childhood Health Centre
Brooklyn Community Health Centre
Carlingford Early Childhood Health Centre
Chatswood Early Childhood Centre
Cremorne Early Childhood Centre
Crows Nest Early Childhood Centre
Dalwood Assessment Centre
Dee Why Early Childhood Health Centre
Eastwood Early Childhood Centre
Erina Community Health Centre
Family Care Cottage Gosford Gateway Centre
Family Care Cottage Wyong Kanwal Health Service

Frenchs Forest Early Childhood Health Centre
Galston Community Health
Gladesville Early Childhood Centre
Harbord Early Childhood Health Centre
Hornsby Early Childhood Centre
Kariong Neighbourhood Centre
Kincumber Community Health Centre
Lakehaven Community Health Centre
Lane Cove Early Childhood Centre
Lindfield Early Childhood Centre
Long Jetty Community Health Centre
Mangrove Mountain
Marsfield Early Childhood Centre
Mona Vale Early Childhood Health Centre
Narrabeen Early Childhood Health Centre
North Ryde Early Childhood Centre
Northbridge Early Childhood Centre
Pennant Hills Community Health Centre
St Ives Community Health Centre
Top Ryde Early Childhood Centre
Toukley Community Health Centre
West Ryde Early Childhood Centre
Willoughby Early Childhood Centre
Wiseman's Ferry Community Health Centre
Woy Woy Community Health Centre
Wyong Central Community Health Centre

Oral Health Clinics

Cox's Road Community Oral Health Clinic
Dee Why Child Oral Health Clinic
East Gosford Child Oral Health Clinic
Gosford Hospital Oral Health Clinic
Hornsby Hospital Oral Health Clinic
Mona Vale Hospital Oral Health Clinic
Royal North Shore Hospital Oral Health Clinic
Stewart House Child Oral Health Clinic
The Entrance Child Oral Health Clinic
Top Ryde Community Oral Health Clinic
Woy Woy Hospital Oral Health Clinic
Wyong Hospital Oral Health Clinic

Third Schedule Facilities

HammondCare Health and Hospitals – Greenwich Hospital, Neringah Hospital, Northern Beaches Palliative Care Service
Royal Rehabilitation Centre

Other Services

Aboriginal Health
BreastScreen
Child Protection
Drug and Alcohol
Mental Health
Northern Sydney Home Nursing Service
Richard Geeves Centre – Dementia Day Centre
Sexual Health
Violence, Abuse, Neglect and Sexual Assault

Chief Executive Year in Review

One of the most significant achievements of the 2009–10 financial occurred on 30 June 2010, with all facilities across Northern Sydney Central Coast Health recording no patients waiting for surgery outside their clinically recommended time. This was a great achievement and I congratulate staff across the Area for getting us there.

Another important achievement was the redesign project which saw significant increases in performance at both Gosford and Wyong Hospital Emergency Departments.

Anyone who has visited Royal North Shore Hospital lately will be aware of the progress being made on the hospital redevelopment, with the Community Health Building on target for a 2011 opening. Off campus, the Chatswood Community Health Centre is scheduled for an official opening in September 2010.

Hornsby Hospital's four-bed coronary care unit opened in February 2010, providing continuous cardiac monitoring to patients with acute cardiac conditions.

Mona Vale Hospital's eight-bed Medical Assessment Unit opened in January 2010 and by April/May 2010 it was achieving all targets and was, according to NSW Health data, the best performing MAU in the state.

Another achievement for the Northern Beaches was Manly and Mona Vale Hospitals' success with the single gender ward policy, with 95% compliance achieved across both hospitals.

One of the real highlights of the 2009–10 financial year was the announcement of $38.6 million in funding for an integrated cancer service on the Central Coast, which will bring public radiotherapy services to the people of the Central Coast.

Other highlights included commissioning of Royal North Shore Hospital's PET (Positron Emission Tomography) machine. The $3.5 million machine was officially opened by then Prime Minister Kevin Rudd. Early in the year, Mona Vale Hospital was named 'Metropolitan Hospital of the Year' in the 2009 NSW Health Awards. This is well deserved recognition for the dedicated staff of this much-loved hospital.

The NSW Government's most recent budget brought good news for the people of the Northern Beaches, with the Northern Beaches Hospital back on the State's Capital Program by virtue of a four year $29 million funding announcement, with $5 million allocated in 2009–10 for enabling works.

The budget also brought confirmation of funding for a four-bed PECC (Psychiatric Emergency Care Centre) at Manly Hospital, to be completed in 2010–11.

Accreditation success brought more highlights during the year, with both North Shore Ryde and Hornsby Ku-ring-gai health services awarded the maximum full four-year accreditation in the ACHS organisation-wide survey.

Matthew Daly, Chief Executive

Demographic Summary

Northern Sydney Central Coast Area Health Service (NSCCH) provides health services in an area that extends north from Sydney Harbour across the Hawkesbury River to the southern shore of Lake Macquarie and west to Wiseman's Ferry.

It is estimated that 1,147,379 people lived in the area in 2010. This represents 16% of the population of NSW and 19% of those aged 75 years or more. The range is significant because older age groups need considerably more health care than the general population.

By 2020 it is estimated that the population will be more than 1,247,920. The '85 years and over' population in NSCCH will be around 10% of the NSW population in that age group. It is expected that there will be a 22% increase in the population aged 85 and over by 2020.

The other age group expected to grow the most over the next decade is the 'recently retired' group aged between 65 and 74 years. It is expected that by 2020 there will be 10,968 more people aged 65-69 years (22% increase) and 15,124 more people aged 70-74 years (39% increase).

The Central Coast Health Service (CCH) has a different multicultural profile from the remainder of NSCCH. Less than 5% of its population was born in a non-English speaking country. In the remainder of NSCCH 18% of residents were born outside English-speaking countries. The country of birth data is also reflected in the language preferences of residents. In the metropolitan health services 76% of the population speak only English. Cantonese, Italian, Mandarin, Korean, Japanese, Arabic, Greek, German, Spanish, Tagalog and Persian are the most reported languages other than English spoken in NSCCH. Ryde and Willoughby were the local government areas with the highest proportion of residents who reported speaking a language other than English.

The mortality rate for NSCCH residents is significantly lower than for the whole of NSW indicating a better health status. In 2006 there were 8,505 deaths. Cardiovascular disease was the most common overall cause of death accounting for 36% of all deaths. Cancers were the second most common cause of death being attributed to 32% of deaths. For males the main sites were lungs, prostate and colon. For females the main sites were breast, lungs and colon.

Highlights and Achievements

- Funding of $38.6 million announced for an integrated cancer service on the Central Coast, including radiotherapy services.
- Mona Vale Hospital named 'Metropolitan hospital of the Year' in 2009 NSW Health Awards.
- New $3 million Magnetic Resonance Imaging (MRI) scanner installed at Royal North Shore Hospital.
- Day only patients rate Ryde Hospital one of the state's best, according to Bureau of Health Infrastructure's *Insights into Care: Patients' Perspectives on NSW Public Hospitals* report.
- Gosford Hospital's new 30-bed mental health unit officially opened.
- Hornsby Ku-ring-gai Health Service wins 2009 NSW Health Quality Award in the Building a Healthy Workforce category for its peer-oriented approach to orientation.
- Official opening of Byrnes Cottage at Dalwood Children's Services, Seaforth, by NSW Governor Marie Bashir.
- New front entrance and retail precinct opened at Gosford Hospital.
- Patient Satisfaction Survey places Royal North Shore first in the Principle Referral Group A for Overall Care Non-Admitted Emergency Patients.
- $3.5 million Positron Emission Tomography (PET) machine goes into operation at Royal North Shore Hospital.
- Proposed Northern Beaches Hospital returns to the State Capital Program with $29 million funding allocated over four years, beginning with $5 million in 2010–11 for enabling works.
- Wyong Hospital approved to establish a Podiatry Education and Teaching Unit in conjunction with the University of Newcastle.
- Funding confirmed for the building of a 12-bed Child and Adolescent Mental Health Inpatient Unit at Hornsby Ku-ring-gai Hospital.
- Royal North Shore Hospital's Radiation Oncology Department first in the Southern Hemisphere to be formally accredited as a teaching facility for new methods of radiotherapy.
- North Shore Ryde and Hornsby Ku-ring-gai Health Services awarded the maximum full four-year accreditation in ACHS organisation-wide survey.
- NSCCH Mental Health VETE (Vocation, Education, Training and Employment) team won a Gold Achievement Award (for Specialist Service) at the Australia and New Zealand Mental Health Service Conference in Perth in September, as well as a NSW Mental Health Matters Award, in the category of Cross Sector Collaboration.
- Gosford's Y Central (One Stop Youth Mental health Shop) received a Mental Health Matters Award in the category of Innovation in Service or Program Delivery.
- Funding confirmed for the building of a 4 bed Psychiatric Emergency Care Centre (PECC) at Manly Hospital, to be completed in 2010–11.
- No NSCCH facility had any patients waiting for surgery outside their clinically recommended time as at 30 June 2010.
- Year Two of the NSCCH Financial Plan reached all targets, including creditors.
- Commissioning of an eight-bed Medical Assessment Unit (MAU) at Mona Vale Hospital.
- Four-bed coronary care unit established at Hornsby Hospital.
- First stage of PDP completed for 60-bed Graythwaite Rehabilitation Centre at Ryde Hospital.
- Service Development Planning Group established to progress the masterplan for Hornsby Hospital.
- Co-location of all inpatient rehabilitation services to Mona Vale Hospital, as the hospital moves towards its goal of becoming a centre of excellence in the provision of rehabilitation services.
- Safe Assessment Room established in Manly Hospital's ED.
- Services at Woy Woy Hospital enhanced with the addition of $500,000 funding to improve access to community health services.
- Redesign project results in significant increase in performance at both Gosford and Wyong Hospital Emergency Departments.
- Wyong Hospital refurbishment, including new air-conditioning system.
- Hornsby Ku-ring-gai Health Service achieves four years accreditation in ACHS organisation-wide survey, with nine criteria receiving an EA (Excellent Achievement) rating.
- Royal North Shore redevelopment and Chatswood Community Health Centre building works on schedule.

- Free shuttle bus service established for patients, carers and relatives travelling between Manly and Mona Vale Hospitals.
- Single gender ward compliance in excess of 95% achieved for Manly and Mona Vale Hospitals.
- New theatre monitor stacks costing $600,000 put into operation at Manly and Mona Vale Hospitals.

Equal Employment Opportunities

NSCCH Equal Employment Opportunity Workforce Management Plan 2009–2012 and Aboriginal Employment Strategy Plan 2009–2012 both have established key priorities and strategies to improve the employment and retention of our EEO groups. These strategies are either currently being implemented or planned for 2010–11 financial year.

Some of the key achievements this year were:

- Support and promotion of key events of significance such as NAIDOC Week.
- Increase in Aboriginal Nursing Cadetships and the provision of a more structured supervision and support network for cadets in the workplace.
- Establishment of another Environmental Health Officer Traineeship within the Public Health Unit
- Established a partnership with Hornsby TAFE to offer employment to Aboriginal and Torres Strait Islander people who successfully complete the Certificate II in Security Operations and obtain a provisional security licence.
- The graduation of three Aboriginal and Torres Strait Islander staff who have completed their studies in Bachelor of Health Science (Mental Health) or Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Community Care).
- Supported the placement of 17 workers with a disability.

Table 1. Trends in the representation of EEO Groups[1]

		% OF TOTAL STAFF[2]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	50%	75%	75%	75%	76%	76%
Aboriginal people and Torres Strait Islanders	2.6%[3]	1%	1%	1%	1%	1%
People whose first language was not English	19%	14%	15%	16%	15%	15%
People with a disability	12%	3%	3%	2%	2%	2%
People with a disability requiring work-related adjustment	7%	1%	0.7%	0.5%	0.4%	0.4%

Table 2. Trends in the distribution of EEO Groups[4]

		DISTRIBUTION INDEX[5]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	100	94	94	93	94	94
Aboriginal people and Torres Strait Islanders	100	80	80	83	80	80
People whose first language was not English	100	96	96	95	94	94
People with a disability	100	95	98	97	98	98
People with a disability requiring work-related adjustment	100	103	105	104	104	104

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** 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 more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

- Targeted positions for the exclusive employment of Aboriginal and Torres Strait Islander people with the successful employment of eight people.
- Review of the collection of EEO statistics during recruitment.

Planned Activities and Outcomes for 2010–11

- Develop a disability employment framework.
- Formalise and expand on the traineeship options for Aboriginal and Torres Strait Island people.
- Advertise and promote traineeships for Aboriginal and Torres Strait Islander people to year 9 to 12 school students in the Central Coast region.
- Improve the understanding of Aboriginal culture within our workforce through training and information packages.
- Provide training and development opportunities for Aboriginal and Torres Strait Islander staff seeking management roles.
- Support the pilot of the Allied Health Aboriginal Cadetship Program.
- Improve data collection through survey and promotion.

Area Health Service Statements and Reports

The NSW Health Annual Report provides a range of additional source of information which reports on Area Health Services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each Area Health Service, please refer to the following contents:

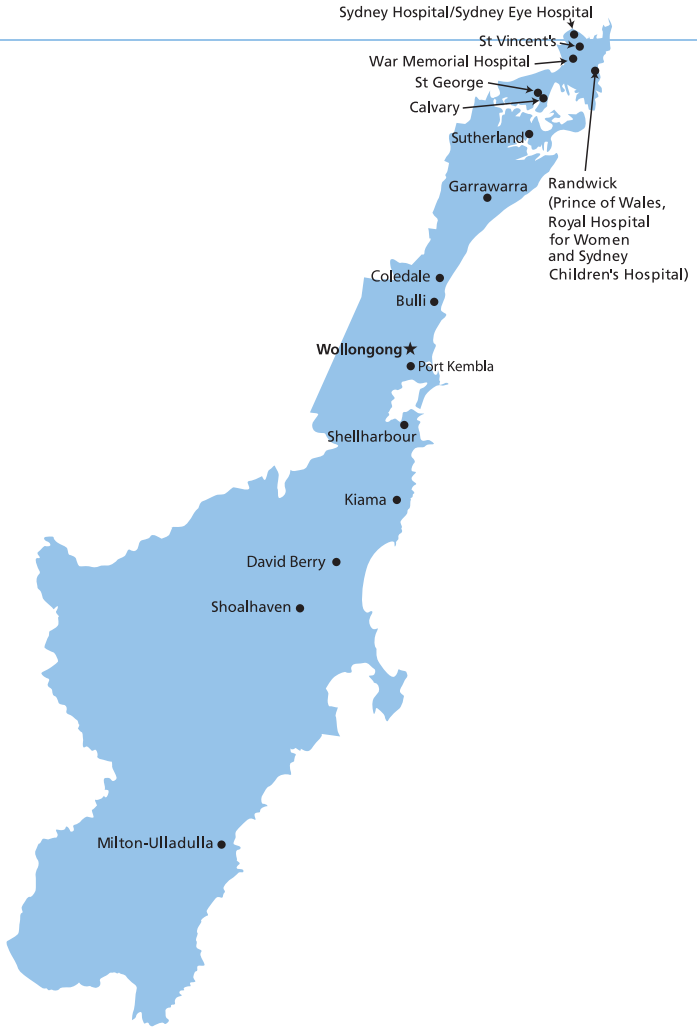
Financial

Workforce

Service Delivery Levels

South Eastern Sydney Illawarra

Area Health Service



Public Hospitals

Bulli Hospital
Coledale Hospital
David Berry Hospital
Kiama Hospital
Milton Ulladulla Hospital
Port Kembla Hospital
Prince of Wales Hospital and Community Health Service
Royal Hospital for Women
Shellharbour Hospital
Shoalhaven Hospital
Sydney Children's Hospital
Sydney Hospital and Sydney Eye Hospital
The St George Hospital and Community Health Service
The Sutherland Hospital and Community Health Service
Wollongong Hospital

Public Nursing Homes

Garrawarra Centre

Community Health Centres

Bulli Community Health Centre
Caringbah Community Health Centre
Cringila Community Health Centre
Culburra Community Health Centre
Dapto Community Health Centre
Darlinghurst Community Health Centre
Engadine Community Health Centre
Helensburgh Community Health Centre
Hurstville Community Health Centre
Jervis Bay Community Health Centre
La Perouse Community Health Centre
Menai Community Health Centre
Nowra Community Health Centre
Peakhurst Community Health Centre
Prince of Wales Community Health Centre
Rockdale Community Health Centre
St Georges Basin Community Health Centre
Sussex Inlet Community Health Centre
Ulladulla Community Health Centre
Warilla Community Health Centre
Wollongong Community Health Centre
Child and Family Health Centres
Aboriginal Early Childhood Centre
Albion Park Early Childhood Centre
Arncliffe Early Childhood Centre
Berkeley Early Childhood Centre

Loftus Street, Wollongong
Locked Bag 8808
SCMC NSW 2521

Telephone: 4253 4888
Facsimile: 4253 4878
Website: www.sesiahs.health.nsw.gov.au
Business hours: 8.30am-5.00pm, Monday to Friday

Chief Executive: Mr Terry Clout

Local Government Areas

Botany, Hurstville, Kiama, Kogarah, Part of Sydney, Randwick, Rockdale, Shellharbour, Shoalhaven, Sutherland Shire, Waverley, Wollongong, Woollahra

Bondi Beach Early Childhood Centre
Brighton Early Childhood Centre
Bulli Early Childhood Centre
Bundeena Early Childhood Centre
Caringbah Early Childhood Centre
Cringila Early Childhood Centre
Cronulla Early Childhood Centre
Culburra Early Childhood Centre
Dapto Early Childhood Centre
Double Bay Early Childhood Centre
Eastgardens Early Childhood Centre
Engadine Early Childhood Centre
Fairy Meadow Early Childhood Centre
Gerringong Early Childhood Centre
Gymea Early Childhood Centre
Helensburgh Early Childhood Centre
Hurstville Early Childhood and Family Centre
Hurstville South Early Childhood Centre
Huskisson Early Childhood Centre
Kurnell Early Childhood Centre
Mascot Early Childhood Centre
Menai Early Childhood Centre
Miranda Early Childhood Centre
Nowra Early Childhood Centre
Oak Flats Early Childhood Centre
Oatley Early Childhood Centre
Paddington Early Childhood Centre
Possum Cottage – Sutherland Hospital
Ramsgate Early Childhood Centre
Randwick Early Childhood Centre
Shoalhaven Heads Early Childhood Centre
St Georges Basin Early Childhood Centre
Sussex Inlet Early Childhood Centre
Sutherland Early Childhood Centre
Thirroul Early Childhood Centre
Ulladulla Early Childhood Centre
Warilla Early Childhood Centre
Warrawong Early Childhood Centre
Waverly Early Childhood Centre

Oral Health Clinics

Bulli Hospital Dental (incl. Child Dental Clinic)
Chifley Dental Clinic
Daceyville Dental Clinic
Hurstville Dental Clinic
Illawarra Centre for Oral Heath (incl. Child Dental Clinic)
Kiama Hospital Dental Clinic
Mascot Dental Clinic
Menai Dental Clinic
Nowra Community Dental Clinic (incl. Child Dental Clinic)
Port Kembla Hospital Dental Clinic (incl. Child Dental Clinic)
Rockdale Dental Clinic
Shellharbour Hospital Dental Clinic (incl. Child Dental Clinic)
Special Needs Dental Clinic
Sutherland Hospital Dental Clinic (incl. Child Dental Clinic)
Ulladulla Community Dental Clinic (incl. Child Dental Clinic)
Warilla Dental Clinic (incl. Child Dental Clinic)

Third Schedule Facilities

Calvary Health Care
Gower Wilson Memorial Hospital (Lord Howe Island)
St Vincent's Hospital
War Memorial Hospital (Waverly)

Other Services

Aboriginal Health
Breastscreen NSW South Eastern Sydney Illawarra
Division of Population Health
Drug and Alcohol Program
Falls Prevention Program
Health and Ageing Research
Health Promotion Program
Health Promotion Service
HIV/AIDs and Related Programs
Mental Health Service
Multicultural Health
Nursing and Midwifery Services
Oral Health
Public Health Unit
Rehabilitation, Aged and Extended Care
South Eastern Area Laboratory Services (SEALS)
South Eastern Sydney Illawarra Medical Imaging (SESIAMI)
Women's Health and Community Partnerships Program

Chief Executive Year in Review

The past twelve months have delivered significant and important changes in the way we deliver health services in South Eastern Sydney and the Illawarra.

These changes have been designed to improve patient care and many are a direct result of the implementation State Government's *Caring Together, the Health Action Plan for NSW* and *Keep them Safe*, the Government's response to the *Special Commission of Inquiry into Child Protection Services in NSW.*

I am encouraged by the commitment of our staff in their ongoing improvements to care – particularly in the areas of mental health, chronic care and in our emergency departments.

I was heartened to see significant growth in our mental health services with new services established at Prince of Wales Hospital, Sutherland, Shellharbour and Wollongong. These services will see greater improvements in the coming year with further developments at Shellharbour and Prince of Wales along with Wollongong and the Sydney Children's Hospital in Randwick.

Our Emergency Departments continue to see increasing numbers of patients. This demand for services brings an ongoing struggle for medical and nursing staffing – particularly in our regional hospitals.

I am pleased to report, our elective surgery waiting lists are showing meaningful improvements with no patients waiting longer than 12 months for surgery. We continue to carry out more operations and are making good progress in meeting all NSW Health waiting time benchmarks.

We have made major inroads into the future planning and direction of our health services with the development of the Area Strategic Plan and Area Clinical Services Plan now complete. In addition to this, the 2010–2015 Strategic Plan and Healthcare Service Plan have been revised. These plans are increasingly important as our health services face greater challenges with the growing population, longer life expectancies and higher levels of chronic disease.

There has been an important focus on infection control procedures and communication for our clinical staff throughout this year. This strategy has made clear improvements to our rates of infection resulting in better care for our patients. We continue to work with our doctors to improve these results further.

I am continually humbled by the compassion our staff show to patients along with their commitment to strive for excellence in the provision of care.

I look forward to the year ahead working with our staff, community partners and volunteers to improve local health services even further.

