

Annual Report 03/04



NSW Department of Health

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

For more copies contact

Better Health Care – Publications Warehouse
Locked Mail Bag 5003
Gladesville NSW 2111
Tel. (02) 9816 0452
Fax. (02) 9816 0492

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November 2004

Letter to the Minister

The Hon Morris Iemma MP
Minister for Health
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Mr Iemma

In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the *Annual Reports (Departments) Regulation 2000* and the *Public Finance and Audit Act 1983*, I submit the Annual Report and Financial Statements of the NSW Department of Health for the financial year ended 30 June 2004 for presentation to Parliament.

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

Yours sincerely



Robyn Kruk
Director-General

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Director-General's year in review

The 2003/04 year was a year of challenge and change for the Department of Health and NSW Health as a whole.

It was also a year that provided us with an opportunity to take a comprehensive look at the way NSW Health currently provides public health services to the people of New South Wales and to chart a clear direction on how we will provide better services in the future.

The one thing that impressed me most during the year was the way in which doctors, nurses and allied health professionals, and health support staff seized that opportunity and put forward their ideas on how the NSW health system can be improved.

NSW Health will continue to tap into the wealth of experience and ideas of clinicians and other staff, and engage the community in planning better health services.

During the year, the Department commenced work on changing the structure and governance of the public health system, including the development of proposals to aggregate management of health services from 17 Area Health Services to 8 Area Health Services and the abolition of Area Health Services Boards.

The Department also began work on developing a model for Area Health Advisory Councils, which will ensure clinicians, health consumers and other community members will be able to directly advise Area Health Service chief executives on the delivery of local health services.

A new Health Care Advisory Council and 13 specialist Health Priority Taskforces will provide clinicians and members of the community with an opportunity to provide the Minister for Health and me with advice on how to improve our public health system.

I would like to take this opportunity to focus on a number of important reforms during the last year that have set the future direction for providing public health services in NSW.



Looking to the future – Planning Better Health

In August 2003, the Independent Pricing and Regulatory Tribunal (IPART) found that NSW Health is doing a remarkably good job in light of the increasing demands being placed on the NSW public health system.

However, IPART also made it clear that changes should be made if NSW Health is to maintain, let alone improve, patient care in future years.

The demand for, and cost of, health care will continue to increase in NSW and across the developed world, as people live longer and new technologies and medicines are introduced.

In 2003/04, NSW Health spent \$9.69 billion on the public health system – that's \$26.47 million a day. The 2003/04 budget provided \$2.6 billion for public health services in rural and regional communities.

\$528 million was spent on capital projects in 2003/04, with the Department securing approval to increase capital expenditure above \$600 million a year over the next four years.

In November 2003, the Department was restructured to improve its focus on providing strategic direction for the NSW health system. Responsibility for delivering specific programs and services was devolved to Area Health Services and other appropriate bodies.

During 2004, the Department developed proposals to improve the way Area Health Services deliver health services. The Minister for Health announced the Planning Better Health reforms on 27 July 2004.

Planning Better Health involves the most significant reshaping of the health system since Area Health Services were created in 1986. The key principle that underpins these reforms is that more of NSW Health's resources will be spent on direct patient care, and less on administration.

The reforms will deliver a more efficient health system, with 17 Area Health Services being amalgamated into 8 larger Areas, reducing administrative duplication and inefficiencies and improving consistency in the way health services are delivered.

The changes will encourage the building of better clinical networks, enhance academic and teaching links and improve the distribution of the health workforce. They will also facilitate much needed corporate service reform – instead of each Area providing its own corporate and support services, the new structure will assist in these services being delivered on a statewide or regional basis.

These reforms, over time, are expected to free up \$100 million each year, with the savings being reinvested in additional frontline health services.

Access to treatment

Demand for health services continues to increase, particularly from patients over 75 years of age.

There is pressure on emergency departments, caused by a growing and ageing population and the decline in bulk-billing by general practitioners, with some patients who would have sought treatment from their local doctor in the past now presenting at public hospitals.

Older people often remain in acute hospital beds when they would be more appropriately cared for in a community or residential aged care setting, as there is a significant shortage of Commonwealth funded aged care beds and community support. This places additional pressures on our hospitals.

These pressures at both ends of the hospital system reduce the number of hospital beds available for elective surgery.

Admissions through emergency departments to wards, operating theatres and intensive care units rose by 4% in 2003/04 and the number of emergency department patients not admitted to a hospital ward within eight hours of active treatment increased from 28% to 32%. There was also an increase in the number of patients not transferred from the care of ambulance officers to emergency departments within 30 minutes of ambulance arrival, and in waiting lists for elective surgery.

Despite the increasing demands placed on the NSW public hospital system, people attending emergency departments, hospitals and community health services all reported more positive experiences in 2003 than they did in 2002.

Improving access to public hospitals is a critical priority for NSW Health. Additional beds and new approaches to managing access are being developed.

Director-General's year in review

(continued)

For example, the 2004/05 State Budget provides \$57 million to address bed capacity and \$35 million per year for additional elective surgery.

During the year, 9 hospitals with high emergency department workloads participated in the Access Block Improvement Program, which engages local staff in improving systems to better manage emergency department and hospital access.

NSW Health's Sustainable Access Plan 2004, released in June 2004, outlines how access to services will be delivered, with a particular emphasis on better managing older patients. The Plan provides an additional 563 overnight beds, in addition to the approximately 400 beds opened for the peak volume winter months.

Community Service Packages were provided to assist older people returning home from hospital, with the support provided minimising the need for readmission.

The Department continued to negotiate with the Commonwealth to provide appropriate support for the collocation of after-hours GP services with public hospital emergency departments, following the successful trial of this model in Maitland. Collocation provides better, faster and more appropriate medical services for those people who may not require emergency department treatment and frees up emergency departments to treat those who do.

Improving the quality of care

In April 2004, the Government committed \$55 million over four years to fund a range of patient safety and clinical excellence reforms.

The centrepiece of these reforms, the Clinical Excellence Commission, will promote improvements in clinical quality and patient safety in public and private health services and monitor clinical quality and safety processes and performance in public health organisations. It will also have important training, education and research roles.

Improvements to the quality of care can only occur if there is willingness to report and learn from mistakes, and to provide staff with support when they acknowledge errors.

Clinical Governance Units are being introduced in Area Health Services to coordinate the local management of clinical incidents and complaints and to strengthen quality and safety systems.

Improvements were made to the way the Health Care Complaints Commission (HCCC) responds to complaints about standards of care, with a new Commissioner, Deputy Commissioner and 15 new investigators appointed. The *Health Care Complaints Act 1993* was reviewed and legislation to improve the health care complaints system is now before the Parliament.

The Legislative Council's General Purpose Standing Committee No. 2 report on complaints handling procedures in NSW Health, released in June 2004, will also help inform further improvements to health complaints systems.

The health workforce

The NSW public health system is the largest health care employer in Australia, with almost 90,000 full-time equivalent (FTE) staff.

The doctors, dentists, nurses and allied health professionals involved in direct clinical care make up 58% of the health workforce, with remaining staff providing support functions.

Between 30 June 2003 and 30 June 2004, a further 1,362 FTE staff were employed in the public health system – 1,191 were doctors and nurses.

NSW Health needs to keep moving in this direction, with support services becoming more efficient so that additional resources can be provided for direct patient care.

However, national health workforce shortages remain one of the most serious challenges facing NSW Health. The workforce must also be better distributed so it can meet the needs of communities in outer metropolitan, rural and remote areas.

The Institute of Rural Clinical Services and Teaching, established in February 2004, will assist in attracting, retaining and supporting health staff in rural and remote NSW.



There is also a clear need for Australian universities and colleges to train more health professionals and the Department will continue to negotiate with the Commonwealth and the tertiary sector to train more health professionals.

The NSW Premier, the Hon Bob Carr, MP, convened a Roundtable on Medical Workforce on 16 April 2004 to develop strategies to address current and emerging health workforce pressures.

The Department established a new Workforce Development and Leadership Branch in April 2004, to continue the work of the Premier's Roundtable and oversee workforce development for the NSW public health system, with a focus on improving workforce supply, service delivery, culture and leadership.

The new Branch, and the newly established NSW Health Workforce Steering Committee, led the development of a NSW Health Workforce Action Plan to address workforce shortages and distribution. The Plan contains strategies to explore new workforce models, develop different skill mixes within and across professions, and enhance collaboration between the health, education and training sectors.

Mental health

The rising demand for mental health services presents one of the greatest challenges to the health system.

The Department assisted the Government in developing a \$241 million plan to boost mental health services over the next four years, with a further \$76 million to be provided over the same period to fund the recurrent costs of the mental health capital program. This builds on the \$715 million provided for mental health services in 2003/04.

The Plan provides for additional acute, sub-acute and community mental health services and more mental health professionals.

The Department worked with the Department of Housing and non-government organisations on the Housing Accommodation Support Initiative, which provided over 100 high-level accommodation support places to low-income people with mental disorders, helping them maintain successful tenancies and reducing the pressure on hospital beds.

The new 135 bed forensic hospital at Long Bay, approved in 2004, will provide separate and more effective treatment for NSW prisoners with mental health issues.

The Department commenced a comprehensive review of the *Mental Health Act 1990*, which has remained largely unchanged over the last 13 years and needs to be improved to better meet the needs of people with mental illnesses, their carers and their families.

The Department coordinated the development of the Government's response to the 120 recommendations of the Legislative Council Select Committee on Mental Health. The Committee's chair, the Hon Dr Brian Pezzutti, is leading the Implementation Taskforce that coordinates and monitors Area Health Service changes to services arising from the review.

The December 2003 Report of the NSW Mental Health Sentinel Events Review Committee, which deals with morbidity and mortality issues associated with the care of people with mental illness, was also referred to the Taskforce.

Aboriginal health

One of NSW Health's key priorities for 2003/04 was improving the health of our Aboriginal communities. This will continue to be a focus for the Department, as Aboriginal health standards remain well below those of others in the community.

There were some encouraging signs in 2003/04. For example, between 1999 and 2003 there was a 9% increase in the percentage of Aboriginal women attending their first antenatal visit before 20 weeks gestation – up from 65.5% to 74.7%.

It is important to involve members of the Aboriginal community as health care providers, not just as consumers.

During 2003/04, the Department provided scholarships of up to \$10,000 to support 34 Aboriginal and Torres Strait Islander students enrolled in a Bachelor of Nursing degree, as well as providing a range of Aboriginal health career advice initiatives. The Department also secured additional funding to employ more Aboriginal mental health workers.

Director-General's year in review

(continued)

The Far West Area Health Service deserves particular mention for its Aboriginal Employment Strategy, which received a Gold Award at the 2003 NSW Premier's Public Sector Awards.

It's also important to recognise the excellent work done by our Aboriginal Health professionals. In 2004, the Department established the Aboriginal Health Awards to support and acknowledge excellence in the provision of Aboriginal health services.

Healthy living

The Department has continued to promote healthy living activities during 2003/04 through a range of prevention and education programs.

These programs provide an opportunity to improve the health of the community and to reduce the demands placed on our hospitals.

The number of smoke-free households increased from 70% in 1997 to 83% in 2003.

During 2003/04, the Department ran a number of campaigns targeting smoking amongst women, young people, and parents and carers of children – all identified higher risk groups. The NSW State Cancer Plan also contained a number of anti-smoking strategies.

In August 2003, the NSW Government hosted the NSW Alcohol Summit. The Government's May 2004 response to the Summit, *Changing the Culture of Alcohol Use in New South Wales*, sets out the Government's alcohol management plan for the next four years and NSW Health plays a key role in giving effect to recommendations in the areas of alcohol education and information, drug and alcohol treatment services, relapse prevention, detoxification services for Aboriginal communities, and dual diagnosis management.

One of the greatest public health concerns is the rapid growth in the number of overweight and obese people. With 48% of the NSW population and 56% of the male population now overweight or obese, this is to be an area of further work by the Department.

During 2003/04, the Department worked on establishing the NSW Centre for Overweight and Obesity at the University of Sydney and played a central role in developing the *Prevention of Obesity in Children and Young People: NSW Government Action Plan 2003-7*, in recognition of the fact that it is important to develop healthy eating habits and exercise regimes at an early age.

I wish to thank all of the staff of the NSW public health system for their dedication to their patients, for the new ideas they have brought forward over the last year, and for the work they have done in supporting the health needs of the people of NSW.

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



Robyn Kruk
Director-General




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NSW health system

Structure and responsibilities

Organisation



The aim of NSW Health is to provide a sustainable health system for the people of NSW that meets the needs of today and the future.

NSW Health

NSW Health is made up of the Department of Health, the Health Administration Corporation, the Ambulance Service of NSW, and public health organisations.

Department of Health

The Department of Health is responsible for ensuring that the people of NSW are provided with good health care. It monitors the performance of the NSW public health system and supports the statutory role of the NSW Minister for Health.

The Department has statewide responsibility for providing:

Advice to government

Supporting the role and functions of the Minister for Health and the Assisting Minister through the provision of advice, legislative review and development, and other support functions.

Strategic planning and statewide policy development

Undertaking system-wide policy and planning in areas including inter-government relations, funding, health service resources and workforce.

Improvements to public health

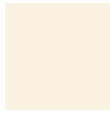
Enhancing the health of the community through regulation and health promotion and managing emerging health risks.

Performance management

Monitoring performance of NSW Health against key performance indicators and developing strategies to improve that performance.

Strategic financial and asset management

Managing the NSW health system's financial resources and assets, coordinating business and contracting opportunities for the NSW health system, and providing financial accounting policy for NSW Health.



Community participation

Liaising and fostering partnerships with communities, health professionals and other bodies.

Employee relations

Negotiating and determining wages and employment conditions, and developing human resource policies, for the NSW health system.

Corporate support

Providing the resources and support needed to enable Department staff to effectively fulfil their roles.

Regulatory functions

Managing licensing, regulatory and enforcement functions directed at ensuring compliance with Acts administered by the Health portfolio.

As at 30 June 2004, the Department was administered through six main functional areas:

Strategic Development

- Centre for Mental Health
- Inter-Government and Funding Strategies
- Primary Health and Community Partnerships
- Statewide Services Development

Population Health

- Office of the Chief Health Officer
- Centre for Aboriginal Health
- Centre for Drug and Alcohol Programs
- Centre for Epidemiology and Research
- Centre for Health Protection
- Centre for Chronic Disease Prevention and Health Advancement
- Oral Health Branch

Health System Performance

- Health Service Performance
- Structural Reform
- Information Management and Technology
- Private Health Care
- Quality and Safety

Health System Support

- Asset and Contract Services
- Communications
- Executive and Corporate Support
- Employee Relations
- Finance and Business Management

- Legal and Legislative Services
- Nursing and Midwifery Office
- Workforce Development & Leadership

Audit

- Audit Unit
- Information Systems Audit
- Policy Promulgation and Administration
- Special Projects
- Employment Screening and Review Branch

Office of the Director-General

- Parliament and Cabinet Unit.

Health Administration Corporation

The Director-General of the Department, as the Health Administration Corporation, has a pivotal workforce relations role in the NSW public health system.

The Corporation is the employer of health system staff for the purpose of negotiating and determining wages and conditions of employment, and overseeing industrial matters. The Corporation's functions also include acquiring and disposing of land and entering into contracts to support the functions of the Director-General and the NSW Minister for Health.

Public health organisations

The *Health Services Act 1997* establishes Area Health Services, Statutory Health Corporations and affiliated health organisations as distinct corporate entities known as 'public health organisations'. Area Health Services play a major role in the planning, delivery and coordination of local health services in the geographical areas they serve. They are responsible for providing services such as public hospitals, mental health services, acute care, rehabilitation, counselling and many community support programs. These services are provided in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres and hospitals.

The following Area Health Services are currently established under the Act:

- Central Coast
- Central Sydney
- Far West
- Greater Murray
- Hunter
- Illawarra
- Macquarie
- Mid North Coast

NSW health system

Structure and responsibilities

Organisation

- Mid Western
- New England
- Northern Rivers
- Northern Sydney
- South Eastern Sydney
- South Western Sydney
- Southern
- Wentworth
- Western Sydney

During the reporting year, the Department progressed proposals to replace the 17 Area Health Services with 8 larger and more efficient Area Health Services.

There were 5 Statutory Health Corporations in place during the reporting period, which provide statewide or specialist health and health support services, being:

- the Royal Alexandra Hospital for Children (the Children's Hospital at Westmead)
- the Corrections Health Service (which became Justice Health on 1 July 2004)
- the Institute for Clinical Excellence (which has been enhanced and became the Clinical Excellence Commission on 20 August 2004)
- HealthQuest
- the Stewart House Preventorium, Curl Curl.

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

Ambulance Service of NSW

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

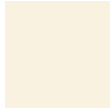
NSW Minister for Health

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

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

Minister Assisting the Minister for Health (Cancer)

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



Department corporate charter

The Department of Health was established under section 6 of the *Health Administration Act 1982*. The Department supports the NSW Minister for Health in performing his executive and statutory functions.

These functions include promoting, protecting, developing, maintaining and improving the health and well-being of the people of NSW, while considering the needs of the state and the finances and resources available.

Department values

Fairness

Striving for an equitable health system and being fair in all our dealings.

Respect

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

Integrity

Achieving ends through ethical means, with honesty and accountability.

Learning and creativity

Seeking new knowledge, understanding and thinking with innovation.

Effectiveness

Pursuing quality outcomes.

Department vision

To provide good health care and better health for the people of NSW.

Department health goals

Quality health care

- the right care
- well-coordinated care
- shared decision-making

Healthier people

- staying healthy
- better quality of life
- improved social environment

Fairer access

- treatment when you need it
- having a fair share
- levels of health care are equal

Better value

- using money wisely
- services are efficient
- assets are well-managed.

Department priorities

The Department has identified seven priorities for 2003-2005:

1. Improving health
2. Quality
3. Equity of access to service
4. Skilled and valued staff
5. Efficient use of resources
6. Involving the community
7. Tackling complex issues through alliances.

Quality health care

The right care

Performance



The Department of Health's main priority in 2003/04 was improving the quality of health care that people receive. To deliver on its commitment, the Department developed plans for the biggest restructure of the health system in over two decades.

The reformed health system will deliver new levels of accountability and clinician and community involvement in planning health services, a greater emphasis on clinical excellence, a strengthened and better trained health workforce, and enhancements in key service areas such as mental health and cancer prevention.

Increased accountability in providing health care

The Minister for Health announced a number of changes designed to ensure accountability, public safety and confidence in health care following the Health Care Complaints Commission (HCCC) report into Camden and Campbelltown hospitals. The report confirmed the need for systemic changes to the delivery of health care at both hospitals.

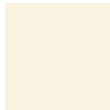
Actions taken as a result of the report in December 2003 included the establishment of a Special Commission of Inquiry and dissolution of the South Western Sydney Area Health Service Board. Bret Walker SC was appointed to head the Special Commission of Inquiry and the Minister for Health asked The Cabinet Office to review the *Health Care Complaints Act 1993* (amendments to that Act have subsequently been introduced into Parliament).

Other actions taken included appointing Judge Kenneth Taylor as Acting Commissioner to refocus the HCCC to ensure it concentrated on rigorously investigating individual cases of poor care, and referring a number of deaths examined in the HCCC report to the NSW Coroner for examination. In addition, the Government announced an extra \$5.7 million over 15 months to overhaul the HCCC and to establish a separate taskforce to deal with matters arising from the Special Commission of Inquiry.

The Commissioner's terms of reference required investigation of allegations of unsafe or inadequate patient care or treatment at Campbelltown and Camden Hospitals, resulting in recommendations to improve the regulatory arrangements for the administration of the HCCC.

The Special Commission of Inquiry convened two public forums. The first, in May 2004, discussed the operation of the *Health Care Complaints Act* and related health practitioner legislation. The second, in June 2004, considered the inter-relationship between health care complaints, individual professional accountability and system improvement. Both forums were open to the public and provided an opportunity for interested parties and members of the community to contribute to the Inquiry's considerations.

The Special Commission of Inquiry issued an *Interim Report* on 31 March 2004, and a *Second Interim Report* on 1 June 2004. The final report was released on 30 July 2004.



Clinical Excellence Commission

In May 2004, major changes were announced to the role and function of the Institute for Clinical Excellence. The Clinical Excellence Commission was subsequently established to build on the foundation work of the Institute in promoting clinical excellence in the NSW health system.

The NSW Government has committed \$10 million in 2004/05 for the Commission and health services to develop evidence-based programs for better clinical governance in NSW. The Commission will promote and support improvements in clinical quality and patient safety in public and private health services, as well as monitoring clinical quality and safety processes and performance in public health organisations.

The Commission will identify, develop and disseminate information about safe practices in health care, promote and conduct training and education programs for health professionals and identify priority research into better practices in health care.

The Commission will also provide advice to the Minister for Health and the Director-General of the Department of Health on issues arising out of its functions.

The Commission is one component of the NSW Patient Safety and Clinical Quality Program. Other components include the implementation of the NSW Incident Information Management System, the establishment of Clinical Governance Units and the enhancement of the Safety Improvement Program in all Area Health Services in NSW.

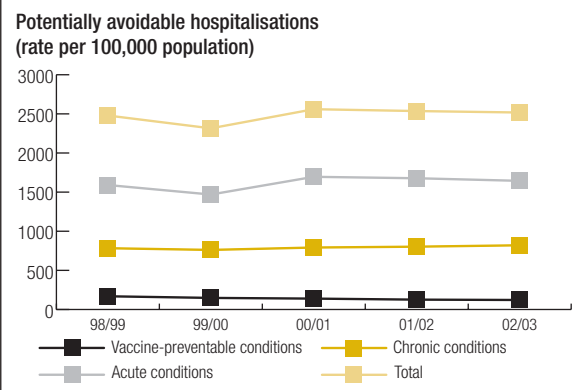
DASHBOARD INDICATOR: Potentially avoidable hospitalisations

Desired outcome

Greater independence and health for people who can be kept well at home

Context

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



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

Note: 2003/04 data is not yet available.

All ages are now included in the analysis, whilst previous reports only dealt with potentially avoidable hospitalisations for persons under the age of 75. The standard population used to calculate rates is based on the 2001 Census, whilst the previous Annual Report used 1991 Census data.

The codes used to define the set of conditions classified as potentially avoidable have changed slightly during the reporting period to align the NSW definitions with those used by the Commonwealth and other state jurisdictions. Counts of hospitalisations are based on whole admissions up to 1996/97 and on individual episodes of care from 1997/98.

The historical data in the above table has been adjusted to reflect the new reporting arrangements.

Interpretation

The conditions in the graph are:

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

Over the 14 year period since 1989/90, rates of potentially avoidable hospitalisations have decreased 56% for vaccine-preventable conditions and by 7% for acute conditions, and increased by 35% for chronic conditions. The increase in the rate for chronic conditions since 1998/99 is partly due to changes in how hospital staff record the reasons patients go to hospital and to new health treatment options.

Quality health care

The right care (continued)

Performance

Building and supporting the nursing workforce

The total number of nurses and midwives permanently employed in the NSW public health system has risen steadily over the last three years as a result of a range of initiatives developed by the Department and Area Health Services.

During 2003/04, the Department spent \$31 million on programs to recruit, retain and develop nurses and to improve nursing workforce planning.

As of June 2004, 36,933 nurses were employed in permanent positions in the public health system, an increase of 2,929 (8.6%) from January 2002. There was a noticeable decline in resignations amongst permanent nurses and midwives in 2003.

Since January 2002, 1094 nurses have been employed in public hospitals through *Nurses Re-Connect*, an initiative that encourages former registered and enrolled nurses to re-enter the profession and upgrade their nursing skills.

Nurses are also being attracted back to the system through the NSW Health *Online Nurse/Midwife Electronic Staffing Support (ONESS)* initiative, launched in May 2004. *ONESS* enables nurses and midwives seeking casual employment to list their professional data, including availability and work location preferences, on a secure web site. Job vacancies are also listed, to enable nurses to make easier contact with prospective employers. The *ONESS* website is located at <http://www.health.nsw.gov.au/nursing>

Patients and nurses benefit from nurses updating their skills. In 2003/04, the Department awarded over \$1.75 million for 639 education scholarships and 602 clinical placement grants. \$3 million was provided for nurses and midwives to access study leave, allowing more nurses and midwives to obtain further education and upgrade their skills.



Becoming the industry and employer of choice

NSW Health needs to be able to recruit, retain and support health staff to provide quality health care services.

During 2003/04, NSW Health invested a significant amount of effort to recruit, support and retain quality staff.

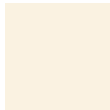
NSW Health aims to make the health profession more attractive for potential recruits and to be the employer of choice within the health industry.

Around \$7 million was provided in 2003/04 to improve recruitment and retention of medical practitioners in rural areas.

NSW Health also supported two conferences offering continuing professional development for dental therapists and dentists working in the public sector.

A NSW Allied Health Clinical Leadership Program was conducted across the state to support our valuable allied health professionals. At the same time work in Area Health Services has continued to improve the skills and qualifications of support staff.

The Department will continue to focus on innovative education projects, family friendly practices and more flexible workforce approaches to help retain the current quality NSW Health workforce and to attract more staff in the future.



Training in bereavement care

The complex, individual nature of responses to bereavement led to the development of the first comprehensive bereavement training program for health workers. The NSW Centre for Mental Health, in conjunction with Future Train, developed a staff information booklet and a CD-ROM to help frontline staff better support people who had lost a loved one.

The Department recognises that bereavement care needs to be delivered with compassion and sensitivity. The role of frontline staff in facilitating sensitive bereavement support is critical in ensuring people in need obtain access to the appropriate level of care.

As a result of this collaboration, health workers will have access to training that can better deliver the support required. Health care workers are being encouraged to familiarise themselves with the training resources and to promote their application within NSW health services.



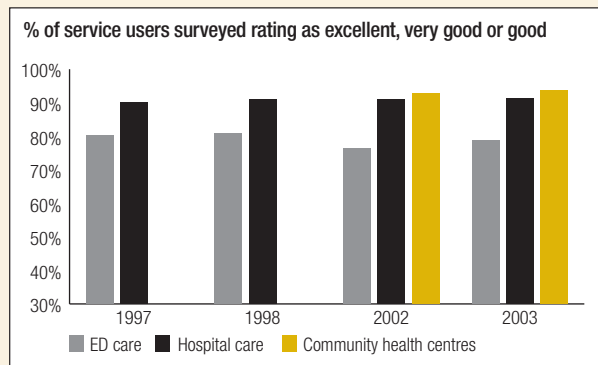
DASHBOARD INDICATOR: Patient and consumer experience

Desired outcome

Greater satisfaction with health services provided and stronger sense of involvement in how health care is given

Context

People attending an emergency department, hospital or community health centre in the last 12 months were asked to rate the care they received during the attendance. A rating of 'excellent', 'very good' or 'good' was considered to be a positive rating of care.



Source: NSW Health Survey 1997, 1998, 2002 and 2003.

Interpretation

Overall, the percentage of people giving a positive rating of their care at hospitals, community health centres and emergency departments has remained high since 1997 (greater than 75%). In 2003, 94% of people attending a community health centre, 91% of people attending a hospital and 79% of people attending an emergency department gave a positive rating of their care, all increases on the ratings provided in 2002. In 2003, more people in rural areas (86%) than in urban areas (76%) gave a positive rating of their emergency department care, whereas there was no difference between rural and urban areas in ratings of hospitals and community health centre care.

Quality health care

Well coordinated care

Performance

Disaster response

The Department of Health's Counter Disaster Unit, established in February 2003, continued to coordinate counter-disaster preparedness across the whole health system in close cooperation with NSW Police, emergency services and other state and Commonwealth agencies.

The Unit commissioned a new Health Services Disaster Control Centre at the Sydney Ambulance Centre and coordinated NSW Health personnel participation in a number of joint counter-disaster exercises, including the major, joint Commonwealth/state EXPLORER exercise conducted at Holsworthy Army Barracks in May 2004.

The Unit also oversaw the development of Chemical Biological & Radiological (CBR) capability throughout NSW, including establishing chemical and biological equipment and pharmaceutical caches, developing and delivering CBR training programs to over 1,000 personnel, purchasing and distributing personal protective equipment, enhancing NSW Health's decontamination capability, and designing and procuring multi-purpose ambulances.

The Department commissioned the development of a Biosurveillance system, designed to increase the early detection of diseases arising from the use of a biological weapon.

The Centre for Mental Health initiated and provided ongoing specialist counselling for the victims of the Bali bombing, including the injured and bereaved and their families and friends. The Centre also conducted a number of disaster response training programs for Area Health Service staff to improve services for people experiencing psychological trauma as a result of disasters.



Improving housing and support for people with mental health needs

The Joint Guarantee of Service expanded in 2003 as a partnership framework to guide the collaborative delivery of mental health, support and housing services to people with mental health problems and disorders who live in social housing.

Her Excellency the Governor formally launched the new Joint Guarantee on 8 October 2003 and the following NSW bodies are now partners to the initiative: Department of Housing, Department of Health, Aboriginal Housing Office, Aboriginal Health and Medical Research Council, and the Department of Community Services.

The newly expanded Joint Guarantee emphasises engaging local services, consumers and their advocates, discussing their needs and progressively developing arrangements to improve housing and support that meets those needs.

A key initiative during 2003/04 was the Mental Health Housing and Accommodation Support Initiative (HASI), which provided over 100 high-level accommodation support places in nine Area Health Services. The Program aims to reduce the pressure on hospital beds, increase independence and privacy for low-income people with mental disorders, and help them to maintain successful tenancies.

HASI represents a substantial improvement in the availability of housing and accommodation support for people with mental disorders and psychiatric disabilities who require a high level of accommodation support to participate in community life.

Other highlights

- Emergency Medical Units and Rapid Emergency Assessment Teams were rolled out across greater metropolitan Sydney.
- The Safety Improvement Program continued to identify, report, investigate, analyse and act on all health care incidents to make health care safer.
- The first stage of the statewide Incident Information Management System (IIMS) application was evaluated. IIMS enables clinicians throughout the NSW health system to collect and review information to improve patient safety.
- The 'Towards a Safer Culture' project was developed to implement clinical pathways into Emergency Departments for stroke and Acute Coronary Syndrome. An innovative web-based tool was also developed to provide timely feedback to clinicians on the outcomes of their care.
- One hundred and forty-seven overseas-trained doctors were approved to work in traditionally harder-to-staff outer metropolitan, rural and remote communities under the Area of Need Program.
- A Regulators' Forum was established to ensure action in response to serious false and misleading health claims would be well coordinated in NSW, with the most appropriate agency taking the lead role.
- The second statewide Quality in Healthcare Forum was held to showcase Area Health Service projects demonstrating improvements in clinical practice and to action strategies from a range of themes, including Governance, Patient Safety and Leadership, Clinical Policy, Health Priorities and Consumer Participation in Quality.
- The number of licensed private hospitals and day procedure centres was increased.
- The Enrolled Nurses (EN) scope of practice was extended in early 2003 to permit endorsed ENs to administer a full range of medications. In 2003/04, more than 800 Trainee ENs were employed in the public health system.
- The 'Safe Introduction of New Interventional Procedures into Clinical Practice' was developed for clinical procedures that would ensure efficacy, patient safety and effective resource utilisation.
- A system-level review of all licensed private psychiatric class hospitals was conducted in collaboration with the Centre for Mental Health and Area health clinicians.
- Further workforce initiatives for radiation oncology services were implemented including the establishment of Radiation Therapy positions, Radiation Oncology Medical Physicists training positions in NSW Public Radiation Oncology Therapy Centres, and the overseas recruitment of radiologist.
- Rural clinical advisory working groups were established in key areas including cardiology, oncology and critical care and trauma, as recommended in the *NSW Rural Health Plan*.
- Legislation was introduced to recognise nursing and midwifery as distinct professions, paving the way for a Bachelor of Midwifery course.
- A Ministerial Review of medical and health research in NSW was supported.
- The 'Safer Place to Work' Training Program was rolled out, as part of the *Zero Tolerance* response to violence in the health system.
- NSW Health notifiable diseases data systems were developed.
- Clinical Risk Management Programs for neurosurgeons, maternity services and general practitioners working in small rural hospitals were developed.
- The Department negotiated the provision of \$86 million over five years to improve the transition from hospital to home through the Pathways Home Funding Program.
- The *Rural Companion Guide to the Role Delineation of Health Services* was developed.
- Family-friendly practices were supported through the creation of an additional 188 children's services places for health staff in vacation care, family day care and child care centres.
- A 'reasonable workload' taskforce was established to review tools that measure nurses' work.

Quality health care

Well coordinated care (continued)

Performance

Combatting cancer

The NSW Cancer Institute began work to spearhead the fight against cancer, which affects over 30,000 people and kills more than 12,000 people every year in NSW. The Institute is receiving \$205 million in funding over the four years commencing from 2003/04 to implement enhancements to cancer treatment in NSW.

NSW Supreme Court Justice, P.A. Bergin, is Chairperson of the Institute's Board, leading a team of eminent cancer researchers, clinicians, and patient representatives who will be responsible for guiding the Institute's work. The team brings together the multidisciplinary expertise needed to coordinate the fight against cancer.

The Institute's objectives are to increase cancer survival, reduce cancer incidence, improve the quality of life of cancer patients and carers, and provide expert advice to patients, the public, health care professionals and the Government.

NSW launched Australia's first comprehensive Cancer Plan 2004-2006 to lead the fight on the top 10 cancer killers in NSW. \$30 million has been allocated to implement the Plan.

The Cancer Plan's key first-year programs include 50 cancer nurse coordinators, an \$8.75 million Cancer Research Program, a \$2.4 million Lead Clinician Program and statewide cancer expert panels.

The Plan also includes an expanded radiotherapy program, an expanded tobacco control program and enhanced bowel cancer screening.

Other programs are focusing on improving cancer services in rural NSW by placing at least one specialist cancer nurse in each rural area health service, increasing to two within six months.



Stroke units increase survival rates

Around 48,000 Australians suffer a stroke each year, or one person on average every 11 minutes. It is the leading cause of disability for older people and the third leading cause of death. In the last 12 months, approximately 3,400 people attended NSW Emergency Departments in the Sydney greater metropolitan area after suffering a stroke.

Twenty-two new or enhanced Stroke Units in NSW hospitals produced patient outcomes equal to the best in the world. The specialised Stroke Units contributed to a significant drop in mortality rates for sufferers (now equivalent with Sweden at around 10%).

The specialised Stroke Units bring together the doctors, nurses, allied health professionals and equipment required to diagnose, treat and rehabilitate stroke patients. The Units take patients out of general wards and put them into a specialised setting that incorporates acute and post-acute care services. In addition to evidence of a reduction in the mortality rate of stroke sufferers, there is also evidence of a reduction in the long-term effects for survivors.



Future Initiatives

- Commence the operation of the Clinical Excellence Commission and Clinical Governance Units in Area Health Services to deliver system improvements with patient safety as the priority.
- Continue to develop and implement the Patient Safety and Clinical Quality Program.
- Continue to implement the statewide Incident Information Management System.
- Implement the NSW Health Workforce Action Plan to improve the number, distribution and skills of health professionals, with a new Health Workforce Priority Taskforce involving clinician and community representatives established to guide the Plan's implementation.
- Increase the number of enrolled nurses, registered nurses and midwives and nurse practitioners in the NSW health system, and engage the Commonwealth to provide additional registered nurse tertiary places.
- Establish an Area Health Advisory Council in each Area Health Service to give doctors, nurses, allied health professionals and local communities a say in how health services are delivered.
- Develop the Government's response to the *Report of General Purpose Standing Committee No 2 Inquiry into Complaints Handling in NSW Health* in cooperation with other government agencies and key interest groups.
- Improve NSW Health's response to complaints and work with the Independent Commission Against Corruption to make NSW Health more corruption resistant.
- Develop primary and community health care policies that set out models of care, roles and functions, core range of services, service standards and performance indicators for Area primary health care services.
- Develop policies for selection, credentialling and performance management of clinicians.
- Extend system level reviews of licensed private health facilities across speciality licence classes.
- Review and update the policy on consent to medical treatment within the public health system.
- Provide \$6 million for nurses' study leave.
- Develop a strategy that includes selection of agencies to provide ethical recruitment of overseas nurses and midwives to NSW.
- Fund a further 84 clinical leaders in 2004/05 to undertake the Clinical Leadership program developed by the Royal College of Nursing (United Kingdom) and successfully implemented in the United Kingdom, Switzerland and Belgium. This program focuses on self-development, closely linked with patient/client involvement and quality improvement, and has proven to be an effective retention strategy.
- Release new protocols for the control of notifiable diseases.
- Continue collaboration with other human services agencies and non-government organisations to develop a statewide web-based client referral network and service directory.
- Implement the Framework for Integrated Support and Management of Older People in the NSW Health Care system, to guide and coordinate improvements to service delivery for older people in NSW.
- Review the Aged Care Assessment Program to identify opportunities for improved performance and to accommodate changing directions for aged care service provision both in NSW and nationally.
- Implement a Return to Work Program for Radiation Therapists.

Quality health care

Shared decision making

Performance



Review of Mental Health Act 1990

The Department of Health released a Discussion Paper as part of a review of the *Mental Health Act 1990*. The paper focused on information sharing and privacy issues, particularly as they affect families and carers of the mentally ill.

The Paper, which attracted more than 80 submissions from interested parties, concentrated on two aspects of information sharing with carers – whether existing legislation properly permitted disclosure of information to carers and whether the legislation supported carer involvement in treatment planning and ongoing care issues.

The review recognises that the *Mental Health Act* has remained largely unchanged since it was passed in 1990, but that the demand for mental health services in NSW has changed significantly since then and the Act should reflect this.

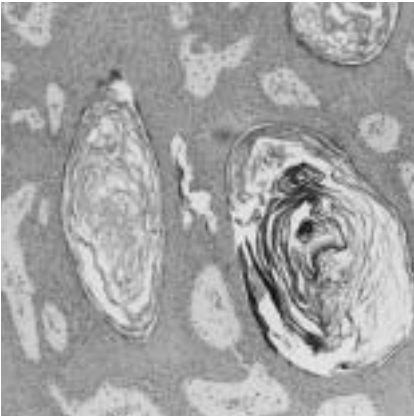
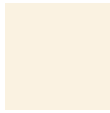
Consumer Forum examines the role of consumers in planning health services

The Annual Consumer Forum, attended by consumer representatives from across NSW, provided an opportunity to discuss key attributes of successful consumer and community engagement in health services.

Discussions included topics such as diversity of membership of local Health Councils and similar consumer participation structures, and clarity about the role and function of local consumer participation structures.

The Forum also considered the issues of two-way communication between local consumer participation structures and health services, and training and support for staff and consumers.

The work of the Forum assisted in developing proposals for the establishment of new Area Health Advisory Councils.



Laws in place for use of human tissue

New legislation was introduced in NSW to provide a clear framework for the conduct of post-mortem examinations and the use of human tissue.

The *Human Tissue and Anatomy Legislation Amendment Act 2003*, which commenced in November 2003, appropriately recognises the wishes of individuals and their families. It addresses the removal, use and retention of human tissue from both adults and children, and living and deceased donors.

The legislation strikes a balance between the community's expectations concerning the dignified and respectful treatment of deceased persons, and the interests of justice and the need for ongoing medical research, education, training and inquiry.

Under the legislation, tissue removed during medical, surgical or dental procedures, or for the purposes of a post-mortem examination, is not to be used for other purposes without the documented consent of the deceased or their next of kin. Additionally, all non-coronial, post-mortem examinations are to be carried out in accordance with the wishes of the deceased or their family.

The legislation also includes provisions to ensure that regard is given to the dignity of the deceased person in the conduct of any post-mortem or anatomical examination.

DASHBOARD INDICATOR:

Unplanned return to operating theatre

Desired outcome

To reduce the number of unplanned returns to theatre

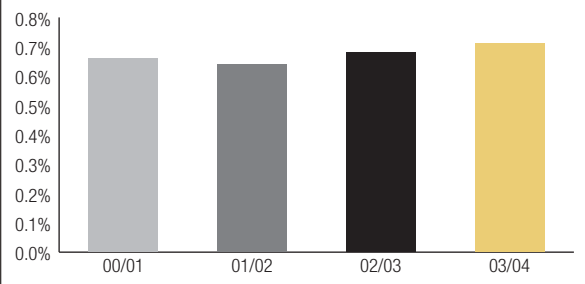
Context

An unplanned readmission may suggest problems in patient management and care processes, or that the patient was inappropriately discharged or that hospital and non-hospital services may not have been well coordinated. However, readmissions may also occur due to a new problem arising or a complication of an unrelated condition.

Whilst improvements may be made to reduce readmission rates, unplanned readmissions can never be fully eliminated.

This context also applies to the following two dashboard indicators.

Unplanned returns to operating theatre



Source: HIE (9 September 2004).

Interpretation

The number of patients that have required a return to the operating theatre following a procedure has remained stable. The percentage of cases that need to return to an operating theatre is very small so many changes, especially in smaller Area Health Services, are not statistically significant. Differences in performance between Areas and over time also reflect differences and changes in the complexity of surgery being performed. A factor contributing to the small increase in unplanned returns to operating theatres is that more patients are having minor operations performed without needing to be admitted to hospital, resulting in an increase in the average operation complexity of patients that continue to be treated in hospital.

Quality health care

Shared decision making (continued)



Health records go online

Patients and parents of children in medical care will be able to log on to the internet and view their comprehensive medical histories following the signing of a contract to establish a pilot for an electronic health record system for NSW.

The groundbreaking \$19.4 million Health e-link program puts patients' medical records online, giving doctors, specialists, emergency department clinicians and allied health workers online access to their patients' summary medical histories and to the most up to date information on their treatment and medication.

Tests will not have to be repeated unless absolutely necessary, nor will patients and carers have to recall from memory all aspects of care they received in the past. Whenever a patient visits the local doctor, the emergency department or a specialist, and all members of the health care team will have access to the same records.

The problem of illegible and incomplete handwritten medical records that can lead to mistakes is removed in Health e-link.

The system is being piloted at The Children's Hospital at Westmead, South Western Sydney and Western Sydney Area Health Services, and at Maitland and Raymond Terrace in the Hunter.

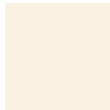
New Palliative Care Advisory Group

The NSW Palliative Care Advisory Group was established in 2003 to provide advice to the Department for palliative care service delivery in NSW.

The Advisory Group includes medical, nursing and allied health practitioners, a general practitioner, medical and nursing academics, and representatives from the Palliative Care Association of NSW, Health Participation Council, Carers NSW, Australia New Zealand Society of Palliative Medicine, NSW Society of Palliative Medicine, NSW Cancer Institute and the Australian Nursing Homes and Extended Care Association. The membership reflects the diversity of people involved in the care of people who are approaching the end of their life.

The Advisory Group is concerned with comprehensive, encompassing palliative care for different target groups, clinician education and support, carer and consumer expectations and experiences, and the role of general practitioners.

Significant work to date includes the development of a role delineation framework for palliative care services and consideration of different models of service delivery in terms of effectiveness, access and equity, and cost effectiveness.

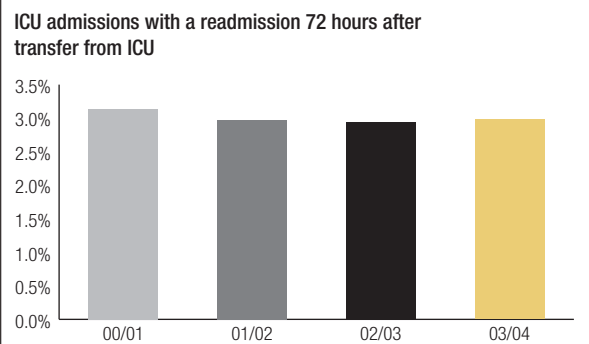


DASHBOARD INDICATOR:

Unplanned readmission to an intensive care unit (ICU) within 72 hours

Desired outcome

Reduction in the number of readmissions to intensive care units (ICUs) within 72 hours of discharge



Source: Ward Episode Table, Health Information Exchange (HIE), 8 September 2004.
ICU episodes were identified using bed/unit type (15 General Intensive Care Unit).

Note: The above table relies on information entered into the HIE by Area Health Services.

Interpretation

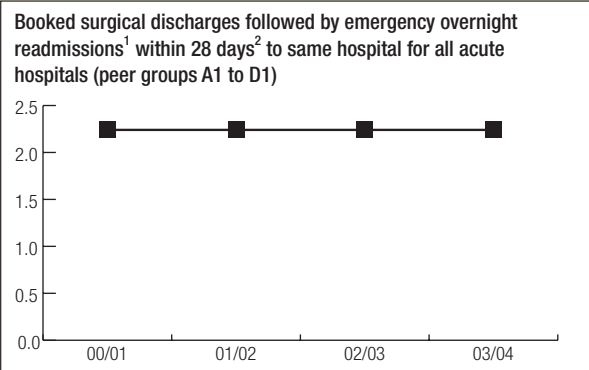
The number of patients returning to ICUs within 72 hours of discharge continues to fall. The number returning as a percentage of total ICU admissions has remained stable at 3%. This is a good result given the increasing number of elderly patients with complex medical problems being treated in Intensive Care.

DASHBOARD INDICATOR:

Booked surgical readmissions within 28 days

Desired outcome

Reduced readmissions



Source: HIE as at 9 September 2004.

¹ Transfers were excluded

² Readmissions less than 4 hours were excluded

Interpretation

The number of patients as a percentage of overnight surgical admissions has remained stable at 2.2%. This is a good result given the rising complexity of surgical cases and the increasing age of patients being treated.

Quality health care

Fifth Annual NSW Health Awards

Performance

In October 2003, NSW Health presented the fifth Baxter NSW Health Awards following a record 233 entries from across the State. The 2003 Awards reaffirmed the theme of quality in health care, focusing on health and safety and the potential for quality improvement projects to be implemented in a range of workplaces. The winners demonstrated a strong commitment to delivering world-class health care and provided real examples of the passion, excellence and professionalism of NSW Health staff to quality and safety.

Minister's Awards

2003 NSW Health Peak Award

Category: Consumer Participation
Project name: WellingTONNE Challenge
Organisation: Macquarie Area Health Service
Aim: To bring the community together through recognition of weight loss as a significant health issue.

2003 NSW Health Innovation Award

Category: Safety
Project name: Safety and Security Improvements for Wollongong Hospital's Community
Organisation: Illawarra Area Health Service
Aim: To reduce security-related incidents for the entire site and reduce risk to the hospital's community by promoting the safety and well being of staff, patients and the public within health facilities.

2003 NSW Health Encouragement Award

Category: Effectiveness
Project name: Improving the Care of Children with Asthma in Emergency
Organisation: South Eastern Sydney Area Health Service
Aim: To demonstrate significant improvement and sustainability towards a reduction in the number of children with asthma re-presenting to the Emergency Department at Sydney Children's Hospital.

Director-General's Awards

Director-General Commendation Award

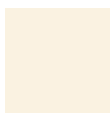
Category: Consumer Participation
Project name: Dorriggo Active Community 2003 project
Organisation: Mid North Coast Area Health Service
Aim: To engage the whole community in the implementation of activities involving community spirit, peer support and well-developed relationships with organisations consistent with recommendations from the Obesity Summit.

Director-General Commendation Award

Category: Access
Project name: Coachstop Caravan Park Outreach Clinic
Organisation: Maitland Dungog Community Nursing Service, Hunter Area Health Service
Aim: To improve access and develop support networks for women and children in existing social and health services with a focus on developing support networks for improving maternal and child outcomes.

Director-General Commendation Award

Category: Information Management
Project name: Multimedia self-paced learning in medical terminology
Organisation: Learning and Development Service, Central Coast Area Health Service
Aim: To develop and pilot a multimedia approach to self-paced learning in medical terminology for clerical staff working in a health environment and to provide the flexibility for educators to offer a blended approach to learning both in and out of the workplace.



Category Winners

Safety

See Minister's Innovation Award

Effectiveness

Project name: Management of Haemodynamically Unstable Patients with a Pelvic Fracture
Organisation: Liverpool Health Service, South Western Sydney Area Health Service
Aim: To reduce the high mortality associated with haemodynamically unstable patients with pelvic fracture by developing evidence-based recommendations that remedy common clinical dilemmas and decrease variations in practice.

Appropriateness

Project name: Patients Requiring Intravenous Medication in Aged Care Facilities
Organisation: St George Hospital, South Eastern Sydney Area Health Service
Aim: To facilitate the administration of an IV antibiotic regime within an aged care facility (ACF) by enhancing the clinical expertise of registered nurses employed in ACFs and to provide clinical support and resources to ACFs who are managing these patients.

Consumer participation

Project name: Healthier People and Healthier Homes
Organisation: Bourke Hospital, Far West Area Health Service
Aim: To achieve a reduction in the community burden of preventable and manageable diseases by promoting healthier people and healthier homes.

Efficiency

Project name: Child and Family Occupational Therapy Project
Organisation: Northern Beaches Child and Family Health, Northern Sydney Area Health Service
Aims: To maximise the efficiency of community paediatric Occupational Therapy services and establish effectiveness of community paediatric Occupational Therapy services.

Access

Project name: Speech Pathology Screening Clinics for the Community
Organisation: Lithgow Hospital, Mid West Area Health Service
Aim: Reducing speech pathology waiting times by 50% (by February 2003).

Competence

Project name: Improving Quality in Cytology
Organisation: NSW Cervical Screening Program, Westmead Hospital
Western Sydney Area Health Service
Aim: To increase cytology professionals' knowledge of difficult high-grade cervical cytology by 10% over a 12-month period.

Information management

Winner

See Director-General Commendation Award

Commendations

Project name: Organisational Performance Website
Organisation: Royal North Shore Hospital, Northern Sydney Area Health Service
(See Director-General's Award)

Project name: Developing the Aged Care Database
Organisation: St Vincent's Hospital, South Eastern Sydney Area Health Service

Project name: Aiming for a Safer Patient Environment
Organisation: Clinical Governance Unit, John Hunter Campus, Hunter Area Health Service

Continuity of care

Winner

Project name: 'Breaks the Cycle' – Correctional Centre Release Treatment Scheme
Organisation: Corrections Health Service
Aim: To provide continuity of quality health care for recently released inmates, beyond the prison system.

Commendations

Project name: Diversional Activity Program
Organisation: Trangie Multi Purpose Health Service, Macquarie Area Health Service

Project name: 'Play in Partnership'
Organisation: Paediatric Unit, Dubbo Base Hospital, Macquarie Area Health Service

Education and training

Project name: Evaluating the Effectiveness of Paediatric Asthma Education
Organisation: Paediatric Department, Liverpool Health Service, South Western Sydney Area Health Service
Aim: To enhance knowledge and investigate the impact of both staff and parental asthma education on health service utilisation of children with asthma.

Healthier people

Staying healthy

Performance



The Department of Health plays an important role in promoting community health and preventing illness. With health services under increased pressure, due to an aging population and the rising cost of medical care, the need for preventative strategies has never been more critical.

During 2003/04, the Department focused on enhancing community-based health programs, which are recognised globally as the most effective mechanism for promoting good health. There were significant achievement in targeting smoking, unhealthy eating in schools, and alcohol abuse. The Department also announced a range of initiatives that recognise the care of older people is one of the most significant issues facing the health system.

Anti-smoking initiatives

NSW Health spent \$6 million on tobacco control in 2003/04.

NSW Health and the Cancer Institute of NSW joined forces to launch the *Lady Killer – why risk it?* campaign, designed to heighten women's awareness of the risks of smoking. Lung cancer is a leading cause of cancer death in women, yet female smoking rates in Australia are declining more slowly than rates in men. Women's smoking rates peak in the 16–34 year age group and nearly 20% of Australian women over 14 years are daily smokers. The campaign focused on the additional health risks that female smokers face, including reduced fertility, menstrual problems and difficulties with pregnancy and childbirth.

The Department renewed its efforts in 2003/04 to cut smoking rates in young people. The Department is a major sponsor of the annual Rock Eisteddfod Challenge for NSW high schools. Students involved in the Rock Eisteddfod must commit to not smoking during the period of the Challenge and are given the opportunity to learn about the health, social and financial effects of smoking.

The Department sponsored the Croc Festival in 2003 under the banner 'SmokeFree'. This Festival involved more than 2000 students from 62 schools across rural and remote NSW and alerted students to the dangers of tobacco, alcohol and other drugs.

The *Car and Home: Smoke-free Zone* campaign continued to target parents and carers of children aged between zero and six years via media advertisements, a website, print and promotional resources and grants for communities to develop local initiatives.

DASHBOARD INDICATOR: Staying healthy

Desired outcome Keeping people healthy

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

Note: The confidence interval for the majority of the data is +/- 2 percentage points.

Smoking

Context

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

Interpretation

Between 1997 and 2002, the prevalence of daily or occasional smoking among the NSW adult population decreased from 24% to 21%. This decrease was observed in both males (27% to 24%) and females (21% to 19%). However, in 2003 the prevalence has increased to 23% and is now not significantly different to the previous years. In contrast, the percentage of smoke-free households has increased significantly, from 70% in 1997 to 83% in 2003.

Alcohol consumption

Context

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

Interpretation

There has been a decrease in the percentage of adults reporting 'any risk drinking behaviour', from 42% in 1997 to 36% in 2003. This decrease was greater in males (from 51% to 41%) than in females (from 34% to 30%). In 2003, as in previous years, more rural residents (40%) than urban residents (35%) reported risk drinking behaviour. Alcohol risk drinking behaviour includes consuming on average, more than four (if male) or two (if female) 'standard drinks' per day.

Physical activity

Context

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

Interpretation

Between 1998 and 2003 there has been a decrease in the percentage of people who undertake adequate physical activity (from 48% to 45%). In 2003 more males (50%) than females (41%) undertook adequate physical activity.

Overweight or obesity

Context

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

Interpretation

Consistent with international and national trends, the prevalence of adults classified as overweight or obese increased from 42% in 1997 to 48% in 2003. This increase occurred in both males (50% to 56%) and females (35% to 41%). In 2003 more males than females were classified as overweight or obese. More rural residents (53%) than urban residents (47%) were classified as overweight or obese.

Fruit and vegetable intake

Context

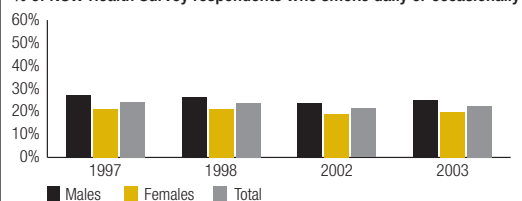
Nutrition is important at all stages of life and is strongly linked to health and disease. Good nutrition protects people from ill-health, whereas a poor diet contributes substantially to a large range of chronic (long lasting and recurrent) conditions, from dental caries to coronary heart disease and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

Interpretation

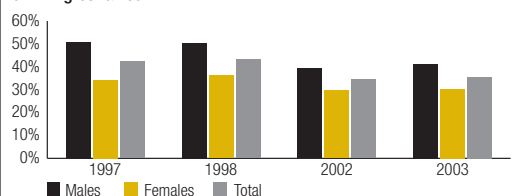
Between 1997 and 2003 there was no change in the percentage of people consuming the recommended daily intake of fruit (46% in 2003), based on the Dietary Guidelines for Australian Adults. However, the proportion of people consuming the recommended daily intake of vegetables has increased from 16% in 1997 to 19% in 2003. In 2003 more rural residents (23%) than urban residents (19%) consumed the recommended daily intake of vegetables.

Source for all graphs: NSW Health Survey 1997, 1998, 2002 and 2003.

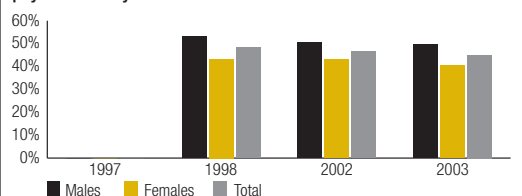
% of NSW Health Survey respondents who smoke daily or occasionally



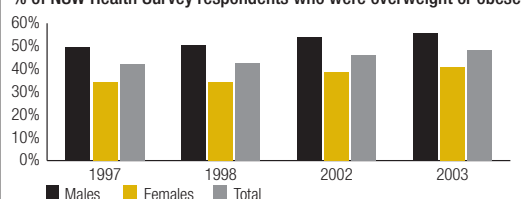
% of NSW Health Survey respondents who reported any alcohol risk drinking behaviour



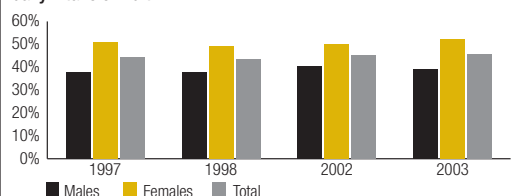
% of NSW Health Survey respondents who take part in adequate physical activity



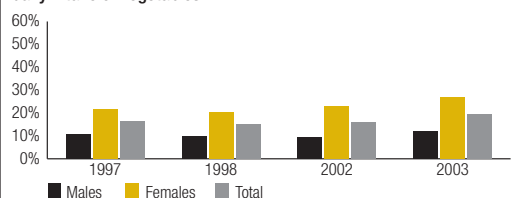
% of NSW Health Survey respondents who were overweight or obese



% of NSW Health Survey respondents who had the recommended daily intake of fruit



% of NSW Health Survey respondents who had the recommended daily intake of vegetables



Healthier people

Staying healthy (continued)

Performance

Healthy School Canteen Strategy

The NSW Healthy School Canteen Strategy was released as a joint initiative of NSW Health and the NSW Department of Education and Training to improve the nutritional value of food and beverages sold in school canteens.

The Strategy means more fresh fruit, salads, low-fat dairy products and fibre-rich cereals on the school canteen menu. Factors such as the amount of saturated fat and kilojoules found in foods will need to be considered by school canteen managers before offering foods for sale. This means traditional staples such as doughnuts, chocolate bars and sugar sweetened drinks will no longer be available for everyday consumption.

The Healthy School Canteen Strategy was one response to the 2002 Childhood Obesity Summit. The Summit heard that more than 20% of NSW children are overweight or obese and that between 1985 and 1995 the level of overweight Australian children more than doubled.

Childbirth report assists health professionals

Research conducted by NSW Health provided important information about childbirth trends. The release of the NSW Mothers and Babies Report combined a number of statewide data collections to examine birthing trends in NSW.

The report included numbers of births, the age of women giving birth, the number of Aboriginal and Torres Strait Islander mothers, vaginal versus caesarean births, rate of premature births and birth mortality rates.

The latest report revealed a growth in the trend towards women aged 35 and over giving birth, and a further increase in the percentage of caesarean births over the last five years. It also noted a decline in the number of teenage mothers and fewer women reporting smoking during pregnancy.

Data on births and birthing practices provides comprehensive information for use by health practitioners, planners, policy makers, researchers and consumers.

Responding to an increase in HIV infections

Data released by NSW Health showed that HIV notifications had risen by more than 20% over the last two years. Gay men living in inner and inner-western Sydney accounted for the majority of new diagnoses, with notable increases in the Hunter and in Wollongong.

HIV infections are concentrated among people aged 20-50, with 40% of people diagnosed aged 30-39. Fifteen per cent of notifications are from persons identifying as heterosexual.

Success in preventing further growth of infections has relied on high rates of condom use by gay men, but current rates of condom use are not enough to prevent new infections. The research indicated HIV infection rates would continue to rise as long as the rate of unsafe sex remained at current levels.

NSW Health is working closely with the AIDS Council of NSW and other health services to respond to the increase and to raise awareness about the importance of safe sex practices.

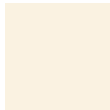
Expansion of vaccination program

The NSW school-based Meningococcal C Vaccination program was expanded to include immunisation for high school students against Hepatitis B, tetanus, diphtheria and whooping cough, in line with the four-year NSW Immunisation Strategy developed by NSW Health.

The high school vaccination program is the most comprehensive ever seen in Australia.

NSW public health professionals successfully accelerated the roll-out of the Meningococcal C vaccination program, which targeted 1.2 million children and young adults in NSW high schools.

A commitment was made at the start of the roll-out to accelerate the program to ensure faster access for children to this potentially life-saving vaccine. The vaccination program for primary schools will be completed in December 2004, well ahead of the Commonwealth Government scheduled completion date of 2006.



Mental health services funding boost

In 2003/04 a record \$715 million was budgeted on mental health services in NSW. This was an increase of \$90 million on the preceding year, and double that spent in 1995.

In addition to maintaining baseline mental health funding, the NSW Government announced, on 6 April 2004, enhancements of \$241 million over the next four years (2004/05 to 2007/08) for mental health services. This was augmented by a further \$76 million over the same period announced in June 2004 to fund the recurrent costs of the mental health capital program.

This funding will secure additional acute, sub-acute and community mental health services to provide the assistance where and when people need it and to minimise the need for inpatient care. The funding will be directed towards a range of initiatives including:

- new acute mental health care beds
- additional supported accommodation places
- \$14 million additional recurrent funding for the new Forensic Hospital at Malabar
- more community-based mental health professionals, including nurses
- better coordination and case management of forensic patients
- expansion of the successful court liaison program
- more child psychiatrists and inpatient programs for children
- additional Aboriginal mental health workers.

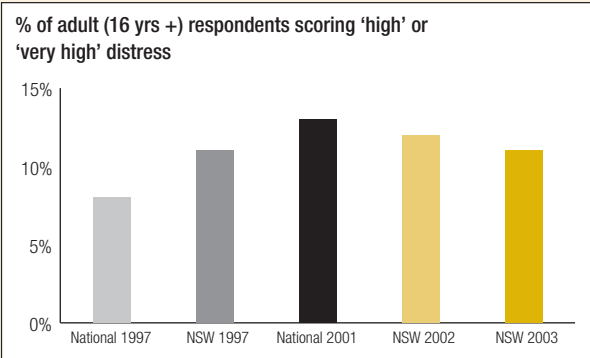
DASHBOARD INDICATOR: Self-reported mental health

Desired outcome

Improved mental health and well-being of the community

Context

The mental health of the population reflects broad social and economic factors and indicates the effectiveness of mental health prevention, promotion and care programs. It is measured through a set of standardised questions in the NSW Health Survey for adults (Kessler 10 plus) and children (Strengths and Difficulties Questionnaire).



Source: K10 Psychological Distress Scale, NSW Health Survey 1997, 2002 and 2003. National surveys 1997 and 2001.

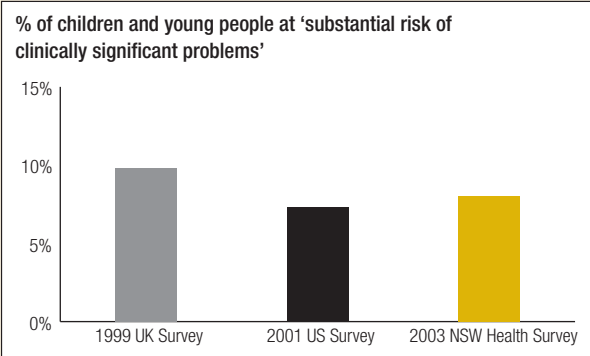
Interpretation

The current level of psychological distress in NSW for adults in 2003 is the same as in 1997, and slightly lower than the 13% reported for Australia in the National Health Survey of 2001.

% of children and young people (5-15 yrs) with 'substantial risk of clinically significant problems'

Age	Male	Female
5-10 years	8.2	5.3
11-15 years	12.5	5.6
Both age groups	10.3	5.5

Source: NSW Health Survey.



Source: Strengths and Difficulties Questionnaire, NSW Health Survey 2003, Centre for Epidemiology and Research, Office for National Statistics Survey (UK), 1999. National Health Interview Survey (US), 2001.