Terry Clout, Chief Executive

Demographic Summary

South Eastern Sydney and Illawarra Area Health Service covers approximately 6,331 square kilometres.

At the 2006 Census of Population and Housing an estimated 1.17 million people lived in the SESIH Area, accounting for 18% of the NSW population. An additional 750,000 people travel to the Area each day for business, study and recreation.

The Shoalhaven and St George areas have the highest proportion of residents aged over 70 years. Illawarra, Rockdale, Shoalhaven and Sutherland Local Government Areas (LGA) have the highest proportion of children aged less than five years.

The population within the Area is expected to reach 1.4 million by 2031, with people aged 65 years and over projected to grow by 71% from 2006 to 2031.

In 2006 the estimated Aboriginal population of SESIH was 13,129 – 1.2% of the total population. The Shoalhaven LGA has the highest proportion of Aboriginal people, followed by Shellharbour LGA. The highest numbers of Aboriginal people live in the Shoalhaven LGA, followed by Wollongong, Sydney, Randwick and Shellharbour LGAs.

People born overseas comprised 27% (300,577) of the SESIH population in 2006. The major countries of birth for overseas-born residents are, in order, the UK, China, New Zealand, Greece, Italy and Macedonia.

The most frequently reported languages spoken at home after English are, in order, Greek, Cantonese, Mandarin, Arabic, Italian, and Macedonian.

A study from the Census of Population and Housing estimated that there were 4,000 homeless people in SESIH in 2001.

Highlights and Achievements

- SESIH has made great progress with the *Caring Together* recommendations. Working in partnership with the community though a program of consultative forums, SESIH staff have successfully implemented measures to accommodate patients in same gender rooms, improved hand hygiene and delivered a best practice model for managing deteriorating patients.
- Nursing staff now conduct clinical hand over at the patient's bedside giving patients a better understanding of the progress of their car.
- 103 Clinical Support Officers have been appointed to free the nursing and medical staff from clerical duties and spend a more time on clinical care. Support has also been provided to Allied Health staff with an additional 10.3 FTE of clinical Pharmacists and funding for 1FTE for a Pharmacy Educator.
- There has been significant progress in ensuring that patient care is delivered in a supportive environment through the work undertaken to define the organisational values: Teamwork, Honesty, Respect, Excellence, Equity, Caring, Commitment and Courage.
- SESIH has established eight clinical councils ensuring clinicians hold leadership positions and drive improvements in care.
- Consumer Advisory Committees have been formed across the Area. These committees, together with the Area Health Advisory Council, provide an ongoing mechanism for health services to consult with the community.
- In 2009, 71 staff graduated from the SESIH Effective Leadership Program, which provides leadership education in the clinical setting as well as the wider health care system.
- SESIH continues the roll-out of the Essentials of Care Program to enhance the skills of nurses in the delivery of patient care, as well as enhanced support for the implementation of local nursing workforce retention strategies and clinical enhancement programs.
- The PACE (Patient with Acute Condition for Escalation) program has been rolled out across all SESIH facilities. It is designed to provide patients with the best chance of avoiding preventable adverse outcomes in the acute hospital setting.
- SESIH had the highest AHS participation in National Hand Hygiene Audit in NSW, this was a very positive result showing that our staff are absorbing the message of the importance of hand hygiene in everyday patient care.
- SESIH developed Area wide Infection Prevention and Control Standards: *Improving Patient Safety: Standards for Reducing Healthcare Associated Infection*. These standards provide a clear understanding for our staff on exactly what is required to ensure we minimise infection rates.
- Development and implementation of intranet based data entry and reporting programs for clinical governance.
- SESIAHS has seen improvements in key Access performance measures, with all but one triage time performance measure being met, and no patients on the waiting list who have waited longer than 30 days for surgery in the most urgent category. This has been achieved in spite of significant increases in both emergency and elective activity level.
- More efficient management of patients' stays in hospital has been achieved with 94% of elective surgical patients having their surgery on the day of admission – exceeding the 90% benchmark, and a 48% increase in utilisation of Medical Assessment Unit (MAU) beds.
- Subacute Services to admitted and non-admitted patients has increased by greater than 10% over the past two years.

Southern Hospital Network

- Representatives of Illawarra Aboriginal Health organisations signed the Southern Sector Aboriginal Health Partnership with the SESIH, confirming the commitment of each group to work as equal partners on programs and priorities for Aboriginal health care.
- A NSW Health *Keep Them Safe* initiative, the Greater Eastern and Southern Child Wellbeing Unit was established at Wollongong. The unit provides health staff with advice when they have protection or wellbeing concerns about children, young people or unborn babies.
- The expansion of Wollongong Emergency Department commenced to add seven additional bays to treating emergency patients, including a dedicated paediatric treatment room, twelve new short stay beds, and a dedicated Psychiatric Emergency Care Centre.

- A new Linear Accelerator was installed at the Illawarra Cancer Care Centre providing faster and more efficient treatment, using the latest in high-energy radiation technology to kill cancer cells in all radiotherapy treatable cancers.
- Primary angioplasty cardiology services commenced at Wollongong Hospital. Most patients with non-surgical serious heart disease (including heart attack) are now able to be transferred to a dedicated cardiology theatre in Wollongong instead of having to travel to Sydney.
- A home birthing service commenced at Wollongong Hospital and antennal services commenced for women living in the Shoalhaven area.
- The Midwifery and Family Care Centre opened at Shellharbour Hospital, focusing on primary health care, particularly for Aboriginal women and their families. The Aboriginal Maternity and Infant Service is also located in this centre.
- Shellharbour Hospital increased clinics and services, with the installation of a new CT scanner and improved access to services such as cardiac stress testing, bronchoscopy and surgical outpatients.
- Shellharbour Hospital recruited its first Clinical Nurse Consultant, in Respiratory Medicine, improving health outcomes for patients with respiratory disease.
- Shoalhaven Hospital has improved cardiac care with the establishment of echocardiography services and the appointment of an additional VMO Cardiologist, established an Acute Geriatric Service, re-established a limited acute Orthopaedic Service and introduced antenatal services for local women.
- Enhanced cancer services at Shoalhaven through the appointment of Medical Oncology Advance Trainee Registrar at Wollongong.
- Shoalhaven Emergency Services have improved with the commencement of a part time Emergency Physician.
- Bulli Hospital has gained Institute of Medical Education and Training (IMET) Accreditation, enabling the incorporation of four new medical intern positions. Four Advanced Trainees have been appointed to support the interns. These initiatives improved the service and continuity of patient care at Bulli Hospital.
- Port Kembla and Coledale Hospitals were the first small hospital sites in NSW to receive independent accreditation by IMET, for the training of junior doctors.
- Port Kembla has appointment a Clinical Nurse Consultant for Rehabilitation which has enabled the re-establishment of specialist services for rehabilitation patients.
- David Berry Hospital has appointed a Junior Medical officer to the Palliative Care Unit.
- Coledale Hospital established a Clinical Nurse Educator position, for delivery and evaluation of clinical nurse education for all new nursing staff, as well as ongoing education for existing staff.
- Milton/Ulladulla Hospital has appointed two new General Practitioner Registrars who are making a valuable contribution to the hospital emergency and inpatient workloads.

Central Hospital Network

- The Aged Care Assessment Unit (ACAU) at Sutherland Hospital opened an additional two beds which brings the total bed capacity to nine. The ACAU improves care to elderly patients by providing faster access to diagnosis, assessment and management.
- St George and Sutherland Hospitals have introduced a specially designed pregnancy service, SSWInG (St George and Sutherland Weight Intervention Group). The Program aims to reduce the risk of complications for mother and baby by helping women to better manage their pregnancy weight gain.
- Improved radiotherapy services at St George Hospital, following the installation of a new state-of-the-art $3.5 million linear accelerator. This machine is the third accelerator to be installed in the Radiation Oncology Unit since 2006, with the Unit fully staffed to operate all three linear accelerators.
- St George Hospital, in partnership with the University of NSW, established a Clinical Skills Centre to provide educational hands-on training for clinicians and students, in particular to improve the care of deteriorating patients.

- Sutherland Hospital has received Baby Friendly Accreditation, the third hospital in SESIH, after St George Hospital and the Royal Hospital for Women to receive such recognition. Accreditation shows that hospitals have met the highest standards of evidence-based practice and staff education.
- St George and Sutherland Medical Research Foundation launched a 12-month fundraising Appeal in April 2010 to raise $750,000 for medical research at St George and Sutherland Hospitals.
- Improved radiology services at St George Hospital, with the installation of a new $1.1 million Angiography Unit which will provide radiology services to 2,000 patients every year. The new system allows viewing of patient anatomy in a new way, with fusion of CT images and live screening images to assist in conducting technically difficult cases.

Northern Hospital Network

Prince of Wales Hospital

- Work continued on the construction of a new $8 million state of the art hyperbaric chamber at Prince of Wales Hospital. The new hyperbaric chamber will be the first of its kind in Australia.
- Appointment as Professor of Nursing Research and Practice Development at Prince of Wales Hospital and Sydney Sydney Eye Hospital with the University of Technology Sydney. This position will develop the role of nurses as research users, supporting policy, business and practice development, and also collaboratively establishing a Research and Education Council.
- On 28 August 2009 the Langton Centre celebrated 50 years of continuous operation as a leading alcohol and drug treatment, training and research facility.
- At an estimated cost of $1.3 million dollars, works to replace slate roofs and repair stone chimneys on the heritage Edmund Blacket Building at the Prince of Wales Hospital continued. Works commenced in 2008 and will be completed in July 2010.

Sydney and Sydney Eye Hospital

- Sydney and Sydney Eye Hospital's Microsurgical Laboratory was commissioned in mid 2009. The second floor of the North Block was refurbished and equipped with operating microscopes, audio video equipment and lecture theatre seating. This provides a state of art facility for micro surgery training, especially in preparing and improving surgical skills of eye and hand registrars.
- The Sydney and Sydney Eye Hospital's Sterilisation Unit underwent extensive renovation to meet the revised sterilising standards required by NSW Health. The Hospital maintained wait list benchmarks during the refurbishment period.

Royal Hospital for Women

- The Royal Hospital for Women (RHW) introduced a new management structure that places decision making closer to where patients receive their care. It has allowed increased the representation that clinicians and other staff have at an executive level.
- Restructuring of the gynaecology outpatients services at the RHW, brought all gynaecological services into one location and providing patients with a 'single front door' to access care. A gynaecology procedure room was established to allow clinicians treat selected patients, instead of using a resource intensive operating theatre.
- The NH&MRC M@NGO (Midwives @ New Group Options) trial being conducted at the RHW is well underway with approximately half of the 2000 women required being recruited. The study's aim is to compare caseload midwifery care or Midwifery Group Practice with standard hospital care for women of all risks.
- The Mothersafe service based at RHW celebrated its 10th anniversary of providing advice to women and healthcare professionals on the potential impact of prescribed or non-prescribed medications on developing babies and those being breastfed.
- The Pregnancy Lifestyle and Nutrition service (PLaN) commenced, providing free advice to women and couples planning a pregnancy, to improve chances of conception and the health of the babies.

Sydney Children's Hospital

- Sydney Children's Hospital (SCH) was awarded the prestigious *Best Performing Principal Referral and Specialist Hospital in the State* award at the 2009 NSW Health Awards.
- In NSW Health's 2009 patient survey parents and carers rated the experience at SCH as one of the best in the State.
- SCH opened its Clinical Trials Unit in 2009 to facilitate trials to improve child health outcomes and increase the number and quality of investigator driven trials.
- A SCH Fellow was awarded the prestigious Gold Medal at the RACP specialist exams for the highest exam result in NSW. This is the second time in two years that a SCH Fellow has received this prestigious award.

NSW Organ and Tissue Donation Service

- The NSW Organ and Tissue Donation Service (OTDS), formerly LifeGift, part of the Australian Red Cross Blood Service (ARCBS), relocated offices close to St George Hospital and became part of SESIAH, on 1 July 2009.
- Ten hospital based Medical Directors and 19 expert Nursing staff, in both rural and metropolitan areas were appointed, to improve the identification of potential donors and provide family support.
- The NSW OTDS saw an increase in organ donors from 57 donors in 2008 to 69 in 2009, the highest recorded level since 1994. These donors transformed the lives of 215 seriously ill people in NSW.
- The Service will bring together all aspects of organ and tissue donation for transplantation in NSW including Tissue Banks, the Lions NSW Eye Bank, NSW Bone Bank Sydney Heart Valve Bank.

South Eastern Area Laboratory Service (SEALS)

- South Eastern Area Laboratory Service (SEALS) has implemented LEAN methodology into the workflow of its Central Specimen Reception (CSR) Department at Randwick resulting in an average 15-25 minute reduction in turnaround time, allowing more rapid results to requesting doctors.
- The SEALS Home Collection service was expanded into the SESIH Central Network in October 2009, bringing the pathology blood specimen collection service to more chronically ill, elderly or infirm people in their homes.
- SEALS have provided electronic access to patient's test results, to more than 400 external medical practitioners in the SESIH Northern and Central Network catchments. Following the successful initiative in the Illawarra, it will greatly improve timeliness and accessibility of SEALS pathology reports throughout SESIH.
- SEALS recently completed a tender for the replacement of major Clinical Chemistry and Haematology equipment throughout its laboratory network.

South Eastern Sydney Illawarra Area Medical Imaging Service (SESIAMI)

- The South Eastern Sydney Illawarra Area Medical Imaging Service (SESIAMI) has ensured that all Radiology imaging for SESIH is now accessible on-line over the Area network and remotely. Implemented in conjunction with eMR, gives a fully integrated suite of functions between radiology and the eMR for the whole Area.
- SESIAMI has managed the installation of a new 3Tesla Magnetic Resonance system at St George Hospital. Scans are now provided in-house, meaning round-the-clock access to MRI service for neurological, cardiac and spinal patients.
- SESIAMI has successfully re-equipped three old angiography suites at St George, Wollongong and Randwick Hospitals with vital technology to be ready for the next ten years. The new machines produce high resolution images of arteries and organs to assist in diagnosing and treating illnesses.

Table 1. Trends in the representation of EEO Groups[1]

		% OF TOTAL STAFF[2]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	50%	76%	76%	76%	76%	77%
Aboriginal people and Torres Strait Islanders	2.6%[3]	1%	1%	1%	1%	1%
People whose first language was not English	19%	19%	20%	20%	19%	20%
People with a disability	12%	2%	2%	2%	2%	2%
People with a disability requiring work-related adjustment	7%	1%	0.5%	0.4%	0.4%	0.4%

Table 2. Trends in the distribution of EEO Groups[4]

		DISTRIBUTION INDEX[5]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	100	91	91	91	91	92
Aboriginal people and Torres Strait Islanders	100	85	84	82	82	85
People whose first language was not English	100	97	98	99	100	100
People with a disability	100	94	97	96	94	93
People with a disability requiring work-related adjustment	100	102	103	103	102	98

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** 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 more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

Equal Employment Opportunity

South Eastern Sydney Illawarra Health values the diversity of its employees and is committed to the implementation of practices and processes in employment that ensures fairness and equity.

A range of initiatives have been undertaken in 2009–10 to develop and implement initiatives to attract and support staff from EEO groups. These include:

- The commencement of two Aboriginal School Based Traineeships in Allied Health Assistance in partnership with Warrigal Employment and Project Murra.
- The development of culturally appropriate promotional materials for Aboriginal job seekers and development of information to assist managers of Aboriginal staff and Aboriginal staff in workplace relations.
- Support for two undergraduate nurses and three undergraduate midwives in the Aboriginal cadet program in 2009–10.
- Participation in research undertaken by IRIS Research on behalf of the Illawarra Aboriginal Community Based Working Group to investigate the nature of the predicted job growth in the community services and health industry in the Illawarra area, and to find out from the local Aboriginal community their views on any barriers to those wishing to pursue employment in this industry.
- The development of information packages to assist overseas and interstate health professionals, many of who are from Culturally and Linguistically Diverse backgrounds, in relocating to Australia to work at SESIH.
- The provision of relocation assistance and support for overseas trained health professionals relocating to SESIH, many of who are from Culturally and Linguistically Diverse backgrounds.
- The development of an orientation program and Orientation Information hub for International Medical Graduates, many of who are from Culturally and Linguistically Diverse backgrounds.
- The inclusion of a compulsory unit ‘Working effectively with culturally diverse clients and co-workers’ in the qualification undertaken by 100 Clinical Support Officers.

Planned Activities and Outcomes for 2010–11

- Continued support for the four Aboriginal cadets continuing in the Nursing Cadetship program and implementing strategies to increase the number with further recruitment underway.
- The development and implementation of processes to improve EEO data collection and reporting
- The implementation of the Department of Health Cultural Respect Training.
- The opportunity for staff to gain qualifications at the Certificate IV and Diploma level in Indigenous Environmental Health and Aboriginal and Torres Strait Islander Primary Health (Community Care)
- The implementation of the Break Through mentoring program to provide support to unemployed Aboriginal youth in the La Perouse/Botany areas.
- Support for Aboriginal staff in accessing management training.

Area Health Service Statements and Reports

The NSW Health Annual Report provides a range of additional source of information which reports on Area Health Services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each Area Health Service, please refer to the following contents:

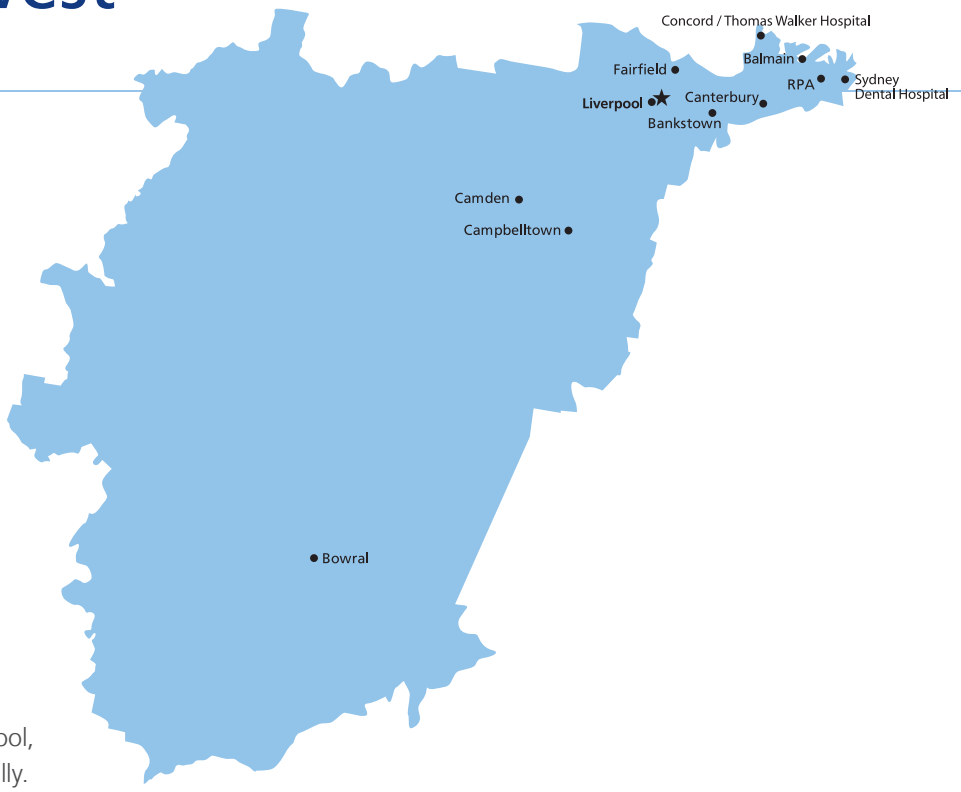
Financial

Workforce

Service Delivery Levels

Sydney South West

Area Health Service



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Chief Executive: Mike Wallace

Local Government Areas

Ashfield, Bankstown, Burwood, Camden, Campbelltown, Canada Bay, Canterbury, City of Sydney (part), Fairfield, Leichhardt, Liverpool, Marrickville, Strathfield, Wingecarribee, Wollondilly.

Public Hospitals

Balmain Hospital
Bankstown-Lidcombe Hospital
Bowral and District Hospital
Braeside Hospital
Camden Hospital
Campbelltown Hospital
Canterbury Hospital
Carrington Centennial Hospital
Concord Repatriation General Hospital
Fairfield Hospital
Liverpool Hospital
Royal Prince Alfred Hospital
Sydney Dental Hospital
Thomas Walker Hospital

Community Health Centres

Bankstown – The Corner Youth Health Service
Bankstown Community Health Centre
Bigge Park Centre
Bowral Community Health Centre
Cabramatta Community Health Centre
Campbelltown – Traxside Youth Health Service
Campbelltown Community Health Centre – Sexual Health Clinic
Camperdown – Community Nutrition
Camperdown – Eastern and Central Sexual Assault Service
Camperdown – Sexual Health Central
Camperdown – Youthblock Health and Resource Service
Camperdown Child, Adolescent and Family Health Services
Canterbury Child, Adolescent and Family Health Service
Canterbury Community Health Centre
Canterbury Community Nursing Service
Canterbury Multicultural Youth Health Service
Concord Community Nursing Service
Croydon – Community Paediatric Physiotherapy Services
Croydon Child, Adolescent and Family Health Service
Croydon Community Health Centre
Croydon Community Nursing Service
Fairfield Community Health Centre
Fairfield Liverpool Youth Health Team (FLYHT)
Hoxton Park Community Health Centre
Ingleburn Community Health Centre
Liverpool Community Health Centre
Lurnea Aged Day Care
Marrickville – Community Nursing Service
Marrickville – Migrant Health Team
Marrickville Child, Adolescent and Family Health Service
Marrickville Community Health Centre
Miller – Mission Australia
Miller – The Hub
Miller Health Centre
Moorebank Community Health Centre
Narellan Community Health Centre
New Berrima
Newtown – The Sanctuary
Prairiewood Community Health Centre

Redfern – Community HIV/AIDS Allied Health
Redfern – Community Nursing
Redfern – Mental Health Service
Redfern Community Health Centre
Rosemeadow Community Health Centre
Wollondilly Community Health Centre

Child and Family Health

Ashfield
Balmain
Belmore
Cabramatta
Camden
Camperdown
Campsie
Canley Heights
Chester Hill
Chiswick
Concord
Croydon
Drummoyne
Dulwich Hill
Earlwood
Fairfield
Fairfield Heights
Five Dock
Georges Hall
Glebe/Ultimo
Greenacre
Hilltop
Homebush
Lakemba
Leichhardt
Liverpool
Macquarie Fields
Marrickville
Mittagong
Moss Vale
Mt Pritchard
New Berrima
Padstow
Panania
Redfern
Roselands
Summer Hill

Oral Health Clinics

Bankstown Child Oral Health Clinic
Bowral Oral Health Clinic
Canterbury Oral Health Clinic
Concord Oral Health Clinic
Croydon Oral Health Clinic
Fairfield Oral Health Clinic
Ingleburn Oral Health Clinic
Liverpool Adult Oral Health Clinic
Marrickville Oral Health Clinic
Narellan Oral Health Clinic
Rosemeadow Oral Health Clinic
Royal Prince Alfred Oral Health Clinic
Sydney Dental Hospital
Tahmoor Oral Health Clinic
Yagoona Adult Oral Health Clinic

Third Schedule Facilities

Braeside Hospital
Carrington Centennial Care
Karitane
NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
Queen Victoria Memorial Home
Tresillian Family Care Centres

Other Services

Department of Forensic Medicine
Sydney South West Pathology Services

Chief Executive Year in Review

Sydney South West Area Health Service was able to achieve significant results and celebrate many highlights over the past 12 months. These were made all the more commendable as staff during that time were also responding to and managing the challenges of the Pandemic (H1N1) 2009 influenza – one of the busiest periods for our hospitals in recent memory.

Without doubt, the hard work and medical expertise of our staff throughout the Pandemic saved many lives. I was immensely proud when these efforts were recognised at the 2009 NSW Health Awards as intensive care staff from Royal Prince Alfred (RPA) and Liverpool Hospitals won the Director-General's special Excellence Award.

At the peak of the Pandemic, RPA's newly launched Extra-Corporeal Membrane Oxygenation (ECMO) Medical Retrieval Service was in high demand. The machines were dispatched to recover the most serious patients with severe respiratory failure from across the state and bring them back to the ICU. The machines were then able to duplicate the function of the patient's lungs to help give them time to recover.

During this very busy time, the Area Health Service also made significant progress with the implementation of *Caring Together: The Health Action Plan for NSW* – the State Government's response to the Garling Enquiry.

More than 80% of the recommendations have been achieved or substantially achieved.

The Between the Flags standardised system for early recognition of the deteriorating patient has been successfully implemented in all facilities. The Essentials of Care Program, which focuses on the patient experience, communication and clinician teamwork has also commenced in each facility. All of the 113 Clinical Support Officer personnel have been recruited to support the administrative workload of clinicians on the wards.

Construction of the $390 million redevelopment of Liverpool Hospital Stage 2.1 continues to progress well and is on target to accommodate the first patients in the new building in November 2010. When completed, the redevelopment and its state-of-the-art facilities will meet the future healthcare needs of the state's fastest growth region.

This is the largest capital works project for the Area Health Service this year and will see almost 40 departments move into the new facilities by the end of 2010. The refurbishment of the current Clinical Services Building will commence as departments of the Hospital vacate existing locations.

Construction work also began on the Ingham Health Research Institute which will become a major research facility for Sydney's South west. The IHRI is a partnership between the local community, Sydney South West Area Health Service, the University of New South Wales and the University of Western Sydney. The facility will not only lead to improvements in the health of the local population but will also contribute more broadly to knowledge about health, medicine and health services in Australia and internationally.

The Area Health Service also completed construction and redevelopment of the $9.8 million Redfern Health Centre, which brings together for the first time a range of services, such as community health nursing, community mental health, harm minimisation program, community HIV/AIDs and heterosexual HIV/AIDS service, (Pozhets) under the one roof.

The Health Centre, through integrating community, drug and alcohol and mental health services, represents a major step forward to proactively addressing the social and health needs of the local community.

Construction work also began on the site of the new Lifehouse at RPA cancer centre. The Centre will operate in partnership with the Area Health Service with strategic directions aligned with the priorities of The Cancer Institute NSW. The integrated centre will see cancer services provided by Lifehouse and cancer research and education delivered in collaboration with RPAH and the University of Sydney.

Throughout the year, several clinical service plans were also developed and implemented to set the future direction of the Area Heath Service in addressing the needs of its population, including:

The Aboriginal Health Plan – features more than 100 initiatives aimed at closing the health gap between Aboriginal and non-Aboriginal people in the region.

The Disability Health Plan improves access to services and health care for people with a disability and helps ensure disabled people receive the same quality of services and health outcomes as other members of the community. Priorities for action include:

- Improving physical access.
- Developing accessible information about services.
- Improving health care to people with a disabilities.
- Promoting positive community attitudes.
- Enhancing staff training and disability awareness.
- Increasing employment of people with disabilities.
- Improving complaints and feedback procedures.

The Maternity Services Plan provides women with greater birth choices, including increased availability of maternity care options such as GP Antenatal Shared Care programs, Midwifery-led models and community-based antenatal clinics.

It was with great pleasure that all facilities across Sydney South West Area Heath Service achieved their targets for elective surgery for 2009–10.

Having all our patients receive their surgery within the clinically appropriate timeframe is a great achievement.

This achievement and the others highlighted for 2009–10 are thanks to the continued commitment and hard work of our dedicated staff to whom I am extremely grateful.

Mike Wallace, Chief Executive

Demographic Summary

Sydney South West Area Health Service was formed as a legal entity on 1 January 2005 and is currently the most populous area health service in NSW, with approximately 20% of the NSW population residing within its borders.

SSWAHS covers a land area of 6,380 square kilometres and in 2006 had an estimated residential population of 1,342,316 residents.

With areas projected for both substantial new land release for residential development and medium density urban infill, SSWAHS continues to be one of the fastest growing regions in the State. Its population is projected to increase by 16% over the next ten years, reaching 1.5 million people by 2016. In the decade 2010–2020, the population in SSWAHS can expect to increase by 24,000 people per annum.

SSWAHS is the most ethnically diverse area health service in Australia, with 40% of the population speaking a language other than English at home. This is most notable in Fairfield and Canterbury, where over 60% of the population do not speak English at home. A high proportion of new migrants to Australia, including refugees, choose to settle in Sydney's south west.

There is considerable variation between LGAs in the proportion of the population identifying as Aboriginal, which is highest in Campbelltown, Wollondilly, Marrickville and Liverpool.

SSWAHS has some of the most disadvantaged communities in NSW. Fairfield is the fourth most disadvantaged LGA in NSW. At a local level the degree of disadvantage is considerable. Canterbury, Bankstown, and Campbelltown LGAs were also included in the most disadvantaged quintile group in NSW. A total of nine suburbs in SSWAHS are in the 30 most disadvantaged suburbs in NSW and in the 15 most disadvantaged suburbs in metropolitan Sydney (Socio-Economic Indexes for Areas 2006 Australian of Bureau Statistics).

The Area's population is also growing by around 20,000 births per annum, representing more than 22% of all births in NSW. SSWAHS contains areas with some of the highest fertility rates in the state, with some suburbs well above the state average of 1.81 births per woman, including Bankstown (2.16), Canterbury (2.07), Camden and Liverpool (2.05), and Campbelltown (1.93) (Australian of Bureau Statistics, 2007).

Area-wide, there are approximately 260,000 children (aged 0 to 14 years) who account for 20% of the SSWAHS population.

The LGAs with the largest number of children aged 14 years and under are: Macarthur (Campbelltown, Camden and Wollondilly LGAs) 57,359; Liverpool 41,869; Fairfield 39,710; Bankstown 38,299 and Canterbury 26,967.

LGAs with the highest proportion of people aged 85 years and over are Ashfield, Burwood, Wingecarribee and Strathfield. Area-wide, there are almost 16,000 people over the age of 85 (1.0% of the population). Hospital data indicates that SSWAHS residents over the age of 65 years used 48% of all acute hospital bed days for SSWAHS residents in 2008–09 (NSW Health Flow-Info V10.02010). The number of people aged 65 years and over is projected to increase by 36% by 2016, when they will represent 13% of the SSWAHS population.

Highlights and Achievements

- A new Metabolic Rehabilitation Clinic providing a comprehensive multi-disciplinary program to help patients lose weight and maintain weight loss opened at Camden Hospital. An After-Hours General Practice Clinic opened at Canterbury Hospital.
- SSWAHS, in consultation with Elton Consulting, launched the Healthy Urban Development Checklist (HUD), in response to the growing recognition of the links between the built environment and health, particularly chronic diseases.
- Bankstown-Lidcombe Hospital unveiled a new $2.575 million Magnetic Resonance Imaging (MRI) Scanner, the most powerful and advanced system of its kind, allowing radiologists and clinicians to diagnose and treat patients more quickly and effectively.
- A new Youth Health Clinic opened at Fairfield-Liverpool Youth Health Service to provide marginalised, at risk young people who are refugees and new arrivals to Australia an access point to health services.
- The $390 million redevelopment of Liverpool Hospital continued which, when completed, will provide state-of-the-art facilities and meet the future healthcare needs of the state's fastest growth region.

- Surgeons at RPA performed Australia's first percutaneous tricuspid valve replacement procedure, which allowed a heart patient to return home 24 hours after the life-saving procedure rather than spending up to five months recovering in hospital. The procedure has been performed only twice before in the world. Researchers at Concord Hospital's ANZAC Research Institute and the University of Sydney identified the cause of a disorder that degenerates motor nerves in men, raising the potential of new treatments.
- The AHS launched the Aged Care Triage Service (ACT), a telephone support line to assist in the care of people in residential aged care facilities, developed as part of the Government's *Caring Together: The Health Action Plan for NSW*.
- Liverpool and Macarthur Cancer Therapy Centres (CTCs) were awarded the prestigious Premiers Award for Innovation in Clinical Trials at the NSW Premier's Awards for giving local cancer patients access to cutting edge therapies through clinical trials. Concord Hospital opened a gymnasium to host world-first international research trials into the benefits of physical activity for cancer patients.
- The Centre for Education and Research on Ageing (CERA) based at Concord Hospital was recognised as one of the world's leading ageing healthcare institutions when it was selected to be an international collaborating centre of the International Association of Gerontology and Geriatrics (IAGG). RPA researchers, in conjunction with the Heart Research Institute, lead breakthrough research into the role male sex hormones play in repairing the effects of cardiovascular disease such as heart attacks.
- SSWAHS launched its 2010–2015 Aboriginal Health Plan, which contains more than 100 initiatives aimed at closing the 17-year health gap between Aboriginal and non-Aboriginal people in the region, home to one of the largest urban Aboriginal populations in NSW.
- SSWAHS, The Aboriginal Medical Service Redfern (AMS), Babana Aboriginal Men's Group and the Tharawal Aboriginal Corporation signed a Memorandum of Understanding with the common goal of reducing the Aboriginal smoking rate by 5% over the next three years. Community awareness campaigns on National Sorry Day held across 10 hospitals, incorporating dozens of multi-coloured plastic feet lining Hospital entrances to symbolically represent the long track home for members of the Stolen Generation.
- SSWAHS' Boomerangs Parenting Program, which provides emotional support and guidance to indigenous parents, won a NSW Health Aboriginal Health Award. SSWAHS launched the Prevent Diabetes *Live Life Well* program, which targets Aboriginal communities in Sydney's south west. Brenda Freeman, Aboriginal Social and Emotional Wellbeing Worker for the Campbelltown Community Mental Health Centre, won the Indigenous Mental Health category of the 2009 Mental Health Matters Awards.
- A dedicated Aboriginal oral health clinic opened at the Sydney Dental Hospital as part of a $6 million program aimed at improving access to dental services for Aboriginal people throughout NSW.
- Fairfield Hospital launched the *Bare Below the Wrist* campaign to encourage medical and nursing staff not to wear jewellery while treating patients. RPA and Liverpool Intensive Care, Perfusion and Cardiothoracic staff were presented with the Director General's special Excellence Award at the 2009 NSW Health Awards for their role in the treatment and care of patients throughout the Pandemic (H1N1) 2009 influenza. Community awareness campaigns on hand hygiene and vaccination in preventing the spread of influenza were held across nine hospitals. At Liverpool, signs were erected and hand hygiene stations installed to remind visitors of the clean hands save lives message.
- RPA Aboriginal Liaison Midwife, Sister Alison Bush, was inducted into the NSW Health Aboriginal Health Awards Hall of Fame in recognition of her commitment over the past 40 years to improving the health outcomes of Aboriginal mothers and babies across Australia.
- RPAH hosts seminar to raise awareness and provide information on the common health conditions of Australian men as part of International Men's Health Week. The launch of Liverpool Multicultural Health Service's Pit Stop program, an innovative program that applies the concept of regular mechanical tune ups to men's own health, proves to be an outstanding success.

Table 1. Trends in the representation of EEO Groups[1]

		% OF TOTAL STAFF[2]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	50%	74%	75%	75%	75%	74%
Aboriginal people and Torres Strait Islanders	2.6%[3]	1%	1%	1%	1%	1%
People whose first language was not English	19%	34%	35%	35%	36%	36%
People with a disability	12%	3%	3%	3%	3%	3%
People with a disability requiring work-related adjustment	7%	1%	0.7%	0.6%	0.6%	0.6%

Table 2. Trends in the distribution of EEO Groups[4]

		DISTRIBUTION INDEX[5]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	100	90	89	89	90	90
Aboriginal people and Torres Strait Islanders	100	75	75	74	72	69
People whose first language was not English	100	92	92	92	92	92
People with a disability	100	102	101	102	103	100
People with a disability requiring work-related adjustment	100	97	99	97	99	99

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** 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 more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

Equal Employment Opportunities

Equal Employment Opportunity (EEO) concerns ensuring the workplace is free from all forms of harassment and discrimination, and programs of affirmative action are provided for those employees who are traditionally disadvantaged in the workplace: Aboriginal and Torres Strait Islander people, women, people whose language first spoken as a child was not English, and people with a disability requiring an adjustment.

Sydney South West Area Health Service believes equity is a fundamental right of every employee, and by applying equal employment opportunity principles to every aspect of work life the Area is supporting good management practice and observing the legislation governing these principles.

The Area continues to promote the principles and practices of Equal Employment Opportunity in its application of conditions of employment, relationships in the workplace, the evaluation of performance and the opportunity for training and career development.

Implementation of Aboriginal and Torres Strait Islander workforce strategies continues. The focus is on recruiting increasing numbers of Aboriginal and Torres Strait Islander staff and providing training, especially through traineeships. This approach has been particularly successful at Campbelltown hospital.

The Aboriginal Healthwise Careers Fairs have continued with our local high schools and have seen enthusiastic student interest in thinking about a career in health.

Our Aboriginal Employment website was launched in 2009–10.

Work continues with Job Support to provide work experience opportunities for people with a disability.

A review of our training program *Work Effectively With Culturally Diverse Clients and Co-Workers* has been completed.

Planned Activities and Outcomes for 2010–11

- Continue to implement our Aboriginal workforce strategies, including development of further traineeship opportunities and working with community groups and schools to encourage Aboriginal people to consider a career in health.
- Expand the opportunities for people with a disability to pursue a career in health.

Area Health Service Statements and Reports

The NSW Health Annual Report provides a range of additional source of information which reports on Area Health Services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each Area Health Service, please refer to the following contents:

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Workforce

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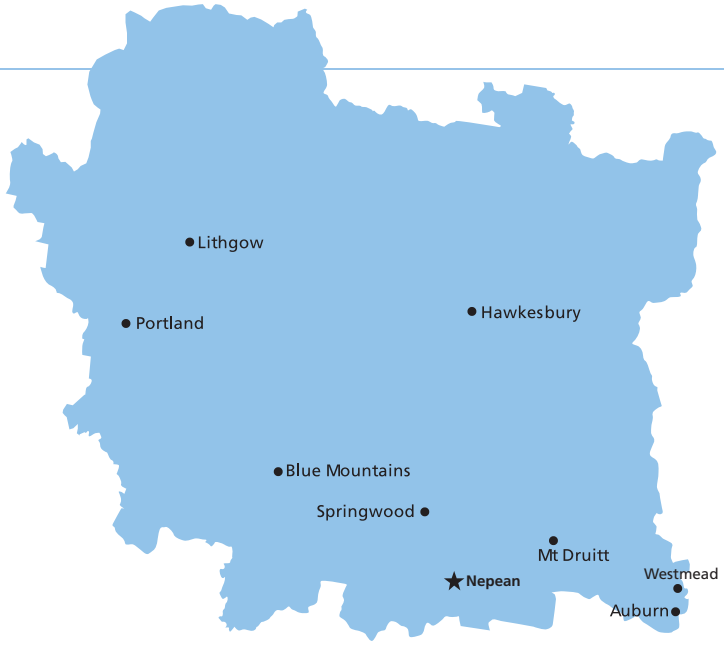
Sydney West

Area Health Service



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Chief Executive: Heather Grey

Local Government Areas

Auburn, Baulkham Hills, Blacktown, Blue Mountains, Hawkesbury, Holroyd, Lithgow, Parramatta and Penrith.

Public Hospitals

Auburn Hospital
Blacktown Hospital
Blue Mountains District Anzac Memorial Hospital
Cumberland Hospital
Hawkesbury Hospital
Lithgow Integrate Health Services
Lottie Stewart Hospital
Mt Druitt Hospital
Nepean Hospital
Portland Tabulam Health Centre
Springwood Hospital
St Joseph's Hospital
Westmead Hospital

Community Health Centres

Auburn Community Health Centre
Blacktown Community Health Centre
Cranebrook Community Health Centre
Doonside Community Health Centre
Dundas Community Health Centre
Hawkesbury Community Health Centre
Katoomba Community Health Centre
Kingswood Community Health Centre
Lawson Community Health Centre
Lithgow Community Health Centre
Merrylands Community Health Centre
Mt Druitt Community Health Centre
Parramatta Community Health Centre
Penrith Community Health Centre
Portland Community Health Centre
Richmond Community Health Centre
Springwood Community Health Centre
St Clair Community Health Centre
St Marys Community Health Centre
The Hills Community Health Centre

Child and Family Health

Glenbrook
Katoomba
Mt Druitt
Penrith
Richmond
Springwood
St Marys
Windsor

Oral Health Clinics

Auburn Oral Health Clinic
Blacktown Oral Health Clinic
Katoomba Oral Health Clinic
Lithgow Oral Health Clinic
Mt Druitt Oral Health Clinic
Nepean Oral Health Clinic
Richmond Oral Health Clinic
Springwood Oral Health Clinic
St Marys Oral Health Clinic

Third Schedule Facilities

Governor Phillip Nursing Home
Tresillian Wentworth Family Care Centre

Other Services

Anxiety Clinic
Blue Mountains Access Team
Child and Adolescent Mental Health Team
Consultation Liaison – Emergency Department
Early Psychosis Intervention
Hawkesbury Mental Health Team
Hornseywood House
Katoomba Mental Health
Lithgow Community Mental Health Team
Mental Health Information Development Unit
PECC Unit – Emergency Department
Penrith Access – Community Assessment and Liaison Centre
Penrith Mental Health
Pialla Unit
Psychological Medicine
Springwood Mental Health
St Marys Mental Health
Westworks

Chief Executive Year in Review

As the new Chief executive I have pleasure in presenting the Sydney West Area Health Service (SWAHS) achievements in 2009–10. In a year of significant speculation and change it is the dedication of the hardworking staff and volunteers across the service that continued to deliver excellent care and service to patients and clients.

Congratulations to everyone for receiving such positive feedback in the 2010 Patient's Perspectives on NSW Public Hospitals report showing 95% of day only patients and 90% of overnight patients surveyed rated their overall care as good, very good or excellent. The survey provides invaluable feedback about how patients and their families experience care and will help our hospitals to further improve services.

With the introduction of the *Caring Together: The Health Action Plan for NSW* we have made great leaps towards implementing many of the recommendations including:

- implementing the *Between the Flags* program where more than 6,000 staff have completed awareness training aimed at identifying and responding to patients who may be deteriorating
- introduction and roll out of the Patient Safety Handover Checklist to all our wards and facilities
- introducing the Advanced Medical Planning Policy and information resources
- the adoption and introduction of new hand hygiene policies and systems
- the investment in strategies to lessen the impact of hospital acquired infections
- roll-out of three-way phones in seven emergency departments for use by the HCIS.

Health promotion continues to provide valuable education and information to the community with 89 schools participating in the *Live Life Well@School* program, 160 childcare services implementing the *Munch & Move* program, and more than 1,200 participants in the *Fit & Strong – 65 & Beyond* challenge. Training has also started for over 200 health professionals for *Promoting Healthy Kids* project and the *Keeping Koori Kids Smoke Free* campaign was launched.

A number of major capital works have been completed and new technology introduced such as the completion of Nepean Sterilisation Department upgrade, Westmead's opening of the Cardiac Catheterisation Laboratory, new Renal Dialysis Unit and Clinical School at Auburn, opening of the Rouse Hill HealthOne Clinic and new Computed Tomography (CT) Scanner at Blacktown. Work has commenced on the HealthOne Clinic at Auburn and the East Block wing redevelopment at Nepean. The area continues to experience record levels of patient demand for services and the associated increases in the cost of delivery them. Collectively the area health service has worked hard to review and adapt how care is provided to meet these changing community needs and to ensure public funds are used effectively and responsibly.

It is with great appreciation I would like to acknowledge our volunteers, donors and fundraising groups who work tirelessly to make a difference to the comfort and care of patients and clients of Sydney West. In my short time as the Chief Executive of SWAHS I have been impressed by the commitment of all staff to our primary goal of providing quality care for our patients and look forward to the year ahead as we work towards the establishment of the Local Hospital Networks.

Heather Gray, Chief Executive

Demographic Summary

Sydney West Area Health Service (SWAHS) consists of both urban and semi-rural areas, covering almost 9,000 square kilometres. The AHS is responsible for providing primary and secondary health care for people living in the Auburn, Blacktown, Blue Mountains, Hawkesbury, The Hills Shire, Holroyd, Lithgow, Penrith and Parramatta local government areas (LGAs) and tertiary care to residents of the Greater Western Region.