Interpretation

The current prevalence of children and young people at substantial risk of clinically significant problems in NSW in 2003 is 8%. This level is slightly lower than the 10% reported in the 1999 UK Office for National Statistics Survey and slightly higher than the 7% reported in the 2001 US National Health Interview Survey. There are no Australian population figures available for comparison.

Healthier people

Improved social environment

Performance

NSW Alcohol Summit

The NSW Government hosted the NSW Alcohol Summit in August 2003 to bring together alcohol experts, families, researchers, industry, interest groups, community leaders and Members of Parliament to consider new ideas and solutions on the management of alcohol abuse.

Summit Working Groups reviewed current strategies and programs to make recommendations for future action. In particular, the Summit examined the effectiveness of existing NSW laws, programs and services as well as the cost to the community of alcohol-related harm. It also looked at the effectiveness of current resource allocations and the role of Commonwealth agencies, programs and strategies.

NSW Health was the lead agency for two Summit Working Groups that considered key questions relating to alcohol dependence, disease and treatment, and effective health care delivery. Ms Robyn Kruk, Director-General, and Dr Greg Stewart, Chief Health Officer, played key roles as co-facilitators of the Working Groups.

Among its 318 recommendations, the Summit proposed closer partnerships between government, communities and the alcohol industry, greater sharing of research between government agencies and communities, initiatives to regulate the availability of alcohol and the promotion of safer drinking environments. It also recommended more family and parental education initiatives, school-based prevention programs and the promotion through the media of responsible alcohol use.

The Government's response to the Summit, *Changing the Culture of Alcohol Use in New South Wales* was released in May 2004 and sets out a four-year plan. NSW Health, through the Centre for Drug and Alcohol, has lead agency responsibility for a number of significant initiatives in a range of areas. These include alcohol education and information, drug and alcohol treatment services, relapse prevention, detoxification services for Aboriginal communities, and dual diagnosis management.

Sponsorship has anti-alcohol abuse theme

NSW Health supported budding filmmakers aged 18 to 25 as part of a campaign to reduce alcohol and drug abuse. The theme for the Play Now Act Now 2003 short film and video competition was *Getting smashed: Young people, alcohol and drugs*.

The theme was designed to encourage creative responses from filmmakers to issues posed by risky drinking, which include anti-social behaviour, unsafe or unwanted sex, drink driving and violence. The competition also ensured young people had a say in the planning and delivery of important messages on issues that affect them.

There were a record 52 entries in the 2004 competition and a sell-out crowd at the Chauvel Cinema in Sydney witnessed the work of some of the best young talent in filmmaking in NSW. The winning entry was considered in social marketing campaigns to increase awareness of alcohol abuse.

M5 East tunnel and stack pollution levels tested

NSW Health conducted a study on pollution levels in the M5 East tunnel and a further study on any health effects associated with the tunnel stack.

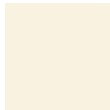
The in-tunnel pollution study highlighted concerns for asthmatics due to levels of nitrogen dioxide in the tunnel that can make them more susceptible to pollens and other asthma triggers. NSW Health advised that asthmatics should avoid the tunnel when tunnel transits are likely to be prolonged, particularly if they have a vehicle where the cabin cannot be closed. The study showed that closing the car windows and vents resulted in a substantial reduction in exposure to the pollutants in the tunnel.

As a result of this study, an inter-agency working party is investigating nitrogen dioxide levels in the tunnel in more detail and considering international trends in tunnel nitrogen dioxide management.

The second study investigated community complaints about health effects experienced after the opening of the M5 East tunnel stack.

A team of specialist physicians assessed individual community members to determine which of their symptoms could be related to the stack. Based on these findings, the study measured community prevalence of eye, nose and throat irritation in relation to modelled stack emissions.

The investigation was unable to demonstrate an association between these symptoms and stack emissions. There was also no difference in measures of general health, mental health or asthma in the area potentially impacted by stack emissions, compared to surrounding areas or NSW as a whole.



DASHBOARD INDICATOR:

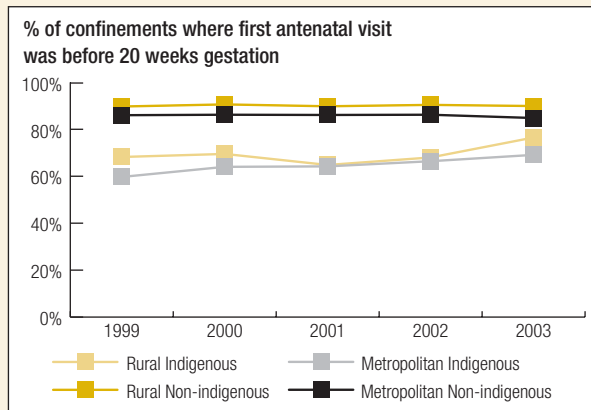
Antenatal visits before 20 weeks gestation

Desired outcome

Healthier babies

Context

Antenatal visits are used to monitor the health of both mother and baby throughout pregnancy, provide advice and identify any problems so they can be treated promptly.



Source: NSW Midwives Data Collection.

Interpretation

Between 1999 and 2003, about 86% of mothers started antenatal care before 20 weeks gestation (halfway through pregnancy). From 1999 to 2003, the proportion of Aboriginal women starting antenatal care before 20 weeks gestation improved by almost 10%, from 65.5% to 74.7%, although this remains substantially lower than in non-Aboriginal mothers (87.1% in 2003). The proportion of mothers starting antenatal care before 20 weeks gestation was higher in rural health areas, compared with urban health areas, for both Aboriginal and non-Aboriginal mothers. This may be due to differences in the reporting of the first antenatal visit. In some urban areas, antenatal care is counted from the first clinic or specialist visit, while in rural areas, where all antenatal care is often provided by GPs, it is counted from the initial consultation with a GP.

Other highlights

- The NSW Centre for Overweight and Obesity was established as a Centre of Excellence in overweight and obesity research in Australia.
- \$3.1 million was allocated under the NSW Carers Program for direct carer support projects in local areas, with 38 projects funded. The projects will provide carer information and education, social support and networking.
- An investment of \$2 million resulted in 30% more people receiving podiatry and basic foot care services.
- A Public Oral Health Model was piloted in the Mid North Coast Area Health Service, focusing on fluoridation of public water supplies in several large communities.
- The Centre for Drug and Alcohol implemented the Snowfields Injury Prevention Service, targeting alcohol and drug use, safe skiing and safe driving.
- The Department's Water Unit worked with Sydney Water Corporation and the Sydney Catchment Authority to review preparedness for managing Sydney's drinking water quality in the event of major drought-breaking rainfall.
- The NSW Aboriginal Safety Promotion Strategy was developed and launched in partnership with Aboriginal communities and Indigenous health professionals.
- The Department supported the establishment of the Premier's Council for Active Living through a partnership with the NSW Premier's Department.
- NSW School-Link continued to promote mental health and facilitate early intervention for children and adolescents. This initiative is implemented locally by School-link coordinators in Area Health Services, in partnership with local schools and TAFEs.
- The Integrated Clinical Information Program was established to coordinate the delivery of the Electronic Health Record to provide comprehensive patient information from hospital, community health and general practitioner settings to service providers and patients.

Healthier people

Better quality of life

Performance

Severe Acute Respiratory Syndrome (SARS) taskforce hands down recommendations

Early identification of SARS patients and ensuring that hospitals are fully prepared with adequate isolation rooms and infection control measures were two of the key recommendations of the NSW Taskforce on SARS.

There were more than 8,000 cases of SARS worldwide in 2003, including more than 800 deaths – most of them in China, Hong Kong, Singapore, Toronto, Taiwan and Hanoi.

The Taskforce report focused on early identification and management of patients presenting to doctors with SARS type symptoms and key recommendations are being implemented by all Area Health Services across NSW.

Regardless of whether SARS returns to the world stage, it is inevitable that other infectious disease threats will emerge, such as the deliberate release of infectious agents for purposes of bio-terrorism, pandemic influenza, and the emergence of novel, or the re-emergence of known, infectious diseases. Within this context, many of the recommendations of the SARS report are equally applicable to these other threats and ensure that NSW will be much better prepared to withstand them.

Proposed changes to tobacco display laws

The NSW Government committed to further tightening regulations governing the display of tobacco products through the NSW State Cancer Plan proposal to further limit the point-of-sale display of tobacco products. The initiative requires changes to public health regulations to ensure that tobacco products are concealed from view.

In NSW, 18 people die from smoking-related illnesses each day and 6,500 people die of tobacco-related illness each year, 2300 of those deaths from lung cancer.

Addressing the point-of-sale issue was not the only option recommended in the Cancer Plan, which contained a number of other initiatives aimed at driving down the prevalence of smoking.

In considering the costs and benefits of implementing the Plan's recommendations, the Department consulted affected groups including retailers, health bodies and government departments.

Cancer rates tested

NSW Health's investigation into the potential health impacts of the former Union Carbide site at Rhodes found rates of all cancers for all periods of the study in the area did not differ from rates in the comparative areas.

NSW Health, in consultation with the Rhodes Community Liaison Group, agreed to conduct an investigation of historical cancer incidence in the suburbs surrounding the Rhodes site. The historical cancer study compared cancer and cancer death rates in the 20 districts within 1.5 kilometres of the site, to rates for NSW and suburbs just outside the study area.

A detailed community newsletter was distributed by NSW Health to explain the results of the investigation and to provide health information relating to the clean-up of the Rhodes peninsula.

Diabetes awareness initiative

NSW Health worked to raise awareness of the growing risk of diabetes, as the number of Australians developing the condition continues to increase.

The Public Health Bulletin outlined the risk factors for diabetes in the NSW adult population. Type 2 diabetes is the most common type, accounting for approximately 85% of those with diabetes. It is preventable with the right lifestyle choices including a healthy diet, regular exercise, reducing alcohol intake, not smoking and maintaining a healthy body weight.

NSW Health promoted the health benefits associated with moderate exercise and encouraged people to choose an activity they enjoy such as walking, swimming or gardening. NSW Health also alerted the community to risk factors, which may include being over 45, having high blood pressure, being overweight, having a family history of diabetes, a heart attack or gestational diabetes.

NSW Health advised people with these risk factors – or symptoms such as excessive thirst, excessive urination, weakness, fatigue or blurred vision – to talk to their GP about having a blood test for diabetes.

NSW Chronic Care Program

More than 42,000 patients were enrolled in the 60 priority health programs established across NSW as part of Phase One of the Chronic Care Program. The Program aims to improve quality of life for people with chronic conditions and their carers, prevent crisis situations and reduce unplanned hospital admissions.

The Program's success has been substantial, so far avoiding more than 56,000 day beds, including 6,500 emergency department presentations.

The *My Health Record* initiative was developed for people with chronic illness who see multiple providers in many different settings and has been well received by patients and carers. The Record is a folder that holds information about a patient's health, including medical conditions and the treatment recommended by doctors and other health care providers. It allows patients and their health workers to keep track of important health information in a single place.

Clinical Service Frameworks have also been developed as part of the Chronic Care Program in the health priority areas of respiratory disease, cancer and heart failure. Their development was led by expert clinicians, other health service providers, patients and carers to provide evidence-based standards of care for Area Health Services to support statewide adoption of best practice.



Future initiatives

- Implement initiatives arising out of the State Government's commitment of \$241 million in enhancement funding for mental health services. The 2004/05 Health capital works budget provides for:
 - Commencement of work on the redevelopment of Lismore's Richmond Clinic, including 15 extra beds and an 8-bed Child and Adolescent Unit
 - Planning funds for the establishment of a 15-bed older persons mental health unit in Wollongong
 - Continuation of works in progress including units at Macquarie and Campbelltown hospitals
 - Planning for an additional 80 medium security and community care units.
- Continue to implement NSW Health's component of the State Government's response to the NSW Alcohol Summit.
- Publish the results of the NSW Schools Physical Activity and Nutrition Survey.
- Establish the Management Policy to Reduce Fall Injury Among Older People.
- Develop a breastfeeding policy to promote breastfeeding throughout the NSW health system and community.
- Develop an effective management plan for the occupational health and safety aspects of caring for bariatric patients (morbidly obese).
- Review the performance of breast and cervical cancer screening programs.
- Implement the NSW Psychostimulant Strategy 2004-08.
- Establish a program to enhance public health preparedness, including a multi-mode communications network for public health and clinical practitioners.
- Lead an inter-agency working group to develop a clear and balanced regulatory and management framework for the use of recycled water.
- Support the introduction of fluoridation of public water supplies in several rural communities.
- Implement the Neonatal Intensive Care Services Plan.
- Go live with two NSW Electronic Health Record (Health e-link) pilots.
- Develop a consumer satisfaction measure for mental health clients.
- Implement initiatives that will increase the capacity of General Practice to undertake population health initiatives.

Healthier people

Better quality of life (continued)

Performance

Better care for dementia patients

A manual, *Adapting the Ward for People with Dementia*, was issued which focuses on the practical needs of people with dementia and how these needs can be met in a rural hospital setting.

The manual provides health professionals in regional NSW with practical examples of how hospital wards could be varied to improve care of dementia patients, improve efficiency and better manage resources. It was developed following a review of more than 20 years of research, which indicated that the living environment of a dementia patient could either harm or hinder their condition.

Dementia patients in rural and regional centres sometimes spend significant time in their local hospital while recovering from a fall or illness or waiting for a nursing home place.

Adapting the Ward for People with Dementia is unique in that it incorporates both medical and architectural advice and includes practical examples of simple things that can be done in rural hospital wards to make the care of dementia patients more effective.

Protecting children with severe allergies

Parents of children with severe allergic reactions can have greater peace of mind in sending their children to school following the 2003 launch of the *Anaphylaxis Guidelines for Schools*.

Anaphylaxis is a severe, potentially life-threatening allergic reaction that appears to be on the increase, with an estimated eight in every 1000 children at risk of a severe allergic reaction at some time. The most common allergic triggers include insect stings, foods such as peanuts, milk and eggs, some medications and latex products.

The Guidelines provide a step-by-step guide to establishing a supportive school environment for students with anaphylaxis. They clearly set out what schools can do to protect children at risk, how to establish emergency response plans for them and what to do in the event of a severe reaction.

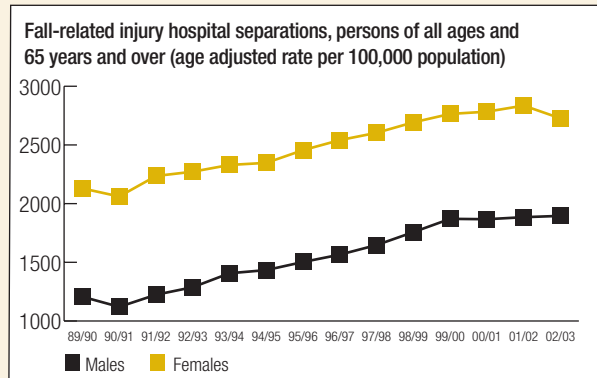
DASHBOARD INDICATOR: Falls in older people

Desired outcome

Fewer people aged 65 years and over hospitalised for a fall-related injury

Context

Fall-related injuries are one of the most common injury-related preventable hospitalisations for people aged 65 years and over in NSW.



Source: NSW Inpatients Statistics Collection and ABS population estimates (HIOIST).

Note: 2003/04 data is not yet available.

Interpretation

The NSW health system admits over 36,000 people for fall-related injuries every year, more than half of whom are over 65 years of age, which currently costs the NSW health system around \$333 million a year. These costs will increase as the number of older persons in NSW grows, with fall-related injury costs estimated to reach \$650 million a year by 2050.

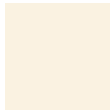
Falls are a common occurrence in older people due to reduced fitness and flexibility, chronic illness and medication use. Around one in three people aged 65 years and older, and living in the community, will fall at least once this year. Only around half of those people hospitalised for fall-related fractures or serious injuries are able to return to home.

However, there are effective strategies to prevent fall-related injuries, such as increasing levels of physical fitness and reducing common environmental hazards.

Hospitalisation rates for fall-related injuries appear to have stabilised from 1999/00 to 2002/03 in males and females aged 65 years and over. This may be attributed to greater awareness amongst older people and health workers on strategies to prevent and minimise the risk of falls.

The NSW Falls Prevention and Management Strategy, which will receive \$8.5 million funding over 4 years from 2004/05, will highlight common risk factors for falls and recommend simple things that can be done to reduce the likelihood of falling. It also contains strategies to:

- Establish dedicated Falls Clinics that engage allied health workers to assess and develop tailored treatment and rehabilitation plans for falls sufferers.
- Increase access to and participation in physical activity programs for older people that improve muscle strength, flexibility and balance.
- Make hospitals, supported accommodation, nursing homes and public places safer by implementing fall injury prevention design guidelines.
- Provide more support for public education programs.



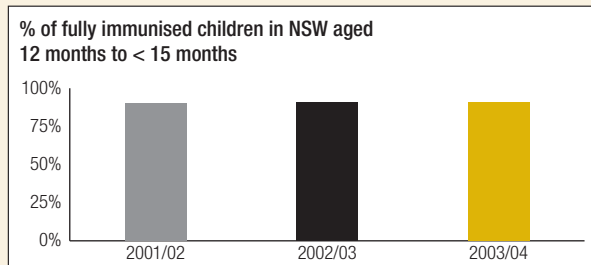
DASHBOARD INDICATOR: Child and adult immunisation

Desired outcome

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

Context (child immunisation)

Despite substantial progress in reducing the incidence of vaccine-preventable diseases in NSW, ensuring optimal immunisation coverage for all new birth cohorts remains an ongoing challenge.



Source: Australian Childhood Immunisation Register

Note: Prior to 01/02 the immunisation data was reported for children < 18 months. Age calculated 90 days before report.

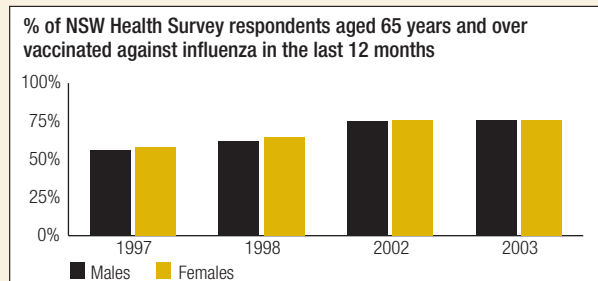
Interpretation

The percentage of fully immunised children in NSW has remained stable at 90–91% from 2001/02 to 2003/04. As at June 2004, the level of immunisation coverage in NSW was consistent with other states and the National average (91%). A validation study has shown that the Australian Childhood Immunisation Register data may under estimate by approximately 3.5%, due to children being vaccinated late or delays by service providers in forwarding information to the Register.

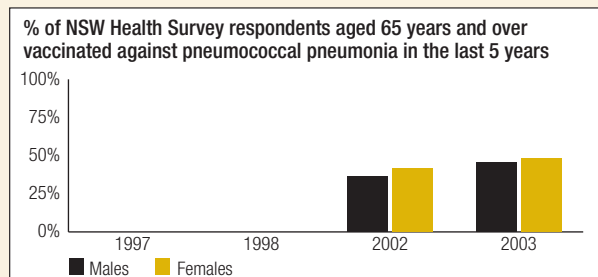


Context (adult immunisation)

The NSW Immunisation Strategy 2003/06 sets a target to immunise 85% of people aged over 65 years against influenza by mid 2004 and to increase the percentage of eligible people who are immunised against pneumococcal disease.



Source: NSW Health Survey.



Source: NSW Health Survey.

Note: Question for pneumococcal vaccination not included in the 1997 and 1998 NSW Health Surveys.

Interpretation

There has been a steady increase in the number of people over 65 years immunised against influenza from 57% in 1997 to 76% in 2003. In 2003, the percentage of people vaccinated against influenza did not differ between males and females or between urban and rural areas. NSW Health is actively working with general practitioners to increase this rate.

Between 2002 and 2003 the percentage of people reporting pneumococcal vaccination in the last 5 years increased from 39% to 47%. This increase was observed for both males and females. However, there was no variation between urban and rural residents.

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

Fairer access

Treatment when you need it

Performance

Improving equity of access to health services has been a key focus for the Department during 2003/04. Aboriginal health was identified as a priority in 2002/03 and in 2003/04 NSW Health provided a range of initiatives designed to address issues such as the higher rates of chronic illness in indigenous communities, the need for more maternity health training, and development of the Aboriginal health workforce.

Enhancing rural and regional health care services in NSW was also a priority, resulting in additional funding to deliver better hospital and community-based health care closer to home.

Emergency wards always open

NSW Health re-affirmed that public hospital emergency departments are open 24 hours a day, seven days a week and that at no time would any emergency department 'close its doors' or stop any patient from entering the department.

As part of the hospital networking system, the Emergency Department Network Access system has a three-coloured code (green, orange and red) to enable ambulance staff to identify the closest hospital where treatment is available in the shortest possible time.

When a hospital is at code red, the most seriously ill or injured patients will be admitted for treatment and ambulances will need to access other hospitals in the network for less serious patients. Redirecting less serious patients in ambulances to alternative emergency departments improves patient access to timely treatment. Similar networking diversion systems are used in other Australian states and internationally.

DASHBOARD INDICATOR: Waiting lists

Desired outcome

Better management of waiting lists for patients

Context

Better management of waiting lists results in a lower proportion of patients experiencing an excessive wait for treatment.

Number of medical and surgical category 1 and 2 patients waiting more than 30 days

Health Service	As at 30 June				
	2000	2001	2002	2003	2004
CCAHS	11	4	12	22	49
CHW	21	29	33	33	37
CSAHS	344	322	343	332	428
FWAHS	3	1	27	2	1
GMAHS	8	13	52	54	54
HAHS	162	137	163	183	117
IAHS	304	257	399	449	549
MAHS	66	81	76	18	24
MNCAHS	93	315	298	307	339
MWAHS	5	17	11	36	22
NEAHS	44	53	22	74	6
NRAHS	73	164	166	185	458
NSAHS	111	112	148	109	153
SAHS	6	21	16	32	29
SESAHS	311	277	369	360	347
SWSAHS	166	261	325	435	576
WAHS	244	218	182	196	214
WSAHS	140	117	220	233	513
NSW	2,219	2,414	2,862	3,060	3,916

Source: WLCOS

Note: Category 1 and 2 patients ideally require admission within 30 days.

Number of ready for care medical and surgical patients waiting more than 12 months

Health Service	As at 30 June				
	2000	2001	2002	2003	2004
CCAHS	516	483	330	347	810
CHW	32	22	53	79	131
CSAHS	401	507	426	322	494
FWAHS	0	0	5	0	3
GMAHS	508	513	722	455	303
HAHS	354	363	103	255	449
IAHS	775	746	650	233	587
MAHS	185	152	313	37	108
MNCAHS	1103	1,195	831	366	570
MWAHS	110	126	93	235	352
NEAHS	71	45	89	48	0
NRAHS	588	456	417	373	1,188
NSAHS	140	59	106	60	219
SAHS	60	87	21	6	0
SESAHS	1235	932	501	933	1,531
SWSAHS	435	256	528	701	1,513
WAHS	504	405	531	441	852
WSAHS	515	359	391	372	431
NSW	7,581	6,812	6,110	5,263	9,541

Source: WLCOS

Note: Numbers include categories 1,2,7 and 8. Category 1 and 2 patients ideally require admission within 30 days. Category 7 patients ideally require admission within 90 days. For less serious category 8 patients, admission within one year is considered to be reasonable.

Interpretation

Waiting lists increased in 2003/04, due to a significant rise in the demand for emergency admissions to public hospitals. In 2003/04, admissions to wards, operating theatres and ICUs from emergency departments grew by 4%. Beds being filled by emergency patients means that not as many beds are available to perform elective surgery. Additional beds and funding for elective surgery have been announced to enable the number of operations to increase in 2004/05.

Other highlights

- The Government released its *Response to the Select Committee Inquiry into Mental Health Services in New South Wales* and established a taskforce to oversee its implementation.
- \$3.5 million was provided for the rural NSW General Practice Procedural Training Program, which supported the establishment of 30 additional procedural training places in rural NSW in the specialist areas of anaesthetics, obstetrics, emergency medicine, surgery and mental health.
- Twenty-seven additional advanced specialist training posts, including 12 in anaesthetics, were created in rural and regional areas of NSW such as Dubbo, Tamworth, Newcastle and Tweed Valley.
- The new arrangements for the Rural Aerial Health Service, in conjunction with the Royal Flying Doctor Service and relevant Areas, were implemented to provide planned transport for routine specialist health services to rural and remote communities in NSW.
- NSW Health was involved, with the Department of Aboriginal Affairs, the Aboriginal Housing Office and the Commonwealth Department of Family and Community Services, in projects to improve living conditions in 15 Aboriginal communities.
- The first public rural cardiac catheterisation service in Tamworth Base Hospital was established as the first of five such services.
- The Department negotiated an Agreement with the Department of Veterans Affairs to provide public hospital services to eligible veterans.

Fairer access

Treatment when you need it (continued)

Performance

Extra beds for NSW hospitals – Sustainable Access Plan

Nearly 1,000 additional hospital beds were provided across NSW hospitals during Winter 2004, including new permanent acute, mental health and transitional care beds. The Sustainable Access Plan 2004 is designed to reduce unnecessary delays and improve access and care for patients.

The 2004 Plan included an additional 563 permanent beds on top of approximately 400 beds to cope with winter demand. It also focuses on providing better and more appropriate care for the elderly who are currently occupying acute care beds in NSW hospitals. Additionally, Hospital Improvement Teams were rolled out to 9 major hospitals across NSW to reduce unnecessary delays, reduce waiting times and provide better care.

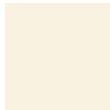
The Plan is designed to tackle the major pressure points that contribute to unnecessary delays in patient care and involves better bed management and improving hospital processes to relieve access block. It also includes a requirement for Area Health Service chief executives to implement measures that protect elective surgery.

Increase in mental health care beds

In response to high levels of demand for acute inpatient mental health care, an accelerated program of opening new beds was initiated in 2003/04.

New psychiatry beds were opened at:

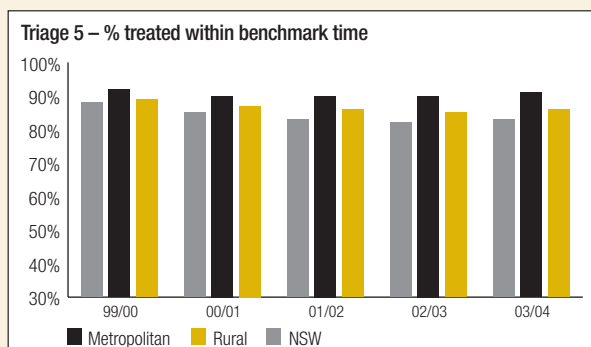
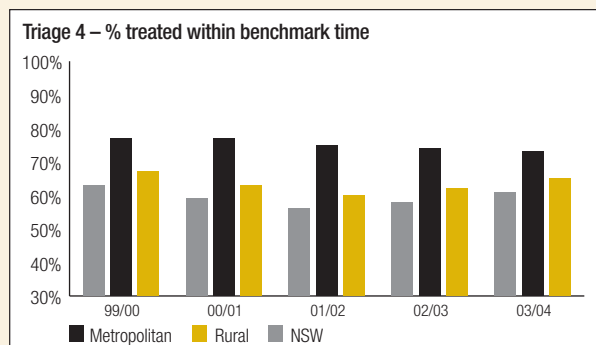
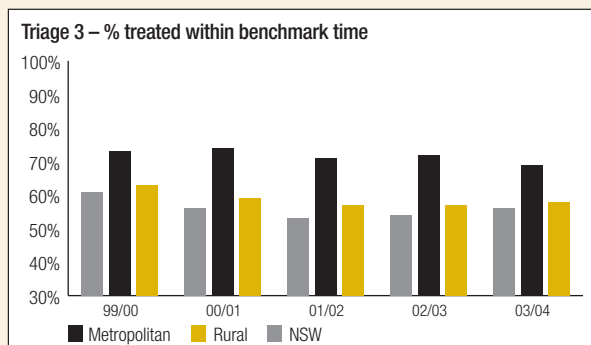
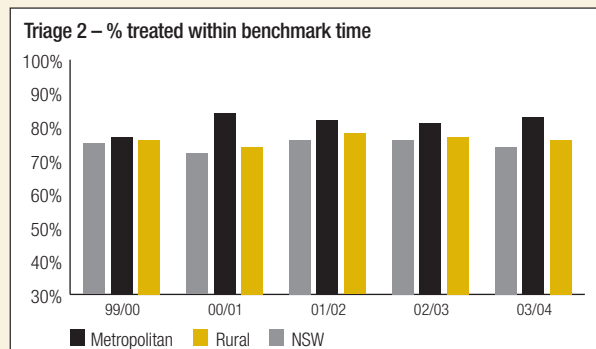
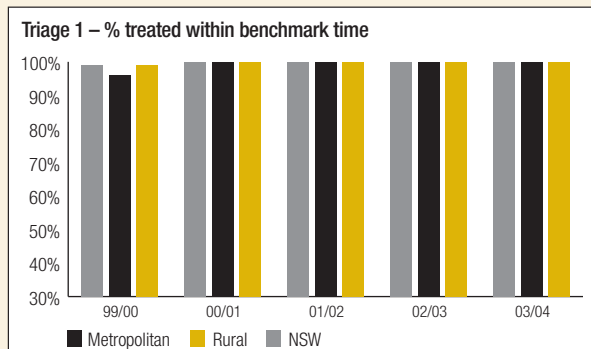
- Macquarie Hospital (20 beds)
- Sutherland Hospital (rebuilt with 6 additional beds as a 28 bed unit)
- Bloomfield Hospital (Turon Unit, 16 bed non-acute female unit)
- Albury (4 additional beds)
- Sydney Children's Hospital (8 beds)
- Children's Hospital Westmead (8 beds, currently operating as a day program)
- Prince of Wales Hospital (12 bed, non-acute unit, currently operating as a day program)
- Wyong (50 bed unit, opening in stages from mid 2004. Approximately 25 beds were open at the end of the financial year, with the remainder due to open by the end of 2004.)



DASHBOARD INDICATOR: Cases treated within benchmark times

Context

Timeliness of treatment is a critical dimension of emergency care



Source for all graphs: EDIS.

Interpretation

Since 2000/01, 100% of Triage Category 1 patients have been seen within the benchmark of 2 minutes. There were improvements in patients seen within triage times in categories 3, 4 and 5. There was only a small decline (1%) in the number of triage 2 patients seen within the recommended time.

Triage category 1	Immediately life-threatening condition. Need to receive immediate treatment, in practice within 2 minutes.
Triage category 2	Immediately life-threatening condition. Need to have treatment within 10 minutes.
Triage category 3	Potentially life-threatening condition. Need to have treatment within 30 minutes.
Triage category 4	Potentially serious condition. Need to have treatment within 1 hour.
Triage category 5	Less urgent condition. Need to have treatment within 2 hours.

Fairer access

Treatment when you need it (continued)

Supporting our children's hospitals

Funding of over \$30 million, over three years, was announced to boost support for NSW's children's hospitals.

In partnership with specialists from the state's three children's hospitals (Westmead, Sydney and John Hunter) the Department developed a plan that will enhance specialist children's orthopaedic services.

The \$30 million plan has three elements:

- \$5 million in a full year to extend the Treasury Managed Fund medical indemnity coverage to doctors treating children in public hospitals, irrespective of whether they are public or private patients.
- Additional funding of \$11.3 million over three years to orthopaedic services at the children's hospitals, with an increase to \$5.5 million in ongoing funding thereafter.
- Over \$3 million of additional funds for medical equipment at children's hospitals.



Aboriginal Vascular Health Program

Aboriginal Australians suffer higher levels of chronic illness than non-Aboriginal people. Chronic disease develops earlier in life, with higher rates of disability and death.