The estimated resident population of SWAHS in 2010 is 1,164,477, which includes a substantial Aboriginal community. The Darug, Gundungarra and Wiradjuri people are acknowledged as the traditional owners of the land covered by the AHS. The number of people identifying as Indigenous in the Census has been increasing in recent years. The official figure reached 16,629 in 2006 although this is widely regarded as an underestimate. The larger indigenous communities reside in Blacktown and Penrith. The indigenous population is younger than the wider SWAHS community with 57.5% under 25 years of age.

The largest proportion of pre-school aged children (less than five years) are in the Blacktown and Auburn LGAs (8-9% of the population in 2010). At the other end of the spectrum, the LGAs of Lithgow (11.5%) and Blue Mountains (9.6%) have the highest proportion of older residents aged 70 years and over. In the period 2010 to 2020, the proportion of the population aged less than 10 years is expected to remain steady (from 14.4% to 14.6%), while the proportion of older residents will increase from 7% to 9%.

Births to existing residents contributed 18,496 persons in 2008, with the highest total fertility rate occurring in Blacktown (2.5 per woman) followed by Auburn with 2.4 per woman. Continued major land releases, greater density of dwellings in older areas and new arrivals of refugees and other migrants all contribute to population growth. In 2008, SWAHS received 1,156 Humanitarian migrants, 27% of whom entered under the refugee visa subclass. The LGAs of Blacktown, Auburn, Parramatta and Holroyd were the main recipients of these new settlers in SWAHS.

Perhaps not surprisingly, SWAHS is highly culturally diverse. On Census night in 2006, one third of the population reported being born overseas. The most frequently reported countries of birth were UK, Philippines, India, China, New Zealand, Lebanon, Fiji, Sri Lanka, South Korea and Malta.

The increasing populations of older people, culturally diverse communities and new arrivals engender new and unique challenges in health care planning, service delivery and access to specialised care.

Based on the Socio-Economic Indexes for Area (SEIFA) 2006, Index of Socio-economic Disadvantage, SWAHS has LGAs at both ends of the spectrum. Among the most disadvantaged areas in NSW, scoring well below the 1,000 average, were Lithgow (937) and Auburn (922), characterised by low income and educational attainment, and high levels of unemployment. At the opposite end are LGAs with scores over 1,000, suggesting least disadvantage, including Baulkham Hills (1,116), Blue Mountains (1,051) and Hawkesbury (1,033).

The age standardised death rates for SWAHS residents for the five year period 2002 to 2006 were comparable to the state average for males (777.0 and 777.2 per 100,000 respectively) and significantly higher for females (531.8 and 515.8 per 100,000 respectively). The major causes of death were circulatory diseases, cancers, respiratory diseases and injury and poisoning. A similar pattern existed for (premature) deaths among residents aged less than 75 years. Although the rate was slightly higher among males in SWAHS compared to NSW (319.9 and 325.3 per 100,000 respectively), the difference was not significant. However, the rate among females was significantly higher in SWAHS than the state average (199.0 and 187.7 per 100,000 respectively).

Highlights and Achievements

- Westmead Hospital is the first hospital in the southern hemisphere to use magnetic guidance catheterisation to treat adults and children with serious heart problems. The $4.3 million Cardiac Catheterisation Laboratory equipment reduces the need for many patients to have open heart surgery, thereby preventing the need for prolonged hospital stays, lengthy periods of rehabilitation and long term drug therapies.
- September 2009 saw the opening of the new Renal Dialysis Unit at Auburn Hospital providing the SWAHS community with another six chairs for dialysis treatment. This allows 24 renal patients access to dialysis every week in an environment closer to their home. This was translated into five languages.

- Blacktown Hospital upgraded its imaging technology with the introduction of a new Computed Tomography (CT) Scanner in June. Once the Cardiac Catheterisation Laboratory is opened later this year patients with life-threatening heart conditions will be diagnosed and treated almost immediately.
- Nepean Hospital's increased number of Medical Assessment Unit beds by 10 and completed the upgrading of the sterilising department in late 2009. This supports the hospital's $68 million expansion which commenced construction in May 2010. The new East Block wing redevelopment completion is expected in 2012.
- Commenced work on the $15.2 million Auburn Community Health Centre including the new HealthOne Auburn service. The co-location of the new centre with the existing hospital will provide the local community with a comprehensive range of health services on one site. Expected for completion in 2011.
- The Breast Cancer Institute's (BCI) open another five Sunflower Clinics at Myer in Castle Towers, Westpoint Blacktown and Penrith Plaza as well as Clinics based at Blue Mountains and Mt Druitt Hospitals. The free digital mammography service to women 50 years and over aims to improve access to breast screening programs. The images from screening done through the clinics are transmitted to BCI at Westmead Hospital where they are read by radiologists.
- A comprehensive Dermatology Clinic Centre has been completed in June 2010 at Westmead Hospital.
- Commenced the implementation of infrastructure requirements to support rollout of Picture Archiving Computer system (known as PACS) and Radiology Information System at Westmead Hospital to enable electronic capture and reporting of x-ray and other radiology procedures. This is planned to go live later in 2010.
- SWAHS opened its second HealthOne Clinic at Rouse Hill which builds on the commitment of shared care with local GPs to provide more co-ordinated care for people with chronic and complex health conditions.
- Nepean Hospital installed a new Positron Emission Tomography (PET)-CT scanner, one of seven in NSW. This new imaging technology will dramatically improve Radiologist and Oncologists ability to diagnose and treat cancer and heart attack patients.
- Auburn Hospital welcomed 24 student doctors into its brand new clinical school in February. The school is part of an innovative partnership between the University of Notre Dame Australia, School of Medicine Sydney and SWAHS.
- Improvements to the Patient Safety Handover Checklist continue to be identified and implemented with the introduction of the online learning module available in January 2010. It is an interactive tutorial which teaches nurses and midwives how to use the Patient Safety Handover Checklist designed to help nurses and midwives provide safe care to all patients.
- Continue to implement NSW 'Between the Flags' Program including:
  - Introduced a standardised clinical communication framework for Sydney West called ISBAR to assist with accurate and timely communication across clinical teams, with clinical handover practices, transfer of care and the delivery or escalation of care.
  - Rollout standard observation chart across all hospitals to facilitate recognition and earlier management of a patient who may be deteriorating.
  - Introduced standardised clinical protocols to assist staff better identify when to request a clinical review or make a rapid response call.
- SWAHS commitment to Multicultural Policies and Services Program was demonstrated by improved communication amongst the culturally and linguistically diverse community.
  - Rolled out three-way phones in seven emergency departments for use by the Health Care Interpreter Service (HCIS) in response to the *Caring Together: The Health Action Plan for NSW*.
  - Developed all the education resources and trained Bilingual Community Educators in Healthy Eating for the Whole Community (13 languages) and Get to Know the Australian Aged Care System (16 languages).
- Parramatta Chest Clinic and NSW Refugee Health developed an educational DVD to assist refugees identify services provided by the clinic, tests and treatment of TB. This was translated into five languages.

- The highly sought after Walking with Carers in SWAHS booklet was launched in August providing a comprehensive collection of practical information for carers including contacts for hospital, community services, respite support and carer payments.
- SWAHS Mental Health Network is one of the two HASI pilot sites within NSW funded under the Housing and Accommodation Support Initiative (HASI) to support for ten eligible Aboriginal individual/families. HASI is designed to assist people with mental health problems/ disorders requiring accommodation support to participate in the community, maintain successful tenancies, improve their quality of life and most importantly to assist in their recovery from mental illness.
- Aboriginal Health now provide a mobile risk factor screening and referral outreach service. This mobile service will identify health risks and early signs of illness and disease for Aboriginal people earlier to help improve their access to health advice, early intervention and treatment services. The new Mootang Tarimi Service, meaning 'Living Longer' will be screening at sports events and festivals throughout SWAHS.
- Launched the Keep Koori Kids Smoke Free campaign targeting the Aboriginal community with the key messages around environmental tobacco smoke (ETS) otherwise known as passive smoking and why it is harmful to kids and how to reduce their exposure.
- Nepean Hospital's Falls and Fracture Clinic is one of five clinics in the world to offer a unique balance retraining technique to prevent falls in older people. The clients of the clinic have reduced their risk of falling by 65%.
- *Fit & Strong – 65 & Beyond Challenge* run, with over 1,200 participants taking part. The Challenge raises awareness among older people about what they can do to stay well, independent and reduce their risk of fall injury.
- *Promoting Healthy Kids Project* launched. Training provided to over 200 health professional to improve capacity to promote nutrition and physical activity and address overweight and obesity in children.
- *Live Life Well* in Lithgow Community Healthy Lifestyle Challenge run with over 1,100 participants from the Lithgow community (7.2% of the adult population).
- 89 local schools participating in *Live Life Well@ School,* a program to get more students more active more often and improve their eating habits.
- 160 childcare services participated in *Munch & Move*. Training provided to over 170 childcare workers. Over 11,000 families exposed to healthy lifestyle messages for children and families.
- Westmead Hospital's Cancer Care Centre (WCCC) is the first, and only, cancer care centre in NSW to be awarded international accreditation by the European Society for Medical Oncology (ESMO) for providing integrated cancer and palliative care services.
- SWAHS was recognised as a leader in the NSW Public Sector in risk management for implementating the SWAHS Manual Handling Program. The team won the Occupational Health and Safety (OHS) Risk Management Award category at the prestigious NSW Treasury Managed Fund (TMF) Risk Management Awards.

Equal Employment Opportunities

Some key achievements of the Sydney West Area Health Services Equal Employment Opportunities initiatives during 2009–10 were:

Aboriginal and Torres Strait Islander People

- During the 2009–10 financial year, SWAHS employed an Aboriginal person under the NSW Aboriginal Nursing Cadetship Program. The Area now employs a total of eight Aboriginal Nursing Cadets under this program
- The Population Health Unit also provided a two year Traineeship to an Aboriginal person.
- The Area's Aboriginal Employment Strategy titled *Walking Together – Careers for Aboriginal People in SWAHS 2008-2013* remains current, with recruitment activity likely to increase over the coming year.

Table 1. Trends in the representation of EEO Groups[1]

		% OF TOTAL STAFF[2]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	50%	76%	76%	75%	76%	75%
Aboriginal people and Torres Strait Islanders	2.6%[3]	1%	1%	1%	1%	1%
People whose first language was not English	19%	30%	30%	32%	31%	30%
People with a disability	12%	4%	3%	3%	3%	3%
People with a disability requiring work-related adjustment	7%	1%	0.6%	0.5%	0.5%	0.5%

Table 2. Trends in the distribution of EEO Groups[4]

		DISTRIBUTION INDEX[5]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	100	88	88	87	88	87
Aboriginal people and Torres Strait Islanders	100	88	88	89	86	88
People whose first language was not English	100	93	93	92	94	94
People with a disability	100	102	102	102	102	101
People with a disability requiring work-related adjustment	100	101	99	99	96	93

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** 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 more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

People with Disabilities

- During 2009–10 SWAHS continued its focus on better meeting the needs of staff with a disability, and improving employment opportunities for people in the broader community. For the second consecutive year, SWAHS celebrated International Day of People with a Disability through an awards ceremony, recognising services that have excelled in their work with people with a disability; and recognising a member of staff with a disability as an Ambassador for the celebration. Consultations have been held with staff and with volunteers with a disability to gain a better understanding as to how SWAHS has supported them and where other improvements could be made.
- Learning and Development Services, in consultation with relevant stakeholders, completed a disability training plan which has been endorsed by the SWAHS Disabilities Planning Committee. Staff induction materials have been amended to increase new employees' awareness of their disability-related rights and responsibilities. Extensive consultation with a number of specialty disability education service providers to determine the best education delivery model for SWAHS staff has also been undertaken and final recommendations regarding training delivery have been drafted for consideration by the above committee. There has also been a 'Frequently Asked Questions' information sheet developed for managers and employees on the concept of 'reasonable adjustment to the workplace'.
- SWAHS partnered with a non-government training agency specialising in the work placement of young people with intellectual disabilities. This partnership has seen young people on transition to work programs move to employment with SWAHS with four young people employed at Westmead Hospital in Food Services and Health Information Management Services. This initiative was established to increase the presence of people with a disability in the workplace and also to improve the culture of the organisation to better support people with a disability. It is the understanding of SWAHS that this permanent employment following transition to work placements is the first time an AHS/hospital has so employed people through this type of work transition.

People whose First Language was not English

- SWAHS continued to be above the benchmark for employing people whose first language was not English. In 2009–10 it was estimated that 30% of the workforce spoke a language other than English as their first language, slightly less than the previous year. This is due to a number of reasons including the diversity of local communities from which our employees are recruited (The Australian Bureau of Statistics Census 2006 indicated that 29% of the population speak a first language other than English); recruitment of professionals from overseas; and the existence of targeted positions in SWAHS for people of non-English speaking background to improve access to health services (for example bilingual community educators).

Women

- In 2009–10, 75%of the SWAHS workforce were female, which was 25% above the NSW 50% benchmark. This is typical of the health care sector in general, where the single largest occupational group is nursing most of who are female.

Planned Activities and Outcomes for 2010–11

- In May 2010 the NSW Department of Health wrote to all NSW Area Health Services, seeking Expressions of Interest to participate in a new Aboriginal Allied Health Cadetship Program. SWAHS subsequently lodged an Expression of Interest and recruitment under this Program will occur in 2010–11.
- In 2010–11 much of the work undertaken for people with disabilities will continue, including implementation of the staff training program through the development of online and face-to-face training. This training will be pivotal to continuing the Area's improvements in the creation of supportive work place culture.
- It is proposed that each of the major facilities in SWAHS will establish transition to work programs following the successful implementation of programs at Westmead Hospital in Food Services and at the Health Information Management Services. It is also proposed that a wide range of disability employment agencies will be canvassed to engage with the respective hospitals so that a wide pool of people with a disability can be engaged.

Area Health Service Statements and Reports

The NSW Health Annual Report provides a range of additional source of information which reports on Area Health Services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each Area Health Service, please refer to the following contents:

Financial

Workforce

Service Delivery Levels

Rural

Area Health Services

Greater Southern

Area Health Service

Corner Erin and Collett Streets,
Queanbeyan
PO Box 1845
Queanbeyan NSW 2620

Telephone: 6933 9100
Facsimile: 6299 6363
Website: www.gsahs.nsw.gov.au
Business hours: 8.30am-5.00pm,
Monday to Friday

Chief Executive: Dr Maggie Jamieson (Acting)

Local Government Areas

Albury, Bega Valley, Berrigan, Bland, Bombala, Boorowa, Carrathool, Conargo, Coolamon, Cooma-Monaro, Cootamundra, Corowa, Deniliquin, Eurobodalla, Greater Hume, Greater Mulwaree, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Palerang, Queanbeyan, Snowy River, Temora, Tumbarumba, Tumut, Upper Lachlan, Urana, Yass Valley, Young, Wagga Wagga and Wakool.

Public Hospitals

Barham Koondrook Soldiers' Memorial Hospital
Batemans Bay District Hospital
Batlow Multi-Purpose Service
Bega District Hospital
Berrigan Multi-Purpose Service
Bombala Multi-Purpose Service
Boorowa Hospital
Bourke Street Health Service
Braidwood Multi-Purpose Service
Coolamon Multi-Purpose Service
Cooma Hospital
Cootamundra Hospital
Corowa Hospital
Crookwell Hospital
Culcairn Multi-Purpose Service
Delegate Multi-Purpose Service
Deniliquin District Hospital
Finley Hospital
Goulburn Hospital
Griffith Base Hospital
Gundagai District Hospital
Hay Hospital and Health Service
Henty Multi-Purpose Service
Hillston District Hospital
Holbrook District Hospital
Jerilderie Multi-Purpose Service
Junee Multi-Purpose Service
Kenmore Hospital
Leeton District Hospital
Lockhart Hospital
Moruya District Hospital
Murrumburrah-Harden Hospital
Narrandera District Hospital
Pambula District Hospital
Queanbeyan District Health Service
Temora and District Hospital
Tocumwal Hospital
Tumbarumba Multi-Purpose Service
Tumut District Hospital
Urana Multi-Purpose Service
Wagga Wagga Base Hospital
West Wyalong Hospital
Yass District Hospital
Young District Hospital

Public Nursing Homes

Barham Hospital
Gundagai Hospital
Hay Hospital
Hillston Hospital
Lockhart Hospital
Tocumwal Hospital

Community Health Centres

Adelong Community Health Centre
Albury Community Health Centre
Ardlethan Community Health Centre
Barellan Community Health Centre
Barham Community Health Centre
Barmedman Community Health Centre
Batlow Community Health Centre
Bega Valley Community Health Centre
Berrigan Community Health Centre
Boorowa Community Health Centre
Captains Flat Community Health Centre
Cooma Community Health Centre
Coleambally Community Health Centre
Cootamundra Community Health Centre
Corowa Community Health Centre
Crookwell Community Health Centre
Culcairn Community Health Centre
Darlington Point Community Health Centre
Deniliquin Community Health Centre
Eden Community Health Centre
Eurobodalla Community Health Centre
Finley Community Health Centre
Goulburn Community Health Centre
Griffith Community Health Centre
Gundagai Community Health Centre
Hay Community Health Centre
Henty Community Health Centre
Hillston Community Health Centre
Holbrook Community Health Centre
Jerilderie Community Health Centre
Jindabyne Community Health Centre
Junee Community Health Centre
Karabar Community Health Centre
Leeton Community Health Centre
Lockhart Community Health Centre
Mathoura Community Health Centre
Moama Community Health Centre
Moulamein Community Health Centre
Murrumburrah-Harden Community Health Centre
Narooma Community Health Centre
Narrandera Community Health Centre
Queanbeyan Community Health Centre
Talbingo Community Health Centre
Tarcutta Community Health Centre
Temora Community Health Centre
The Rock Community Health Centre
Tocumwal Community Health Centre
Tooleybuc and Early Childhood
Tumbarumba Community Health Centre
Tumut Community Health Centre
Ungarie Community Health Centre
Urana Community Health Centre
Wagga Wagga Community Health Centre
Weethalle Community Health Centre
West Wyalong Community Health Centre
Yass Community Health Centre
Young Community Health Centre

Child and Family Health

Child and Family Services are provided at all GSAHS Community Health Centres.

Oral Health Clinics

Albury
Berrigan
Cooma
Cootamundra
Deniliquin
Goulburn
Griffith
Hay
Hillston
Jerilderie
Junee
Leeton
Moruya
Narrandera
Pambula
Queanbeyan
Temora
Tumbarumba
Tumut
Wagga Wagga
West Wyalong
Yass
Young

Third Schedule Facilities

Mercy Health Service, Albury
Mercy Care Centre, Young

Chief Executive Year in Review

In 2009–10 Greater Southern AHS has made considerable progress in achievement of its goals and strategic priorities as documented in the annual Area Performance Plan. A number of these achievements are detailed later in this report.

Considerable resources have been dedicated to embedding *Caring Together* strategies and recommendations with good progress made across Area health facilities. GSAHS has made significant advances on hand hygiene, clinical handover and early recognition of the deteriorating patient (*Between the Flags*) programs.

I would like to take this opportunity to extend my deep appreciation to all the staff, clinical and non-clinical, who perform their roles under quite frequently difficult and demanding circumstances but nevertheless manage their responsibility for delivering clinically safe and quality patient care with professionalism and dedication.

I also thank the volunteers and others who give their time to the Area Health Service including the members of the Area Health Advisory Council, led by Dr Ian Stewart, all the members of the Local Health Service Advisory Committees in the many communities of Greater Southern, and the various volunteer fundraising groups, for their enthusiasm and commitment to the provision of health services in our area.

I speak for all our health services in acknowledging the vital contribution of the members of the various hospital auxiliaries who work tirelessly to raise funds to provide equipment, furniture and fittings that increase the quality of care able to be provided to patients, and that go such a long way towards making our hospitals more comfortable for patients and their families and carers.

Dr Maggie Jamieson (Acting), Chief Executive

Demographic Summary

GSAHS covers an area of 166,000km and has a population of approximately 474,000 (2006 Census). The population is expected to grow to around 498,000 by 2016. In 2006, half of all GSAHS residents were aged 39 years or older. Over 15.5% of the population was aged 65 years and over. Projections to 2016 indicate an increase across all age groups over 50 in the coming years.

GSAHS is divided into three clinical sectors around clusters of local government areas. It covers a third of NSW and extends from the South Coast, across the Great Dividing Range and the Snowy Mountains, through the South-West Slops, Riverina and Murrumbidgee regions and Murray border areas.

Much of the industry in the area is related to agriculture. There is also a variety of other business and industrial enterprises, including government departments, defence forces, tertiary institutions, forestry and tourism. GSAHS contributes significantly to communities, employing around 4,500 full time equivalent staff in a range of clinical and non-clinical roles.

Highlights and Achievements

- In 2009–10 GSAHS provided around 26,241 operations in the 12 months ended 30 June 2010 (4.6% increase on 2008–09). Of the two types of surgery (booked and emergency), in that 12 month period GSAHS provided 5,924 emergency operations (7.3% increase on 2008–09). In our emergency departments across the Area, 227,185 (1.9% increase) patients were attended initially in EDs, and of those, 29,097 (1.4% increase) patients were admitted to wards.
- GSAHS came very close to achieving Commonwealth triple zero targets for booked surgeries, with only a very small number of outstanding cases remaining. Achievement of the Commonwealth's target was important not only because it means that all patients' booked surgeries have been completed, but that patients are receiving their care in a timely manner.
- Partnership with Charles Sturt University to develop a program to assess and improve school readiness in Aboriginal children in Wagga Wagga.
- Implemented a leadership development program for Aboriginal health team leaders and program co-ordinators.
- Commenced implementation of the 48-hour followup program for Aboriginal people.
- World No Tobacco Day – GSAHS developed a World No Tobacco Day 2010 Facebook page to raise awareness of the harmful effects of tobacco advertising in all its forms on women globally and to give smokers information, links and support on how to go about quitting.

- Physical Activity Leader Network including Tai Chi and Community Exercise classes now 154 classes with 125 active leaders across rural communities.
- Keep Them Safe – Children and Young People Wellbeing Program – 2009–10 achievements included: co-ordinator appointed; managers and staff completed training sessions, mandatory reporting guidance tool and training information posted to intranet; Out of Home Care co-ordinator appointed; increased interagency work taking place.
- Establishment of Hospital Clinical Councils – Wagga Wagga, Griffith, and Goulburn established, and smaller sites grouped regionally in the Western Sector, Central Sector and Bega Valley Clinical Councils. According to their hospital size and geographic representation, Clinical Councils have members representing doctors (VMOs, staff specialists, GPs), nurses, community and allied health professionals, health service managers, community members (Area Health Advisory Council and Local Health Service Advisory Committee members), GSAHS Directors of Medical Services, Directors of Nursing and Midwifery, Patient Safety and Quality Managers, and Mental Health managers.
- GSAHS is rolling out the Severe Chronic Disease Management Program. Formal partnerships and service level agreements have been made with Divisions of General Practice and four Divisions are employing liaison clinicians to provide support to general practices for co-ordinated client care. A model of care for the Severe Chronic Disease Management Program has been developed and there is good initial engagement of community health staff with the program. A web-based database has been developed to track and evaluate clients' involvement.
- Australian Council on Healthcare Standards (ACHS) awarded all GSAHS Western Sector health facilities with four years' (full) accreditation under its core accreditation program, EQuIP (Evaluation and Quality Improvement Program). ACHS accreditation is a formal process to ensure delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services. It is public recognition of achievements by the health care organisation of requirements of national health care standards. The surveyors noted the very good systems in place and commended the Western Sector on cohesive team work that was highly evident.
- eMR implementation has commenced with the first site live in May 2010 and another five sites currently undergoing implementation.
- The NSW Health Director-General, Professor Debora Picone, AM, commenced her National Health Reforms 'Listening Tours' in GSAHS. Along with GSAHS Area Health Advisory Council Chair, Dr Ian Stewart, and GSAHS Acting Chief Executive Dr Maggie Jamieson three meetings were convened, in Goulburn, Wagga Wagga and Queanbeyan, to discuss the National Health Reforms. Though at short notice, a broad representation of Area Health Service stakeholders attended, from health services managers, medical and nursing staff including VMOs, allied and community health service, Area Heath Advisory Council and Local Health Service Advisory Committee members.
- A particular highlight of this year's International Nurses Day celebration was the awarding of a prestigious new Statewide scholarship to GSAHS CNC Palliative Care Margaret Dane, one of four scholarship winners, at NSW Parliament House on 12 May. The scholarship, named after NSW's first Chief Nursing Officer, Judith Meppem, provides up to $12,000 to each winner or ongoing education and development.
- GSAHS is addressing the rural staff shortage and healthcare crisis with a number of education and training programs. One of these, the Rural Allied Health Assistants Project, won the prestigious 'National Accolades for Excellence' – a new awards program for the nationally focused Community Services and Health Industry Skills Council. Students still at school can commence in a Certificate III, then move to employment and training in Certificate IV then to the new Bachelor of Health and Rehabilitation Science through Charles Sturt University – all without leaving their communities.
- GSAHS has sponsored several candidates in Aboriginal cadetship programs for students undertaking the Bachelor of Nursing course. Two people who completed the course last year are employed in graduate programs – one at Wagga Health Service and one at Queanbeyan Health Service. Currently we have Nursing & Midwifery cadets studying and participating in the program at Albury and Griffith. Griffith Health Service leads the way with three current cadets, two completing the Bachelor of Nursing at Charles Sturt University, and our first Endorsed Enrolled Nurse cadet studying at Riverina TAFE in Griffith.

- GSAHS formally graduated the 2009 Clinical Leadership Cohort in April 2010. The event celebrated the achievements and talent of 12 graduates from the GSAHS Clinical Leadership Program. A diverse range of clinical process improvement projects was identified and implemented in 2009. Some have completed while others are still in progress. All the projects have a patient safety and/or enhanced service delivery focus.

Equal Employment Opportunities

GSAHS has updated its implementation plan for the 2008–2012 EEO Management Plan. The implementation plan is addressed to all GSAHS managers and Workforce Development Unit and describes strategies to achieve the designated EEO outcomes of:

- A sound information base. A key implementation strategy is the current development of a staff survey to be carried out later in 2010 and promoting EEO principles to all staff.
- Employees' views are heard. The key strategy is inclusion of an EEO standing agenda item on the Joint Consultative Committee meeting agenda.
- EEO outcomes are included in agency planning. EEO and diversity management issues will be included in all planning templates.
- Fair policies and procedures, and a workplace culture displaying fair practices and behaviours.
- Needs-based programs for EEO groups, and improved employment access and participation by EEO groups. Key strategies include the identification of positions across GSAHS suitable for cadetships/traineeships for employees from EEO groups, and the encouragement of EEO target group employees to have the opportunity to participate in leadership and management development programs.
- Managers and employees informed, trained and accountable for EEO.
- A diverse and skilled workforce.

Table 1. Trends in the representation of EEO Groups[1]

		% OF TOTAL STAFF[2]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	50%	83%	83%	83%	83%	83%
Aboriginal people and Torres Strait Islanders	2.6%[3]	2%	2%	2%	2%	2%
People whose first language was not English	19%	6%	6%	6%	5%	6%
People with a disability	12%	7%	6%	5%	5%	5%
People with a disability requiring work-related adjustment	7%	2%	1.5%	1.3%	1.3%	1.1%

Table 2. Trends in the distribution of EEO Groups[4]

		DISTRIBUTION INDEX[5]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	100	91	91	90	92	93
Aboriginal people and Torres Strait Islanders	100	85	84	80	81	78
People whose first language was not English	100	117	118	114	115	114
People with a disability	100	108	109	109	107	102
People with a disability requiring work-related adjustment	100	110	109	113	109	108

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** 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 more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

Planned Activities and Outcomes for 2010–11

Key objectives for 2010–11 relate to:

- Managing activity within budget allocations
- Achieving improvements in population health and mental health
- Improving permanent recruitment of rural medical and nursing staff
- Working with NSW Health to deliver initiatives outlined in the Commonwealth's National Health Reform agenda
- Continuing to embed recommendations from *Caring Together*
- Improving clinical practice and clinical leadership across GSAHS.

Area Health Service Statements and Reports

The NSW Health Annual Report provides a range of additional source of information which reports on Area Health Services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each Area Health Service, please refer to the following contents:

Financial

Workforce

Service Delivery Levels

Greater Western

Area Health Service

Hawthorn Street, Dubbo
PO Box 4061
Dubbo NSW 2830

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Business hours: 8.30am-5.00pm, Monday to Friday

Chief Executive: Danny O'Connor

Local Government Areas

Balranald, Bathurst, Regional, Blayney, Bogan, Bourke, Brewarrina, Broken Hill, Cabonne, Central Darling, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan, Mid-Western, Narromine, Oberon, Orange, Parkes, Walgett, Warren, Warrumbungle, Weddin, Wellington, Wentworth and Unincorporated Far West.

Public Hospitals

Balranald District Hospital
Baradine Multi-Purpose Service
Bathurst Base Hospital
Blayney Multi-Purpose Service
Bloomfield Hospital
Bourke Multi-Purpose Service
Brewarrina Multi-Purpose Service
Broken Hill Base Hospital
Canowindra Soldiers' Memorial Hospital
Condobolin District Hospital
Cowra District Hospital
Cobar District Hospital
Collarenebri Multi-Purpose Service
Coolah Multi-Purpose Service
Coonabarabran District Hospital
Coonamble District Hospital
Dubbo Base Hospital
Dunedoo Muti-Purpose Service
Eugowra Memorial Hospital
Forbes District Hospital
Gilgandra Multi-Purpose Service
Grenfell Multi-Purpose Service
Gulargambone Multi-Purpose Service
Gulgong District Hospital
Lake Cargelligo Multi-Purpose Service
Lightning Ridge Multi-Purpose Service
Molong District Hospital
Mudgee District Hospital
Narromine District Hospital
Nyngan Multi-Purpose Service
Oberon Multi-Purpose Service
Orange Base Hospital
Parkes District Hospital
Peak Hill Hospital
Rylstone Multi-Purpose Service
Tottenham Multi-Purpose Service
Tullamore Multi-Purpose Service
Trangie Multi-Purpose Service
Trundle Multi-Purpose Service
Warren Multi-Purpose Service
Wellington Hospital
Walgett Hospital

Public Nursing Homes

Peg Cross Memorial Nursing Home

Community Health Centres

Balranald Community Health Centre
Bathurst Community Health Centre
Binnaway Community Health Clinic
Blayney Community Health Centre
Bourke Community Health Centre
Broken Hill Community Health Centre
Canowindra Community Health Centre
Collarenebri Community Health Centre
Condobolin Community Health Centre
Cudal Community Health Centre
Cumnock Community Health Centre
Dubbo Community Health Centre
Dunedoo Community Health Centre
Eugowra Community Health Centre
Forbes Community Health Centre
Gilgandra Community Health Centre
Gooloogong Community Health Centre

Grenfell Multipurpose Health Service
Grenfell Community Health Centre
Hill End Community Health Centre
Lake Cargelligo Community Health Centre
Lightning Ridge Community Health Centre
Manildra Community Health Centre
Mendooran Community Health Centre
Menindee Community Health Centre
Molong Community Health Centre
Mudgee Community Health Centre
Narromine Community Health Centre
Nyngan Community Health Centre
Oberon Community Health Centre
Orange Community Health Centre
Peak Hill Community Health Centre
Quandialla Community Health Centre
Rylstone Community Health Centre
Sofala Community Health Centre
Tottenham Community Health Centre
Trundle Community Health Centre
Tullamore Community Health Centre
Tullibigeal Community Health Centre
Walgett Community Health Centre
Wilcannia Community Health Centre
Woodstock Community Health Centre
Yeoval Community Health Centre

Other Services

Bathurst Mental Health Services
Bourke Mental Health and Counselling Services
Brewarrina Aboriginal Medical Service
Broken Hill Child and Family Health Centre
Broken Hill Magistrates Early Referral Into Treatment Program (MERIT)
Cowra Mental Health Services
Curran Centre Community Mental Health Services
Dareton Mental Health and Counselling Services
Enngonia Health Outpost
Forbes Mental Health Services
Kandos Early Childhood Centre
Lightning Ridge Mental Health
Mudgee Mental Health
MERIT (Magistrates Early Referral Into Treatment Program)
Incorp. RAD (Rural Alcohol Diversion Program)
Parkes Mental Health Services
Pooncarie Outpatients Clinic
SHIPS (Satellite Housing Integrated Programmed Support)
Wentworth Community Nursing Service

Oral Health Clinics

Balranald Dental Clinic
Bathurst Community Dental Clinic
Broken Hill (Morgan Street) Dental Clinic
Cowra Child Dental Clinic
Dubbo Community Dental Clinic
Forbes Child Dental Clinic
Mudgee Community Dental Clinic
Orange Community Dental Clinic
Parkes Child Dental Clinic
Wentworth Dental Van

Third Schedule Facilities

St Vincent's Private Hospital
Lourdes Hospital

Chief Executive Year in Review

The key priorities for the Greater Western Area Health Service in 2009–10 were to:

- Make significant progress implementing the *Caring Together* program.
- Expand services and clinical networks to increase the sharing of clinical expertise and improve access to services.
- Further develop clinical and business partnerships with other organisations.
- Improve the efficiency and productivity of the organisation.

The major focus for improving the quality of services was implementing the *Caring Together* program to improve the safety and satisfaction of the patient experience and provide additional support to clinicians caring for patients. Key achievements included:

- The Essentials of Care program.
- The team nursing model of care including bedside handover.
- An enhanced focus on patient nutrition, wound care and pressure ulcer management.
- Enhanced leadership and management programs for nurses.

- Nurse Practitioner and Transitional Nurse Practitioner appointments at Menindee, Parkes, Wanaaring, Walgett and in Chronic disease care.
- 80% retention of new Registered Nurses.
- 82% retention of Enrolled Nurses.
- Introduction of the Between the Flags – Keeping Patients Safe program.

A central goal of the organisation is to ensure there are appropriate and well resourced facilities in communities across the Area. It is further intended that these facilities network with each other, as well as other partner organisations', to share available expertise and technology. Major achievements included:

- Start of construction on Multipurpose Health Services at Eugowra, Coonamble and Balranald.
- Opening of Health One at Molong and Rylstone.
- Finalisation of the Area's Disability Action Plan.
- Introduction of the subacute care strategy for elderly and rehabilitation patients.

Relationships with other organisations are vital to the delivery of health care in our communities. Some key partners include divisions of General Practice; AMS' and other Aboriginal community controlled organisations; Royal Flying Doctor Service; Tertiary Education institutions; community service and support providers and more. Some key gains this year included:

- Collaboration with Outback Division General Practice on early intervention and health promotion initiatives in Bourke, Brewarrina, Walgett, Collerenebri, Cobar, Lightning Ridge and Goodooga.
- Expansion of Breastscreen services to Aboriginal communities in collaboration with Bila Muuji.
- Crunch and Sip program- a healthy weight school based initiative – 81 schools registered and 35 certified this year across the AHS.
- Live Life Well @ School: a healthy weight school based initiative – 47 schools have participated which is 31.5% of eligible schools in the AHS. Target for 2009–10 was 30%.
- Sales to Minors- compliance testing has occurred in 80 retail outlets.
- Promotion of H1N1 vaccination clinics and working with Aboriginal Medical Services in some communities to provide H1N1 immunisation to those not able to access a GP.
- *Chopped Liver*, the Aboriginal hepatitis C health promotion initiative returned to NSW promoted and funded through Greater Western AHS. Chopped Liver was shown in three correction facilities in Dubbo, Wellington and Brewarrina, creating a NSW first.
- Development and implementation of models for rapid response during a pandemic in partnership with health services and others including flu clinics transport and distribution of antivirals, laboratory specimen, quarantine and isolation packs.
- Development of key partnerships with sectors within health and with partner organisations to implement a pandemic response.

Managing costs and improving productivity were major challenges in order to meet key performance targets within budget. Some highlights included:

- Establishment of a five year Asset Strategic Plan informed by current public health policy and local clinical services plans.
- Establishment of a Business Unit for Medical Imaging and Breastscreen.
- Upgrading of Neonatal Resuscitation equipment in the eight procedural hospitals.
- Upgrade of Operating Theatre equipment at Cowra and Parkes Hospitals.
- Introduction of Episode Funding based budgets at the four Base Hospitals.
- Implementation of an Electronic Medical Record (eMR) in Broken Hill and Orange, with further roll-out scheduled for Bathurst, Dubbo and Mudgee in early 2010–11.
- Introduction of new technology for Picture Archiving and Communication System (PACS) and Radiology Information System (RIS) across the AHS. This will significantly improve the availability of specialist opinion on imaging tests, especially for people in smaller and more remote communities.
- Roll-out of a redesigned rostering system which will promote safety and quality patient care.

The past year has been one of significant achievement by Greater Western AHS in the interest of the communities we seek to serve. I commend all members of the AHS for their commitment to achieving excellent health care and public service to the people of the greater west of NSW.

Danny O'Connor, Chief Executive

Demographic Summary

The Greater Western Area Health Service covers a geographic area of 444,586 square kilometres, an area representing more than 55% of the landmass of NSW.

While it is the biggest NSW health service in terms of landmass, it is the smallest in terms of population, covering approximately 290,000 people.

There are a total of 45 health services providing inpatient services in the Greater Western Area Health Service. 20 of these are Multipurpose Services (MPSs). Currently three of the community non-acute hospitals – Coonamble, Balranald and Eugowra – are being redeveloped as MPS services and will be commissioned in 2010.

Lourdes is an Affiliated Health Service, managed by Catholic Health Care that provides services under a service level agreement with Greater Western AHS. These include inpatient and outpatient rehabilitation, geriatric evaluation management and palliative care services. It also provides a range of community health services including primary care nursing services and outreach services.

There are a total of 64 Community Health Centres, 20 are stand alone facilities (that is they do not have associated inpatient services) and eight are in separate locations from the inpatient facilities.

Highlights and Achievements

- The Essentials of Care program started in six units within the Area health Service with a further 10 sites to join the program by December 2010.
- Either bedside clinical handover and/or team nursing model in place at 25 (51%) facilities across the Area Health Service.
- A Nurse Practitioner was appointed in Menindee and four additional transitional NPs also appointed in Parkes Emergency, Wanaaring Primary Health Care, Walgett Health Service and in Chronic care.
- The Area Health Service continues to actively attract Aboriginal Nursing/Midwifery Undergraduate cadets, with an additional three cadets recruited to Dubbo, Coonabarabran and Broken Hill in 2010.
- Nursing vacancies has improved from 122 fte to 85 fte vacancy.
- The first Asset Strategic Plan for the Greater Western Area Health Service was completed in 2009–10 providing a comprehensive management plan for capital and minor works across the Area Health Service for the future.
- Completion of the refurbishment of Ward 19 for Mental Health Services on the Bloomfield site in Orange. This is the first completed work for the redevelopment of the new Orange Health Service.
- Implementation of an Electronic Medical Record (eMR) eMR is the foundation of an electronic medical record replacing paper-based patient records. The system is now live in Broken Hill and Orange and is scheduled for go-lives in Bathurst, Dubbo and Mudgee by the end of September 2010.
- A new Business Unit for Medical Imaging and Breastscreen has been established and will commence operations on the 1st July 2010.
- Expansion of Breastscreen services has provided increased access to Aboriginal communities. This has occurred through active participation in Bila Muuji Aboriginal Health meetings and further development of links with local Aboriginal Medical Services and the provision of mobile screening at those sites.
- Construction of three new Multipurpose Health Services for the communities of Eugowra, Coonamble and Balranald with relocation from existing Hospitals to take place in the early part of 2010–11 financial year.
- Molong Health One officially opened in December 2009. It is an initiative of Cabonne Shire Council, Greater Western AHS and NSW Department of Health. The facility brings together general practitioners, community health workers, allied health professionals and other health related workers.
- Blayney HealthOne provides a single location for the community of Blayney's' primary health care needs opening its doors in November 2009; its first consumer evaluation demonstrates over whelming satisfaction with the new facility and services provided.

- Outback Health Program – Working in partnership with Outback Division General Practice to deliver early intervention and health promotion initiatives in Bourke, Brewarrina, Walgett, Collerenabri, Cobar, Lightning Ridge and Goodooga.
- The Dubbo Aged Care Assessment Team program aims to improve service delivery and access as well as create a better experience for Aboriginal aged clients by establishing an indigenous specialist worker within the Aged Care Assessment team Dubbo.
- Crunch and Sip program- a healthy weight school based initiative – 81 schools registered and 35 certified this year across the AHS.
- Social marketing project for Measure Up, a small grants program taken up by 22 sites across the AHS to run a range of activities in healthy weight for the target population of 25-50 year olds. A nutrition package is being developed as well to support staff in communities without or with little access to nutrition support.
- Smoke Free Forum for Local Government – Smoke free environments – 14 Councils attended and five councils have implemented smoke free policy.
- Implementation of PHREDSS, the Public Health Realtime Emergency Data Surveillance System that flags higher than usual attendance in Emergency Departments for specific diseases or issues. This enables rapid investigation and response as required.
- Promotion of H1N1 vaccination clinics and working with Aboriginal Medical Services in some communities to provide H1N1 immunisation to those not able to access a GP.
- Chopped Liver, the Aboriginal hepatitis C health promotion initiative returned to NSW promoted and funded through Greater Western AHS. Chopped Liver was shown in three correction facilities in Dubbo, Wellington and Brewarrina, creating a NSW first.
- Following the important work and achievements at Dubbo Base Hospital with the pilot project for the early recognition and management of patient deterioration, Greater Western AHS has played an important role in the state-wide implementation of the Clinical Excellence Commission program, *Between the Flags – Keeping Patients Safe*.
- Installation of NSW Health Award winning Mental Health Emergency Care Rural Access Project (MHECRAP). This project provides emergency consultation and assessment for mental health patients in rural and remote facilities across the Area.
- The Bathurst Respiratory Coordinated Care Program started seeing clients with chronic respiratory diseases in January 2009. This has resulted in a decrease in the number of hospital admissions following enrolment to the program.
- Broken Hill Health Service gained Australian Council of Healthcare Standards (ACHS) accreditation in November 2008. This was the first time that Broken Hill Health Service has met the requirements set by ACHS.
- An early discharge program for post natal women is underway at Broken Hill Health Service.
- The Dubbo Base Hospital has introduced a program to allow mothers and their babies to bond better after birth. Under this initiative, a midwife attends each elective caesarean birth and remains with a new mother and her well newborn baby until the mother and baby are transferred back to the postnatal ward.
- A new staff specialist general surgeon commenced at Dubbo Base Hospital in April 2010 and will provide outreach services in the future to remote towns such as Bourke.
- The redevelopment of Dubbo's Physiotherapy Department Fracture Clinic has seen waiting times reduced from 80 minutes to just 20 minutes on average.
- The establishment of Senior Clinical Councils at Dubbo, Bathurst, Orange and Broken Hill directly involves all senior doctors in decision-making activities.
- Building of the new Orange Health Service facility is well underway and due for completion mid 2011.
- The Orange Health Service Medical Assessment unit commenced in April 2010. This unit will support patients who require extensive clinical assessment to admitted to this unit and reduce the demand on the Emergency Department.
- The appointment of a Clinical Nurse Specialist for Organ and Tissue Donation in Orange is creating awareness locally for the need and opportunity of Organ and Tissue donation.