A 12-month external evaluation of the Aboriginal Vascular Health Program confirmed the value of the Program's current strategic approach and progress on delivering access to services. The evaluation also reviewed participation in care by Aboriginal people with, or at risk of, vascular disease.

Of particular importance are partnerships at multiple levels with an emphasis on Aboriginal Health workforce development. Demonstration site Aboriginal Vascular Health projects are now established in community settings in 14 Area Health Services and the Corrections Health Service covering more than 20 sites, including eight correctional centres.

The projects involve Aboriginal Vascular Health Workers in multidisciplinary teams and through local partnerships, providing increased access to appropriate care for Aboriginal community members. Early detection, ongoing care and support for disease self-management and a range of healthy lifestyle programs are provided locally and through community outreach.

Support and networking for project teams through six-monthly forums, a quarterly newsletter, resource development and distribution and statewide support have been invaluable for the development and progress of demonstration projects.

DASHBOARD INDICATOR:

Emergency department access block

Desired outcome

Reduce the waiting time for admission to a hospital bed from the emergency department.

Context

Contribute to better patient comfort and ensure the effective use of emergency department services.

Percentage of emergency department patients not admitted to a hospital ward within eight hours after active treatment starts

Health Service	As at 30 June				
	2000	2001	2002	2003	2004
CCAHS	15	14	16	18	25
CHW	13	21	23	30	39
CSAHS	23	33	39	42	48
HAHS	26	22	25	30	29
IAHS	25	29	31	36	34
NSAHS	28	32	40	37	42
SESAHS	33	37	43	40	41
SWSAHS	17	18	20	23	29
WAHS	27	34	39	33	38
WSAHS	34	39	41	39	42
Metropolitan	25	29	33	33	37
FWAHS	1	1	1	2	4
GMAHS	8	8	13	15	18
MAHS	4	8	9	12	15
MNCAHS	1	7	8	14	16
MWAHS	3	3	5	8	8
NEAHS	1	1	1	2	3
NRAHS	6	8	10	14	16
SAHS	0	0	1	1	1
Rural	5	6	8	11	13
NSW	21	24	27	28	32

Source: EDIS

Interpretation

The proportion of patients admitted from emergency within the benchmark of eight hours has steadily decreased over the past year. Access block was higher in the metropolitan Areas, reflective of the high volume of complex emergency activity in these hospitals and the 4% increase in admissions through emergency departments.

Responding to increasing delays in 'Off-Stretcher' transfers and access block, NSW Health has implemented a Sustainable Access Plan to increase the number of hospital beds and improve the flow of patients through hospitals. The Sustainable Access Plan commenced in May 2004.

Future initiatives

- Continue improvements that will support the health system in meeting the organ and tissue transplant needs of the community.
- Establish eight new training networks to support basic physician training, with a guarantee that training vacancies in NSW rural hospitals will be the first to be filled. Up to 340 doctors will be recruited in 2005. Scholarships of \$2,000 will be provided to any trainee who completes two full terms in a country hospital.
- Continue to engage the Commonwealth to provide additional tertiary places to educate and train health professionals.
- Implement the *Health Records and Information Privacy Act 2002* across NSW.
- Further progress the establishment of radiotherapy services at Port Macquarie and Coffs Harbour.
- Continue collaboration with the Local Government Association of NSW on initiatives that will improve public health.
- Work closely with the Department of Employment and Workplace Relations to introduce a special traineeship for enrolled indigenous nurses.
- Further expand the Telehealth initiative to deliver clinical care to people in rural and remote communities.
- Improve access to specialist paediatric services in Sydney's southwest through a partnership between Campbelltown Hospital and The Sydney Children's Hospital at Westmead, with a new paediatric unit established at Campbelltown to offer paediatric surgery, a specialist service for children with diabetes and enhanced paediatric emergency medicine and neurology.
- Introduce the Sexual Assault Nurse Examiners model in NSW Health Sexual Assault Services.
- Involve the disability sector in a review of the Program of Appliances for Disabled People.
- Negotiation of additional Australian Government and NSW Health Transitional Aged Care Places over the next three years, with 120 for immediate rollout.

Fairer access

Having a fair share

Centre for Aboriginal Health Promotion

The Director of the NSW Collaborative Centre for Aboriginal Health Promotion was appointed during 2003/04. The Collaborative Centre is located at the Aboriginal Health and Medical Research Council premises at Redfern and is an initiative of NSW Aboriginal Health Partnership, the Aboriginal Health & Medical Research Council of NSW, the Aboriginal Health Branch and the Centre for Health Promotion.

The Collaborative Centre is a major step forward in developing better practice health promotion approaches for improving Aboriginal health in NSW and will work towards identifying priorities in Aboriginal health in addition to developing effective, workable strategies to effect real change. The crucial roles of the Centre include:

- Gathering, reviewing and disseminating case studies of good practice in Aboriginal health promotion via a clearinghouse/website function to be used nationally
- Building capacity of the Aboriginal health promotion workforce by identifying and providing training opportunities to acquire necessary skills and knowledge in health promotion
- Supporting Aboriginal communities and local organisations by increasing the abilities and skills in effective program management through a dedicated Aboriginal health promotion grants scheme.

Aboriginal nursing initiatives

NSW Health spent \$400,000 in 2003/04 on a range of initiatives to recruit Aboriginal nurses and midwives.

The initiatives include scholarships of up to \$10,000 to support 34 Aboriginal and Torres Strait Islander students enrolled in a Bachelor of Nursing degree, a Koori-specific school careers one-week workshop with Charles Sturt University and a number of Aboriginal careers advice initiatives, such as the CD-ROM and video titled *Nursing, A Way of Life*, which promotes careers in nursing to Aboriginal communities.

Nursing, A Way of Life features Aboriginal nurses talking about why nursing is an attractive career. Aboriginal nurses are interviewed at different stages of their career, including an undergraduate student, a midwife and health service manager. Links are provided for contacting university nursing faculties and employment guidelines.

The video was distributed to high schools in both metropolitan and rural NSW and will be shown at school careers days and community meetings.

Aboriginal terminology guide

Communicating Positively – A Guide to Appropriate Aboriginal Terminology was released in June 2004 to provide NSW Health staff with background information and guidance on appropriate word usage when working with Aboriginal people and communities.

The Guide was also designed to assist when developing policy, strategies and programs to improve health outcomes for Aboriginal people. Due to the diversity of Aboriginal communities, it highlighted the need to continually consult with Aboriginal Elders and communities as to their preferred word usage.

Aboriginal members of staff, Area Managers, Aboriginal Health and the Aboriginal Health and Medical Research Council of NSW were consulted in the development of the Guide. The artwork for the Guide was designed and painted by Kylie Cassidy, a young Aboriginal artist from the Central Coast.

Protecting staff in the health system

The Department released data on security-related incidents including assault and offensive behaviour, as part of NSW Health's *Zero Tolerance* campaign to reinforce the message that violence in the health system would not be tolerated.

Zero Tolerance was launched in July 2003 to tackle the number of assaults and episodes of threatened violence against staff, particularly nurses, working in the public health system. Stress and a sense of powerlessness can lead to frustration, and in some cases patients and families have reacted with violence and abuse against staff. There are also patients affected by alcohol and drugs whose behaviour can be threatening.

The Department had previously spent \$7.5 million on physical improvements in hospitals with closed-circuit TVs installed and duress alarms provided to staff, and improved lighting and car park security. A further \$5 million annually was provided to increase security staff, particularly in emergency departments.



Special aggression prevention and management policies and training were also updated to ensure staff knew how to handle difficult situations.

New mental health service for Central Coast

Mental health services across the Central Coast received a major boost with the official opening of the \$10 million Wyong Mental Health Centre at Wyong Hospital in May 2004.

The Centre significantly improves access to mental health inpatient services for the growing population of the Central Coast. It also relieves the pressure on the Central Coast's acute Mental Health Unit, Mandala at Gosford.

It is a state-of-the-art facility that is colocated with other essential hospital services that are vital in providing a total care plan. When fully operational, it will triple the existing number of mental health beds available on the Central Coast.

The Centre was designed and built to provide three specialist patient care areas – an older persons mental health unit, an adult acute mental health unit and a high-level observation bed unit. The dedicated older persons unit was designed to enable older people suffering a mental illness to be accommodated in an area with patients of a similar age.

Other highlights

- Rural workforce strategies for allied health professionals were implemented through the first NSW Rural Allied Health Conference. Related initiatives included provision of computers to facilitate education opportunities and access to resources.
- A Cannabis Treatment Clinic was established in Western Sydney and a statewide youth detoxification service was established at Nepean Hospital.
- Medical services in police cells were expanded to encompass Lismore and Wollongong.
- Call centres were introduced to provide better access for clients seeking Public Dental Care and a new version of the Information System of Oral Health was introduced to assist more accurate triaging.
- Rural and regional health facilities received better access to clinical information due to improvements in the technology network infrastructure and telehealth presence in over 240 sites.
- The NSW Institute of Rural Clinical Services and Teaching was established.
- Significant contribution was made to the national reform processes for Radiation Oncology Services.
- The first public rural cardiac catheterisation laboratory in Tamworth Base Hospital was established.
- Implementation continued for initiatives and service developments in the *NSW Rural Health Plan*, including expansion of oncology services such as chemotherapy and more renal dialysis services.

Fairer access

Levels of health are equal

Performance

Funding increase for rural health

The 2003/04 budget provided \$2.6 billion for public health services in rural and regional communities, an increase of 10.4% on the \$2.355 billion provided in 2002/03.

During 2003/04 rural and regional health services received more than \$14 million of additional funding to upgrade rural emergency departments, refurbish operating theatres and build community centres to ensure patients can access care closer to home, as part of a \$37.5 million funding enhancement for health services across NSW.

The additional funding was used to implement projects and strategies based on the individual needs of communities and on the suggestions and input of doctors, nurses and other health staff.

Initiatives to be supported include cancer services, mental health services, enhancements to hospital patient facilities and medical equipment.

The funding will also support strategies to improve security for staff, which is a significant issue at smaller hospitals. Improving security surveillance and duress alarm systems will help prevent security breaches and improve the response to those security incidents that do occur from time to time.

Institute to support rural health staff

NSW established Australia's first Institute of Rural Clinical Services and Teaching to assist in attracting, retaining and supporting health staff in rural and remote NSW. The Department will provide funding of \$2 million per annum for the Institute to support rural health workers in delivery of services closer to home.

The establishment of the Institute was a key recommendation of the 2002 NSW Rural Health Report. The Institute will contribute to more equitable health services in rural NSW by driving the agenda for attracting and sustaining a cohesive health workforce and supporting staff to improve rural health practice and service delivery.

The Institute will promote excellence in practice by identifying and sharing good practice in rural health service delivery, assist the development of networks between rural health staff and services within and

DASHBOARD INDICATOR: Access to targeted treatments

Desired outcome

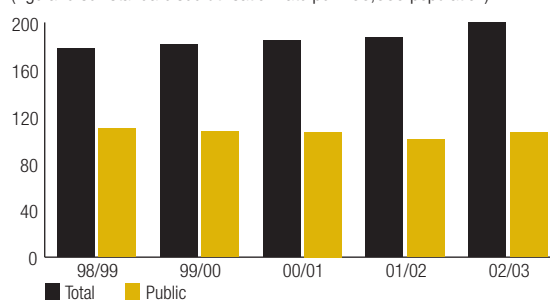
Access to targeted treatments

Context

Improve patient access to coronary revascularisation, hip and knee replacement procedures. There has been an increase in the number of these procedures performed in 2002/03 as a total of public and private hospitals, as well as an increase of the number performed in public hospitals.

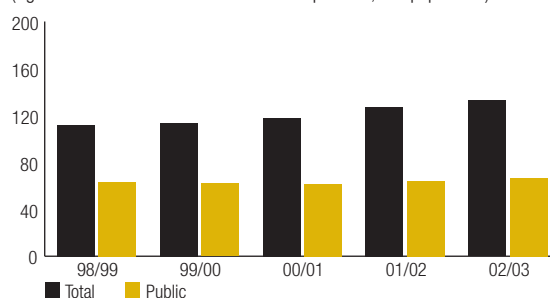
Coronary revascularisation

(Age and sex standardised utilisation rate per 100,000 population)



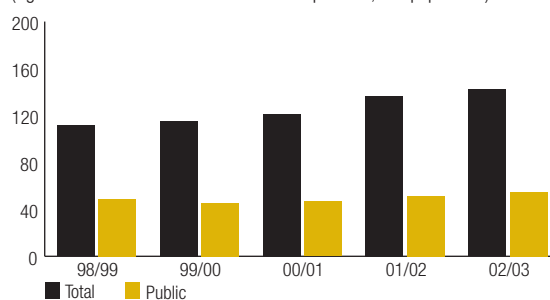
Hip replacements

(Age and sex standardised utilisation rate per 100,000 population)



Knee replacements

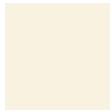
(Age and sex standardised utilisation rate per 100,000 population)



Source for all graphs: Inpatient Statistics Collection.

Note: An extra \$35 million per annum has been allocated for elective surgery from 2004/05, with knee and hip replacements specifically targeted in this package.

2003/04 data is not yet available.



between Area Health Services, and act as a source of information on rural health workforce and service issues. It will also provide a voice for rural health services and their workforces to highlight issues specific to rural and remote health service provision.

Funding for Aboriginal maternal services

A Telehealth boost for Aboriginal maternal and infant health training provided educational opportunities for rural-based, multi-disciplinary teams working with Aboriginal women and infants.

The expansion of the Telehealth network promotes better access to quality health services for Aboriginal mothers and their babies, linking training, case-study review and specialist support between midwives, obstetricians and paediatricians based in Sydney and those in rural NSW.



DASHBOARD INDICATOR: Ambulance off-stretcher time

Desired outcome

Better management and integration of ambulance and emergency departments.

Context

Improved coordination of ambulance and emergency departments will increase the number of patients receiving treatment within appropriate benchmark times.

Off-stretcher time (Percentage of cases where transfer of care to emergency department was within 30 minutes of ambulance arrival)

Area Health Service	Quarter ended							
	2002		2003				2004	
	30/9	31/12	31/3	30/6	30/9	31/12	31/3	30/6
CSAHS	73	76	81	69	72	69	69	58
NSAHS	86	85	88	81	74	77	74	64
SESAHS	77	80	84	78	74	75	72	59
WSAHS	73	71	74	73	71	70	71	66
WAHS	81	82	79	73	68	71	74	68
SWSAHS	71	65	74	66	60	61	59	52
Sydney	76	76	80	73	70	70	69	60

Source: Ambulance Service of NSW CAD System

Interpretation

The average time between arrival and transfer of care to the Emergency Department has continued to rise and the proportion of patients transferred within the benchmark of 30 minutes has steadily decreased. This trend has been consistent across Area Health Services.

The decline in performance in off-stretcher time can be attributed in significant part to an increase in demand for emergency inpatient services.

Fairer access

Levels of health are equal (continued)

Aboriginal Health Awards

NSW established the Aboriginal Health Awards in 2004 to support and acknowledge excellence in the provision of Aboriginal health services.

Nominations were open to staff in all NSW Area Health Services, non-government organisations and Aboriginal community-controlled health services. More than 180 people attended the Awards night in July 2004.

Categories identified people and projects that delivered excellent health care while also demonstrating an application of important Aboriginal cultural principles. These principles were a whole-of-life view of health, practical exercise in self-determination, partnership, cultural understandings and recognition of trauma and loss.

The award categories included:

- Most innovative and effective program in Aboriginal Health (NGO or ACCHS)
Winner *Tiddalick takes on teeth – Awabakal Aboriginal Medical Service* – Hunter Area Health Service
- Most innovative and effective program in Aboriginal Health (AHS)
Winner *Play your cards Right* – South Western Sydney and Western Sydney Area Health Services in partnership with Daruk Aboriginal Medical Service and Awabakal Aboriginal Medical Service
- Best Aboriginal Health partnership
Winner *Mid North Coast Aboriginal Health Partnership* – Mid North Coast Area Health Service, Biripi Aboriginal Medical Service, Durri Aboriginal Medical Service
- Group or team who has greatly contributed to Aboriginal Health
Winner *Aboriginal Women's Cervical Screening Working Party* – New England Area Health Service
- An outstanding Aboriginal person contributing to health services
Winner *Marilyn Wilson* – formerly with the Hunter Area Health Service and now retired
- An outstanding non-Aboriginal person contributing to health services
Winner *Leigh Cupitt* – Walgett Aboriginal Medical Service, Far West Area Health Service



- Outstanding contribution towards Aboriginal employment and career development in a health setting (AHS, NGO and ACCHS)

Winner *Aboriginal Health Management Training Program* – Australian College of Health Services Executives and the Aboriginal Health and Medical Research Council of NSW

- Hall of fame

Winners Dr Naomi Mayers, Dr Frederick Hollows, Uncle Bob Smith, Val Weldon, Aunty Joyce Williams.

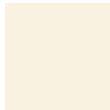
Review of NSW Women's Health Strategy

An independent review of the NSW Women's Health Strategy was commissioned in early 2004 to identify the successes and challenges of the Strategy, assess the performance of Area Health Services in implementing women's health policy, identify good practice models and identify future priorities in women's health.

The review found that there have been many achievements in women's health, notably:

- New areas of women's health, including mental health and violence, have been placed on the health agenda
- Women's health has pioneered holistic and social models of health care
- Women's health services have been increasingly successful in reaching disadvantaged women who often do not access mainstream services.

The review also found that there is a continuing need for strategies that specifically address the health needs of women, particularly disadvantaged women, and makes a number of recommendations that aim to guide future planning and developments in women's health across NSW.



DASHBOARD INDICATOR: Ambulance response time

Desired outcome

The reduction of emergency response times for patients requiring urgent pre-hospital treatment and transport. In Australia, the 'Convention of Ambulance Authorities' has adopted a 10-minute reference point as the key comparator for response time performance.

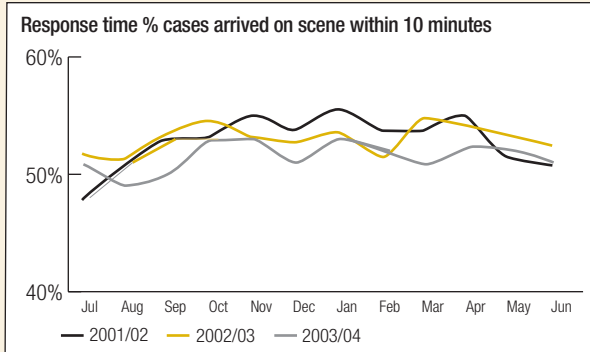
Context

Ambulance Emergency Response Times measure the elapsed period between an emergency call for assistance and the time the first ambulance resource arrives at the scene. Emergency response performance for the state improved markedly over 2000/01 and 2001/02 and was maintained in 2002/03. The most notable improvements were achieved in Sydney and were largely attributed to better matching of ambulance deployment and demand patterns and the expansion of the Patient Transport Service to improve the availability of ambulance crews for emergency cases.

There was a significant increase in the demand for ambulances in 2003/04. Ambulance responses increased 3.6% statewide and by 4.7% in the Sydney metropolitan area.

Initiatives implemented to address increasing demand for services in 2003/04 included: strategically placed ambulance resources in the busiest locations, at the busiest times; introduction of Rapid Responders who are able to make an early assessment of the patient; and enhancement of the patient transport service to free up emergency, front line resources from non-emergency transport demands.

However the single biggest influence on response performance is slower ambulance turn around times at hospital emergency departments. While the NSW Health sustainable access strategy will address many of the underlying causes, a number of strategies have been instigated to ease pressure on emergency resources such as the Emergency Department Network Access (EDNA) system, the utilisation of Ambulance Liaison Officers and the deployment of Ambulance Release Teams.



Interpretation

The Ambulance Service of NSW is achieving a level of success in the maintenance of responsiveness in the context of increasing demand and decreasing capacity to turn-around at hospital. The Service continuously measures ambulance emergency response times as certain emergency conditions are identified as having better clinical outcomes when the time from incident call to ambulance care is minimised. The Service continues to measure all (100%) emergency 000 calls for the above data.

DASHBOARD INDICATOR: Fairer distribution of funding

Desired outcome

More equitable access to health funding

Context

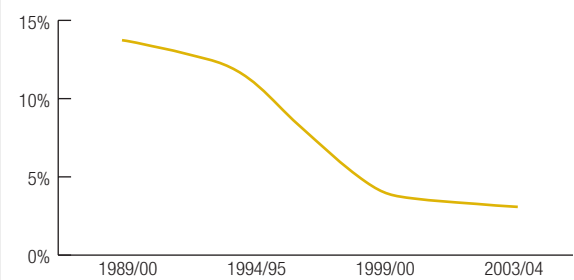
Funding to Area Health Services (AHS) is guided by the use of a resource distribution formula (RDF) which aims to provide an indication of an equitable share of resources.

The RDF takes into account local population needs.

Factors which determine the local need include age, sex, mortality and socio-economic indicators.

Interpretation

Weighted average distance from RDF target for NSW Area Health Services



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

The RDF is currently being revised to take into account newly available population projection data and the new Area Health Service structure that will be in place from 1 January 2005.

Better value

Using money wisely

Performance



The Department of Health reaffirmed its commitment to sound financial management of the state's health services in 2003/04 with the development of strategies for streamlined administration in the NSW health system, reduced duplication of services, shared corporate and business support service reform and improved asset management,

The Department's reforms are being delivered against a backdrop of record levels of funding from the NSW Government for state health services, with an emphasis on upgrading hospitals, improved services for regional and rural areas, new technology and more accessible health care.

Delivering better patient care

The Independent Pricing and Regulatory Tribunal report, *NSW Health: Focusing on Patient Care* was delivered in 2003, following a review into health care management in NSW. The report made a series of recommendations with a primary focus on delivering better patient care.

The Tribunal found NSW Health did a 'remarkably good job' by comparison with other countries or with other States and Territories in the delivery of health care, but identified areas for improvement.

The Tribunal's report acknowledged that pressures on the public health system will increase dramatically in coming years. It listed the main cost drivers as being new technology, new procedures and pharmaceuticals, as well as an ageing society with increased expectations.

Its major recommendations included:

- Streamlining administration and reducing duplication between the Department of Health, Area Health Services and hospitals
- Developing an integrated statewide plan to ensure a skilled and flexible workforce across NSW
- Developing stronger key performance indicators to improve management of health care delivery in Area Health Services
- Better coordination of Commonwealth and state/territory funding arrangements to assist with health care delivery.

The Tribunal's recommendations have guided the reform of the health system during 2003/04 and set the direction for further improvements to patient care.



Other highlights

- Commenced a Shared Corporate Services Management Program to deliver system-wide savings in corporate and business support services.
- IT Shared Services facilities were developed to efficiently provide clinical information systems to Areas for Patient Administration and Community Health applications. This initiative has reduced the cost of IT and enabled Areas to direct more funds to front line care.
- Led the establishment of a National Health Asset and Facility Management Research and Development Centre at the University of NSW. The Centre will drive research and development activities to provide practical outcomes that benefit health asset management and service outcomes in NSW and nationally.
- Improved revenue practices and processes were introduced, including the use of a standardised private inpatient election form and supporting information to facilitate the inpatient election process.
- B-Pay facilities were provided for the payment of registration fees by registered health professionals.
- The Process of Facility Planning – the Health System's process for the procurement of Capital Works – was extensively reviewed, streamlined and simplified to improve the overall delivery of capital projects.
- Supply chain reform was significantly progressed during the year. Pilots of innovative alternative contracting strategies were undertaken, an e-tendering evaluation solution was implemented across the state and a Health Quality Reporting System for Goods Procurement was introduced.
- Standard capital project Cost Planning Guidelines and a Cost Analysis database were developed to provide actual cost benchmarking information to inform the planning of health projects.
- New governance arrangements were developed and implemented in NSW for the management of blood and blood products, in line with the establishment of the National Blood Authority.
- Negotiated new three-year funding agreements between the Department of Health, Area Health Services and the Australian Government for the provision of Multi-Purpose Services to provide a flexible and integrated approach to health and aged care service delivery to small rural communities.

Better value

Using money wisely (continued)

Performance

Department of Health restructure

The Department of Health was restructured in November 2003, following an internal functional review and building on the review undertaken by the Independent Pricing and Regulatory Tribunal earlier in the year.

The Department now comprises the four divisions of Strategic Development, Population Health, Health System Performance and Health System Support.

The new structure focuses the Department on its primary role of providing strategic direction for the NSW health system, with the Department devolving responsibilities for delivering programs and services to Area Health Services and other appropriate bodies.

Under the new structure, the Department will be better able to focus on priority areas such as patient safety, access to services and clinical efficiency, mental health, population health, Commonwealth/state reforms including aged care, corporate services reforms and the health workforce.

The new structure formally recognises the importance of involving clinicians and community representatives in making decisions about the delivery of health services.

The restructure also focused on the Department's efficiency, with its size currently being reduced from 823 full-time equivalent (FTE) positions in June 2003 to 630 FTE positions.

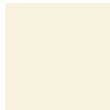
Increase in research grants

NSW medical research institutes, hospitals and universities were awarded \$53 million in grants from the National Health and Medical Research Council for 2004, supporting 120 separate research projects across the state. The grants to NSW in 2004 increased by more than \$17 million dollars.

The 2004 NSW projects reflected the diversity of research being conducted in NSW, spanning basic science and public health research – all essential areas of endeavour to unlock the mysteries that still surround the causes and treatment of many diseases.

NSW research projects included the largest study ever conducted into geriatric syndromes in older men, investigations into the molecular basis of cancer and the role that viruses play in persistent asthma. Other projects included the role that inflammation plays in Alzheimer's disease, and whether stress and personality can play a part in developing breast cancer.

Research institutions securing funding included the Garvan Institute of Medical Research, Macquarie University and Royal Prince Alfred Hospital.



DASHBOARD INDICATOR: Staying on budget

Desired outcome

Resources to deliver health care are used optimally.

Context

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

2003/04 Performance against Health Services net cost of services budgets, General Fund (General)

Health Service	2003/04 Budget \$M	Variation from Budget \$M	\$%
CSAHS	612.9	(0.9)	(0.1)
NSAHS	609.1	2.4	0.4
WSAHS	692.4	0.9	0.1
WAHS	293.1	3.7	1.3
SWSAHS	728.3	8.2	1.1
CCAHS	302.3	(2.8)	(0.9)
HAHS	600.3	(0.8)	(0.1)
IAHS	361.5	(0.7)	(0.2)
SESAHS	763.6	(1.8)	(0.2)
Metropolitan Subtotal	4,963.5	8.2	0.2
NRAHS	302.0	1.3	0.4
MNCAHS	298.8	2.1	0.7
NEAHS	212.2	6.0	2.8
MAHS	133.4	1.4	1.0
MWAHS	227.8	(2.2)	(1.0)
FWAHS	94.1	(2.2)	(2.3)
GMAHS	281.1	4.6	1.6
SAHS	223.4	2.0	0.9
Rural Subtotal	1,772.8	13.0	0.7
Ambulance Service	282.4	3.9	1.4
The Children's Hospital at Westmead	84.1	0.0	0.0
Corrections Health	54.0	(0.4)	(0.7)
Subtotal	420.5	3.5	0.8
Issued Budgets	7,156.8	24.7	0.3

Source: Finance & Business Management, 2004.

Note: Brackets denote favourability.

Interpretation

Like all organisations, health services operate as an ongoing concern. The \$24.7 million unfavourable variation from budget in 2003/04 follows two financial years where the aggregated favourable performance was some \$55 million, with there being a net \$30 million favourable performance to budget over the last three years.

Better value

Services are efficient

Performance

Planning better health

During 2003/04, the Department assisted the Minister for Health in developing sweeping proposals to improve public health administration in NSW. The Minister announced the Planning Better Health reforms on 27 July 2004.

Planning Better Health involves the most significant reshaping of health administration since Area Health Services were established in 1986. It was designed to meet the rapid increase in demand for public health services in NSW, with more of the NSW Health budget spent on patients and less on administration.

Planning Better Health will deliver a more efficient health system, with 17 Area Health Services being amalgamated into 8 larger Areas. This will reduce administrative duplication and inefficiencies and improve consistency in the way health services are delivered.

It will encourage the building of better clinical networks, enhance academic and teaching links and improve the distribution of the health workforce, linking areas well served by specialist practitioners with areas of workforce shortage.

The new structure will also facilitate corporate service reform within NSW Health. A new Public Health System Support Division of the Health Administration Corporation will be established to provide the health system with corporate and business support services. Instead of each Area providing all of its own corporate and support services, the new structure will enable these services to be delivered on a statewide or regional basis.

Subject to Parliamentary approval, Area Boards will be removed, with the Areas run by chief executives and their management teams. There will be improved accountability of the health executive, with clear lines of accountability from the chief executives, to the Director-General, to the Minister. Health executive employment arrangements will be modernised, bringing them into line with those that apply in the general public sector.

The new structure will ensure clinicians and communities have a stronger voice in how health services are delivered. New Area Health Advisory Councils, made up of community and clinician representatives, will provide direct advice and input to the chief executives.

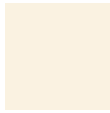
These reforms are expected to free up \$100 million per annum over time, with the administrative savings generated in specific areas being reinvested in additional frontline medical services in those areas.

Hospital infection control

The statewide collection of infection control data in NSW, introduced in 2003, was an Australian first and provided the State's public hospitals with important information about patient infection trends.

NSW Health has invested more than \$2 million in the reporting system to improve the detection of health care infections, to examine trends and monitor strategies that minimise infection rates. Under the system, the independent Australian Council on Healthcare Standards analyses data from 190 NSW public health organisations including major referral hospitals, community hospitals and nursing homes, and provides meaningful information and peer group comparisons.

The reports are being used to evaluate and improve infection control policies and statewide infection control initiatives. They help NSW public hospitals to assess and improve their individual local infection control programs and lead to improved detection of infections and early clinical intervention to reduce infection-related illness.



Community support for patients

The ComPaks project commenced in August 2003 to assist patients with multiple community support needs by developing links between hospital and community based services. The project is helping to deliver:

- An average of 7.9 days less in hospital for people over 70 who go home with ComPaks support, compared to those who go home in the traditional way
- A safer return to home with services in place within 24 hours of discharge and a Community Options case manager to ensure ongoing safety and independent living
- A 30% improvement in access to sustainable community care support compared to trends over the last three years.

ComPaks is now an ongoing NSW Health program.

NSW Health recognised at Public Sector Awards

NSW Area Health Services won Gold, Silver and Bronze Awards at the NSW Premier's Public Sector Awards, announced in December 2003. The Awards reflected the excellence in health provided by clinicians across the state and highlighted the ongoing achievements of health care workers striving to find new and better ways to provide world class health care to the people of NSW.

NSW Health awards included: Gold in Social Justice (NSW State Wide Community and Court Liaison Service – Far West Area Health Service); Gold in Community Development (Healthier People and Healthier Homes – Collarenebri Well Persons Health Check and Housing for Health); Silver in Service Delivery (Broken Hill Lead Education and Intervention for Healthier Children); Gold in Services to Rural NSW (Far West Transport Links); Silver in Social Justice (Going the distance – People and Places: Psychiatric Service Delivery in Far Western NSW); and Gold in Workforce Diversity (Far West Area Health Service's Aboriginal Employment Strategy).

Bronze awards were presented to the Western Sydney Area Health Service and the NSW Health Drinking Water Monitoring Program.



Better value

Services are efficient (continued)

NSW Health wins Technology Productivity Gold Award

NSW Health was awarded a 2003 Government Technology Productivity Gold Award for development of the Perinatal and Paediatric Resources System.

The system provides fast intranet access to neonatal, obstetric and paediatric bed-status information for tertiary neonatal intensive care units in NSW and the ACT, and paediatric intensive care units in NSW.