- Intensive Care Service Clinical Nurse Consultant appointed at Orange Health Service and Supporting Dubbo, Bathurst and Broken Hill Services.
- The Coolah MPS Advisory Committee successfully lobbied to have improvements made to the Coolah staff accommodation.
- The Coonabarabran Health Council was successful in obtaining a grant for the Australian Better Health Initiative to run a local Measure-Up Campaign called the *Coona Can Measure Up*.
- A Memorandum Of Understanding was signed between Coonamble Health service and the Coonamble Shire Council for the delivery of Health promotion Services.
- A very successful Drought Expo was held in May 2010 at Dunedoo and MERV, the Greater Western Area Health Service men's van made an appearance. The day was a combined effort with other organisations such as Centrelink. The community were able to access up to date information and have a health screen as well.
- Refurbishment of the Exterior of the Grenfell MPS in early 2010.
- A Transitional Nurse Practitioner for the Emergency Department has commenced at Parkes Emergency Department.
- A Mudgee Community Health Nurse Unit Manager was successful in gaining a Innovative Nursing Scholarship for $10,000 from Nursing and Midwifery Office for the program WHIM- Workplace Health in Mudgee.
- Refurbishment of Room for cancer sufferers at Narromine Health Service with funds from Narromine Cancer Support Group. Donations received from Hospital Auxiliary, Lions Club, 25 Club and Health Service Fundraisers and many community members and grateful relatives.
- Rylstone HealthOne – now has Mental Health, speech Pathology, dietician, GP clinic four afternoons per week, Breast Care Nurse, Women's health, Diabetic educator.
- The completion and opening of Wandering Garden at rear of Trangie Health Service.
- Measure up program at Tullamore saw participation in the Steps component where participants started walking from Tullamore to Taree and ended up walking half way around Australia.
- Four renal chairs at Walgett are expected to be functional by end of July 2010.
- Establishment of a permanent Aboriginal Health Education Officer at Warren Health Service.
- The recently completed Dareton Primary Health Care Dental Clinic commenced operation providing a new service to clients in the Wentworth LGA. The clinic provides an adult dental service one day per week.
- Building of the new University Dental and Oral Health Centre in Dubbo has commenced. This joint initiative between the Area Health Service, Charles Sturt University and the University of Sydney will provide expanded modern and up to date accommodation for the existing public dental service in Dubbo and will provide enhanced opportunities for (dental) student placements in Dubbo.
- There has been ongoing success promoting water fluoridation. Menindee water supply is now fluoridated. There is progress toward fluoridating the water supplies at Wilcannia, Balranald and Bourke.
- The AHS StEPS Program (Statewide Eyesight Preschool Screening Program) has achieved 84% screening rate for children aged 4years. This is above the State average.
- The Child Wellbeing Unit for the Western region has been established and commenced operation in January 2010. The Unit provides guidance to health staff to appropriately assess children who may be at risk of harm.
- The Safe Families Initiative has been established in Wilcannia and Lightning Ridge in partnership with Human Service Agencies and the Sexual Assault Service. This focuses on community development within Aboriginal communities.
- The Centre for Rural and Remote Health Education (CRRE) is a new structure for the delivery of education across Greater Western Area Health Service that has been establishment as an integrated, multidisciplinary education centre representing a new approach to education and training across the Greater Western AHS.

Table 1. Trends in the representation of EEO Groups[1]

		% OF TOTAL STAFF[2]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	50%	79%	80%	81%	81%	80%
Aboriginal people and Torres Strait Islanders	2.6%[3]	4%	5%	5%	32%	5%
People whose first language was not English	19%	2%	2%	2%	50%	3%
People with a disability	12%	3%	3%	2%	41%	2%
People with a disability requiring work-related adjustment	7%	1%	1.0%	0.9%	0.6%	0.8%

Table 2. Trends in the distribution of EEO Groups[4]

		DISTRIBUTION INDEX[5]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	100	90	91	92	93	94
Aboriginal people and Torres Strait Islanders	100	82	79	80	98	88
People whose first language was not English	100	126	120	113	98	106
People with a disability	100	102	100	99	97	98
People with a disability requiring work-related adjustment	100	108	108	106	107	99

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** 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 more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

Equal Employment Opportunities

Some key achievements of the Greater Western Area Health Services Equal Employment Opportunities initiatives during 2009–10 were:

Aboriginal Employment

- The Greater Western AHS Aboriginal Employment Strategy 2008–2011 (AES) was launched and the implementation processes began in 2008. This strategy is in alignment with the State Government Aboriginal Employment document *Making It Our Business* and the key result areas within – Recruitment, Skills Acquisition and Career Development, Retention, Cultural Education, and Community Engagement. While the AES, and achievement against the priority themes, requires further review, progress has been made in many areas.
- A review of the Aboriginal Health Workforce was undertaken to identify existing AHW vacancies; review workforce to Aboriginal population ratios; and opportunities for recruitment, workforce enhancement and additional trainees.
- A review of AHW State/National workforce standards/trends, position descriptions, and feedback from across the workforce was undertaken to inform a new structure, develop standardised roles and a scope of practice. A standard position description for Aboriginal Hospital Liaison Officers was the first to be developed following this review and work is progressing towards all relevant positions.
- The second cohort of the Aboriginal Health Worker Trainees Certificate IV commenced in April/May 2010. Other education/employment achievements have been made in the areas of Administration, Mental Health and Environmental Health; within the assessment/ recognition of prior learning and gap training for the Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Community Care) in partnership with TAFE Western; and the creation of permanent positions for Aboriginal people (for example the conversion of a CDEP position at Narromine).
- The development of an Aboriginal Health Worker Professional Profile (similar to that of the Enrolled Nurses) that includes; scope of practice, supervision and competency review has been commenced to support ongoing implementation of the qualification,

outline the role and scope of practice for AHW's and prepare for future National/State registration.

- GWAHS, through the Aboriginal Health Management Team, has developed an action plan to implement the NSW Aboriginal Health Impact Statement and Guidelines (PD2008_082), including application to recruitment and workforce enhancement and use of the declaration and checklist.
- An action plan for review of compliance with the COAG Working Group on Indigenous Reforms Indigenous Workforce Strategies has been developed and will be progressed throughout the remainder of 2010.
- In relation to achieving the Aboriginal workforce target ratios, cultural issues have been identified as a potential barrier. *Caring Together* funding under the Just Culture banner has been obtained to investigate the nature, extent, causative factors and possible solutions to this problem, with the view to promoting retention, recruitment and productivity of the Aboriginal workforce. The anticipated outcome of this work is a positive culture package for implementation across the Area Health Service. It will comprise a complementary suite of strategies aimed at prevention, recognition and management of negative aspects of workplace culture.

Planned Activities and Outcomes for 2010–11

EEO Plan

A Greater Western Area Health Service Equal Employment Opportunity Management Plan (2009–2013) has been developed. The Plan includes strategies and related performance indicators to monitor progress. Anticipated outcomes include a sound information base, incorporation of staff consultation, inclusion of EEO in workforce planning targets, supportive policies and procedures, skill development to support career progression, recruitment strategies and improving accountability for EEO. Strategies working towards a diverse and skilled workforce will include: clear equal employment targets, for example 50% of women in leadership roles and Aboriginal people comprising 8.5% of the workforce.

Disability Action Plan

Within the Greater Western Area Health Service Disability Action Plan 2009 to 2012, priorities for action include increasing employment participation for people with a disability. Performance indicators and reporting processes will be developed and a staff survey will be incorporated into the review and development of opportunities for improvement in the area of employment for people with disabilities, including both existing and potential employees.

Area Health Service Statements and Reports

The NSW Health Annual Report provides a range of additional source of information which reports on Area Health Services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each Area Health Service, please refer to the following contents:

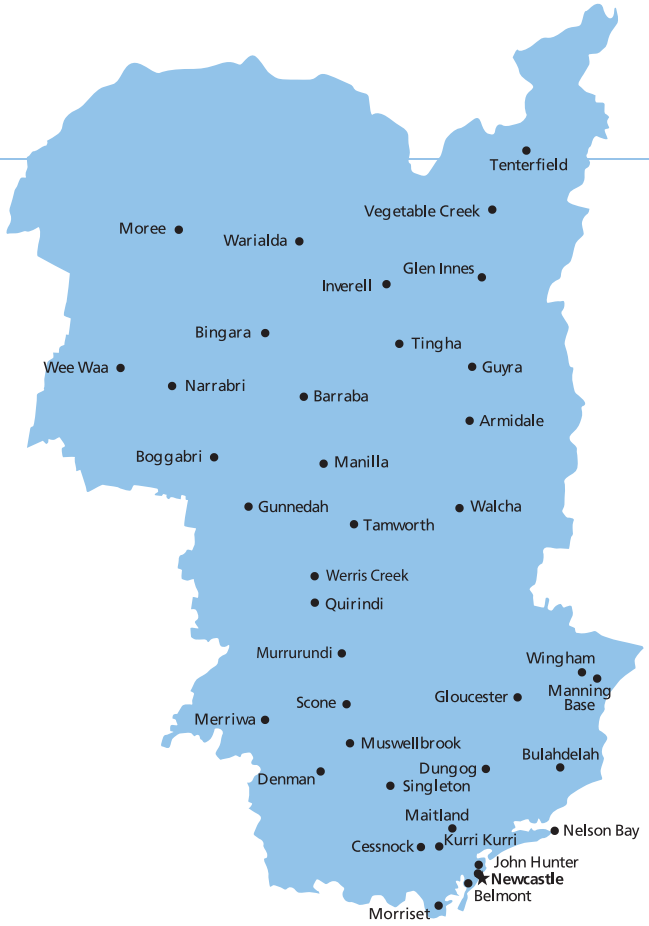
Financial

Workforce

Service Delivery Levels

Hunter New England

Area Health Service



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Chief Executive: Dr Nigel Lyons

Local Government Areas

Armidale Dumaresq, Cessnock, Dungog, Glenn Innes Severn, Gloucester, Great Lakes, Greater Taree, Gunnedah, Guyra, Gwydir, Inverell, Lake Macquarie, Liverpool Plains, Maitland, Moree Plains, Muswellbrook, Narrabri, Newcastle, Port Stephens, Singleton, Tamworth Regional, Tenterfield, Upper Hunter, Uralla and Walcha.

Public Hospitals

Armidale Hospital
Barraba Multi Purpose Service
Belmont Hospital
Bingara Multi Purpose Service
Boggabri Multi Purpose Service
Bulahdelah Community Hospital
Cessnock Hospital
Denman Multi Purpose Service
Dungog Community Hospital
Emmaville – Vegetable Creek Multi Purpose Service
Glen Innes District Hospital
Gloucester Soldiers Memorial Hospital
Gunnedah District Hospital
Guyra Multi Purpose Service
Inverell District Hospital
James Fletcher Hospital
John Hunter Hospital
John Hunter Children's Hospital
Kurri Kurri Hospital
Manilla Hospital
Merriwa Multi Purpose Service
Moree Hospital
Morisset Hospital
Murrurundi Community Hospital (Wilson Memorial)
Muswellbrook Hospital
Narrabri Hospital
Quirindi Community Hospital
Rankin Park Centre
Royal Newcastle Centre
Scone Hospital (Scott Memorial)
Singleton Hospital
Tamworth Hospital
Manning (Taree) Hospital
Tenterfield Community Hospital
The Maitland Hospital
Tingha Multi Purpose Service
Tomaree Community Hospital,
Walcha Multi Purpose Service
Warialda Multi Purpose Service
Wee Waa Community Hospital
Werris Creek Community Hospital
Wingham Community Hospital

Public Nursing Homes

Hillcrest Nursing Home, Gloucester
Kimbarra Lodge Hostel, Gloucester
Muswellbrook Aged Care Facility
Wallsend Aged Care Facility

Community Health Centres

Armidale Community Health Centre
Ashford Community Health Centre
Barraba Community Health Centre
Beresfield Community Health Centre
Bingara Community Health Centre
Boggabilla Community Health Centre
Boggabri Community Health Centre
Bulahdelah Community Health Centre
Bundarra Community Health Centre
Cessnock Community Health Centre
Clarencetown Community Health Centre
Denman Community Health Centre
East Maitland Community Health Centre
Forster Community Health Centre
Glen Innes Community Health Centre
Gloucester Community Health Centre
Gresford Community Health Centre
Gunnedah Community Health Centre
Guyra Community Health Centre
Gwabegar Community Health Centre
Harrington Community Health Centre
Hawks Nest/Tea Gardens Community Health Centre
Inverell Community Health Centre
Kurri Kurri Community Health Centre
Manilla Community Health Centre
Merriwa Community Health Centre
Moree Community Health Centre
Mungindi Community Health Centre
Murrurundi Community Health Centre
Muswellbrook Community Health Centre
Narrabri Community Health Centre
Nelson Bay Community Health Centre
Newcastle Community Health Centre
Nundle Community Health Centre
Pilliga Community Health Centre
Premer Community Health Centre
Quirindi Community Health Centre
Raymond Terrace Community Health Centre
Scone Community Health Centre
Singleton Community Health Centre
Stroud Community Health Centre
Tambar Springs Community Health Centre
Tamworth Community Health Centre
Taree Community Health Centre
Tenterfield Community Health Centre
Toomelah Community Health Centre
Toronto (Westlakes) Community Health Centre
Uralla Community Health Centre
Walcha Community Health Centre
Walhallow Community Health Centre
Wallsend (Western Newcastle) Community Health Centre
Warialda Community Health Centre
Wee Waa Community Health Centre
Werris Creek Community Health Centre
Windale (Eastlakes) Community Health Centre

Child and Family Health

Anna Bay
Belmont
Charlestown
Edgeworth
Hamilton
Kotara
Lambton
Mallabula
Maryland
Medowie
Merewether
Morisset
Raymond Terrace
Stockton
Salamander Bay
Toronto
Wallsend
Waratah
Windale
Woodrising

Oral Health Clinics

Armidale Oral Health Clinic
Barraba Oral Health Clinic
Beresfield Oral Health Clinic
Cessnock Oral Health Clinic
Forster Oral Health Clinic
Glen Innes Oral Health Clinic
Gunnedah Oral Health Clinic
Inverell Oral Health Clinic
Maitland Oral Health Clinic
Moree Oral Health Clinic
Muswellbrook Oral Health Clinic
Narrabri Oral Health Clinic
Nelson Bay Oral Health Clinic
Newcastle Oral Health Clinic
Scone Oral Health Clinic
Singleton Oral Health Clinic
Stockton Oral Health Clinic
Tamworth Oral Health Clinic
Taree Oral Health Clinic
Toronto Oral Health Clinic
Tenterfield Oral Health Clinic
Wallsend Oral Health Clinic
Windale Oral Health Clinic
Walcha Oral Health Clinic

Third Schedule Facilities

Calvary Mater Newcastle

Other Services

Hunter New England Health has seven Area Clinical Networks and 31 Clinical Streams to link staff from across the Area together build staff capacity and improve service delivery to ensure equitable provision of high quality, clinically effective care. The seven Clinical Networks include Aged Care and Rehabilitation Children Young People and Families Cancer Women's Health and Maternity Mental Health and Drug and Alcohol Critical Care and Emergency Services and Vascular.

Chief Executive Year in Review

Hunter New England Health (HNE Health) is committed to building healthier communities by delivering excellence in healthcare.

During the past year, our skilled and dedicated employees continued their hard work and commitment to providing high quality, safe patient care and improving the health of the people in our communities. In particular, we made significant progress implementing *Caring Together: The Health Action Plan for NSW*, which enabled us to employ hundreds of new staff across the Area and make many improvements to deliver better care for patients.

Major capital works commenced at several locations, including a new 20-bed sub-acute mental health unit at James Fletcher Hospital in Newcastle. This unit will provide transitional care and intensive short-term rehabilitation for people with mental illness and is on track for completion in July 2010.

Work also began on construction of the new Narrabri District Health Service, a $41.7 million project and partnership between the Commonwealth and NSW governments. Planning also commenced for a new Multi Purpose Service at Werris Creek, and works are in planning for HealthOne facilities at Quirindi, Raymond Terrace, Manilla and Forster/Tuncurry.

Several communities benefited from new services, including a new paediatric rheumatology service at John Hunter Children's Hospital and a new public breast reconstructive surgery at Calvary Mater Newcastle.

The availability of these services in Newcastle is a major milestone for patients who previously had to travel to Sydney for treatment.

This year, Hunter New England Health's commitment to providing the best possible quality of care was recognised in a number of ways. We scored highly in the 2009 NSW Health Patient Survey, with more than 90% of patients who responded to the survey rating the care they received in our facilities as good, very good or excellent. I am proud that we have once again performed so strongly in this annual survey, which is a positive reflection on the work our staff are doing every day in facilities across the Area.

Individuals and teams from Hunter New England Health were well represented in a number of state and national awards. We won two awards at the 2009 NSW Aboriginal Health Awards, 10 of 25 categories at the 2009 NSW Health Awards, two 2009 Premier's Awards, and an Australian Council of Healthcare Standards' 2009 Quality Improvement Award. Recognition at this level allows us to gauge our performance against our peers and is a fantastic effort from all concerned.

Hunter New England Health has a reputation for setting the standard in pandemic planning and we have continued to maintain a strong focus in this area. This work, together with a proactive communication strategy targeting good hygiene practices and seasonal influenza vaccination, proved very beneficial this year enabling us to manage the impact of H1N1 Influenza while continuing to provide normal services over the busy winter period.

As the health service that cares for the State's largest percentage of Aboriginal and Torres Strait Islander people, improving their health outcomes is a key focus for all staff. This year, we continued our Cultural Respect Training Program to help staff build their capacity to deliver culturally appropriate and effective services for the Aboriginal community; and continued to focus on our Partnership Agreement with Aboriginal community-controlled health services to progress the HNE Health Aboriginal Health Plan.

We also placed framed copies of Hunter New England Health's own Sorry Statement in all HNE Health hospitals and health services, as a tangible sign of regret and sympathy for past actions and policies and a symbol of our commitment to true reconciliation.

This year has been a successful, challenging and rewarding period for HNE Health. Through our quality people, core values, robust systems, strong partnerships and ongoing sound financial management, we expect to continue these outstanding results for our communities in 2010–11.

Dr Nigel Lyons, Chief Executive

Demographic Summary

The Hunter New England Area Health Service head office is located in Newcastle and a regional office is located in Tamworth.

HNE Health is unique, in that it is the only Area Health Service with a major metropolitan centre (Newcastle/Lake Macquarie) as well as a mix of several large regional centres and many smaller rural centres and remote communities within its borders.

The health service covers a geographical area of over 130,000 square kilometres and serves a population of approximately 840,000 people, including approximately 20% of the State's Aboriginal population.

Its public health facilities includes two tertiary referral hospitals, four rural referral hospitals, 20 community hospitals and Multi Purpose Services, 13 district health services and 55 community health centres, together with a number of mental health and aged care facilities.

Highlights and Achievements

- Made significant progress implementing *Caring Together: The Health Action Plan for NSW*.
- Won 10 of the 25 categories at the 2009 NSW Health Awards, including Best Overall Performance by an Area Health Service.
- Seven individuals and projects were named as finalists in the 2009 NSW Aboriginal Health Awards. The *Shake a Leg Health Promotion* took top honors in the Strengthening Aboriginal Families and Children category, while the HNE Health Aboriginal Employment Program won the Excellence in Workforce category. Shake A Leg was also named as one of the top three finalists in the NSW Regional Achievement and Community Awards.
- Two HNE Health projects took top honors at the 2009 Premier's Awards, where a total of five HNE Health projects were competing across the seven categories. The *Clinical Outreach Program* Implementation won the category for Project Delivery – Making it Happen; and HNE Health and Calvary Mater Newcastle's '*Postcards Reduce Repeat Suicide Attempts*' won the Succeeding Through Innovation category.
- Singleton Health Service's *No Barriers* multidisciplinary discharge project won the Health Care Performance Indicators category at the Australian Council of Healthcare Standards' 2009 Quality Improvement Awards.
- Scored highly in the 2009 NSW Health Patient Survey, with 92.6% of patients surveyed across the HNE Health region rating their care as good, very good or excellent.
- Implementation of the HealthOne program across the Area progressed with works in planning at Quirindi, Raymond Terrace, Manilla and Forster/Tuncurry.
- Progressed the staff accommodation capital works program with completion of refurbishments at Quirindi and Murrurundi, commencement of construction at Gloucester, and planning completed for Muswellbrook.
- Planning commenced for development of a new Multi Purpose Service at Werris Creek.
- Construction commenced on a new $8.91 million, 20-bed sub-acute mental health unit at James Fletcher Hospital in Newcastle.
- Work began on the construction of the new Narrabri District Health Service. The $41.7 million project is a partnership between the Commonwealth and NSW governments.
- Preliminary works began and tenders were called for the construction of a new building on the Rankin Park campus to house the Hunter Medical Research Institute.
- A new medical skills training facility was established in the grounds of John Hunter Hospital.
- Significant renovation works were carried out within John Hunter Children's Hospital including facilities for paediatric allied health services, an emergency department waiting area for paediatric patients, and new palliative care facilities funded by the Nicholas Trust.

- Improvements were made to mental health safe assessment rooms in emergency departments across the Area with works completed at Tamworth, Armidale and John Hunter hospitals. Planning is underway for safe assessment rooms at a number of other sites.
- Work continued on the $10 million redevelopment of The Maitland Hospital's front entry and emergency department. The project is on track for completion in late 2010.
- Continued planning for the redevelopment of Tamworth Health Service campus.
- A Development Application to build a GP Super Clinic in the grounds of Gunnedah Health Service was approved. The $6 million project was facilitated by $4.8 million in Federal Government funding and substantial local private contribution.
- Federal funding was announced for a $41.6 million Regional Integrated Cancer Centre to be built in the grounds of Tamworth Hospital.
- Completed the rollout of the Picture Archiving and Communication System / Radiology Information System, making HNE Health the first Area Health Service in NSW to have a fully digital imaging service in all facilities.
- A new Paediatric Rheumatology Service opened at John Hunter Children's Hospital.
- A new public breast reconstructive surgery service commenced at Calvary Mater Newcastle. The service is a joint initiative of Calvary Mater Newcastle and HNE Health.
- The Hunter Institute of Mental Health was awarded the inaugural grant under the new NIB foundation national grants program to deliver its Partners in Depression program across Australia. The Institute will receive $1 million over next three years.
- Framed copies of HNE Health's own Sorry Statement to Aboriginal and Torres Strait Islander people were displayed in all Hunter New England Health hospitals and health services.
- Commitment to our Aboriginal Employment Strategy resulted in 2.1% of our workforce being comprised of Aboriginal and Torres Strait Islander people, with several units achieving the HNE Health benchmark of 2.6%.