The system is used to determine the availability of resources such as staff, equipment and beds across the NSW/ACT children's intensive care network. It provides information on the availability of beds around NSW to accommodate sick newborn babies and their mothers. It also shows contact details for medical consultants in high-risk obstetrics, and neonatal and paediatric intensive care units, including those on duty for telephone advice and acceptance of patient transfer. This information helps tertiary hospitals to work together to offer a solution to any referring hospital in NSW, even when the referring hospital might be full.

The Technology Awards are presented annually to federal, state and local government agencies that show improved productivity and better service through the use of technology.

Investment in new technology

There will be improved access to medical specialists and health services across NSW, as a result of a \$4 million project for NSW telemedicine services announced in 2003/04.

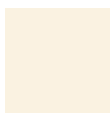
Telehealth involves the transmission of images, voice and data between two or more health facilities through digital telecommunications to provide clinical advice, consultation and education and training services.

Through this funding, the successful telepsychiatry service is expanding to new sites in Bathurst, Inverell and Gunnedah (linking to the existing New England Telehealth network), Shoalhaven Hospital in the Illawarra and Bankstown and Fairfield community health centres. It will also be directed to new services in radiology, genetics, aged care and oncology.

Research projects announced included wound management in rural centres and critical care covering emergency departments, intensive care and state and paediatric medical retrieval from Royal Prince Alfred and Royal North Shore hospitals to Orange, Dubbo and Tamworth.

Telehealth paves the way for future health services and shows that NSW leads the way in telemedicine communications. Telemedicine has become an everyday feature of providing health services to rural and remote communities. NSW Health is committed to improving the access of patients, their carers and health professionals between regional and metropolitan hospitals to gain expert treatment, support and care.





Future initiatives

- Replace the 17 Area Health Services with 8 larger Area Health Services, to create a more efficient and patient-focused health system.
- Replace Area Health Service boards of governance with Area chief executives advised by the Area management team and an Area Health Advisory Council comprised of clinicians, health consumers and community members.
- Progress the Shared Corporate Services Management Change Program to deliver further savings in corporate and business support service delivery.
- Establish a new statewide voice and mobile contract to provide better communications at lower cost across the NSW health system.
- Finalise of the Public Health Care Outcome Funding Agreement 2004-2009, which provides funding for vital public health programs, including Breastscreen and cervical screening.
- Establish 'Health Support' as the Division of the Health Administration Corporation responsible for the delivery of Shared Corporate Services to client Area Health Services.
- Improve consistency in Area Health Service management structures and the accountability of Health Service senior executives.
- Continue to review Department of Health functions and structures in light of Area Health Service reforms.
- Further explore appropriate Public Private Partnerships to generate efficiencies by engaging the private sector in the construction, financing and operation of selected non-clinical services.
- Finalise 'dashboard indicator' performance reporting systems for potentially avoidable deaths, priority care processes (stroke and cancer), maximising services, workforce, effective resource use, and asset utilisation.
- Strengthen governance and direction in respect of asset management services.
- Centralise the Department's finance and monitoring service to standardise finance and administration systems for all Divisions.
- Implement systems that enable better management of hospital resources including in the areas of bed management and resource scheduling systems.
- Develop a revised Program Budget Structure to clearly link activity measures of performance and financial inputs, in consultation with Treasury and other central agencies.
- Develop an electronic notification system for laboratories.
- Accelerate the cost-effective implementation of both clinical and corporate information systems through the establishment of a Program Management Office.

Better value

Assets are well managed

Performance



Asset acquisition program improved

The Department received approval to increase asset expenditure to a record level of more than \$600 million per year for four years, commencing in 2004/05, with development guidelines improved to make new facilities more patient and staff friendly.

The Department introduced a new cost benchmarking system to enable better assessment of construction and associated costs at current values, which has assisted in the cost-effective planning of new facilities.

Nine new priority facility guidelines were developed to improve the manner in which emergency departments, operating theatres, community health facilities and inpatient units are developed, fitted out and equipped. The guidelines also focus on improving development and design to provide for better access, safety and security, infection control and occupational health and safety.

Assets managed in partnership with the private sector

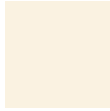
The Department progressed Public Private Partnerships (PPPs) to generate efficiency savings by engaging the private sector in the construction, financing and operation of selected non-clinical services at the Newcastle Mater Hospital and the proposed forensic and prison Hospitals at Long Bay.

The \$132 million PPP for the Newcastle Mater Hospital involves the redevelopment of the 180-bed Newcastle Mater Hospital, the construction of a new 96-bed acute mental health facility and an expansion of cancer radiation therapy facilities, including the construction of two extra bunkers and linear accelerators and the refurbishment of existing facilities. The project is to be completed in late 2007.

Expressions of Interest for the \$130 million PPP for the new 135-bed Forensic Hospital and 85-bed Prison Hospital at Long Bay closed in May 2004, with construction scheduled to commence in mid-2005, with both facilities to be completed by late 2007.

The two new facilities will replace the existing 120-bed prison hospital, increasing the overall capacity of treatment services and ensuring that prisoners with mental health issues in NSW can be separately treated.

The private sector will build and maintain the new facilities and provide some ancillary support services for 28 years, with the Department paying for its new assets over that period.



Hospital redevelopment opened

Stage one of the largest ever hospital redevelopment in NSW – a new clinical services building at Royal North Shore Hospital – was opened by the NSW Minister for Health in September 2003.

The facility is home to a range of highly specialised services, including a new emergency department, maternity ward, newborn care centre, children's ward with high dependency area, severe burn injury unit, double rooftop helipads and high-speed lifts.

The new building is an example of the latest in health architecture and infrastructure and is part of the \$2.15 billion in health capital works projects in progress across NSW.

Royal North Shore Hospital is a major postgraduate teaching and research facility with statewide responsibilities in specialist services including pain management and research, cardiothoracic surgery and medicine, severe burns, neonatology, spinal surgery and trauma services.



Better value

Assets are well managed (continued)

Performance

New Emergency Department for Nepean

NSW's newest, best equipped and largest Emergency Department was opened at Nepean Hospital in June 2004. The new \$8.6 million facility includes state-of-the-art design and new features designed to smooth the flow of patients in and out of the Department.

The new facility has been designed by clinicians to provide the best possible care for emergency patients and will employ some of the most innovative practices to improve patient care.

The new Emergency Department is almost twice the size of its predecessor and has the capacity to expand to 48 beds from 36, as demands change. This places Nepean Hospital in a much stronger position to handle the growing demand.

Improved features include a new short-stay Emergency Medical Unit, a fast-track system, where patients with minor conditions receive treatment more quickly, and mental health staff to provide specialised psychiatric emergency care 24 hours a day.





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Performance against 2003/04 Budget Allocation

Financials

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

The Statement of Financial Performance identifies that total expenses for 2003/04 (366 days) amounted to \$9.69 billion or \$26.47 million per day, which is a 9% increase over 2002/03.

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 the supply. 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 2004, this net cost was \$8.43 billion compared with \$7.63 billion in 2002/03.

The NSW Government increased its funding for operating and capital needs to the Department from the Consolidated Fund by \$640 million to \$7.86 billion in 2003/04.

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

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

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

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

- \$5.89 billion for salaries and employee related expenses (\$5.34 billion in 2002/03)
- \$76 million for food (\$73 million in 2002/03)
- \$766 million for drugs, medical and surgical supplies (\$699 million in 2002/03) including an increase of \$16 million in the Commonwealth's Highly Specialised Drugs Program
- \$61 million for fuel, light and power (\$59 million in 2002/03)
- \$381 million for visiting medical staff (\$361 million in 2002/03)

The financial statements identify that, whilst \$371 million was charged for depreciation on Property, Plant and Equipment, an amount of \$433 million was incurred in capital expenditure. This constitutes a real increase in the value of health assets and reflects the significant capital works program to improve NSW health infrastructure.

Since 30 June 2000 the total assets of NSW Health have increased by \$1.806 billion or over 27%. The most significant movement has been the increase in the stock of Property, Plant and Equipment of \$1.439 billion which, reflects the injection of Capital funding referenced above and the independent revaluations of assets which are matched by reserve movements of \$1.133 billion.

Cash and Other Financial Assets have also increased by \$270 million since 30 June 2000, including \$16 million in 2003/04 generally due to the recognition of Private Practitioners' Rights of Private Practice infrastructure charges which were first included in 2002/03.

Total Liabilities since June 2000 have increased by some \$519 million or 30%. This generally comprises:

- An increase in Payables of \$219 million stemming from the introduction of the Goods and Services Tax from 1 July 2000 and the reclassification of Salary Accruals and salary related payments from Provisions to Payables in accordance with revised Australian Accounting Standards.

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

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

Performance at balance date in the past three years reported by Health Services is:

	30 Jun 2002	30 Jun 2003	30 Jun 2004
Value of General Accounts not paid within 45 days, \$M	5.8	12.5	7.5
No. of Health Services reporting General Creditors > 45 days	4	4	3

As at 30 June 2004 the Total General Creditors profile monthly average across all Health Services was 44 days (46 days as at June 2002) which compares favourably with industry norms as per the last published benchmark offered by business analysts, Dun and Bradstreet as at July 2003 when the industry average was 47 days.

- an increase in Employee entitlements of \$352 million due to various Award movements that have occurred together with changes in the measurement of leave values to accord with revised Australian Accounting Standards.

2003/04 Major Funding Initiatives

The 2003/04 State Budget was \$9.267 billion, ie an 11% increase over the initial budget for 2002/03.

Major whole of Health recurrent funded initiatives included:

- continued improvements in service delivery with a focus on emergency departments with \$31 million being allocated for Rapid Emergency Assessment Teams and Emergency Medicine Units. A further \$4 million was allocated to improve the Ambulance Service's capacity to respond to large scale disasters and emergencies
- improvements to the research and treatment of cancer including the allocation of \$5 million to the NSW Cancer Institute
- initiatives to attract and retain a highly skilled professional workforce, eg the establishment of the nurses scholarship program and an allowance for nurses to undertake study leave

- improving access to services, especially in rural New South Wales, eg \$2 million provided to expand kidney dialysis services in rural areas and a \$5 million medical indemnity package for visiting medical officers and staff specialists who treat private patients in public hospitals in rural and regional areas
- major ongoing initiatives such as the provision of \$5.5 million for the Aged Care Assessment Teams, \$15 million for continuation of the Chronic Care Program and a major metropolitan planning initiative led by clinicians which allows for a range of specialist services such as severe burns, brain injury and spinal cord injury.

Supplementary funding of \$92 million was subsequently received from Treasury to meet the additional cost of award funding (inclusive of 3.5% salary increase to nurses from January 2004) and the effect of leap year and various cost pressures (\$50 million).

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

Health Service	2002/03 \$M	2003/04 \$M	Increase \$M	Increase %
Central Sydney Area Health Service	622.4	676.6	54.2	8.7
Northern Sydney Area Health Service	541.4	605.0	63.6	11.7
Western Sydney Area Health Service	618.6	688.7	70.1	11.3
Wentworth Area Health Service	226.9	260.1	33.2	14.6
South Western Sydney Area Health Service	552.5	615.5	63.0	11.4
Central Coast Area Health Service	228.3	260.7	32.4	14.2
Hunter Area Health Service	509.2	565.6	56.4	11.1
Illawarra Area Health Service	265.0	298.3	33.3	12.6
South Eastern Sydney Area Health Service	856.3	951.0	94.7	11.1
Subtotal	4,420.6	4,921.5	500.9	11.3
Northern Rivers Area Health Service	244.4	267.3	22.9	9.4
Mid North Coast Area Health Service	229.5	249.8	20.3	8.8
New England Area Health Service	158.5	176.4	17.9	11.3
Macquarie Area Health Service	102.0	114.9	12.9	12.6
Mid Western Area Health Service	169.1	188.3	19.2	11.4
Far West Area Health Service	60.7	66.9	6.2	10.2
Greater Murray Area Health Service	213.4	233.5	20.1	9.4
Southern Area Health Service	144.4	158.1	13.7	9.5
Subtotal	1,322.0	1,455.2	133.2	10.1
Total Areas	5,742.6	6,376.7	634.1	11.0
The Children's Hospital at Westmead	125.9	137.8	11.9	9.5
Ambulance Service	193.8	217.3	23.5	12.1
Corrections	43.2	54.0	10.8	25.0
Total	6,105.5	6,785.8	680.3	11.1

Note: These figures reflect initial Net Cash Allocations for 2002/03 and 2003/04.

NSW Health Key Financial Indicators

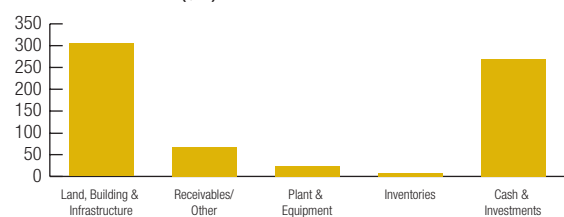
	2003/04 \$M	2002/03 \$M	Increase on previous year \$M	Increase on previous year %
Expenses	9,687	8,867	+820	+9.25
Revenue	1,250	1,233	+17	+1.38
Net Cost of Service	8,431	7,635	+796	+10.43
Recurrent Appropriation	7,448	6,799	+649	+9.55
Capital Appropriation	417	425	-8	-1.88
Net Assets	6,156	5,762	+394	+6.84
Total Assets	8,380	7,860	+520	+6.62
Total Liabilities	2,224	2,098	+126	+6.01

Source: Finance and Business Management, 2004

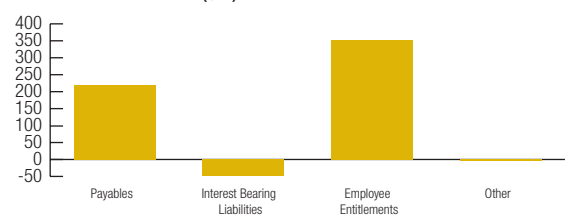
Movement in assets (\$M) – 30 June 2000 to 30 June 2004

	Balance at 30 June 2000 \$000	Balance at 30 June 2004 \$000	Variance \$000	Variance \$M	Variance %
Assets					
Land, Building and Infrastructure (excl. Asset Revaluation Movements 30 June 2004 included under Equity)	5,387,544	5,692,672	305,128	305	5.66
Receivables/Other	137,164	205,464	68,300	68	49.79
Plant and Equipment	577,444	599,994	22,550	23	3.91
Inventories	59,258	66,019	6,761	7	11.41
Cash and Investments	412,220	682,582	270,362	270	65.59

Movement in assets (\$M) – 30 June 2000 to 30 June 2004



Movement in liabilities (\$M) – 30 June 2000 to 30 June 2004



Movement in liabilities (\$M) – 30 June 2000 to 30 June 2004

	Balance at 30 June 2000 \$000	Balance at 30 June 2004 \$000	Variance \$000	Variance \$M	Variance %
Liabilities					
Payables	324,082	542,798	218,716	219	67.49
Interest Bearing Liabilities	158,098	109,211	-48,887	-49	-30.92
Employee Entitlements	1,155,525	1,507,374	351,849	352	30.45
Other	67,714	64,817	-2,897	-3	-4.28

Consolidated Financial Statements

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

This will be achieved by tabling the 2003/04 annual reports of each Health Service before Parliament. For these purposes the report of each Health Service should be viewed as a volume of the Department of Health's overall report.

2004/05 and forward years

The 2004/05 Expense budget of \$10 billion represents an increase of \$707 million or 8% over that provided in 2003/04.

Key initiatives 2004/05

Funding for 2004/05 priorities include:

- \$57 million targeted to improve access to hospital services in 2004/05. This will be spent on measures designed to reduce access block and a further \$35 million to reduce the number of patients waiting over 12 months for surgery.
- \$10 million has been provided to progress the government's clinical excellence agenda in 2004/05 and provide for the establishment of the Clinical Excellence Commission, develop other evidence based effective programs for implementing better clinical governance across the state and implement professional practice units in each health service.
- \$24.65 million for mental health services as the first step in the \$241 million increase in mental health spending over the next four years. Specific measures to be funded include:
 - \$6.8 million to fast track urgent additional mental health beds in metropolitan Sydney including piloting psychiatric emergency care units to be established in 2 hospital emergency departments (Liverpool and Nepean)
 - \$4.6 million to further develop and enhance the role of mental health service being provided in the community including developing partnerships and shared care models with local general practitioners for managing mental health clients
 - Enhancement to the Child and Adolescent Mental Health Services – \$2.5 million
 - Provision of mental health service to Aboriginal communities – \$1.4 million
 - \$1.5 million for the expansion of the court liaison and community forensic services.
- \$3.6 million for additional adult intensive care beds at Blacktown (2), Liverpool, Campbelltown, Tweed and Albury hospitals.
- \$1.2 million for additional paediatric intensive care beds at the Sydney Children's Hospital and The Children's Hospital at Westmead (\$600,000 at each site).
- \$10.2 million to fully commission the new 50 bed acute care mental health unit at Wyong.
- \$35 million for the operation of the Cancer Institute and provision of cancer service and research.
- An increase of \$1 million bringing the total to \$2 million annually for improved training for medical physicists (now \$1.2 million) and funding for radiation therapist tutors (now \$0.8 million).
- Further funding directed to improved training for nurses including doubling of the announced 2003/04 nurses' scholarship program from \$500,000 to \$1 million for 2004/05 and doubling of the allowance to provide for nurses to undertake study leave from \$3 million in 2003/04 to \$6 million in 2004/05.
- Ongoing recruitment of rural ambulance personnel with an additional 62 staff being targeted for recruitment in 2004/05 at a cost of \$4.9 million. This is in addition to 32 staff employed during 2003/04.

2003/04 Total Expenses Comparisons

	2003/04	2003/03	2001/02	2000/01	1999/00
Expenses include	\$M	\$M	\$M	\$M	\$M
Salaries and employee related expenses	5,893	5,339	4,822	4,543	4,431
Food	76	73	69	64	64
Drugs, medical and surgical supplies	766	699	623	569	540
Fuel, light and power	61	59	56	54	52
Visiting medical staff	381	361	320	292	291

Source: Finance and Business Management Directorate, 2004

Independent Audit Report



GPO BOX 12
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

DEPARTMENT OF HEALTH

To Members of the New South Wales Parliament

Audit Opinion

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

- (a) presents fairly the Department of Health's and the consolidated entity's financial position as at 30 June 2004 and their financial performance and cash flows for the year ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and
- (b) complies with section 45E of the *Public Finance and Audit Act 1983* (the Act).

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

The Director-General's Role

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

The Auditor's Role and the Audit Scope

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

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

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

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

Independent Audit Report

(continued)

My opinion does *not* provide assurance:

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

Audit Independence

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

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



A T Whitfield FCA
Deputy Auditor-General

SYDNEY
21 October 2004

Certificate of Accounts

CERTIFICATE OF ACCOUNTS

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


- (i) The financial statements of the NSW Health Department (parent entity) and the consolidated entity comprising the Department and its controlled activities for the year ended 30 June 2004 have been prepared in accordance with the requirements of applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) Consensus Views, the requirements of the Public Finance and Audit Act 1983, and its regulations and Financial Reporting Directions published in the Financial Reporting Code for Budget Dependent General Government Sector Agencies or issued by the Treasurer under Section 9(2)(n) of the Act and the requirements of the Health Administration Act 2000, and its regulations.

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

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



Ken Barker
Chief Financial Officer



Robyn Kruk
Director-General

13 October 2004

Statement of Financial Performance

for the year ended 30 June 2004

Financials

PARENT			CONSOLIDATED				
Actual 2004 \$'000	Budget 2004 \$'000	Actual 2003 \$'000		Notes	Actual 2004 \$'000	Budget 2003 \$'000	Actual 2003 \$'000
			Expenses				
99,157	98,407	92,314	Operating Expenses				
			– Employee Related	3	5,893,330	5,691,930	5,338,615
408,956	390,293	348,293	– Other Operating Expenses	4	2,527,784	2,364,366	2,312,196
772	1,210	1,210	Maintenance	5	261,952	247,192	255,804
14,443	13,449	9,949	Depreciation and Amortisation	6	370,994	376,501	350,092
7,503,598	7,370,051	6,875,382	Grants and Subsidies	7	622,427	581,282	599,604
6,862	6,862	6,551	Borrowing Costs	8	10,040	9,483	10,245
8,033,788	7,880,272	7,333,699	Total Expenses		9,686,527	9,270,754	8,866,556
			Retained Revenue				
98,059	102,896	116,896	Sale of Goods and Services	9	934,659	932,915	989,662
6,882	4,344	4,344	Investment Income	10	56,396	40,661	44,287
23,403	7,172	7,172	Grants and Contributions	11	207,127	157,335	169,833
6,490	6,379	6,254	Other Revenue	12	52,067	76,020	29,637
134,834	120,791	134,666	Total Retained Revenue		1,250,249	1,206,931	1,233,419
(3,667)	-----	(4)	Gain/(Loss) on Disposal of Non Current Assets	13	5,371	-----	(1,477)
7,902,621	7,759,481	7,199,037	Net Cost of Services	34	8,430,907	8,063,823	7,634,614
			Government Contributions				
7,447,711	7,359,669	6,798,996	Recurrent Appropriation	15	7,447,711	7,359,669	6,798,996
416,840	371,335	425,107	Capital Appropriation	15	416,840	371,335	425,107
24,933	16,000	-----	(Asset Sale Proceeds transferred to Parent)		-----	-----	-----
10,333	8,472	8,061	Acceptance by the Crown Entity of Employee Benefits	16	465,743	441,969	420,438
7,899,817	7,755,476	7,232,164	Total Government Contributions		8,330,294	8,172,973	7,644,541
(2,804)	(4,005)	33,127	RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES	29	(100,613)	109,150	9,927
			NON-OWNER TRANSACTION CHANGES IN EQUITY				
9,777	-----	22,923	Net increase in Asset Revaluation Reserve	29	494,396	-----	180,680
			Total Revenues, Expenses and Valuation Adjustments recognised				
9,777	-----	22,923	Directly in Equity	29	494,396	-----	180,680
			TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS				
6,973	(4,005)	56,050	AS OWNERS	29	393,783	109,150	190,607

The accompanying notes form part of these Financial Statements

Statement of Financial Position

for the year ended 30 June 2004

PARENT			CONSOLIDATED					
Actual 2004 \$'000	Budget 2004 \$'000	Actual 2003 \$'000			Notes	Actual 2004 \$'000	Budget 2004 \$'000	Actual 2003 \$'000
			ASSETS					
			Current Assets					
54,692	32,376	58,762	Cash		18	416,338	514,982	420,429
19,421	24,371	36,371	Receivables		19	158,386	168,610	159,979
-----	-----	-----	Inventories		20	66,019	69,061	68,057
36,582	36,582	17,026	Other Financial Assets		21	218,977	218,938	196,952
9,777	9,055	9,055	Other		22	28,791	22,583	22,583
120,472	102,384	121,214	Total Current Assets			888,511	994,174	868,000
			Non-Current Assets					
-----	-----	-----	Receivables		19	3,337	5,434	5,434
41,432	41,432	30,919	Other Financial Assets		21	47,267	48,764	48,764
129,077	123,819	127,080	Property, Plant and Equipment					
44,372	46,272	41,460	- Land and Buildings		23	6,749,534	6,264,989	6,233,361
-----	-----	-----	- Plant and Equipment		23	599,994	577,748	614,277
			- Infrastructure Systems		23	76,513	78,679	78,679
173,449	170,091	168,540	Total Property, Plant and Equipment			7,426,041	6,921,416	6,926,317
-----	-----	-----	Other		22	14,950	11,659	11,659
214,881	211,523	199,459	Total Non-Current Assets			7,491,595	6,987,273	6,992,174
335,353	313,907	320,673	Total Assets			8,380,106	7,981,447	7,860,174
			LIABILITIES					
			Current Liabilities					
47,598	48,184	48,184	Payables		25	542,798	529,810	525,028
3,510	3,510	2,819	Interest Bearing Liabilities		26	29,843	26,084	25,283
5,497	5,486	5,285	Provisions		27	510,296	499,452	481,380
22,033	11,460	11,460	Other		28	31,910	15,160	42,660
78,638	68,640	67,748	Total Current Liabilities			1,114,847	1,070,506	1,074,351
			Non-Current Liabilities					
44,789	44,789	48,570	Interest Bearing Liabilities		26	79,368	72,719	79,851
5,534	5,064	4,936	Provisions		27	997,078	933,083	909,226
-----	-----	-----	Other		28	32,907	33,866	34,623
50,323	49,853	53,506	Total Non-Current Liabilities			1,109,353	1,039,668	1,023,700
128,961	118,493	121,254	Total Liabilities			2,224,200	2,110,174	2,098,051
206,392	195,414	199,419	Net Assets			6,155,906	5,871,273	5,762,123
			EQUITY		29			
59,383	53,063	53,063	Reserves			1,722,707	1,237,928	1,237,928
147,009	142,351	146,356	Accumulated Funds			4,433,199	4,633,345	4,524,195
206,392	195,414	199,419	Total Equity			6,155,906	5,871,273	5,762,123

The accompanying notes form part of these Financial Statements

Statement of Cash Flows

for the year ended 30 June 2004

Financials

PARENT			Notes	CONSOLIDATED		
Actual 2004 \$'000	Budget 2004 \$'000	Actual 2003 \$'000		Actual 2004 \$'000	Budget 2004 \$'000	Actual 2003 \$'000
				CASH FLOWS FROM OPERATING ACTIVITIES		
				Payments		
(435,275)	(433,503)	(376,562)		(5,685,688)	(5,539,836)	(4,991,076)
(7,503,703)	(7,370,051)	(6,874,324)		(650,947)	(596,282)	(612,449)
(6,862)	(6,862)	(6,551)		(10,300)	(9,483)	(10,245)
(486,798)	(505,782)	(446,388)		(3,186,302)	(2,856,862)	(2,786,117)
(8,432,638)	(8,316,198)	(7,703,825)		(9,533,237)	(9,002,463)	(8,399,887)
				Receipts		
104,261	114,896	123,676		953,314	921,823	1,037,452
5,764	4,344	3,253		57,635	40,661	43,385
129,702	143,830	112,443		689,081	458,691	452,398
239,727	263,070	239,372		1,700,030	1,421,175	1,533,235
				CASH FLOWS FROM GOVERNMENT		
7,447,711	7,359,669	6,798,996		7,447,711	7,359,669	6,798,996
416,840	371,335	425,107		416,840	371,335	425,107
345,758	343,897	296,469		345,758	344,754	296,469
24,933	-----	-----		-----	-----	-----
8,235,242	8,074,901	7,520,572		8,210,309	8,075,758	7,520,572
42,331	21,773	56,119	34	377,102	494,470	653,920
				CASH FLOWS FROM INVESTING ACTIVITIES		
312	-----	87		62,603	85,100	24,386
12,492	-----	13,834		127,167	-----	188,677
(13,554)	(15,000)	(17,519)		(428,136)	(456,700)	(515,573)
(42,561)	(30,069)	(7,538)		(146,904)	(21,986)	(195,158)
(43,311)	(45,069)	(11,136)		(385,270)	(393,586)	(497,668)
				CASH FLOWS FROM FINANCING ACTIVITIES		
-----	-----	-----		5,861	-----	3,641
(3,090)	(3,090)	(2,001)		(4,762)	(6,331)	(7,000)
(3,090)	(3,090)	(2,001)		1,099	(6,331)	(3,359)
(4,070)	(26,386)	42,982		(7,069)	94,553	152,893
58,762	58,762	15,780		403,079	403,079	250,186
54,692	32,376	58,762	18	396,010	497,632	403,079

The accompanying notes form part of these Financial Statements

Program Statement – Expenses and Revenues

for the year ended 30 June 2004

SUPPLEMENTARY FINANCIAL STATEMENT

	Program 1.1 *		Program 1.2 *		Program 1.3 *		Program 2.1 *		Program 2.2 *		Program 2.3 *		Program 3.1 *		Program 4.1 *		Program 5.1 *		Program 6.1 *		Not Attributable		Total	
	Primary and Community Based Services		Aboriginal Health Services		Outpatient Services		Emergency Services		Overnight Acute Inpatient Services		Same Day Acute Inpatient Services		Mental Health Services		Rehabilitation and Extended Care Services		Population Health Services		Teaching and Research					
EXPENSES AND REVENUES	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Expenses																								
Operating Expenses																								
– Employee Related	481,386	455,825	24,061	19,164	567,907	516,322	700,479	626,181	2,302,637	2,053,658	322,653	342,440	530,273	467,812	531,403	483,047	126,116	115,213	306,415	258,953	-----	-----	5,893,330	5,338,615
– Other Operating Expenses	169,588	146,462	13,753	8,244	282,816	260,573	257,844	230,904	1,063,513	982,509	232,664	228,038	141,948	132,594	151,413	148,343	128,918	100,156	85,327	74,373	-----	-----	2,527,784	2,312,196
Maintenance	22,187	23,214	1,753	2,911	32,189	29,921	32,964	30,009	96,343	96,739	18,577	18,534	16,086	15,689	21,870	20,858	6,241	7,401	13,742	10,528	-----	-----	261,952	255,804
Depreciation and Amortisation	23,439	23,731	1,126	627	45,802	46,661	45,102	40,511	158,984	145,122	24,860	27,513	24,507	22,279	30,667	28,075	5,423	5,280	11,084	10,293	-----	-----	370,994	350,092
Grants and Subsidies	76,264	79,263	9,384	8,484	65,790	61,108	22,430	18,835	176,322	182,429	10,873	17,799	36,455	32,041	140,625	125,184	33,164	36,338	51,120	38,123	-----	-----	622,427	599,604
Borrowing Costs	433	459	1	1	244	617	430	1,472	8,650	6,917	168	525	32	61	56	139	8	9	18	45	-----	-----	10,040	10,245
Total Expenses	773,297	728,954	50,078	39,431	994,748	915,202	1,059,249	947,912	3,806,449	3,467,374	609,795	634,849	749,301	670,476	876,034	805,646	299,870	264,397	467,706	392,315	-----	-----	9,686,527	8,866,556
Revenue																								
Sale of Goods and Services	29,723	40,082	2,053	1,985	68,806	87,893	70,452	72,253	484,610	496,903	34,844	41,460	43,840	50,650	160,935	137,529	4,187	15,939	35,209	44,968	-----	-----	934,659	989,662
Investment Income	3,222	3,095	109	43	6,602	4,738	2,941	2,789	16,357	14,339	2,119	2,128	1,974	2,153	4,367	2,958	1,406	1,175	17,299	10,869	-----	-----	56,396	44,287
Grants and Contributions	30,692	16,843	1,565	473	10,997	14,287	6,331	6,766	28,084	38,161	7,541	6,527	5,874	7,633	27,684	22,308	6,445	-----	81,914	56,835	-----	-----	207,127	169,833
Other Revenue	157	3,194	232	228	5,588	2,540	5,303	2,672	19,892	8,062	2,407	1,852	1,702	1,040	4,014	3,202	2,856	1,566	9,916	5,281	-----	-----	52,067	29,637
Total Revenue	63,794	63,214	3,959	2,729	91,993	109,458	85,027	84,480	548,943	557,465	46,911	51,967	53,390	61,476	197,000	165,997	14,894	18,680	144,338	117,953	-----	-----	1,250,249	1,233,419
Gain/(Loss) on Disposal of Non Current Assets	2,395	10	(86)	62	1,046	(177)	2,151	40	(2,977)	213	95	(370)	399	(29)	650	(1,177)	79	(49)	1,619	-----	-----	-----	5,371	(1,477)
Net Cost of Services	707,108	665,730	46,205	36,640	901,709	805,921	972,071	863,392	3,260,483	2,909,696	562,789	583,252	695,512	609,029	678,384	640,826	284,897	245,766	321,749	274,362	-----	-----	8,430,907	7,634,614
Government Contributions **	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	8,330,294	7,644,541	8,330,294	7,644,541
RESULT FOR THE YEAR																								
FROM ORDINARY ACTIVITIES																							(100,613)	9,927
Administered Revenues																								
Consolidated Fund																								
– Taxes, Fees and Fines																							1,801	1,736
Total Administered Revenues																							1,801	1,736

* The name and purpose of each program is summarised in Note 17. The program statement uses statistical data to 31 December 2003 to allocate current year's financial information to each program.