Equal Employment Opportunities

Hunter New England Health continues to work hard towards increasing employment opportunities for Aboriginal and Torres Strait Islander people, people with a disability and people from a non-English speaking background. During the reporting period, some of the challenges faced included recruitment restrictions and a transition of approximately 1,500 staff to Health Support Services. However, we continue to monitor, develop and encourage people in disadvantaged groups to participate fully in staff development programs and career progression.

Hunter New England Health also takes a proactive approach to eliminate bullying, harassment and discrimination in the workplace. Initiatives such as Cultural Respect programs, Respectful Workplace training and Code of Conduct requirements all contribute to this goal.

- Aboriginal and/or Torres Strait Islander staff were surveyed in September 2009 to gain an understanding of issues and suggested improvements within the Aboriginal and/or Torres Strait Islander workforce.
- Six Aboriginal and/or Torres Strait Islander staff have been trained in Mediation Resolution, a five day program covering topics such as policy analysis, debriefing and up-skilling.
- Two Aboriginal senior staff completed a five day intensive mentoring program to provide internal mentoring to Aboriginal staff.
- An Aboriginal EAP Counsellor was appointed.
- Since 2007, 624 managers have attended a two day Cultural Respect workshop. In addition, 69 Aboriginal and/or Torres Strait Islander employees have attended a program which explains the workshop content to ensure appropriate awareness of workshop content, discussion of risk assessment and identification of resilience.
- Aboriginal and/or Torres Strait Islander people who exit Hunter New England Health are now contacted directly from the Aboriginal Employment and Equity Unit requesting exit survey data. The initiative was implemented to better identify and understand any cultural workforce issues and develop retention strategies to overcome any identified barriers.

Table 1. Trends in the representation of EEO Groups[1]

		% OF TOTAL STAFF[2]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	50%	76%	77%	78%	78%	79%
Aboriginal people and Torres Strait Islanders	2.6%[3]	2%	2%	2%	2%	2%
People whose first language was not English	19%	5%	7%	9%	8%	9%
People with a disability	12%	3%	3%	3%	3%	3%
People with a disability requiring work-related adjustment	7%	1%	0.9%	0.7%	1.0%	1.0%

Table 2. Trends in the distribution of EEO Groups[4]

		DISTRIBUTION INDEX[5]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	100	88	86	87	86	83
Aboriginal people and Torres Strait Islanders	100	81	81	80	78	77
People whose first language was not English	100	118	112	108	111	111
People with a disability	100	99	98	96	99	96
People with a disability requiring work-related adjustment	100	96	96	95	102	99

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** 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 more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

- Hunter New England Health has developed an Equity and Diversity Strategy to demonstrate its commitment to promoting an equitable and diverse workforce culture. The strategy is in its final stages of approval and is expected to be launched in the first quarter of the new financial year.
- In the current report period, Hunter New England Health has recruited 68 Aboriginal and/or Torres Strait Islander employees, 33 people with a disability and 214 people from a non-English speaking background. Those employees that have completed apprenticeships during the reporting period have continued in full time employment.
- Support continues for eight staff on the Disabled Apprentice Program (DAP). Two of the apprentices who completed their apprenticeships in this reporting period have been accepted into the next stage of the NSW Training Awards.
- Work experience placements commenced for 17 people from a non-English speaking background, one person with a disability and six Aboriginal and/or Torres Strait Islander students.
- Aboriginal Employment and Equity Unit called for submissions and sponsored 13 women to attend the Regional Women's Leadership Forum 2010 to promote further career progression and networking opportunities.
- Hunter New England Health has signed a Commonwealth Agreement to appoint 100 Aboriginal and Torres Strait Islander people in the next two years.
- Hunter New England Health appointed eight Aboriginal Nurse Cadets during the reporting period.

Planned Activities and Outcomes for 2010–11

For the 2010–11 financial year, Hunter New England Health will need to consider increased skills shortages and the impact of the ageing workforce by developing and implementing systems and policy that accommodate staff that includes those that have traditionally experienced disadvantage in employment.

With the development of the Equity and Diversity Strategy, our workforce will recognise that an equitable and culturally diverse employee base underpins excellence in service delivery to patients in our health service. We are proud of the achievements we have made in increasing the people in disadvantaged groups in the workforce profile and we continue to develop strategies to raise awareness and culturally progressive workforce employment strategies.

- Two Cultural Co-ordinators employed by Hunter New England Health will roll-out Aboriginal Cultural Respect training beginning July 2010.
- The Area will launch an Equity and Diversity Strategy and develop a communication strategy for effective delivery to managers.
- Deliver area wide in-house Disability Awareness Program. Review and measure outcomes.
- Continue to support Draft Disability Employment Strategy and develop Non-English Speaking Background Employment Strategy.
- Continue to be Gold Sponsor for the Hunter Indigenous Jobs Market.
- Continue to make donations to Westlake's NAIDOC Committee and The University of Newcastle's Indigenous Scholarship fund.
- Quarantine one position for an Aboriginal or Torres Strait Islander staff member as part of the Syndicated Leaders Program and two positions as part of the Clinical Leadership Program.
- Attend Hunter Aboriginal Public Sector Conference 2010, which is a new forum resulting in a two day conference in September 2010. Thirty positions available for Hunter New England Health staff to encourage career progression.
- Develop pathways to encourage more external applicants to participate in Certificate III in Health Administration Program and Certificate IV in Primary Health Care for Aboriginal and Torres Strait Islander staff.
- In-house Women's Networking Forum planned for delivery in November 2010. Submissions will be called for, including career progression pathways, mentoring program, networking opportunities.

Area Health Service Statements and Reports

The NSW Health Annual Report provides a range of additional source of information which reports on Area Health Services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each Area Health Service, please refer to the following contents:

Financial

Workforce

Service Delivery Levels

North Coast

Area Health Service

Hunter Street, Lismore
Lismore NSW 2480

Telephone: 6620 2100
Facsimile: 6620 7088
Website: www.ncahs.nsw.gov.au
Business hours: 8.30am-5.00pm, Monday to Friday

Chief Executive: Chris Crawford

Local Government Areas

Ballina, Bellingen, Byron, Clarence Valley, Coffs Harbour, Kempsey, Kyogle, Lismore, Nambucca, Port Macquarie Hastings, Richmond Valley and Tweed Shire.

Public Hospitals

Ballina District Hospital
Bellinger River District Hospital
Bonalbo Health Service
Byron District Hospital
Casino and District Memorial Hospital
Coffs Harbour Health Campus
Dorrigo Multi Purpose Service
Grafton Base Hospital
Kempsey District Hospital
Kyogle Memorial Multi Purpose Service
Lismore Base Hospital
Macksville Health Campus
Maclean District Hospital
Mullumbimby and District War Memorial Hospital
Murwillumbah District Hospital
Nimbin Multi Purpose Service
Port Macquarie Base Hospital
The Campbell Hospital, Coraki
The Tweed Hospital
Urbenville Multi Purpose Service
Wauchope District Memorial Hospital

Community Health Centres

Alstonville Community Health Centre
Ballina Community Health Centre
Bangalow Community Health Centre
Banora Point Community Centre Centre
Bellingen Community Health Centre
Bonalbo Community Health Centre

Byron Bay Community Health Centre
Camden Haven Community Health Centre
Casino Community Health Centre
Coffs Harbour Community Health Centre
Coraki Community Health Centre
Dorrigo Community Health Centre
Evans Head Community Health Centre
Grafton Community Health Centre
Iluka Community Health Centre
Kempsey Community Health Centre
Kingscliff Community Health Centre
Kyogle Community Health Centre
Lismore Adult Health Centre
Lismore Child and Family Health Centre
Macksville Community Health Centre
Maclean Community Health Centre
Mullumbimby Community Health Centre
Murwillumbah Community Health Centre
Nimbin Community Health Centre
Port Macquarie Community Health Centre
South West Rocks Community Health Centre
Tweed Heads Community Health Centre
Urbenville Community Health Centre
Wauchope Community Health Centre
Woolgoolga Community Health Centre

Oral Health Clinics

Lismore

Other Services

Aboriginal Health
Drug and Alcohol
Mental Health
Sexual Health
Violence, Abuse, Neglect and Sexual Assault

Chief Executive Year in Review

During a challenging 2009–10 year, much was achieved. Additional clinical services were introduced, various major capital works projects were successfully progressed and clinical information technology was rolled out. The Government response to the Garling Report, entitled *Caring Together*, including various quality improvements, was implemented. Initiatives to promote good health and wellness were expanded. The feedback received from patients about North Coast health services in response to formal survey questions was very positive.

There were three main objectives being pursued through the introduction of additional clinical services. These were to expand existing hospital services to cope with the extra demands of a growing and ageing population, to provide alternatives to hospital services and to provide entirely new services that did not previously exist in a particular locality.

Each of these objectives was achieved. Patient demand was better met through expanding Hospital services. The Tweed and Port Macquarie Base Hospitals opened more beds for longer periods than previously, so enabling more patients to be treated. These extra beds were complemented by the appointment of Clinical Initiatives Nurses to work in The Tweed, Grafton Base and Port Macquarie Base Hospital Emergency Departments. At each of the large Hospitals more booked Surgery Patients were treated, which meant by 30 June 2010, there were no patients waiting over the benchmark times for their surgery.

Alternative to admission, Hospital in the Home type services are made up of three categories of community health services, being Community Packages (Compacs), Transition Aged Care Services (TACS) and Community Acute and Post Acute Services (CAPACS). Each of these types of services expanded and together they took some pressure off the major hospitals. North Coast Area Health Service (NCAHS) now supplies the largest number of Compacs to its residents, for the first time TACS were provided in Port Macquarie and CAPACS places were expanded in the Coffs Harbour/Clarence Network. Also good health practices were promoted through the One Car Less Program with its emphasis on increased exercise, by a further roll out of the Smoke-Free Health Care initiative to include NCAHS Inpatient Mental Health Units and via several targeted programs to promote better health practices within various North Coast Aboriginal communities.

Various new services were established in different localities. At Lismore Base Hospital a Cancer Care Centre, which included a Radiotherapy Service, and a Cardiac Catheter Laboratory were opened. At the existing Port Macquarie and Coffs Harbour Cancer Care Centres an Ultravoltage Superficial Machine service was commenced to treat skin cancers. Medical Assessment Units, which speed up the recovery of patients with particular types of medical conditions, through the provision of more intense treatment, were developed at Port Macquarie, Coffs Harbour and Lismore Base Hospitals. Throughout the NCAHS a new more proactive treatment and support regime for severe chronic disease patients was developed with the enrolment of patients commenced. The DonateLife Program was established to better support Organ and Tissue donation. This Commonwealth funded program has enabled NCAHS to appoint a Medical Specialist and two Clinical Nurse Specialists to better promote and support Organ and Tissue donation.

A number of key capital works projects were progressed with some being completed. An upgrade of the Port Macquarie Base Hospital Emergency Department, bunkers to accommodate the Ultravoltage Superficial Machines in Port Macquarie and Coffs Harbour, assembly and calibration of a second Linear Accelerator in Coffs Harbour, new Cancer Centre and Cardiac Catheter Laboratory in Lismore and an Express Care Clinic at The Tweed Hospital were all completed. At Grafton Base Hospital the development of three new Operating Theatres and a major upgrade of the Emergency Department and an Express Care Clinic at the Coffs Harbour Base Hospital have commenced and are well advanced.

Information Technology was improved by the rollout of the Electronic Medical Record (EMR), which was completed, so each Hospital can now record its Emergency Department Patient data electronically. It has taken a little time for Staff to adapt to the EMR but is

now being accepted as an advance that will bring many benefits to patient care in the future. Also the Picture Archiving Computer System/Radiology Information System was introduced into the Radiology Department at Coffs Harbour Base Hospital. Over the next twelve months it will be rolled out to most other Hospitals in NCAHS. It will enable scans to be read on a computer screen and transferred electronically, so they can be read remotely from where the scan was taken. Considerable preparation has been undertaken to soon introduce a new Human Resource Information System.

The *Caring Together* Response to the Garling Report recommendations was progressively implemented. This has meant introducing a range of changes, which have made Hospitals more friendly and responsive to patient needs, while improving the quality of services and patient safety. The recommendations aimed to provide better supervision of junior staff, clinical leadership from the Nurses in Charge, improved teamwork, including bedside handovers involving the patients and the appointment of extra clinical and clinical support staff. In particular, more Medical and Pharmacy Staff have been appointed to the major Hospitals.

Special focus has been given to greater engagement of clinical staff in decision-making, implementation of additional measures to reduce bullying and harassment and the introduction of the *Between the Flags* Program to better identify and respond to patients, whose condition deteriorates, while they are in hospital. The effective implementation of the Caring Together initiatives has been subject to extensive audit which found that mostly, NCAHS is implementing the changes in a positive manner.

In the most recent NSW Health Patient Survey, North Coast Patients gave the Clinical Staff who care for them, a big vote of confidence. The Bureau of Health Information, which analysed the Survey data, stated that more services within NCAHS received high ratings from patients than in any other Area. Our highest priority is to satisfy our patients and it is pleasing this is occurring to a significant extent. We must keep our focus on better satisfying our patients' needs.

This has all transpired in a year, when NCAHS has also undertaken a significant restructure of its administrative, corporate and support services. In the previous two years, NCAHS incurred budget deficits. Therefore, in 2009–10 it completed a major restructuring of its Staffing levels to better align the number of Staff employed with the budget. This was achieved while the amount of clinical services delivered was expanded. As a consequence, a much better financial result was achieved. The hard work of Staff and Managers that went into achieving this result is acknowledged. A key outcome has been the introduction of much better systems to monitor staffing levels and expenditure.

The Area Health Advisory Council (AHAC) again made a major contribution to the operation of the Area Health Service. Apart from providing its regular helpful advice and feedback to NCAHS Managers, it has made a major contribution to our planning. Firstly, assisted by the NCAHS Panning Unit and seconded Clinicians, it participated in a major review of each NCAHS acute Hospital, in response to recommendation 117 of the Garling Report. Arising from this review a report was submitted to the NSW Department of Health. Following on from this analysis, the AHAC, Planning Unit and other Clinicians then set about producing an Area Health Care Services Plan 2010–2015, which will guide the development of North Coast Clinical Service over the next five years.

NCAHS Managers, Clinicians and the AHAC have also been assisted by other community advisory and support bodies, including Network Health Participation Forums, Auxiliaries, Pink Ladies and Service Clubs, whose contributions are welcomed and warmly acknowledged. As well, formal clinical advice has been received from the NCAHS Nursing, Allied Health and Clinical Councils, which is also appreciated.

During the second half of 2009–10, considerable changes were proposed as part of the National Health Reforms. These changes will be supported by more clinical staff, acute and sub-acute beds and alternative to admission services, which will be funded by the Commonwealth.
In addition, the Commonwealth will fund Emergency Department and Operating Theatre equipment upgrades within all Areas and on the North Coast a second Linear Accelerator, Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI) Scanners at Lismore Base Hospital, an MRI Scanner at Coffs Harbour Health Campus and a second Linear Accelerator at Port Macquarie Base Hospital. By the end of 2009–10, NCAHS had commenced work to implement all of these changes. When these changes are completed, NCAHS will have the most comprehensive Cancer Service in Regional Australia.

In closing I would like to thank NCAHS Staff and Managers, the Area Executive, AHAC Chair, Ms Hazel Bridgett and the very many people and organisations who support NCAHS for their tremendous contribution, which has meant that high quality services have been and continue to be provided to our patients and clients.

Chris Crawford, Chief Executive

Demographic Summary

North Coast Area Health Service (NCAHS) covers an area of 35,570 square kilometres from the Hastings Shire in the south to the Queensland border in the north. It extends westward from the coast to the Great Dividing Range. Residents of the southern Gold Coast and Tweed Valley share primary, secondary and tertiary health services, provided by both Queensland and NSW.

NCAHS comprises a total of 20 statistical local areas (SLAs), 12 local government areas (LGAs) and is divided into four planning networks, with an estimated population in 2006 of 479,544. It is also acknowledged that Queensland residents access services in the Tweed Valley – however this population is not included in the Tweed/Byron Network population. Therefore, when planning for specific services, consideration is given to this population and its utilisation of services at Tweed Heads.

NCAHS is the fastest growing rural area health service in NSW. The total estimated residential population of 479,544 in 2006 is projected to increase by 7% to 511,146 by 2011. This growth of 1.3% per annum from 2006 to 2011 and 1.2% between 2011 and 2016 – is higher than the rest of NSW, which is expected to grow by 1.1% per annum to 2011 and 1.1% between 2011 and 2016.

The proportion of the population aged 0–14 years is 19.3%, similar to the NSW average (19.5). NCAHS has a lower proportion of people aged 15-44 years (34%) compared to NSW (42.3) and a larger proportion 45–64 years (28%, compared to 24.5 in NSW). NCAHS has the largest proportion of people aged 65 years and over, at 18.4% of the total population, compared to NSW (13.5) and other health services. People aged over 65 comprise the fastest growing segment of the North Coast population. It is predicted that this age group will have increased to 20% (101,897) in 2011 and to 23% (122,275) by 2016. The 45-64 age group is also projected to increase slightly, from 28 (134,674) in 2006 to 29% (155,088) by 2016.

In 2006, it is estimated that there were 18,584 Aboriginal people living in the NCAHS, representing 3.8% of the total population and around 12.5% of the total Aboriginal population in NSW. The LGAs with the highest numbers of Aboriginal people are Kempsey 2,719 (9.5% of the population), Tweed 2,533 Coffs Harbour 2,473 and Clarence Valley 2,426.

Aboriginal communities have higher proportions of children and young people and lower proportions of older people than non-indigenous communities. Children aged less than 15 make up 39.6% of Aboriginal and Torres Strait Islander communities on the North Coast, compared to 18.9% for the population as a whole. Approximately half (50.4%) of the North Coast Aboriginal population is aged less than 20. People aged 50 years and over make up 12.2% of the Aboriginal population, compared to 39.2% of the overall NCAHS population.

In 2006, 11% of the North Coast population was born overseas (48,019 residents). This proportion is less than half of the NSW average (26%). The highest proportions of overseas born residents were in the three major coastal areas of Byron (16.2%), Tweed (14.3%) and Coffs Harbour (11.6%), while the Richmond Valley (5%), Clarence Valley (6.8%) and Kempsey (6.9%) local government areas had the lowest proportions of overseas-born residents.

Economic status is closely associated with health and wellbeing. People who are economically disadvantaged experience poorer health than those who are economically advantaged. The NCAHS is one of the most disadvantaged area health services in NSW and scores lower than the NSW average on most measures of socio-economic status. The overall level of socio-economic disadvantage contributes to higher than average levels of health problems in the community and demand for services on the North Coast.

Highlights and Achievements

- North Coast Area Health Service (NCAHS) received very positive feedback from patients regarding many of its services in the most recent Statewide Patient survey.
- All NCAHS hospitals hold current accreditation with the Australian Council on Healthcare Standards (ACHS).
- A new Integrated Cancer Centre and a new Cardiac Catheter Laboratory opened at Lismore Base Hospital (LBH).
- A second linear Accelerator commenced operation at the Coffs Harbour Health Campus (CHHC) Cancer Centre. Funding was announced to develop second Accelerators at LBH and Port Macquarie Base Hospital (PMBH).

- Medical Assessment Units have been established at PMBH, CHHC and LBH.
- The new CHHC Mental Health Rehabilitation Unit was progressively ramped up to its full 20-bed capacity to provide sub-acute care to patients with less acute Mental Illnesses.
- PMBH Emergency Department upgrade and expansion completed.
- Bunkers were built at the CHHC and PMBH Cancer Centres to accommodate Ultravoltage Superficial Machines to treat Skin Cancers.
- Expansion and consolidation of alternative to Hospital admission services, such as Community Acute and Post Acute Care services, Community Packages and Transition Aged Care Services into the umbrella 'Hospital in the Home' service.
- Rollout of the Electronic Medical Record into Hospitals across the NCAHS completed.
- Implementation of the Between The Flags Program to identify and recover deteriorating patients at NCAHS Hospitals occurred.
- NCAHS achieved the best result in NSW for two to eight year olds consumption of two or more serves of fruit per day; 2-15 year olds eating five or more serves of vegetables per day; and 5-8 year olds being sufficiently active.
- Research conducted by the George Institute for International Health has identified RRISK (Reduce Risk; Increase Student Knowledge) as the first and only program to have resulted in a 44% reduction in road crashes for participants. These findings are part of 'DRIVE' the largest study of young drivers ever undertaken in Australia.
- RRISK Program was the 2009–10 winner of the Institute of Public Works Engineers, Australia Award for excellence in road safety.
- NCAHS implemented the National Hand Hygiene Initiative in November 2009, with all 21 Hospitals participating by February 2010. An 11% increase in hand hygiene rates was achieved between November 2009 and February/March 2010.
- Assessment and review of the 21 NCAHS Hospitals in response to Garling Review Recommendation 117 was completed, so that the future direction for their service provision can now be determined.
- 205 NCAHS staff signed a pledge to leave their car at home for at least one work day per week as part of the One Car Less program which aims to improve fitness and protect the environment.
- Since last year, rates for risky alcohol drinking, smoking, over-weightness and obesity for North Coast adults have declined due to a range of health promotion strategies, which NCAHS has pursued.
- Radiology Picture Archiving Computer System/Radiology Information System, which allows scans to be read on a computer screen and transferred electronically, so they can be read remotely, was introduced at CHHC.
- A four-bed stroke unit was opened at CHHC.
- Smoking cessation success was achieved by Bugalwena Aboriginal Medical Service with two cessation programs conducted in 2010 involving 20 participants with a 33% quit rate and a 65% nicotine reduction rate being the outcome.
- Grafton Base Hospital (GBH) Surgical Services and Emergency Department redevelopment commenced.
- Express Community Care Clinic developed at CHHC.
- Falls incidents in NCAHS facilities reduced from 4-5 falls per 1000 bed days to 2.5-3 per 1,000 bed days.
- A number of entries from NCAHS were successful in the NSW Health Quality Awards:
  - The *All Children Being Safe* program won the Promoting Health Award category.
  - *Focus on Home* submission won the Director-General's Encouragement Award.
  - The '*Yellow Envelope*'- Improving Communication between Residential Aged Care Facilities and the Acute Care Settings was a finalist in the Building Partnerships for Health Category.
  - Mister Germ Hygiene and Nutrition Program was a finalist in the Promoting Health category.
- E-Learning expanded with 49 online courses now available. 4382 staff completed their mandatory training requirements online in 2009–10.

- All three NSW Sugar Mills on the North Coast are now Smoke-free, commencing with Harwood then followed by Broadwater and Condong as a consequence of receiving support from the NCAHS Health Promotion team.
- Needle and Syringe Program (NSP) staff in collaboration with peer educators conducted the first Injecting Drug Users (IDU) Forum at Coffs Harbour in July 2009.
- Aboriginal Health Promotion Programs – 'All Kids Being Safe'; 'Healing' and 'Give Smokes the Flick' were launched and have been well received by local Aboriginal Communities.
- Aboriginal Chronic Disease Program (Walgan Tilley) initiatives piloted and rolled-out to three Sites.
- New Aboriginal Maternal and Infant Health Strategy Sites, Port Macquarie, Macksville and Grafton opened.
- A Legionella Management Plan was developed by the North Coast Public Health Unit and the local Councils of Bellingen, Coffs Harbour, Nambucca, Kempsey and Port Macquarie-Hastings.
- North Coast Area Health Advisory Council (NC-AHAC) hosted a Clinical and Community Engagement Conference with the theme of Health Services Reform, was attended by Professor Sabina Knight, Commissioner, National Health and Hospitals Reform Commission.
- NC-AHAC introduced breakfast meetings with senior clinicians and management at Base Hospitals on mornings of AHAC visits. These meetings principally canvass feedback on implementation of *Caring Together* (Garling Commission Reform) Recommendations and include presentations from Network Coordinators on local implementation progress.
- NC-AHAC commenced a trial of an e-participation activity seeking input from the community to a series of on-line surveys. There were 360 respondents to the first survey.
- The Telehealth Connecting Critical Care Emergency Department Project was successfully introduced into Emergency Departments across the Coffs Clarence and Hastings Macleay Networks.

Equal Employment Opportunities

Achievements and Activities for 2009–10

- Development of an accessible e-leaning Cross-Cultural Awareness program designed to support the workforce in contributing both to the delivering of a more Culturally appropriate service and the creation of a more Culturally sensitive workplace. This program is an adjunct to the existing face to face Cross-Cultural Awareness program that is delivered across the area.
- Supporting two Aboriginal people to undertake placement in the Australian College of Health Service Executives (ACHSE), two year Masters of Health Service Management Program. The students are supported with placements, salary, mentoring and will be hosted by NCAHS for the entire two year program.
- Development of an accessible e-learning program targeting the whole of workforce and designed to support staff in identifying and addressing inappropriate workplace behaviours such as discrimination and harassment.
- Implementation of a school based training program with a priority focus on filling the placements with Aboriginal and Torres Strait Islander.
- Co-ordination and support of Aboriginal Health Education Officers in obtaining Vocational Education Training (VET) sector qualifications in recognition of existing skills and experience.
- Development and implementation of a cultural/ communication workshop in conjunction with North Coast GP Training, to support the induction and integration of International Medical Graduates.
- A range of recruitment strategies to actively employ from the EEO groups, including a review of Health Services Vacancies and completion of pre-employment workplace modifications as required.

Table 1. Trends in the representation of EEO Groups[1]

		% OF TOTAL STAFF[2]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	50%	75%	76%	75%	75%	75%
Aboriginal people and Torres Strait Islanders	2.6%[3]	3%	3%	3%	3%	3%
People whose first language was not English	19%	3%	5%	5%	5%	4%
People with a disability	12%	4%	29%	5%	5%	4%
People with a disability requiring work-related adjustment	7%	1%	26.7%	1.3%	1.2%	1.0%

Table 2. Trends in the distribution of EEO Groups[4]

		DISTRIBUTION INDEX[5]				
EEO Group	Benchmark or target	2006	2007	2008	2009	2010
Women	100	93	92	91	91	91
Aboriginal people and Torres Strait Islanders	100	83	84	86	88	84
People whose first language was not English	100	118	115	111	117	114
People with a disability	100	107	100	104	102	101
People with a disability requiring work-related adjustment	100	115	99	98	100	102

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** 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 more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

Planned Activities and Outcomes for 2010–11

- Establishment and implementation of strategies to support EEO groups and initiatives in the transition to Local Health Networks.
- Maintenance of existing EEO strategies.

Area Health Service Statements and Reports

The NSW Health Annual Report provides a range of additional source of information which reports on Area Health Services' activity in the finance, service delivery and workforce aspects of their operation.

For a detailed and comparative view of each Area Health Service, please refer to the following contents:

Financial

Workforce

Service Delivery Levels


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AMBULANCE

Statewide Services

Ambulance Service

of NSW

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Website: www.ambulance.nsw.gov.au
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Chief Executive: Greg Rochford

Highlights and Achievements

- The 2009–10 reporting year has been a dynamic year for The Ambulance Service of New South Wales, with numerous positive changes evolving within the organisation.
- Significantly, positive cultural change is gaining momentum throughout Ambulance, the culmination of numerous staff-focused reforms implemented throughout recent years. A noticeable cultural shift is now emerging, and extensive Statewide training and internal publications continue to advocate staff support services and Our Values – the communal document through which our shared organisational values are promoted.
- Further driving this positive cultural shift within Ambulance are extensive developments across clinical, operational and corporate sectors of the organisation.
- The clinical practice improvements of recent years have continued, and are summarised in the highlights section. The Clinical Assessment and Referral (CARE) project has been expanded to provide non-emergency alternatives to low risk, low acuity patients – and 785 paramedics across the State are now able to provide this model of care. The Extended Care Paramedic (ECP) program now extends its operational coverage to 11 locations across both metropolitan and regional areas, enabling ECPs to deliver extended care to patients, thereby alleviating pressures on emergency responders. Finally, 77%of the paramedic workforce have now received Mental Health training – with 1,921 paramedics authorised to exercise powers under the *Mental Health Act (2007).*
- In addition, the Ambulance Research Institute (ARI) is established with a substantial research program underway and scholarships awarded to research fellows. The ARI has completed a number of large epidemiological studies into chest pain, stroke and spinal cord injury and there have been multiple papers submitted to peer-reviewed clinical journals.
- Operational changes during the year included the introduction of the Special Operations Team paramedics, which has resulted in the expansion of rapid response capability. The specialist training and mobilisation of these single paramedic response units has enhanced the response and access capabilities of Ambulance. In addition, the Control Centre Improvement Project delivered Statewide standardisation of Control Centre procedures, a new training curriculum, improved communications with Control Centre staff, new uniforms, new dedicated Control Centre trainers and implemented technological upgrades and associated training. The Improvement Project also delivers the benefit of separating the Non-Emergency Patient Transport functions of the Control Centres, which will contribute to improved call answering times and reducing emergency response times.
- These major operational reforms have directly benefited how quickly we respond to medical emergencies; helping to absorb pressures from increased hospital delays and enabling Ambulance to largely maintain response performance. Accordingly, I would like to commend the resilience and professionalism shown by Ambulance staff, despite these increasing pressures.
- Upgrades and technological enhancements continue to be implemented throughout Ambulance. New equipment is now in use, including mechanical restraining devices, 60 new ambulance stretchers and a further two Megalift vehicles for use in bariatric and special operations. The Dispatch system was successfully completed in February 2010, providing a platform for further improvements in Triple Zero call taking and ambulance dispatch. In addition, the Ambulance electronic medical record has been successfully trialled at eight Ambulance stations, and preparations are underway for a Statewide rollout to be delivered over the next two years.

- The Ambulance Service of NSW has not only embraced these changes, but we have proactively facilitated internal communication channels in support of each project roll out. Our internal staff publication, Sirens, has significantly assisted with this process and it was re-launched in February 2010 as a hard copy, monthly publication. Since its launch, Sirens has received widespread supportive written feedback from staff who are responding positively to this new level of open and robust internal communication.
- Our commitment to our organisation is further strengthened by our focus to do the best for our patients, and this is reflected by our core values: team work, professional standards of behaviour, responsibility and accountability, care and respect. Thank you to every member of the Ambulance Service, our health system and emergency service colleagues and Government members for their support during this year – and indeed, every year.

Clinical Excellence Commission

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Website: www.cec.health.nsw.gov.au

Business hours: 9.00-5.00pm, Monday to Friday
Chief Executive: Professor Clifford Hughes, AO

Highlights and Achievements

Assessment

- 2009 QSA Statewide and individual PHO reports completed
- Verification of 2009 results underway
- 2010 QSA thematic survey under development
- Education and Training
- Clinical Leadership Program
- DETECT Supertrainers program
- Hand Hygiene Gold Assessors and Ward Auditor training under the auspices of the National Hand Hygiene Initiative
- Conference and seminar presentations

New Project Focus Areas

- Between the Flags: Recognition and Management of the Deteriorating Patient launched
- Between the Flags: Recognition and Management of the Deteriorating Paediatric Patient under development
- Antibiotic Stewardship in ICUs
- Health Literacy

Public Reporting

- Incident Information Management in the NSW Public Health System July-Dec 2008 (IIMS)
- Clinical Incident Management in the NSW Public Health System Jan-June 2009 (IIMS)
- Chartbook 2008 released
- Chartbook 2009 in preparation
- Activities of the Special Committee Investigating Deaths Under Anaesthesia – 2008
- Collaborating Hospitals Audit of Surgical Mortality (CHASM) Case Booklet: January 2008 – June 2009
- Individual Report to A Participating Surgeon January 2008 – June 2009
- Quality Systems Assessment Statewide Reports completed and awaiting release

Partnerships

- Regular meetings with Agency for Clinical Innovation (ACI), Clinical Education and Training Institute (CETI), Bureau of Health Information (BHI) and the Clinical Excellence Commission (CEC) who make up the Four Agencies recommended by the Garling Report
- The Clinical Excellence Commission and the Agency for Clinical Innovation have a joint Board
- Citizens Engagement Advisory Council
- Clinical Council
- Shared quality and safety reporting function with NSW Department of Health
- Hospital Alliance for Research Collaborative (HARC)
- Centre for Health Record Linkage (CHeReL)
- Regular meetings with Australian Commission for Safety and Quality in Health Care (ACSQHC)
- Conduct quality and safety seminars in conjunction with ACSQHC

Research

- Ian O'Rourke PhD Scholar
- Database to support Collaborating Hospitals' Audit of Surgical Mortality (CHASM)
- Hospital Alliance for Research Collaborative (HARC)
- Centre for Health Record Linkage (CHeReL)

Strategic Planning and Development

- The new joint Board of the CEC and ACI held a planning meeting to review the Strategic Plans (2009–2012) of both organisations to identify areas of synergy and/or overlap
- Development of Information/Communication Technology Strategic Plan
- Recruitment of Director, Patient Based Care

Publications

- Annual Report 2009
- Chart Book 2008
- Clinical Focus reports from Review of RCAs and/or IIMS Data:
  - Recognition and Management of Sepsis
  - Retrieval and Inter-hospital Transfer
  - Should I resuscitate? 'No CPR' orders
- Medication Incidents Involving Hydromophone (authored with NSW TAG)
- Quality Use of Antimicrobials in Intensive Care – fact Sheet One – Quality Use of Lincosamide Antibiotics
- Incident Management in the NSW Public Health System January-June 2008
- Incident Information Management in the NSW Public Health System July-Dec 2008 (IIMS)
- Position Paper – agreed way forward. Review of Serious Clinical Incident Investigation Processes (RCA) in NSW
- Eleven area health service specific (IIMS) reports (NSW IIMS Data Report for Health Services) for July – December 2008
- Clinical Incident Management in the NSW Public Health System Jan-June 2009 (IIMS)

Justice Health

Anzac Parade, Malabar
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Matraville NSW 2036

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Business hours: 9.00-5.00pm, Monday to Friday

Chief Executive: Julie Babineau

Chief Executive's Year in Review

The year under review has been a rewarding one for Justice Health. The numerous achievements throughout the organisation highlight the variety of work undertaken by Justice Health staff and the impact this work has had on our patients. Justice Health continues to provide high quality, safe and effective clinical care to patients in the context of an increasing population.

This year a Health Reform Committee was established to oversee a range of important health service reforms. Clinicians from various areas throughout Justice Health are representatives on the Health Reform Committee. The Health Reform Committee is currently overseeing and providing expert advice on the implementation of the *Caring Together Action Plan* throughout Justice Health worksites.

In 2009 a staff climate survey was conducted by external researchers Best Practice Australia. The results of this survey highlighted improvements the organisation has made since the previous organisational survey in 2005.

Justice Health is committed to continually improving the organisational culture and staff satisfaction levels throughout all worksites. To consolidate improvements since the 2005 survey and identify additional opportunities for improvement, a team of Justice Health staff are undertaking a comprehensive consultation process obtaining feedback from staff. The feedback obtained during this consultation process will be used to develop a culture change strategy that will be applied throughout Justice Health.

Successful operations of the Long Bay Hospital and Forensic Hospital continued in 2009–10. Since commissioning of these two hospitals Justice Health has continued to consolidate gains and improvements in the services we provide to our patients. Ensuring patient and staff safety continues to be a priority in both these Hospitals.

During 2009 the Centre for Health Research in Criminal Justice completed the NSW Inmate Health Survey. This survey highlights the current challenges for Justice Health and contributes to previous research studies on the health of prisoners in NSW. The Inmate Health Survey will inform policy and planning for both Justice Health and other agencies who provide services to custodial populations in NSW.

I am pleased to report that The Hon Patricia J. Staunton AM has been appointed by the Minister for Health as the new Chair of the Justice Health Board. Ms. Staunton is a former Deputy President and Judicial member of the Industrial Relations Commission of NSW and was Chief Magistrate of the Local Courts of NSW for three years from 1999 to 2002, having being appointed a Magistrate in 1997.

The Children's Hospital

at Westmead

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Chief Executive: Dr Antonio Penna

Highlights and Achievements

- The Children's Hospital at Westmead is now home to Australia's first Chair of Adolescent Medicine, Prof Kate Steinbeck. Prof Steinbeck is an internationally recognised authority on adolescence, with a special research interest in the endocrinology of puberty, obesity and insulin resistance and transition from paediatric to adult care in chronic illness and disability.
- The Heart Centre for Children has introduced a new treatment, using a catheter to replace deteriorating heart valves. This paves the way for major changes in the way children with cardiac conditions are treated, removing the need for risky open heart surgery and lengthy recovery periods.
- A new MRI machine was purchased and installed in 2010. NSW Health funded the purchase of the machine and the Sargent's Pies Charitable Foundation donated another $2.2 million for the building works needed for installation. This new machine replaces the old MRI machine which is now 14 years old and will be decommissioned.
- The Children's Hospital at Westmead marked an important milestone – 100 kidney transplants. Since the first transplant was performed at the Hospital in 1995, this life-saving surgery has been refined by the Transplant Team and the increase in living related donors and improvements in post-operative care has revolutionised treatment of young patients.
- The Butterfly Wing was opened, an Australian first in the treatment of eating disorders. The wing consists of two purpose-built accommodation units that allow whole families to stay for two to four weeks so parents and siblings can play an active and positive role in the physical and psychological treatment and recovery of their child from an eating disorder.
- The Kids Research Institute was officially launched, cementing The Children's Hospital at Westmead's place in the global research community. Researchers at the Kids Research Institute are committed to discovering new ways to help improve the health of children and to becoming a world leading translational research centre for children.
- Researchers made a major breakthrough in the treatment of Cystic Fibrosis, a major cause of shortened life-span in young people in Australia. The Children's Hospital at Westmead was one of the largest trial sites for this clinical trial to increase lung function for Cystic Fibrosis patients, allowing them to lead a better and longer life.
- The Children's Hospital at Westmead has always played a pivotal role in advocating for the health, safety and wellbeing of all children in our community. This year, the Hospital has been instrumental in various community awareness campaigns and government lobbying on a number of important issues, including the prevention of window falls, revised car seat laws and vaccination, particularly against the H1N1 virus.
- The Children's Hospital at Westmead was commended by NSW Health for being one of the best performing area health services for Emergency Department (ED) access and was commended for performance against ED indicators and extensive work to deal with the influx of patients with H1N1 virus.
- 107 Visiting Medical and Dental Officers were appointed for a four-year period, 1 July 2009 to 30 June 2013.
- A new ward security system was introduced, with wards now locked overnight to enhance security for patients, families and staff.

Agency for Clinical Innovation

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Chief Executive: Dr Hunter Watt

Chief Executive's Year in Review

In March 2009 the NSW Government published Caring Together: the Health Action Plan for NSW in direct response to the Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals. One of the key initiatives was the establishment of the Agency for Clinical Innovation (ACI) in January 2010 as a board-governed statutory health corporation with a Statewide remit.

The role of the ACI is to identify optimal models of care for the treatment of patients within the NSW health system and to support implementation of these models of care across the system to drive innovation, reduce inappropriate clinical variation, improve efficiency in the delivery of health care and to build sustainability of 'best practice' into the health system.

As recommended by Peter Garling, the ACI has built on the work of the Greater Metropolitan Clinical Taskforce (GMCT) and is using the 'clinical network model to involve clinicians and patient representatives in continuous clinical redesign to deliver safer and better patient care'. Throughout its transition from the GMCT to the ACI, the ACI has worked hard to maintain the engagement of doctors, nurses, allied health professionals and managers that work in the NSW public health system and community representatives including patients, carers and non-government organisations. Clinician and consumer members of ACI Clinician Networks meet on a regular basis to identify common barriers to delivering optimal care across a wide range of specialty areas and to research, design and deliver improved models of care.

The ACI Board was announced in March 2010 and is chaired by Professor Carol Pollock. Common board membership with the Clinical Excellence Commission (CEC) has strengthened collaboration and co-operation between the two agencies. Since its establishment the ACI Board has developed a Strategic Plan 2010-2014 that sets out seven strategic themes and a range of initiatives and actions. To advise its decisions the ACI Board has set up a Clinical Council, a Citizens Council and a Research Subcommittee which is jointly chaired by the ACI and CEC.

The ACI works in close collaboration with the Bureau of Health Information, the CEC and the Clinical Education and Training Institute and has contributed to a framework for collaboration between them and the Area Health Services and the NSW Department of Health.

Bureau of Health Information

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Chief Executive: Dr Diane Watson

Highlights and Achievements

- Bureau of Health Information established in September 2009 and Chief Executive appointed in October 2009. The Bureau's functions were formally determined by The Hon Carmel Tebbutt MP, NSW Minister for Health in November 2009.
- Inaugural Bureau of Health Information Board appointed in 2009. The Board confirmed the Bureau's strategic plan, work plan for the calendar year 2010 and established the governance structures for the Bureau.
- Release in May 2010 of the Bureau's first public report Insights into Care: Patients' Perspectives on NSW Public Hospitals and accompanying documents as a suite of products for the community, clinicians and healthcare professionals. The report looks closely at the care experiences of patients who spent a day, or one or more nights, in NSW public hospitals in 2009. The Bureau published this report on its website and issued a Statewide media announcement to inform its stakeholders. This generated wide media coverage across metropolitan and regional newspapers, online news, radio and metropolitan television programs.
- Establishment of the Bureau's first website in 2009 with major enhancements and content published in March 2010.

Chief Executive's Year in Review

The Bureau of Health Information is a board-governed statutory health corporation established under the Health Services Act to be the leading source of information on the performance of the public health system in NSW.

The Bureau provides healthcare professionals, the community 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 a rewarding and productive period for the Bureau. I commenced in the position of Chief Executive with the Bureau in October 2009 having moved from Canada where I worked in healthcare for more than 20 years, holding leadership positions in organisations dedicated to monitoring and reporting on the performance of healthcare systems.

The Bureau's Board was established in 2009 and its Chairperson is Professor Bruce Armstrong AM. Three Board meetings were held in 2009–10 and the Board has approved the Bureau's Work Plan for the delivery of public reports in 2010 and strategic plan due to be released in early 2010-11.

In 2009–10, we recruited our key staff members and we are on track to produce public reports scheduled for release throughout 2010. We've developed policies and practices to operate effectively and efficiently and meet all ethical, legal and policy requirements required of health information organisations.

Stakeholder engagement is an essential element of the Bureau's mission and we have consulted actively with Chief Executives and senior clinicians within the NSW Area Health Services, the NSW statutory health corporations including the Clinical Excellence Commission and the Agency for Clinical Innovation, major clinical groups and health research organisations. In doing this, I have worked with patients, doctors, nurses and healthcare administrators to learn more about their priorities for information about the NSW public health system.

Our new website now includes information about the Bureau's mission and role, its Board members, our reports and contact details for those wanting information about the Bureau.

The Bureau's reports are its key means of delivering independent, accurate and comparable information about the performance of the NSW public health system. The Bureau will inform the community regularly to encourage an understanding of the NSW public health system's performance and to inform efforts to improve the health and wellbeing of people in NSW. Our publications are produced with the guidance of advisory committees whose members include patients, doctors, nurses and administrators.

The Bureau's first report Insights into Care: Patients' Perspectives on NSW Public Hospitals was published in May 2010 and we have published the schedule for the Bureau's upcoming reports for the remainder of 2010. Work towards the Bureau's August 2010 quarterly hospital report was well underway in 2009–10.

Public Health Units

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Glossary of Terms and Index

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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The 2009–10 Department of Health Annual Report was edited, co-ordinated, designed and produced by the Media and Communications Branch, NSW Department of Health.

Manager Communications Peter Harvey
Edited by Gail Luxford
Design and layout by Josip Buric and Russell Morgan
Print co-ordination by Laurence Bonner
Printed by Express Digital Print
Indexed by Glenda Browne

Total printing cost $14,920.00

The Annual Report is available on the NSW Department of Health website www.health.nsw.gov/aboutus/

SHPN (MC) 100262