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

	2004				2003			
	Recurrent Appropriation	Expenditure/ Net Claim on Consolidated Fund	Capital Appropriation	Expenditure/ Net Claim on Consolidated Fund	Recurrent Appropriation	Expenditure/ Net Claim on Consolidated Fund	Capital Appropriation	Expenditure/ Net Claim on Consolidated Fund
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Original Budget Appropriation/ Expenditure								
<i>Appropriation Act</i>	7,356,141	7,345,381	371,335	371,335	6,648,551	6,641,551	425,107	425,107
S24 PF&AA – Transfers of Functions between Departments	-----	-----	-----	-----	1,353	1,353	-----	-----
S26 PF&AA – Commonwealth specific purpose payments	3,528	3,528			81,820	25,875		
	7,359,669	7,348,909	371,335	371,335	6,731,724	6,668,779	425,107	425,107
Other Appropriations/Expenditure								
Treasurer's Advance	3,902	3,902	8,040	8,040	8,867	8,867	-----	-----
Section 22 – expenditure for certain works and services	94,900	94,900	37,465	37,465	77,500	77,500	-----	-----
Transfers from another agency (s25 of the <i>appropriation Act</i>)					43,850	43,850	-----	-----
	98,802	98,802	45,505	45,505	130,217	130,217	-----	-----
Total Appropriations/ Expenditure / Net Claim on Consolidated Fund (includes transfer payments)	7,458,471	7,447,711	416,840	416,840	6,861,941	6,798,996	425,107	425,107
Amount drawn down against Appropriation		7,447,711		416,840		6,798,996		425,107
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'].

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

1. The NSW Health Department Reporting Entity

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

Transactions of the Cancer Institute (as established by the Cancer Institute (NSW) Act, 2003) have been conducted through a cost centre within the Department and are included with the parent entity accounts.

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

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

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

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

2. Summary of Significant Accounting Policies

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

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

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

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

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

(a) Employee Benefits and Other Provisions

- i) *Salaries and Wages, Annual Leave, Sick Leave and On-Costs (including non-monetary benefits)*
- Liabilities for Salaries and wages, annual leave and vesting sick leave and related on-costs are recognised and measured in respect of employees' services up to the reporting date at nominal amounts based on the amounts expected to be paid when the liabilities are settled.

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

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

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

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

ii) Long Service Leave and Superannuation Benefits

Long Service Leave provisions are measured for all controlled entities on a short hand basis at an escalated rate of 3.7% above the salary rates immediately payable at 30 June 2004 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement. Long Service Leave provisions for the parent entity have been calculated in accordance with the requirements of Treasury Circular T03/08. The parent entity's liability for Long Service Leave is assumed by the Crown Entity.

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

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

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

iii) Other Provisions

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

(b) Insurance

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

(c) Borrowing Costs

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

(d) Revenue Recognition

i) Parliamentary Appropriations and Contributions from Other Bodies

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

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

ii) Sale of Goods and Services

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

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

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

iii) *Investment Income*

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

iv) *Grants and Contributions*

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

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

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

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

(f) **Research and Development Costs**

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

(g) **Acquisition of Assets**

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

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

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

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

(h) **Plant and Equipment**

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

(i) **Depreciation**

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

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

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

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

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

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

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

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

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

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

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

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

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

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

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

(k) Maintenance and Repairs

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

(l) Leased Assets

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

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

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

(m) Inventories

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

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

(n) Other Financial Assets

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

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

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

(o) Trust Funds

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

(p) Administered Activities

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

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

(q) Financial Instruments

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

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

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

Cash

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

Terms and Conditions – Monies on deposit attract an effective interest rate of between 3.7% and 5.7% as compared to 3.7% and 6.5% in the previous year.

Receivables

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

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

Investments (Other Financial Assets)

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

Terms and Conditions – Short term deposits have an average maturity of 90 to 185 days and effective interest rates of 4.4% to 8.7% as compared to 4.3% to 5.2% in the previous year. Fixed term deposits have a maturity of up to 5 years and effective interest rates of 3.0% to 5.8% as compared to 4.5% to 7.6% in the previous year.

Payables

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

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

Interest Bearing Liabilities

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

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

Classes of instruments recorded at market value comprise:

Treasury Corporation Hour Glass Investments

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

Terms and Conditions – Deposits attracted interest rates of between 4.8% and 10.4% in the year ended 30 June 2004. This compares with interest rates of 3.3% to 4.9% in the previous year.

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

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

(r) Interest bearing liabilities

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

(s) Budgeted amounts

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

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

(t) Exemption from Public Finance and Audit Act 1983

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

(u) Transition to Australian equivalents to International Financial Reporting Standards (AIFRS)

(1) Management of Transition

The NSW Health Department will apply the Australian Equivalents to International Financial Reporting Standards (AIFRS) from the reporting period beginning 1 July 2005.

The Department is managing the transition to the new standards by allocating internal resources and/or engaging consultants to analyse the pending standards and Urgent Issues Group Abstracts to identify key areas regarding policies, procedures, systems and financial impacts affected by the transition.

As a result of this exercise, the Department has taken the following steps to manage the transition to the new standards:

- The Chief Financial Officer is responsible for the project and will brief the Department's Finance Risk and Performance Management Committee to ensure that the Committee is informed on progress against the plan and any changes in reporting requirements mandated by NSW Health and the NSW Treasury.

The following phases that need to be undertaken have been identified:

- determination of opening values as at 1 July 2004 and full year comparatives for 2004/05
- preparation of 2005/06 accounts in accordance with AIFRS
- determination of specific policy changes and the accounting effect thereof

Work in each of these phases will be progressed in accordance with timetables to be agreed with NSW Treasury.

NSW Treasury is assisting agencies to manage the transition by developing policies, including mandates of options; presenting training seminars to all agencies; providing a website with up-to-date information to keep agencies informed of any new developments; and establishing an IAS Agency Reference Panel to facilitate a collaborative approach to manage the change.

(2) Key Differences in Accounting Policies

The Department is aware of a number of differences in accounting policies that may arise from adopting AIFRS. Some differences arise because AIFRS requirements are different from existing AASB requirements. Other differences could arise from options in AIFRS. To ensure consistency at the whole of government level, NSW Treasury has advised the options it is likely to mandate, and will confirm these during 2004-05. This disclosure reflects these likely mandates.

The Department's accounting policies may also be affected by a proposed standard designed to harmonise accounting standards with Government Finance Statistics (GFS). This standard is likely to change the impact of AIFRS and significantly affect the presentation of the income statement. However, the impact is uncertain, because it depends on when this standard is finalised and whether it can be adopted in 2005-06.

Based on current information, the following key differences in accounting policies are expected to arise from adopting AIFRS:

- AASB 1 'First-time Adoption of Australian Equivalents to International Financial Reporting Standards' requires retrospective application of the new AIFRS from 1 July 2004, with limited exemptions. Similarly, AASB 108 'Accounting Policies, Changes in Accounting Estimates and Errors' requires voluntary changes in accounting policy and correction of errors to be accounted for retrospectively by restating comparatives and adjusting the opening balance of accumulated funds. This differs from current Australian requirements, because such changes must be recognised in the current period through profit or loss, unless a new standard mandates otherwise.
- AASB 117 'Leases' requires operating lease contingent rentals to be recognised as an expense on a straight-line basis over the lease term rather than expensing in the financial year incurred.
- AASB 1004 'Contributions' applies to not-for-profit entities only. Entities will either continue to apply the current requirements in AASB 1004 where grants are normally recognised on receipt, or alternatively apply the proposals on grants included in ED 125 Financial Reporting by Local Governments. If the ED 125 approach is applied, revenue and/or expense recognition will be delayed until the agency supplies the related goods and services (where grants are in-substance agreements for the provision of goods and services) or until conditions are satisfied.

(v) Changes in Accounting Policy

Salaried Medical Practitioners – Rights of Private Practice

With effect from the 2002/03 year the residue of funds available (after deducting the monthly infrastructure fees, medical practitioners drawings, due accounting costs and medical indemnity insurance premium reimbursements) is credited as revenue of each Health Service including amounts brought forward from 30 June 2002.

This recognises the capacity of each Health Service to control the use of the funds. Prior to 2002/03 the residue to hand was recognised as part of the Private Practice Trust Funds balance reported in Note 31.

The effects of the change in accounting policy for 2002/03 were increases in expenses and revenues of \$29.0 million and \$115.4 million respectively including the one off recognition of the cash residual previously recognised as a trust balance at 30 June 2002 (\$75.7 million).

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
		3. EMPLOYEE RELATED EXPENSES	
		Employee related expenses comprise the following specific items:	
66,422	60,954	Salaries and Wages	4,565,245
12,151	11,888	Superannuation	424,436
3,577	2,007	Long Service Leave	183,514
5,125	5,676	Recreation Leave	443,723
-----	-----	Nursing Agency Payments	51,772
5,890	4,680	Other Agency Payments	18,567
735	1,126	Workers Compensation Insurance	149,172
5,257	5,983	Payroll Tax and Fringe Benefits Tax	6,344
99,157	92,314		5,893,330
			5,338,615

Salaries and Wages includes the following amounts paid to members of Health Service Boards consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands:

\$ range	2004 No. Paid	2004 \$'000	2003 No. Paid	2003 \$'000
\$0 to \$14,999	182	2,071	167	1,875
\$15,000 to \$29,999	21	442	32	630
Additional payments made on a Statewide basis, for example for travel		3		8

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
		The following additional information is provided:	
-----	-----	Maintenance staff costs included in Employee Related Expenses	70,368
-----	-----	Employee Related Expenses capitalised – Land and Buildings	61,977
-----	-----	Employee Related Expenses capitalised – Plant and Equipment	230
		Note 5 further refers.	787
			130

PARENT			CONSOLIDATED	
2004 \$'000	2003 \$'000		2004 \$'000	2003 \$'000
		4. OTHER OPERATING EXPENSES		
10,203	21,456	Computer Related Expenses	44,754	53,737
35	26	Domestic Charges	92,182	88,330
-----	-----	Drug Supplies	332,963	303,114
-----	-----	Food Supplies	76,430	73,409
397	277	Fuel, Light and Power	61,134	58,883
61,193	45,524	General Expenses (b)	209,462	172,877
222,480	180,329	Insurance	230,787	188,869
14,470	14,581	Interstate Patient Outflows, NSW	100,755	95,059
68,343	55,163	Medical and Surgical Supplies	433,294	395,610
		Operating Lease Rental Expense		
807	419	– minimum lease payments	39,121	29,872
2,615	2,175	Postal and Telephone Costs	55,756	50,158
2,867	2,424	Printing and Stationery	42,431	40,418
6,886	7,950	Rentals,Rates and Charges	36,923	36,772
-----	-----	Special Service Departments	173,080	161,575
15,160	14,479	Staff Related Costs	48,951	44,076
-----	-----	Sundry Operating Expenses (a)	120,372	108,634
3,500	3,490	Travel Related Costs	48,805	50,009
-----	-----	Visiting Medical Officers	380,584	360,794
408,956	348,293		2,527,784	2,312,196
		(a) Sundry Operating Expenses comprise:		
-----	-----	Aircraft Expenses (Ambulance)	24,635	19,354
-----	-----	Contract for Patient Services	88,560	82,146
-----	-----	Isolated Patient Travel and Accommodation Assistance Scheme	7,177	7,134
-----	-----		120,372	108,634

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

Financials

PARENT		CONSOLIDATED		
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000	
		4. OTHER OPERATING EXPENSES (CONTINUED)		
		(b) General Expenses include:		
1,003	1,611	Advertising	10,458	13,191
360	413	Books and Magazines	9,188	9,788
		Consultancies		
2,746	1,926	– Operating Activities	11,702	10,745
1,199	1,430	– Capital Works	4,797	5,429
406	674	Courier and Freight	9,222	8,938
205	196	Auditors Remuneration – Audit of financial reports	2,386	2,063
6,474	6,681	Health Professional Registration Board Expenses	6,474	6,681
2,096	2,074	Legal Expenses	8,890	6,669
		Motor Vehicle Operating Lease Expense		
418	466	– minimum lease payments	41,900	39,054
-----	-----	Membership/Professional Fees	4,266	3,657
-----	-----	Payroll Services	473	417
11,761	11	Provision for Bad and Doubtful Debts	30,153	17,831

The 2003/04 Operating Expenses of the parent entity include bad debt expenses of \$11.761 million. The Department raised revenues in 2002/03 for this amount in expectation that the monies would be paid to the Department in extinguishment of the debt.

However, such monies were not received as 'retained revenue' but were provided to the Department from the NSW Treasury as a Consolidated Fund Recurrent Allocation. Although there has been a change in accounting treatment no loss of revenue has occurred.

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
		5. MAINTENANCE	
772	1,210	Repairs and Routine Maintenance	154,578
		Other:	
-----	-----	– Renovations and Additional Works	19,891
-----	-----	– Replacements and Additional Equipment less than \$5,000	87,483
772	1,210		261,952
			255,804

The 2003/04 value of Employee Related Expense (note 3) applicable to Maintenance staff was \$70.368 million, such cost covering engineers, trades staff and apprentices' salary costs, workers compensation and superannuation.

PARENT			CONSOLIDATED	
2004 \$'000	2003 \$'000		2004 \$'000	2003 \$'000
		6. DEPRECIATION AND AMORTISATION EXPENSE		
1,306	638	Depreciation – Buildings	219,083	205,173
10,569	6,688	Depreciation – Plant and Equipment	143,877	137,333
-----	-----	Depreciation – Infrastructure Systems	4,218	3,799
2,568	2,623	Amortisation	3,816	3,787
14,443	9,949		370,994	350,092
		7. GRANTS AND SUBSIDIES		
		Payments to the National Blood Authority and the Red Cross Blood Transfusion Service		
49,876	75,495		49,876	75,495
-----	-----	Operating Payments to Other Affiliated Health Organisations	403,803	363,154
-----	-----	Capital Payments to Affiliated Health Organisations	7,089	4,770
		Grants		
27,677	19,020	– External Research	27,678	24,914
1,714	1,665	– NSW Institute of Psychiatry	1,714	1,665
3,556	3,661	– National Drug Strategy	3,556	3,661
33,872	33,553	– Non Government Voluntary Organisations	91,927	91,700
7,365,790	6,710,935	– Payments to Controlled Health Entities	-----	-----
21,113	31,053	Other Payments	36,784	34,245
7,503,598	6,875,382		622,427	599,604

With effect from 1 July 2003, the payments made for blood services were reduced to the State contribution only under new arrangements agreed with the Commonwealth. Formerly, the Department had also received the Commonwealth contribution and paid such amount to the Australian Red Cross Blood Service.

Financials

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
		8. BORROWING COSTS	
6,862	6,551	Finance Lease Interest Charges	9,466
-----	-----	Other Interest Charges	574
6,862	6,551		10,040
		9. SALE OF GOODS AND SERVICES	
		Sale of Goods and Services comprise the following:	
-----	-----	Patient Fees	263,656
-----	-----	Staff-Meals and Accommodation	14,828
		Infrastructure Charge	
-----	-----	– Monthly Facility Fees	127,669
-----	-----	– Annual Charge**	31,919
46,269	45,005	Department of Veterans' Affairs Agreement Funding	265,771
-----	-----	Ambulance Non Hospital User Charges	28,278
28,500	30,942	Motor Accident Authority Third Party Receipts	28,500
-----	-----	Car Parking	15,034
-----	-----	Child Care Fees	5,796
-----	-----	Commercial Activities	29,650
-----	-----	Fees for Medical Records	1,859
-----	-----	Non Staff Meals	16,216
-----	-----	Linen Service Revenues – Non Health Services	8,577
-----	-----	Sale of Prosthesis	25,130
-----	-----	Services Provided to Non NSW Health Organisations	11,407
392	525	Patient Inflows from Interstate	392
332	2,422	Revenue from Health Service Asset Sales	-----
8,688	8,017	Computer Support Charges – Health Services	-----
13,878	29,985	Other*	59,977
98,059	116,896		934,659
			989,662

***The 2003 value for Infrastructure Charge – Annual Charge included a one off recognition of the cash residual of \$75.7 million. This amount had been previously recognised as a trust balance until an accounting policy change was effected as reported in Note 2(y).*

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PARENT		CONSOLIDATED		
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000	
		11. GRANTS AND CONTRIBUTIONS		
-----	-----	Clinical Drug Trials	10,265	10,004
7,913	3,430	Commonwealth Government grants	55,628	45,882
13,984	-----	Health Super Growth	13,984	-----
-----	-----	Industry Contributions/Donations	68,013	54,773
-----	-----	Mammography grants	4,311	-----
-----	-----	Research grants	29,235	28,513
-----	-----	University Commission grants	1,153	977
1,506	3,742	Other grants	24,538	29,684
23,403	7,172		207,127	169,833
		12. OTHER REVENUE		
		Other Revenue comprises the following:		
-----	-----	Commissions	2,021	887
-----	-----	Conference and Seminar Fees	1,690	441
6,092	5,949	Health Professional Registration Fees	6,092	5,949
-----	-----	Treasury Managed Fund Hindsight Adjustment	27,694	-----
-----	-----	Increment on Asset Revaluation	-----	5,930
-----	-----	Sale of Merchandise, Old Wares and Books	2,098	1,539
398	305	Sundry Revenue	12,472	14,891
6,490	6,254		52,067	29,637
		13. GAIN/(LOSS) ON DISPOSAL OF NON CURRENT ASSETS		
5,840	1,067	Property, Plant and Equipment	206,654	122,718
(1,861)	(976)	Less Accumulated Depreciation	(150,728)	(97,110)
3,979	91	Written Down Value	55,926	25,608
(312)	(87)	Less Proceeds from Disposal	(61,297)	(24,131)
(3,667)	(4)	Gain/(Loss) on Disposal of Non Current Assets	5,371	(1,477)

14. CONDITIONS ON CONTRIBUTIONS

	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	16,806	62,944	42,972	122,722
Contributions recognised in previous years which were not expended in the current financial year	51,264	167,587	48,614	267,465
Total amount of unexpended contributions as at balance date	68,070	230,531	91,586	390,187

Comment on restricted assets appears in Note 24.

Financials

PARENT AND CONSOLIDATED

2003

\$'000

PARENT

2003
\$'000

CONSOLIDATED

2004
\$'000

2003
\$'000

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17. Programs/Activities of the Agency

Program 1.1 Primary and Community Based Services

Objective: To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.

Program 1.2 Aboriginal Health Services

Objective: To raise the health status of Aborigines and to promote a healthy life style.

Program 1.3 Outpatient Services

Objective: To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.

Program 2.1 Emergency Services

Objective: To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.

Program 2.2 Overnight Acute Inpatient Services

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.

Program 2.3 Same Day Acute Inpatient Services

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.

Program 3.1 Mental Health Services

Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Program 4.1 Rehabilitation and Extended Care Services

Objective: To improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.

Program 5.1 Population Health Services

Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.

Program 6.1 Teaching and Research

Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

Financials

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
54,692	58,762	18. CURRENT ASSETS – CASH	
-----	-----	Cash at bank and on hand *	
		139,130	137,257
		Deposits at call	
		277,208	283,172
54,692	58,762	416,338	420,429
		Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as follows:	
54,692	58,762	Cash	416,338
-----	-----	Bank Overdraft **	(20,328)
			(17,350)
54,692	58,762	Closing Cash and Cash Equivalents (per Statement of Cash Flows)	396,010
			403,079

* Cash reported for the Parent entity in 2003/04 includes \$2.817 million lodged for the credit of the Health Administration Corporation by Health Professional Boards in accordance with the provisions of their respective Acts and the Health Administration Act, 1982. The comparable value for 2002/03 was \$3.556 million.

** Health Services are not allowed to operate bank overdraft facilities. The amounts disclosed as 'bank overdrafts' meet Australian Accounting Standards reporting requirements, however the relevant Health Services are in effect utilising and operating commercially available banking facility arrangements to their best advantage. The total of these facilities at a Health Service level is a credit balance which is inclusive of cash at bank and investments.

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
		19. CURRENT/NON CURRENT RECEIVABLES	
		Current	
13,686	17,289	(a) Sale of Goods and Services	119,592120,382
5,065	5,720	Goods and Services Tax	30,91636,240
772	13,464	Other Debtors	36,50327,121
19,523	36,473	Sub Total	187,011183,743
(102)	(102)	Less Provision for Doubtful Debts	(28,625)(23,764)
19,421	36,371		158,386159,979
		(b) Bad debts written off during the year:	
		Current Receivables	
-----	-----	– Sale of Goods and Services	3,2713,908
11,761	11	– Other	17,58412,110
11,761	11		20,85516,018
		Non Current	
-----	-----	(a) Sale of Goods and Services	3,8705,984
-----	-----	Less Provision for Doubtful Debts	(533)(550)
-----	-----		3,3375,434
		(b) Bad debts written off during the year:	
		Non Current Receivables	
-----	-----	– Sale of Goods and Services	1,448902
-----	-----	– Other	3,00613
-----	-----		4,454915
		Receivables (both Current and Non Current) includes:	
-----	-----	Patient Fees – Compensable	17,77317,462
-----	-----	Patient Fees – Ineligibles	14,93113,666
-----	-----	Patient Fees – Other	35,13829,906

Financials

PARENT

2003
\$'000

CONSOLIDATED

2003
\$'000

20. INVENTORIES

Current – Finished Goods at cost

Drugs

Medical and Surgical Supplies

Food Supplies

Engineering Supplies

Other including Goods in Transit

21. CURRENT/NON CURRENT OTHER FINANCIAL ASSETS

Current

Other Loans and Deposits*

Shares

Other

- Intra Health Loans

Non Current

Other Loans and Deposits

Shares

Other

- Intra Health Loans

Shares reported by each of the Department's controlled entities are disclosed at market values. The shares reported by the Parent entity are reported at cost.

* Other Financial Assets reported for the Parent entity in 2003/04 includes \$9.650 million lodged for the credit of the Health Administration Corporation by Health Professional Registration Boards in accordance with the provisions of their respective Acts and the Health Administration Act, 1982. The comparable value for 2002/03 was \$9.650 million.

22. CURRENT/NON CURRENT ASSETS – OTHER

Current

Prepayments

Non Current

Prepayments

Other

	PARENT	
	2004	2003
	\$'000	\$'000
23. PROPERTY, PLANT AND EQUIPMENT		
Land and Buildings		
At Fair Value	183,703	176,658
Less Accumulated Depreciation	(54,626)	(49,578)
	129,077	127,080
Plant and Equipment		
At Fair Value	83,682	70,845
Less Accumulated Depreciation	(39,310)	(29,385)
	44,372	41,460
Total Property, Plant and Equipment At Net Book Value	173,449	168,540

	PARENT				
	Land	Buildings	Leased Buildings	Plant and Equipment	Total
	\$000	\$000	\$000	\$000	\$000
23. PROPERTY, PLANT AND EQUIPMENT – RECONCILIATIONS					
2004					
Carrying amount at start of year	59,487	37,645	29,948	41,460	168,540
Additions	-----	-----	-----	13,554	13,554
Disposals	(1,785)	(2,121)	-----	(73)	(3,979)
Net revaluation increment less revaluation decrements	7,893	1,884	-----	-----	9,777
Depreciation expense	-----	(1,306)	(2,568)	(10,569)	(14,443)
Reclassifications	-----	349	(349)	-----	-----
Carrying amount at end of year	65,595	36,451	27,031	44,372	173,449

All Land and Buildings for the parent entity were valued by the State Valuation Office independently of the Department on 1 July 2003.
Plant and Equipment is recognised on the basis of depreciated cost.

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

23. PROPERTY, PLANT AND EQUIPMENT

CONSOLIDATED

	2004 \$'000	2003 \$'000
Land and Buildings		
At Fair Value	10,815,087	10,140,351
Less Accumulated Depreciation	(4,065,553)	(3,906,990)
	6,749,534	6,233,361
Plant and Equipment		
At Fair Value	1,714,862	1,697,159
Less Accumulated Depreciation	(1,114,868)	(1,082,882)
	599,994	614,277
Infrastructure Systems		
At Fair Value	123,911	120,440
Less Accumulated Depreciation	(47,398)	(41,761)
	76,513	78,679
Total Property, Plant and Equipment At Net Book Value	7,426,041	6,926,317

CONSOLIDATED

	Land \$000	Buildings \$000	Leased Buildings \$000	Plant and Equipment \$000	Infrastructure Systems \$000	Total \$000
--	---------------	--------------------	------------------------------	---------------------------------	------------------------------------	----------------

23. PROPERTY, PLANT AND EQUIPMENT – RECONCILIATIONS

2004

Carrying amount at start of year	1,118,967	5,049,388	65,006	614,277	78,679	6,926,317
Additions	1,680	293,237	-----	137,472	650	433,039
Disposals	(35,570)	(8,643)	-----	(11,702)	(11)	(55,926)
Net revaluation increment less revaluation decrements	208,051	285,554	-----	-----	-----	493,605
Depreciation expense	-----	(219,083)	(3,816)	(143,877)	(4,218)	(370,994)
Reclassifications	1,902	(7,176)	37	3,824	1,413	-----
Carrying amount at end of year	1,295,030	5,393,277	61,227	599,994	76,513	7,426,041

Land and Buildings include land owned by the NSW Health Department and administered by either the Department or its controlled entities.

Valuations for each of the Health Services are performed regularly within a five year cycle. Revaluation details are included in the individual entities' financial reports.

Plant and Equipment is predominately recognised on the basis of depreciated cost.

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
		24. RESTRICTED ASSETS	
		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	145,383128,362
-----	-----	Perpetually Invested Funds	5,9925,798
-----	-----	Research Grants	87,68281,675
-----	-----	Private Practice Funds	75,09158,705
-----	-----	Other	76,03973,105
-----	-----		390,187347,645

Major categories included in the Consolidation are:

Category	Brief Details of Externally Imposed Conditions
Specific Purposes Trust Funds	Donations, contributions and fundraisings held for the benefit of specific patient, Department and/or staff groups.
Perpetually Invested Trust Funds	Funds invested in perpetuity. The income therefrom used in accordance with donors' or trustees' instructions for the benefit of patients and/or in support of hospital services.
Research Grants	Specific research grants.
Private Practice Funds	Annual Infrastructure Charges raised in respect of Salaried Medical Officers Rights of Private Practice arrangements.

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
		25. PAYABLES	
		Current	
152	1,444	Accrued Salaries and Wages	95,882109,054
1,632	2,052	Taxation and Other Payroll Deductions	42,91444,233
43,663	41,197	Creditors	376,305353,971
		Other Creditors	
-----	-----	– Capital Works	27,69717,770
2,151	3,491	– Intra Health Liability	-----
47,598	48,184		542,798525,028

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

Financials

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
		26. CURRENT/NON CURRENT INTEREST BEARING LIABILITIES	
		Current	
-----	-----	Bank Overdraft*	20,328 17,350
-----	-----	Other Loans and Deposits	2,118 1,218
3,510	2,819	Finance Leases [See note 30(d)]	7,397 6,715
3,510	2,819		29,843 25,283
		Non Current	
-----	-----	Other Loans and Deposits	8,581 3,620
44,789	48,570	Finance Leases [See note 30(d)]	70,787 76,231
44,789	48,570		79,368 79,851
		Repayment of Borrowings (Excluding Finance Leases)	
-----	-----	Not later than one year	22,446 18,568
-----	-----	Between one and five years	4,718 3,490
-----	-----	Later than five years	3,863 130
-----	-----	Total Borrowings at face value (Excluding Finance Leases)	31,027 22,188

* Health Services are not allowed to operate bank overdraft facilities. The amounts disclosed as 'bank overdrafts' meet Australian Accounting Standards reporting requirements, however the relevant Health Services are in effect utilising and operating commercially available banking facility arrangements to their best advantage. The total of these facilities at a Health Service level is a credit balance which is inclusive of cash at bank and investments.

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
		27. CURRENT/NON CURRENT LIABILITIES – PROVISIONS	
		Current	
5,497	5,285	Recreation Leave	420,805 394,488
----	----	Long Service Leave	89,441 86,842
----	----	Sick Leave	50 50
5,497	5,285	Total current provisions	510,296 481,380
		Non Current	
5,534	4,936	Recreation Leave	168,384 163,664
----	----	Long Service Leave	827,884 744,783
----	----	Sick Leave	810 779
5,534	4,936	Total non current provisions	997,078 909,226
		Aggregate Employee Benefits and Related On-costs	
5,497	5,285	Provisions – current	510,296 481,380
5,534	4,936	Provisions – non current	997,078 909,226
1,784	2,892	Accrued Salaries and Wages and on costs (refer to Note 25)	138,796 153,287
12,815	13,113		1,646,170 1,543,893

Change in Measurement of Annual and Long Services Leave values

The Long Service Leave component of Employee Related Expenses as disclosed in Note 3 and the Long Service Leave provisions reported above have been increased by 3.7% in respect of year end balances at 30 June 2004. The increase is consistent with the Department's assessment of measurement requirements per Accounting Standard, AASB 1028.

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
		28. OTHER LIABILITIES	
		Current	
22,033	11,460	Income in Advance	31,910 42,660
22,033	11,460		31,910 42,660
		Non Current	
----	----	Income in Advance	32,907 34,623
----	----		32,907 34,623

Income in advance has been received as a consequence of Health Services entering into agreements for the sale of surplus properties and the provision and operation of private health facilities and car parks.

29. EQUITY

	PARENT Accumulated Funds		PARENT Asset Revaluation Reserve		PARENT Total Equity		CONSOLIDATED Accumulated Funds		CONSOLIDATED Asset Revaluation Reserve		CONSOLIDATED Total Equity	
	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000
Balance at the beginning of the Financial Year	146,356	113,229	53,063	30,140	199,419	143,369	4,524,195	4,513,421	1,237,928	1,058,095	5,762,123	5,571,516
Changes in Equity – transactions with owners as owners												
Increase in net assets from administrative restructuring	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Total	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Changes in Equity – other than transactions with owners as owners												
Result for the Year from Ordinary Activities	(2,804)	33,127	-----	-----	(2,804)	33,127	(100,613)	9,927	-----	-----	(100,613)	9,927
Increment on Revaluation of:												
Land	-----	-----	7,893	8,200	7,893	8,200	-----	-----	208,051	94,159	208,051	94,159
Buildings and Improvements	-----	-----	1,884	14,723	1,884	14,723	-----	-----	285,554	77,015	285,554	77,015
Plant and Equipment	-----	-----	-----	-----	-----	-----	-----	-----	-----	954	-----	954
Infrastructure Systems	-----	-----	-----	-----	-----	-----	-----	-----	-----	8,890	-----	8,890
Investments	-----	-----	-----	-----	-----	-----	-----	-----	791	(338)	791	(338)
Transfers to/(from) Revaluation Reserves	3,457	-----	(3,457)	-----	-----	-----	9,617	847	(9,617)	(847)	-----	-----
Total	653	33,127	6,320	22,923	6,973	56,050	(90,996)	10,774	484,779	179,833	393,783	190,607
Balance at the end of the financial year	147,009	146,356	59,383	53,063	206,392	199,419	4,433,199	4,524,195	1,722,707	1,237,928	6,155,906	5,762,123

The asset revaluation reserve is used to record increments and decrements on the revaluation of non current assets. This accords with the Department's policy on the 'Revaluation of Physical Non Current Assets' and 'Investments', as discussed in Note 2(f).

Consistent with Australian Accounting Standards to recognise assets at fair value, some health services (Northern Sydney, Western Sydney, South Western Sydney, South Eastern Sydney and Illawarra) during 2003/04 revalued their assets on this basis with a net impact of a \$494 million increment in asset values.

PARENT			CONSOLIDATED	
2004 \$'000	2003 \$'000		2004 \$'000	2003 \$'000
		30. COMMITMENTS FOR EXPENDITURE		
		(a) Capital Commitments		
		Aggregate capital expenditure contracted for at balance date but not provided for in the accounts		
5,716	24,963	Not later than one year	240,847	290,090
-----	-----	Later than one year and not later than five years	153,072	160,493
-----	-----	Later than five years	143,000	-----
5,716	24,963	Total Capital Expenditure Commitments (including GST)	536,919	450,583
		Although not necessarily covered by contractual arrangement the Government is committed to capital expenditures (GST inclusive) as follows in accordance with the Department's Asset Acquisition Program:		
		Not later than one year	617,832	479,011
		Later than one year and not later than five years	1,586,465	1,627,557
		Later than five years	-----	-----
		Total Capital Program (including GST)	2,204,297	2,106,568
		(b) Other Expenditure Commitments		
		Aggregate other expenditure contracted for at balance date but not provided for in the accounts		
881	-----	Not later than one year	54,006	38,907
401	-----	Later than one year and not later than five years	34,420	26,300
-----	-----	Later than five years	501	-----
1,282	-----	Total Other Expenditure Commitments (including GST)	88,927	65,207

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

Financials

PARENT		CONSOLIDATED	
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
		30. COMMITMENTS FOR EXPENDITURE	
		(c) Operating Lease Commitments	
		Commitments in relation to non cancellable operating leases are payable as follows:	
10,073	9,587	Not later than one year	101,120 88,522
34,466	34,160	Later than one year and not later than five years	234,466 253,048
2,175	10,296	Later than five years	27,566 62,412
46,714	54,043	Total Operating Lease Commitments (including GST)	363,152 403,982
		The operating leases include motor vehicles arranged through a lease facility negotiated by State Treasury. Operating leases have also been arranged in respect of information technology and electro medical equipment. These operating lease commitments are not recognised in the financial statements as liabilities.	
		(d) Finance Lease Commitments (including GST)	
9,831	10,087	Not later than one year	14,107 14,373
59,716	46,769	Later than one year and not later than five years	77,420 64,257
11,281	34,918	Later than five years	35,727 63,882
80,828	91,774	Minimum Lease Payments	127,254 142,512
(25,180)	(32,042)	Less: Future Financing Charges	(37,501) (46,610)
(7,349)	(8,343)	Less: GST Component	(11,569) (12,956)
48,299	51,389	Finance Lease Liabilities	78,184 82,946
3,510	2,819	Current	7,397 6,715
44,789	48,570	Non-Current	70,787 76,231
48,299	51,389		78,184 82,946
		(e) Contingent Asset related to Commitments for Expenditure	
		The total 'Expenditure Commitments' above includes input tax credits of \$12.231 million in relation to the Parent Entity and \$101.477 million in relation to the NSW Health Department that are expected to be recoverable from the Australian Taxation Office for the 2003/04 year. The comparatives for 2002/03 are \$15.526 million and \$96.572 million respectively.	

31. Trust Funds

The NSW Health Department's controlled entities hold Trust Fund monies of \$44.0 million, which are used for the safe keeping of patients' monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Department or its controlled entities cannot use them for the achievement of their objectives. The following is a summary of the transactions in the trust account:

	Patients' Trust		Refundable Deposits		Private Practice Trust Funds		Total Trust Funds	
	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000
Cash Balance at the beginning of the financial year	2,764	5,081	17,530	12,751	18,413	114,705	38,707	132,537
Receipts	6,200	6,451	16,306	12,400	127,965	82,608	150,471	101,459
Expenditure	(5,413)	(8,768)	(11,772)	(7,621)	(128,015)	(178,900)	(145,200)	(195,289)
Cash Balance at the end of the financial year	3,551	2,764	22,064	17,530	18,363	18,413	43,978	38,707

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

32. Contingent Liabilities (Parent and Consolidated)

(a) Claims on Managed Fund

Since 1 July 1989, the NSW Health Department has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Department all sums, which it shall become legally liable to pay by way of compensation, or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implications. The costs relating to such exceptions are to be absorbed by the Department. As such, since 1 July 1989, no contingent liabilities exist in respect of liability claims against the Department. A Solvency Fund (now called Pre-Managed Fund Reserve) was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Department.

(b) Workers Compensation Hindsight Adjustment

TMF normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 1997/98 final year and an interim adjustment for the 1999/2000 fund year were not calculated until 2003/04. As a result, the 1998/99 final and 2000/01 interim hindsight calculations will be paid in 2004/05.

The basis for calculating the hindsight premium is undergoing review and it is expected that the problems experienced will be rectified for future payments.

(c) Third Schedule Organisations

Based on the definition of control in Australian Accounting Standard AAS24, Affiliated Health Organisations listed in the Third Schedule of the Health Services Act, 1997 are only recognised in the Department's consolidated Financial Statements to the extent of cash payments made.

However, it is accepted that a contingent liability exists which may be realised in the event of cessation of health service activities by any Affiliated Health Organisation. In this event the determination of assets and liabilities would be dependent on any contractual relationship, which may exist or be formulated between the administering bodies of the organisation and the Department.

(d) Port Macquarie Base Hospital

The Health Administration Corporation (HAC) is in dispute with the operator (Mayne Health) of Port Macquarie Base Hospital over a possible breach of contract.

HAC has commenced legal proceedings against Mayne Health but as at the date these accounts were finalised, no determination or resolution has occurred.

(e) Other Legal Matters

Four legal matters are currently before the Courts, which if the Department were unsuccessful in all matters, could give, rise to a liability of \$290,000.

33.Charitable Fundraising Activities

Fundraising Activities

The consolidation of fundraising activities by health services under Departmental control is shown below.

Income received and the cost of raising income for specific fundraising, has been audited and all revenue and expenses have been recognised in the financial statements of the individual health services. Fundraising activities are dissected as follows:

	INCOME RAISED \$000's	DIRECT EXPENDITURE* \$000's	INDIRECT EXPENDITURE+ \$000's	NET PROCEEDS \$000's
Appeals Consultants	165	50	23	92
Appeals (In House)	22,218	1,374	1,775	19,069
Fetes	320	149	2	169
Raffles	203	37	37	129
Functions	4,034	412	125	3,497
	26,940	2,022	1,962	22,956
Percentage of Income	100%	7.5%	7.3%	85.2%
* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc.				
+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.				
The net proceeds were used for the following purposes:				\$000's
Purchase of Equipment				5,729
Purchase of Land and Buildings				13
Research				7,128
Other Expenses				685
Held in Special Purpose and Trust Fund Pending Purchase				9,401

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

PARENT		CONSOLIDATED		
2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000	
		34. RECONCILIATION OF NET CASH FLOWS FROM OPERATING ACTIVITIES TO NET COST OF SERVICES		
42,331	56,119	Net Cash Used on Operating Activities	377,102	653,920
(14,443)	(9,949)	Depreciation	(370,994)	(350,092)
(10,334)	(8,061)	Acceptance by the Government of Employee Entitlements and Other Liabilities	(465,743)	(420,438)
(810)	(3,262)	(Increase)/Decrease in Provisions	(116,768)	(209,589)
(16,228)	(12,918)	Increase/(Decrease) in Prepayments and Other Assets	3,771	(19,457)
(9,986)	3,141	(Increase)/ Decrease in Creditors	(17,770)	(52,453)
(3,667)	(4)	Net Gain/ (Loss) on Sale of Property, Plant and Equipment	5,371	(1,477)
(7,447,711)	(6,798,996)	Recurrent Appropriation	(7,447,711)	(6,798,996)
(416,840)	(425,107)	Capital Appropriation	(416,840)	(425,107)
(24,933)	----	Other	18,675	(10,925)
(7,902,621)	(7,199,037)	Net Cost of Services	(8,430,907)	(7,634,614)
		35. NON CASH FINANCING AND INVESTING ACTIVITIES		
----	----	Assets Received by Donation	7,813	4,216
----	----		7,813	4,216

36. 2003/04 VOLUNTARY SERVICES

It is considered impracticable to quantify the monetary value of voluntary services provided to health services. Services provided include:

- Chaplaincies and Pastoral Care – Patient and Family Support
- Pink Ladies/Hospital Auxiliaries – Patient Services, Fund Raising
- Patient Support Groups – Practical Support to Patients and Relatives
- Community Organisations – Counselling, Health Education, Transport, Home Help and Patient Activities.

37. UNCLAIMED MONIES

Unclaimed salaries and wages of Health Services are paid to the credit of the Department of Industrial Relations and Employment in accordance with the provisions of the Industrial Arbitration Act, 1940, as amended.

All money and personal effects of patients which are left in the custody of Health Services by any patient who is discharged or dies in the hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of health services.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund, which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

38. Budget Review

Net Cost of Services

The actual Net Cost of Services of \$8.431 billion included the following variations not recognised in the budget: \$M

Cash supplementation provided from either the Treasurer's Advance, Section 22 of the Public Finance and Audit Act or Section 25 of the Appropriation Act. The application of such monies included the funding of award increases for nurses, other award increases, Leap Year and Recognised Cost Pressures	88
Superannuation costs stemming from the payment of award increases	24
Increase in leave provisions stemming from award increases and due observation of Australian Accounting Standard measurement	75
Use of Cash in lieu of Treasury Managed Fund Hindsight adjustment	37
Expensing of Capital Projects that do not satisfy criteria for recognition as assets	78
Other Expenses incurred through Management of Cash and Other Financial Assets	65
	367

Result for the Year from Ordinary Activities

The Result for the Year from Ordinary Activities is derived as the difference between the above Net Cost of Services result and the amounts injected by Government for recurrent services, capital works and superannuation/long service leave costs:

	\$M
■ Variation from budget for Net Cost of Services as detailed above	367
■ Additional recurrent appropriation	(88)
■ Additional capital appropriation	(46)
■ Crown acceptance of employee liabilities	(24)
	209

The variation of \$209 million from budget is principally attributed to the increased leave expenses of \$75 million; the use of Cash in lieu of the Treasury Managed Fund Hindsight adjustment \$37 million; the extent of capital expensing above the injection of capital funding \$32 million; and other expenses incurred through the management of Cash and Other Financial Assets \$65 million.

Assets and Liabilities

Net assets increased by \$285 million from budget. This included the following variations:	\$M
The restatement of Property, Plant and Equipment per independent asset valuations	494
Increase in Leave Provisions due to awards and increases in accumulated leave entitlements	(75)
Decrease in Receivables	(12)
Cash decreases	(99)
Other	(23)
	285

Notes to and forming part of the Financial Statements

for the year ended 30 June 2004

Cash Flows

- 2003/04 payments exceeded the budget by \$531 million reflecting additional payments supported by budget supplementation \$88 million; the expensing of capital projects \$78 million; the use of revenue favourabilities \$35 million, Goods and Services Tax (GST) payments offset by increases in cash receipts \$205 million, the use of cash \$102 million (in anticipation of factors such as TMF Hindsight receipts and asset sales) and other variations of \$23 million.
- 2003/04 receipts were \$279 million more than the budget as a result of the increase in GST related receipts of \$217 million and increased revenues/movements in receivables, etc of \$62 million.
- The movement of \$135 million in Cash Flows from Government results from supplementation provided after the budget was formulated.

39. FINANCIAL INSTRUMENTS

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. The Department of Health's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Statement of Financial Position date of 30 June are as follows:

Financial Instruments											Total carrying amount as per the Statement of Financial Position	
	Floating interest rate		1 year or less		Fixed interest rate maturing in: Over 1 to 5 years		More than 5 years		Non-interest bearing			
	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000
Financial Assets												
Cash	279,130	287,272	135,695	129,459	-----	-----	-----	-----	1,513	3,698	416,338	420,429
Receivables	-----	-----	-----	-----	-----	-----	-----	-----	161,723	165,413	161,723	165,413
Shares	3,301	3,301	-----	-----	-----	-----	-----	-----	6,214	8,643	9,515	11,944
Other Loans and Deposits	102,186	128,966	112,646	91,343	4,123	9,089	-----	4,374	37,774	-----	256,729	233,772
Total Financial Assets	384,617	419,539	248,341	220,802	4,123	9,089	-----	4,374	207,224	177,754	844,305	831,558
Financial Liabilities												
Borrowings-Bank Overdraft	20,328	17,350	-----	-----	-----	-----	-----	-----	-----	-----	20,328	17,350
Borrowings-Other	64,215	26,728	6,166	4,946	17,074	29,970	1,428	25,921	-----	219	88,883	87,784
Accounts Payable	-----	-----	-----	-----	-----	-----	-----	-----	542,798	525,028	542,798	525,028
Total Financial Liabilities	84,543	44,078	6,166	4,946	17,074	29,970	1,428	25,921	542,798	525,247	652,009	630,162

39. FINANCIAL INSTRUMENTS**b) Credit Risk**

Credit risk is the risk of financial loss arising from another party to a contract/ or financial position failing to discharge a financial obligation thereunder. The Department of Health's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position.

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Financial Assets										
Cash	105,029	86,541	248,159	243,826	-----	-----	63,150	90,062	416,338	420,429
Receivables	26,963	54,592	-----	-----	54,780	44,730	79,980	66,091	161,723	165,413
Shares	3,301	3,301	-----	23	-----	-----	6,214	8,620	9,515	11,944
Other Loans and Deposits	189,702	181,260	67,006	51,612	-----	-----	21	902	256,729	233,774
Total Financial Assets	324,995	352,694	315,165	295,461	54,780	44,730	149,365	165,675	844,305	831,560

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables from this source totalled \$14.931 million at balance date.

c) Net Fair Value

As stated in Note 2(q) all financial instruments are carried at Net Fair Value, the values of which are reported in the Statement of Financial Position.

d) Derivative Financial Instruments

The Department of Health holds no Derivative Financial Instruments.



40. After Balance Date Events

The Minister for Health announced changes to the health system on 27 July 2004 including a statewide restructure of health administration.

The restructure of health administration amalgamates the existing 17 Area Health Services into eight areas and dissolves the boards of each Area Health Service and the Children's Hospital at Westmead.

Future financial reporting will reflect the changes effected and will necessitate the aggregation of current balances with due eliminations effected prior to presentation of results.



END OF AUDITED FINANCIAL STATEMENTS



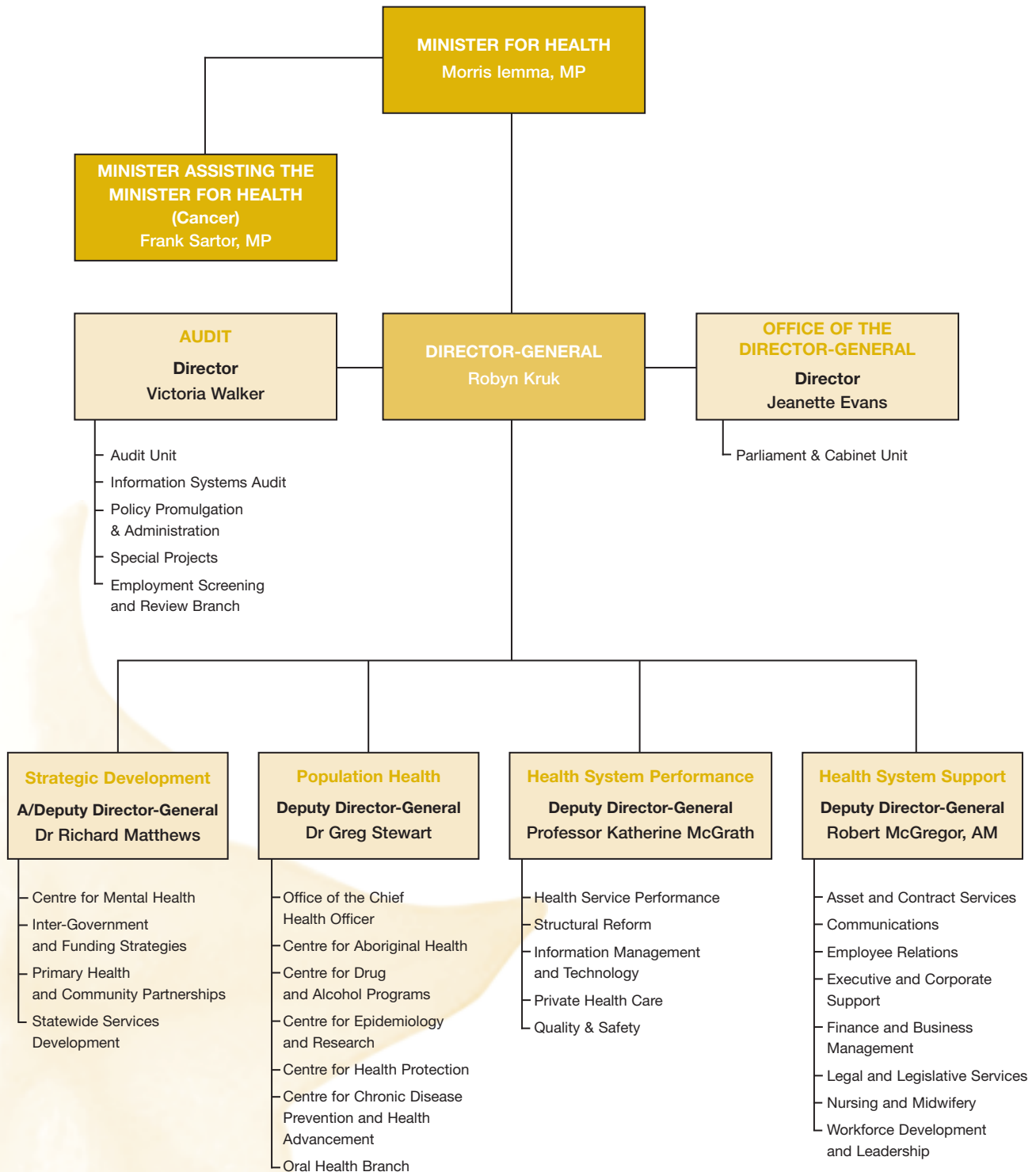
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(as at 30 June 2004)

Appendix



Director-General

Robyn Kruk

Robyn Kruk joined the NSW Department of Health as Director-General in July 2002. She has extensive experience in senior executive roles across the NSW public sector. Robyn was Deputy Director-General of The Cabinet Office and Premier's Department and Director-General of the National Parks and Wildlife Service. Earlier in her career, Robyn worked as a psychologist and child protection specialist in the former Department of Youth and Community Services.

Office of the Director-General

Director

Jeanette Evans

Jeanette Evans has worked in the public sector since 1990. She has extensive experience providing policy, issues management and strategic advice at a senior level across a range of portfolios including natural resources and policing. Jeanette joined the Department in her current position in October 2002.

Strategic Development

A/Deputy Director General

Dr Richard Matthews

Dr Richard Matthews is Acting Deputy Director-General, Strategic Development, joining the Department in November 2003. Dr Matthews' substantive position is Chief Executive Officer, Corrections Health Service (renamed Justice Health on 1 July 2004). Dr Matthews commenced his career in general practice and has developed a particular interest and expertise in drug and alcohol treatment.

Population Health

Deputy Director-General

Dr Greg Stewart

Dr Greg Stewart began work as the Chief Health Officer in 2001. His previous experience includes appointments as Director of the Public Health Unit in South Western Sydney Area Health Service, Director of Health Services in Central Sydney Area Health Service and Chief Executive Officer of Wentworth Area Health Service.

Health System Performance

Deputy Director-General

Professor Katherine McGrath

Originally trained as a haematologist, Professor McGrath worked as an active clinician, academic, laboratory director and Divisional Chair at the Alfred and Royal Melbourne Hospitals in Victoria until 1995, when she moved to the Hunter, initially as Director, Hunter Area Pathology Service, and later as the Chief Executive Officer and honorary Professor of Pathology. Professor McGrath commenced her current position in March 2004.

Health System Support

Deputy Director-General

Robert McGregor AM

Robert McGregor has extensive experience at senior management level in the NSW public sector, having occupied various chief executive officer positions. He rejoined the Department as Deputy Director-General, Operations in 1997 and was appointed to his current position in November 2003.

Office of the Director-General

Director

Jeanette Evans

Function within Department

The Office of the Director-General provides high-level executive and coordinated administrative support to the Director-General across a broad range of issues and functions. The Office works with the Deputy Directors-General and members of the Executive to ensure the Director-General receives advice that is accurate, timely and reflects a cross-agency view on critical policy and operational issues. The Office also supports the Director-General to ensure she provides high quality, coordinated advice and information to the Minister for Health on matters of significant interest to the public, NSW Parliament and the NSW Cabinet.

Branches

Parliament & Cabinet Unit

The Unit is responsible for coordinating NSW Health advice and the materials required by the Minister for Health and the Director-General to assist them in responding to the NSW Parliament, Cabinet and the central agencies of government.

Strategic Development

A/Deputy Director-General

Richard Matthews

Function within Department

The Strategic Development Division (until November 2003, the Policy Division) is responsible to the Director-General for undertaking overall health policy development, funding strategies and the system-wide planning of NSW Health services. The Division has also supported the Clinical Council and will support the newly created Health Care Advisory Council and Health Priority Taskforces.

Until November 2003, the Policy Division was also responsible for Oral Health (which they transferred to the Public Health Division), the Cancer Coordination Unit (which wound down with the establishment of the NSW Cancer Institute), and Quality Policy (the functions of which have devolved to the new Clinical Excellence Commission and the Health Systems Performance Division).

Branches and Centres

Centre for Mental Health

Provides comprehensive policy framework for mental health services developed in collaboration with health services, other government departments and non-government agencies. It also supports the maintenance of the mental health legislative framework.

Inter-Government and Funding Strategies

Leads and manages strategic relationships with the Australian Government, other state and territory governments, private sector and other strategic stakeholders. Responsible for determining the appropriate distribution of resources to health services, ensures that a comprehensive framework for the funding and organisation of the NSW health system is in place. Translates government priorities for the health system into effective strategies, and provides leadership in the development and implementation of state and national health priority policies and programs.

Primary Health and Community Partnerships

Develops and reviews community health programs and fosters partnerships with the community and non-government organisations.

Statewide Services Development (SSD)

Responsible for development of NSW Health policy, planning tools, frameworks, clinical plans and strategy development for a range of acute and speciality health services with statewide implications. In collaboration with the Asset and Contracts Services, SSD is also responsible for strategic planning for infrastructure (capital).

Population Health**Deputy Director-General
and Chief Health Officer****Dr Greg Stewart****Function within Department**

Population Health works with NSW communities and organisations to create circumstances that promote and protect health and prevent injury, ill health and disease. It monitors health and implements services to improve life expectancy and the quality of life. It develops, maintains and reports upon population health data sets; implements disease and injury measures; promotes and educates about healthier lifestyles; and protects health through disease prevention services and legislation. It ensures the quality use of medicines and the safe use of poisons.

Centres and Units**Office of the Chief Health Officer**

Leads the team responsible for setting policies and priorities that promote, improve and protect the population's health.

Centre for Aboriginal Health

Coordinates and advocates for policies and programs designed to improve the health status of NSW Aboriginal and Torres Strait Islander people.

Centre for Drug and Alcohol Programs

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

Centre for Epidemiology and Research

Monitors and reports on the population's health and develops and funds health and medical research infrastructure through the following branches:

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

Centre for Health Protection

Identifies and helps reduce communicable and environmental risks to the population's health and regulates standards of care and safety in the private health care sector through the activities of the following branches:

- AIDS and Infectious Diseases
- Communicable Diseases
- Counter Disaster Planning and Response
- Environmental Health
- Pharmaceutical Services

Centre for Health Promotion

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

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

Oral Health Branch

Aims to improve the quality and effectiveness of oral health care in NSW by adopting a population and evidence-based approach to clinical policy and practice. It monitors and improves the outcomes from oral health care in national and state priority areas, conducts epidemiological surveillance and provides relevant, timely and current advice in relation to oral health care issues.

Health System Performance

Deputy Director-General

Professor Katherine McGrath

Function within Department

The focus of the Health System Performance Division is to optimise the patient journey by driving performance improvement of the health system.

The priorities of the Health System Performance Division are to:

- set standards for the quality of care provided to health consumers through working closely with the Clinical Excellence Commission and clinical governance units of Area Health Services
- improve Area Health Service performance in key areas reflected in the Dashboard Indicators
- increase the focus on performance monitoring through streamlined reporting systems closely linked to Area Health Service agreements.
- improve information management and technology in a coordinated way across the health system including development of a clear investment strategy which will cover both clinical and corporate information/communications technology

Branches

Health Service Performance

Undertakes performance measurement and develops strategies to improve performance. This is achieved through policy development, managing access to information, and performance monitoring and reporting.

Structural Reform

Develops, advises on and monitors major organisational reform projects to enhance the performance of the health system and provides advice on organisational change.

Information Management and Technology (IM&T)

Develop and foster IM&T strategies and business solutions that best sustain the health care reform agenda. This is achieved by a focus on priorities that will improve and support the care delivery process and by promoting the better use of information for the NSW health system.

Private Health Care

Administers the Departments regulatory responsibilities for all licensed, privately-owned or operated nursing homes, hospitals and day procedure centres across NSW.

Quality and Safety

Provides strategic leadership in clinical quality and patient safety for the NSW health system by developing policy, supporting implementation and leading the evaluation of quality in services throughout NSW.

Health System Support

Deputy Director-General

Robert McGregor, AM

Function within Department

Health System Support was established in November 2003. It manages and provides strategic advice on financial, asset management, industrial, workforce, nursing and legal issues in the health system and provides corporate and executive support services for the Department.

It is responsible for:

- ensuring the health system operates within the funds available
- effectively managing industrial relations
- promoting effective asset management
- developing legislation of key significance to the health system
- providing quality corporate services and executive support
- analysing trends and implementing strategies to address workforce, training and development issues in the health system
- providing leadership in communications activities across the public health system.

Branches

Asset and Contract Services

Provides asset management and procurement policy development, capital program development and specific project direction across the public health system to support the efficient and effective delivery of health services. Has carriage of the development of the new Shared Corporate Services Management Program.

Communications

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

Employee Relations

Provides statewide oversight of industrial relations for the public health system, negotiates and determines wages and employment conditions, develops human resource policies and manages human resource information systems for the public health system.

Executive & Corporate Support■ **Executive Support Unit**

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

■ **Shared Services Centre**

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

■ **Corporate Personnel Services**

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

Finance and Business Management

Provides financial management, reporting and budgetary services for the NSW health system, including financial policy, financial analysis, insurance/risk management, GST/tax advice. Monitors key financial performance indicators for support services.

Legal and Legislative Services■ **Legal Branch**

Provides a legal and legislative service to the Department and Minister, including conduct of the Health Legislative Program, and provides privacy policy and compliance support for NSW Health.

■ **Health Conciliation Registry**

Conciliates complaints in accordance with the *Health Care Complaints Act 1993*.

■ **Health Professionals Registration Boards**

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

Nursing and Midwifery

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

Workforce Development and Leadership

Oversees workforce development for the public health system, focusing on supply, distribution, service delivery, culture and leadership issues across the workforce.

Audit**Director**

Victoria Walker

Function within Department

Provides a constructive, protective and comprehensive internal audit service that will assist in the discharge of the responsibilities of the Director-General and all other levels of management, and the accountability and the performance of the Department.

Branches**Audit Unit**

Provides performance, financial and compliance audit services to the Department.

Information Systems Audit

Provides audit, review and advisory services on information systems across NSW Health.

Policy Promulgation and Administration

Provides policy advice and develops and promulgates policy and procedure manuals.

Special Projects

Investigates possible corrupt conduct and provides corruption prevention and investigate services to NSW Health.

Employment Screening and Review Branch

Provides employment screening services for the NSW health system and investigates reported incidents of misconduct.

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

SES Level	As at 30 June 2004	As at 30 June 2003
8	1	1
7	4	3
6	0	0
5	3	3
4	2	1
3	12	13
2	15	16
1	6	12
TOTAL POSITIONS	43	49

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

As at 30 June 2004	As at 30 June 2003
21	22

Name	Robyn Kruk
Position title	Director-General
SES Level	8
Remuneration	\$358,050
Period in Position	2 years

Ms Kruk has demonstrated strong and effective leadership in a year in which the Government has commenced a significant reform program to meet the challenges posed by increasing levels of demand for access to public health services in NSW.

Significant achievements in 2003/04

- developing a Sustainable Access Strategy to enable public hospitals in NSW to meet the increases in demand resulting from an ageing population and decreasing access to affordable GP services
- piloting the Access Block Improvement Program in 9 hospitals with some of the busiest emergency departments in the greater metropolitan Sydney area
- establishing new, and enhancing the existing, systems that are in place in NSW to monitor and improve on the quality and safety of the care provided to patients using our public health services
- developing and co-ordinating a new model for Area Health Service governance and a streamlining of the Area Health structure from 17 Area Health Services to 8
- establishing a Workforce Development and Leadership Branch within the NSW Department of Health and a workforce plan to enable NSW to aggressively address the complex workforce challenges that health services in NSW and other jurisdictions face
- introducing significant changes to how NSW Health responds at a local level to complaints by patients and staff about health care services, including a plan to establish Clinical Governance Units in Area Health Services
- developing a plan to provide additional acute, sub-acute and community mental health services and more mental health professionals

Ms Kruk has continued to build on the Government's commitment to work with and involve clinicians in developing services and policies for patient care.

She has also managed the health budget effectively and overseen significant changes to the structure of the Department of Health.

Ms Kruk has fulfilled her responsibilities as Director-General of the Department of Health to my satisfaction. She has performed her duties efficiently and to a high standard.

Name	Robert McGregor, AM
Position title	Deputy Director-General, Health System Support
SES Level	7
Remuneration	\$309,900
Period in Position	7 years

The Director-General has expressed satisfaction with Mr McGregor's performance throughout 2003/04 in his position of Deputy Director-General, Health System Support and in his previous position of Deputy Director-General, Operations.

During 2003/04, Mr McGregor provided strategic advice and support to the Director-General and Minister for Health on a wide range of significant financial, industrial, workforce, legal, communications and operational issues relevant to the delivery of health services in NSW.

Significant achievements in 2003/04

- Progressed proposals to replace the current 17 Area Health Services with 8 Area Health Services.
- Developed a new model for Area Health Service governance and a consultation framework to progress the development and introduction of Area Health Advisory Councils.
- Coordinated restructuring of the Department and the devolution of some Department functions, in response to a review by the Independent Pricing and Regulatory Tribunal and an internal functional review.
- Managed the Health Capital and Asset Acquisition Program, with expenditure of \$528 million (including additions, expensing and grants) in 2003/04, and obtained approval to increase the level of expenditure on new assets to a record level of above \$600 million per year for four years, commencing in 2004/05.
- Progressed the development of the NSW Health Shared Corporate Services Management Program, consistent with the NSW Government's Shared Corporate Services Reform Strategy.
- Progressed Public Private Partnerships to generate efficiency savings by engaging the private sector in the construction, financing and operation of selected non-clinical services at the Newcastle Mater Hospital and the new Forensic and Prison Hospitals at Long Bay.
- Established the Department's Workforce Development and Leadership Branch to oversee workforce development for the NSW public health system, with a focus on improving workforce supply, service delivery, culture and leadership.
- Developed strategies that increased the number of nurses recruited to, and retained in, the NSW public health system.

Name	Dr Greg Stewart
Position title	Deputy Director-General, Public Health and Chief Health Officer
SES Level	7
Remuneration	\$303,630
Period in position	2.5 years

The Director-General has expressed satisfaction with Dr Stewart's performance throughout 2003/04 in his position of Deputy Director-General, Public Health and Chief Health Officer.

Dr Stewart has achieved the performance criteria contained in the performance agreement.

Significant achievements in 2003/04

- Provided strategic and operational advice to the Director-General across all areas of population health.
- Directed the population health activities of NSW Health at policy, planning and operational levels.
- Provided leadership to the broader public health network including the implementation of *Healthy People 2005: New directions for public health in NSW* and a mid-term review of *Healthy People 2005*.
- Represented NSW Health at key state and national public health fora including the National Public Health Partnership.
- Managed Public Health Division's operational and program budgets.
- Oversighted continued implementation of the Obesity Summit recommendations.
- Developed an implementation plan for the outcomes of the Alcohol Summit and oversighted implementation of key Health recommendations.
- Finalised and implemented the Health 'Action Plan' for the NSW Aboriginal Affairs Plan (*Two Ways Together – New Ways of Doing Business*).
- Directed the completion of a Review of Medical Research in NSW: A Prescription for Health.
- Finalised a new Population Health Division structure and completed all reviews required arising from the Department's Functional Review.

Name	Professor Katherine McGrath
Position title	Deputy Director-General Health System Performance
SES Level	7
Remuneration	\$309,900
Period in Position	3 months

The Director General has expressed satisfaction with Professor McGrath's performance throughout 2003/04 in her position of Deputy Director-General, Health Systems Performance.

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

Significant achievements in 2003/04

- Established of the NSW Patient Safety and Clinical Quality Program.
- Reviewed the Integrated Clinical Information Program.
- Developed of the Sustainable Access Plan 2004.

Name	Dr Richard Matthews
Position title	Acting Deputy Director-General Strategic Development
SES Level	7
Remuneration	\$247,101
Period in Position	7 months

The Director-General has expressed satisfaction with the performance of Dr Matthews throughout 2003/04.

Significant achievements in 2003/04

- Contributed at a key strategic level to a wide range of health business, including implementing responses to the IPART review of NSW Health.
- Led key aspects of the mental health program and policy development.
- Participated in the establishment of the Cancer Institute and the flow of information regarding cancer to and from the Department of Health.
- Released the NSW Health Child Protection Service Plan 2004-2008.
- Co-ordinated the whole of government response to the Legislative Council inquiry into mental health services in NSW.
- Led health reform through the Australian Health Ministers' National Health Reform Agenda.
- Negotiated the 2003/2004 Agreement with the Department of Veteran Affairs to provide public hospital services to eligible veterans.
- Negotiated the signing of the 2003-2008 Australian Health Care Agreement.
- Contributed significantly to the national reform processes for Radiation Oncology Services.
- Continued the implementation of initiatives from the NSW Rural Health Plan including the expansion of oncology, chemotherapy and renal dialysis support services.

Name	Ken Barker
Position title	Chief Financial Officer
SES Level	5
Remuneration	\$210,000
Period in Position	10 years

The Deputy Director-General, Health System Support has expressed satisfaction with Mr Barker's performance throughout his period of employment with the Department.

Mr Barker achieved the performance criteria contained in his performance agreement which focuses on financial management, control and advice of the NSW Health Budget.

Significant achievements in 2003/04

- Provided effective financial management and control of the NSW Health Budget.
- Provided advice allowing for NSW doctors to be covered by the Treasury Managed Fund for treating private paediatric patients in public hospitals.
- Contributed to 2004/05 Health Budget deliberation which resulted in additional funding as announced in the 2004/05 State Budget on 22 June 2004.
- Coordinated financial input for Health Services Reform (announced 27 July 2004) and the 2003 functional review of the Department.
- Contributed to improvement concerning linkages between operating and capital funds.
- Oversighted the NSW Health Pathology Review.

Name	David Gates
Position title	Director Asset and Contract Services
SES Level	5
Remuneration	\$207,200
Period in Position	9 years

The Deputy Director-General, Operations has expressed satisfaction with Mr Gate's performance throughout 2003/04.

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

Significant achievements in 2003/04

- Managed the Health Capital and Asset Acquisition Program with full year expenditure of \$528 million (including additions, expensing and grants), being within 2.7% of the approved allocation.
- Developed plans and received approval for an increased level of asset expenditure at a record level of above \$600 million per year for four years commencing in 2004/05.
- Managed the development of two major Public Private Partnership (PPP) projects through the establishment and expressions of interest stages, in particular, establishing Health as the lead agency for the Prison Hospital and Forensic Hospital cross-agency PPP project.
- Completed and released a new process of Facility Planning and allied benchmarking tools and facility design guidelines.
- Managed the development of the NSW Health Shared Corporate Services Management Program through the concept design of governance and operational models.
- Managed the ongoing development of goods and services procurement reform strategies, including the initial eMarketplace pilots and allied contracting reforms.
- Led the establishment of a National Health Asset and Facility Management Research and Development Centre of the University of New South Wales.

A) Key Performance Indicators for NSW public Hospital Services for the Year Ended 30 June 2004 State Summary
– all programs by Health Services

Area	Admissions ¹	Admissions reclassified to non-inpatient ²	Admissions adjusted for reclassification	Daily Average of Inpatients ³	Same Day as % of Total Admissions	Average Length of Stay (days) ⁴		Caseflow Rate ⁵	Non-Admitted Patient Services ^{1,6}	Emergency Department Attendances ⁷	Average Available Beds ⁶	Bed Occupancy Rate (%) ⁸	Average staff Employed (FTE) ⁹	Expenses (Accrual Basis \$'000)
						Overall, including Same Day Admissions	Overnight Acute							
Central Sydney	123,318	16,837	140,155	1,535	46.4	4.6	6.8	71.4	1,885,189	93,356	1,730	88.9	8,537	988,888
Northern Sydney	101,061	7,908	108,969	1,522	39.2	5.5	5.9	57.1	1,994,757	124,334	1,773	86.0	7,898	888,187
Western Sydney	131,997	29,214	161,211	1,765	46.1	4.9	6.2	69.6	2,569,762	109,932	1,899	93.1	9,478	1,026,937
Wentworth	50,586	10,349	60,935	629	29.0	5.2	5.6	65.3	806,462	54,924	678	93.0	2,979	378,875
South Western Sydney	141,974	9,745	151,719	1,767	41.4	4.6	5.3	71.9	2,249,375	163,191	1,976	89.6	8,189	918,117
Central Coast	71,686	3,332	75,018	759	46.8	3.9	6.3	91.8	1,014,060	84,745	782	97.2	3,537	389,617
Hunter	109,428	23,604	133,032	1,531	39.9	5.1	5.4	62.1	1,787,906	183,516	1,765	86.8	7,617	789,615
Illawarra	82,555	20,222	102,777	853	48.8	3.8	5.8	94.7	1,249,372	115,838	863	99.0	3,906	450,921
South Eastern Sydney	175,530	39,039	214,569	2,147	46.5	4.5	6.0	77.1	3,621,660	210,319	2,254	95.4	11,717	1,253,949
Total Metropolitan	988,135	160,249	1,148,385	12,509	43.6	4.7	5.9	71.5	17,178,543	1,140,155	13,719	91.3	63,859	7,085,106
Northern Rivers	72,396	2,198	74,594	734	40.6	3.8	5.0	82.5	1,028,696	174,211	849	86.6	3,294	387,499
Mid North Coast	56,516	20,368	76,884	577	35.5	4.6	5.0	64.3	851,120	93,733	717	80.6	2,577	362,490
New England	46,623	2,078	48,701	583	36.2	4.6	4.5	56.4	517,793	104,067	828	70.5	2,344	278,434
Macquarie	29,095	0	29,095	436	34.9	5.5	4.0	47.0	407,039	68,181	617	70.4	1,521	171,827
Mid Western	44,346	4,382	48,728	679	36.4	5.6	4.5	46.0	618,557	111,089	965	70.5	2,702	289,264
Far West	11,663	965	12,628	156	37.0	4.9	4.4	42.4	256,125	44,411	276	56.7	823	114,763
Greater Murray	55,384	87	55,471	906	36.8	6.0	4.5	46.1	838,147	132,174	1,203	75.4	2,972	368,122
Southern	32,893	0	32,893	621	29.6	6.9	4.6	40.0	625,578	89,195	825	75.4	2,148	266,409
Total Rural Areas	348,916	30,078	378,994	4,691	36.4	5.1	4.6	53.6	5,143,055	817,061	6,279	74.8	18,381	2,238,808
Corrections Health	1,652	0	1,652	129	0.0	30.3	8.5	10.8	2,725,734		152	84.8	590	64,025
The New Children's Hospital at Westmead	25,750	3,387	29,137	216	46.1	3.1	5.4	111.1	580,993	41,973	232	93.2	2,059	225,836
Total Other	27,402	3,387	30,789	345	43.4	4.6	5.7	71.4	3,306,727	41,973	384	89.9	2,649	289,861
Total NSW	1,364,453	193,714	1,558,167	17,545	41.7	4.8	5.5	65.9	25,628,325	1,999,189	20,382	86.2	84,929	9,613,775
2002/03 Total	1,347,625	177,598	1,525,222	17,385	41.8	4.8	5.5	65.8	24,194,817	2,005,233	20,147	86.3	82,022	8,821,642
2001/02 Total	1,323,403	135,152	1,458,555	17,002	40.7	4.9	5.4	64.6	22,629,220	2,003,438	19,513	87.4	79,418	7,969,570
2000/01 Total	1,320,415	106,728	1,427,143	17,141	39.7	5.0	5.3	63.0	20,475,350	1,778,822	19,720	86.7	77,946	7,502,353
1999/00 Total	1,312,977	85,383	1,398,360	17,357	39.2	5.1	5.2	61.6	22,061,519	1,671,981	20,258	85.7	77,580	7,149,924
1998/99 Total	1,347,774	64,037	1,411,811	17,958	39.2	5.1	5.3	59.9	21,419,883	1,446,082	21,222	84.7	78,327	6,871,445

Note:

There may be some variations in data reported by individual Health Services, due to differences in definitions and the scope of information reported.

¹ Includes services contracted to the private sector.

² Estimated number of admissions reclassified to non-inpatients over the last 5 years.

³ Daily average of inpatients = Total occupied bed days/366.

⁴ Average length of stay = (Total occupied bed days)/(Number of separations).

⁵ Caseflow rate = (Total admissions excluding Private contracted admissions)/(Available beds). Prior to July 2002 unqualified babies were also excluded from the caseflow rate calculation.

⁶ Non-admitted patient services (NAPS) data for 2001/02 and later are not comparable with earlier years. From 1 July 2001 NAPS information was required to be reported by provider type (eg doctor, dentist, pharmacist). As a result multiple services are counted for non-inpatients where care is given by more than one provider.

⁷ The counts of Emergency Department Attendances for 2001/02, 2002/03 and 2003/04 are based on DOHRS and EDIS and are not comparable with previous years. Attendances at Hawkesbury District Health Service and Port Macquarie Base Hospital Emergency Departments are not included.

⁸ Bed occupancy = (Total occupied bed days)/(Number of available days). Unqualified baby bed days were included in Total occupied bed days from 1 July 2002.

⁹ Full time equivalent, excludes overtime hours; includes SP & T staff and affiliated health organisation staff.

Source: DOHRS and EDIS. FTE staff employed sourced from HIE and staffing data provided directly by Health Services. Corrections Health admissions and non-admitted patient services data provided by Corrections Health.

B) Number of average available beds/bed equivalents in public hospitals and nursing homes by Health Service for the year ended 30 June 2004

Area ¹	General Hospital Units ²	General Hospital Unit Bed Equivalents	Nursing Home Units	Community Residential	Other Units	Total Beds/Bed Equivalents
Central Sydney	1,441	69	0	9	280	1,799
Northern Sydney	1,463	56	90	34	185	1,829
Western Sydney	1,419	100	77	146	256	1,999
Wentworth	579	41	84	15	0	719
South Western Sydney	1,705	43	194	76	0	2,019
Central Coast	765	23	0	17	0	805
Hunter ³	1,409	73	133	11	212	1,838
Illawarra	829	63	24	10	0	926
South Eastern Sydney	2,119	134	135	0	0	2,388
Total Metropolitan	11,730	602	736	319	934	14,321
Northern Rivers	849	14	0	0	0	863
Mid North Coast	654	69	37	25	0	786
New England	756	6	41	31	0	834
Macquarie	460	0	94	63	0	617
Mid Western	603	13	131	69	161	978
Far West	232	3	0	44	0	279
Greater Murray	984	0	159	60	0	1,203
Southern	597	0	106	67	54	825
Total Rural Areas	5,136	105	569	359	215	6,384
Corrections Health	0	0	0	0	140	140
The Children's Hospital at Westmead	232	10	0	0	0	242
Total Other	232	10	0	0	140	382
Total NSW	17,098	717	1,306	678	1,289	21,087
2002/03 Total	16,882	592	1,381	647	1,237	20,739
2001/02 Total	16,001	463	1,497	627	1,389	19,976
2000/01 Total	16,098	324	1,580	696	1,346	20,044
1999/00 Total	17,226	259	1,682	672	1,674	21,513
1998/99 Total	17,187	194	1,806	686	1,543	21,416

Notes:

There may be some variations in data reported by individual Health Services, due to differences in definitions and the scope of information reported.

Bed Equivalents include admissions done on an ambulatory basis, community care packages and community based transition care beds.

For ambulatory admission equivalents, bed equivalents are calculated based on the beds required for admissions now done on a non-admitted basis and an 85% occupancy rate. Bed equivalents for Community Care Packages 'ComPack' are based on 1 ComPack = 5 Bed Days.

Two Community Based transition Care beds are equivalent to 1 general hospital bed.

Additional beds were opened under the sustainable Access Plan 2004 after June 2004.

¹ Does not include Hawkesbury District Health Service and Port Macquarie Base Hospital.

² The number of beds in General Hospital Units is not comparable with previous years as cots and bassinets were included from 1 July 2002. There are an estimated 1,000 cots and bassinets.

³ The decrease in Nursing Home beds, Hunter Area Health Service is due to the transfer of Allandale Hospital to the private sector.

Source: DOHRS – Corrections Health data provided by Corrections Health.

Disease notifications among NSW residents 1994 to 2003, by year of onset of illness

Conditions	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	Total
AIDS	554	475	371	205	178	122	133	93	95	116	2,342
Adverse event after immunisation	40	28	56	70	95	16	42	111	177	217	852
Arbovirus infection (total)*	380	534	1,225	1,804	780	1,217	974	1,187	657	1,022	9,780
Barmah Forest virus infection*	39	271	172	185	134	249	195	402	393	451	2,491
Ross River virus infection*	331	236	1,031	1,598	583	952	749	716	181	494	6,871
Arboviral Other*	10	27	22	21	63	16	30	69	83	77	418
Blood lead level \geq 15ug/dl*	not notifiable until December 2000			710	873	691	988	513	517	298	4,590
Botulism	0	0	0	0	0	1	0	0	0	0	1
Brucellosis*	4	2	1	3	3	2	1	1	2	2	21
Chancroid*	not notifiable until December 1998					1	0	0	0	0	1
Chlamydia*	not notifiable until August 1998					2,467	3,499	4,494	5,658	7,562	23,680
Cholera*	0	1	3	1	1	2	0	1	1	0	10
Cryptosporidiosis*	not notifiable until December 1996			157	1,130	121	133	195	306	202	2,244
Food-borne illness (NOS)	213	270	211	255	201	151	147	56	41	1,071	2,616
Gastroenteritis (institutional)	296	1,359	554	939	738	673	697	775	1,752	3,583	11,366
Giardiasis*	not notifiable until August 1998					1,091	978	967	863	1,026	4,925
Gonorrhoea*	357	428	522	636	1,054	1,291	1,060	1,358	1,468	1,196	9,370
H.influenzae type b (total)*	61	29	13	17	11	13	8	7	10	6	175
H.influenzae type b epiglottitis*	21	6	2	5	1	2	2	1	1	0	41
H.influenzae type b meningitis*	17	11	4	3	3	3	1	1	1	0	44
H.influenzae type b septicaemia*	12	8	3	1	4	6	4	2	3	1	44
H.influenzae type b infection (NOS)*	11	4	4	8	3	2	1	3	5	5	46
Hepatitis A*	585	614	958	1,426	927	421	201	197	149	124	5,602
Hepatitis B (total)*	3,983	4,008	3,511	3,171	2,959	3,515	3,984	4,575	3,552	2,949	36,207
Hepatitis B: acute viral*	74	61	43	53	58	77	99	94	87	70	716
Hepatitis B: other*	3,909	3,947	3,468	3,118	2,901	3,438	3,885	4,481	3,465	2,879	35,491
Hepatitis C (total)*	7,824	6,887	7,008	6,930	7,216	8,608	8,302	8,706	6,713	5,277	73,471
Hepatitis C: acute viral*	16	32	18	19	112	112	222	295	153	127	1,106
Hepatitis C: other*	7,808	6,855	6,990	6,911	7,104	8,496	8,080	8,411	6,560	5,150	72,365
Hepatitis D*	19	19	9	11	3	14	12	11	9	12	119
Hepatitis E*	2	0	3	6	4	7	9	6	6	6	49
HIV infection*	501	533	446	423	401	373	352	338	390	414	4,171
Haemolytic uraemic syndrome	not notifiable until December 1996			3	6	11	9	2	7	5	43
Influenza (total)	not notifiable until December 2000							244	1,012	861	2,117
Influenza-Type A*	not notifiable until December 2000							216	770	767	1,753
Influenza-Type B*	not notifiable until December 2000							27	241	55	323
Influenza-Type (NOS)*	not notifiable until December 2000							1	1	39	41
Legionnaires' disease (total)*	60	75	74	33	46	41	41	68	44	60	542
Legionnaires' disease – L. longbeachae*	8	16	30	9	19	12	12	29	21	37	193
Legionnaires' disease – L. pneumophila*	30	35	34	18	22	22	26	38	22	23	270
Legionnaires' disease – other*	22	24	10	6	5	7	3	1	1	0	79
Leprosy	3	3	2	0	0	1	2	3	0	1	15
Leptospirosis*	14	6	33	33	50	56	54	66	39	37	388
Listeriosis*	10	14	22	23	28	22	18	12	11	28	188
Malaria*	184	96	203	173	158	174	232	157	105	144	1,626
Measles (total)	1,484	596	191	273	119	32	36	31	8	18	2,788
Measles Lab Confirm*	302	138	35	98	19	13	22	18	6	14	665
Measles (Other)	1,182	458	156	175	100	19	14	13	2	4	2,123

Conditions	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	Total
Meningococcal disease (invasive) (total)	142	113	161	219	186	221	253	234	216	203	1,948
Meningococcal disease – type B*	7	23	36	54	55	95	93	92	105	100	660
Meningococcal disease – type C*	9	8	35	55	55	60	64	38	54	46	424
Meningococcal disease – type W135*	0	1	0	2	4	4	4	2	2	2	21
Meningococcal disease – type Y*	1	0	1	0	7	1	7	2	2	5	26
Meningococcal disease -other	125	81	89	108	65	61	85	100	53	50	817
Mumps*	11	14	27	29	39	33	92	28	29	35	337
Paratyphoid*	11	12	15	5	9	5	14	11	13	22	117
Pertussis	1,405	1,369	1,156	4,246	2,309	1,415	3,686	4,438	2,012	2,768	24,804
Pneumococcal disease (invasive)*	not notifiable until December 2000							442	863	785	2,090
Psittacosis*	not notifiable until December 2000							38	155	87	280
Q fever*	267	201	287	258	236	164	131	143	309	280	2,276
Rubella (total)*	233	2,376	636	153	78	46	191	58	35	24	3,830
Rubella*	229	2,375	631	153	78	45	191	58	35	23	3,818
Rubella (Congenital)*	4	1	5	0	0	1	0	0	0	1	12
Salmonellosis*	1,101	1,366	1,224	1,698	1,813	1,438	1,396	1,644	2,104	1,843	15,627
Shigellosis*	not notifiable until December 2000							134	85	59	278
Syphilis (total)	967	834	661	512	612	585	581	545	648	838	6,783
Syphilis (infectious)* +	29	132	72	57	45	88	82	67	128	242	942
Syphilis congenital	2	6	3	3	0	3	2	1	1	2	23
Syphilis other*	936	696	586	452	567	494	497	477	519	594	5,818
Tetanus	4	0	1	3	3	1	2	0	0	1	15
Tuberculosis*	393	443	410	422	382	484	447	416	447	381	4,225
Typhoid*	25	27	30	28	18	32	28	32	22	11	253
Verotoxigenic Escherichia coli infections*	not notifiable until December 1996			0	2	0	1	1	5	2	11

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

* lab-confirmed cases only

NOS = Not Otherwise Specified

No case of the following diseases have been notified since 1991 : Diphtheria*, Granuloma inguinale*, Lymphogranuloma venereum*, Plague*, Poliomyelitis*, Rabies, Typhus*, Viral haemorrhagic fever, Yellow fever

+ includes Syphilis primary, Syphilis secondary and Syphilis < 1 yrs duration

6

PRIVATE HOSPITAL ACTIVITY LEVELS

Private hospital activity levels for the year ended 30 June 2004

Area	Licensed Beds ¹	Total Admissions				Same Day Admissions				Daily Average		Bed Occupancy	
	Number	Number	% variation on last year	Market share % ²	Market share variation	Number	% variation on last year	Market share % ²	Market share variation	Number	% variation on last year	% ³	% variation on last year
Central Sydney	394	56,231	2.8	31.3	1.7	42,777	0.6	42.7	2.4	361	-2.0	81.4	-1.3
Northern Sydney	1,534	186,885	3.2	65.0	0.7	119,020	4.2	75.3	1.8	1,481	-0.9	93.1	-0.8
Western Sydney	501	59,697	0.9	31.1	-0.1	36,417	0.2	37.4	-0.3	390	1.2	70.4	1.8
Wentworth ⁴	338	25,221	0.3	36.7	0.8	10,476	-0.9	44.4	1.4	261	1.1	77.1	2.1
South Western Sydney	209	30,420	-2.4	17.8	-0.6	20,238	-0.9	26.0	-0.7	166	0.2	71.5	0.0
Central Coast	303	28,221	2.3	28.2	0.1	16,402	3.9	32.8	0.6	256	6.4	84.4	5.1
Hunter	646	62,544	4.6	36.4	0.3	36,150	4.3	45.3	0.0	465	3.9	69.3	-6.8
Illawarra	287	35,642	4.2	30.4	-0.5	23,237	5.8	37.1	0.6	248	2.1	76.1	1.7
South Eastern Sydney	1,146	152,393	4.4	46.8	0.8	94,114	6.4	54.3	1.3	1,075	3.0	86.1	6.0
Total Metropolitan	5,358	637,254	3.0	38.8	0.4	5,398,831	3.6	47.8	1.0	4,702	1.2	82.5	0.8
Northern Rivers	105	17,343	-3.5	19.5	-1.5	13,014	-4.6	31.1	-4.1	97	-2.5	79.0	-1.4
Mid North Coast ⁵	422	40,775	3.1	47.9	0.8	20,837	5.8	55.5	1.2	376	6.1	86.0	3.4
New England	87	6,860	0.4	13.0	-0.1	3,366	7.6	16.9	0.9	58	2.8	67.1	3.3
Macquarie	56	4,846	3.6	14.3	0.2	3,237	5.5	24.2	-0.9	31	6.0	55.2	4.9
Mid Western	117	10,696	4.5	19.5	0.4	6,341	10.6	28.2	2.0	81	-1.0	68.7	-0.5
Greater Murray	189	30,909	6.3	36.0	0.9	20,132	7.1	50.3	-0.4	186	7.5	78.9	6.9
Southern	4	1,823	-1.2	5.3	-0.1	1,695	-1.1	14.8	-0.1	5	-1.5	124.5	-1.9
Total Rural Areas	980	113,252	2.8	25.3	0.1	68,622	4.3	35.9	-0.4	835	4.3	78.5	3.3
TOTAL NSW²	6,338	750,506	2.9	35.9	0.4	467,453	3.7	45.6	0.7	5,537	1.6	81.9	1.2

¹ Licensed beds as at 30 June 2004.

² Market share calculations include the New Children's Hospital in the Metropolitan Areas, Far West in the Rural Areas and both in Total NSW. Private hospital market share includes public admissions contracted to private sector.

³ Bed occupancy rate in the private hospitals is not comparable with that in the public hospitals. The former is based on licensed beds which may be open or closed during certain parts of the period (eg weekends). The latter is based on available beds (beds which are not available during some parts of the period were not included in the calculations). Thus the occupancy rates in the public hospitals are usually reported as higher than those in the private hospitals.

⁴ Includes Hawkesbury District Health Service.

⁵ Includes Port Macquarie Base hospital.

Source: Beds – Private Health Care Branch. Admissions – DOHRS as at 17 August 2004.

THREE YEAR COMPARISON OF KEY ITEMS OF EXPENDITURE

	2004		2003		2002		Increase/decrease (%) compared to previous year	
	\$000	% Total Expense	\$000	% Total Expense	\$'000	% Total Expense	2004	2003
Employee Related Expenses								
Salaries and Wages	4,655,516	48.06	4,137,770	46.67	3,822,022	47.69	12.51	8.26
Long Service Leave	166,685	1.72	183,514	2.07	116,344	1.45	-9.17	57.73
Annual Leave	445,718	4.60	443,723	5.00	366,425	4.57	0.45	21.10
Workers Comp. Insurance	157,314	1.62	149,172	1.68	153,858	1.92	5.46	-3.05
Superannuation	468,097	4.83	424,436	4.79	363,507	4.54	10.29	16.76
Other Operating Expenses								
Food Supplies	76,430	0.79	73,409	0.83	69,063	0.86	4.12	6.29
Drug Supplies	332,963	3.44	303,114	3.42	276,718	3.45	9.85	9.54
Medical & Surgical Supplies	433,294	4.47	395,610	4.46	346,715	4.33	9.53	14.10
Special Service Departments	173,080	1.79	161,575	1.82	150,595	1.88	7.12	7.29
Fuel, Light and Power	61,134	0.63	58,883	0.66	56,304	0.70	3.82	4.58
Domestic Charges	92,182	0.95	88,330	1.00	83,467	1.04	4.36	5.83
Other Sundry/ General Operating Expenses *	978,117	10.10	870,481	9.82	742,000	9.26	12.37	17.32
Visiting Medical Officers	380,584	3.93	360,794	4.07	320,271	4.00	5.49	12.65
Maintenance	261,952	2.70	255,804	2.89	220,662	2.75	2.40	15.93
Depreciation	370,994	3.83	350,092	3.95	337,988	4.22	5.97	3.58
Grants and Subsidies								
Payments to Third Schedule and other Contracted Hospitals	460,768	4.76	443,419	5.00	433,402	5.40	3.91	2.31
Other Grant Payments	161,659	1.67	156,185	1.76	146,111	1.82	3.50	6.89
Finance Costs	10,040	0.10	10,245	0.12	9,352	0.12	-2.00	9.55
TOTAL EXPENSES	9,686,527		8,866,556		8,014,804		9.25	10.63

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

Source: Audited Financial Statements 2003/04 and 2002/03

Capital Works completed during 2003/04

Type Project	Total cost \$M	Completion Date
Ambulance Service		
10 Queanbeyan Ambulance Station	1.0	Mar-04
10 Yamba Ambulance Station	0.8	Apr-04
Central Coast AHS		
4 Wyong Hospital Mental Health (Central Coast Health Access Plan)	10.1	May-04
Greater Murray AHS		
7 Deniliquin Ultrasound	0.3	Jun-04
5 Griffith Staff Accommodation	0.3	Jun-04
5 Wagga Wagga Interim Works	0.5	Jun-04
Hunter AHS		
4 John Hunter – Early Works Package	10.6	Jan-04
5 Cessnock/Kurri Kurri Works	0.9	Jun-04
7 John Hunter Gamma Camera	0.5	Jun-04
7 John Hunter Imaging Radiology Imaging System	0.5	Jun-04
7 Hunter Paediatrics/Orthopaedic Theatre Equipment	0.2	Jun-04
Illawarra AHS		
4 Coledale Hospital Upgrade	5.4	Jun-04
Macquarie AHS		
7 Dubbo CT Scanner Replacement	1.6	Jun-04
Mid Western AHS		
7 Bathurst Picture Archive & Communications Radiology	0.5	Jun-04
5 Forbes District Hospital Emergency Upgrade	0.5	Jun-04
5 Primary Health Care	0.5	Jun-04
7 Rural Information Technology Infrastructure	0.7	Jun-04
3 Staff Accommodation (Condobolin/Grenfell/Tottenham)	0.4	Jun-04
New England AHS		
3 Barraba Rural Hospital & Health Service	3.6	Jul-03
7 Tamworth Catheter Laboratory	2.2	Nov-03
3 Wee Waa Community Health Relocation	0.4	Feb-04
3 Barraba Health Service Stage 2	1.8	Jun-04
7 Tamworth Hospital Computerised Tomography Scanner	1.5	Jun-04
8 Tobwabba Aboriginal Medical Service	1.0	Jun-04
Northern Rivers AHS		
4 Casino Hospital Upgrade	0.5	Jul-03
7 Mobile X-Ray Unit	0.4	Aug-03
4 Tweed Heads Hospital Stage 3	36.2	Nov-03
4 Tweed Heads Hospital Renal Unit/Pharmacotherapy	1.1	Feb-04
5 Lismore Emergency Department Expansion	0.5	Jun-04
7 Lismore Hospital Computerised Tomography Scanner	1.5	Jun-04

Type Project	Total cost \$M	Completion Date
Northern Sydney AHS		
5 Macquarie Sub Acute Beds	2.1	Aug-03
5 Royal North Shore Hospital Redevelopment Stage 1 (Paediatrics, Obstetrics and Emergency Building)	54.6	Sep-03
5 Ryde Health Service – Operating/ Perioperative Unit	5.5	May-04
7 Royal North Shore Hospital Clinical Networks	2.1	Jun-04
5 Manly Hospital Emergency Medical Unit	0.7	Jun-04
Southern AHS		
7 Rural Information Technology Infrastructure	0.6	Jun-04
South Eastern Sydney AHS		
4 St George Hospital Perioperative Unit	6.4	Sep-03
7 Sydney Children's Hospital Child/Adolescent Unit	1.0	Jan-04
4 Sutherland Hospital Redevelopment	83.9	Feb-04
5 Prince of Wales Spinal Medical & Rehabilitation	23.6	Feb-04
7 Prince of Wales High Dependency Unit	1.0	Feb-04
7 Prevention/Management of Violence	0.9	Mar-04
7 Prince of Wales Non Acute Beds	1.8	Mar-04
7 Prince of Wales Linear Accelerator Replacement	2.6	Apr-04
5 Sydney Children's Cancer Care	0.3	Jun-04
7 South Eastern Sydney Supplementary Capital Program	1.9	Jun-04
7 South Eastern Sydney State Implementation Team Patient Administration System Unique Patient Identifier	8.9	Jun-04
The Children's Hospital at Westmead		
5 The Children's Hospital at Westmead Mental Health Unit	1.6	Jun-04
7 Energy Performance Contract	0.9	Jun-04
7 Picture Archive & Communication System Upgrade	3.5	Jun-04
7 Patient Administration System Universal Patient Identifier	2.3	Jun-04
7 Supplementary Capital Program Equipment	1.5	Jun-04
Wentworth AHS		
5 Springwood Hospital Theatre Works	0.4	Oct-03
5 Nepean Hospital Emergency Department	8.6	Jun-04
5 Nepean Hospital Clinical Service Enhancements	1.8	Jun-04
5 Mental Health Service Enhancements	0.4	Jun-04
5 Area Diabetes Service Fit-out	0.5	Jun-04

Capital Works completed during 2003/04 (continued)

Type Project	Total cost \$M	Completion Date
Western Sydney AHS		
5 NSW Breast Cancer Institute	3.8	Oct-03
4 Neonatal Emergency Transport Service	6.5	Jan-04
5 Energy Performance Contract	6.7	Jun-04
7 Metropolitan Clinical Networks	0.9	Jun-04
7 Point of Care Clinical Systems Implementation Planning Study	0.1	Jun-04
7 Western Sydney Quadrangle Data Centre	0.5	Jun-04
7 Replace Gamma Camera	0.9	Jun-04
7 Cardiac Catheter Monitors	3.9	Jun-04
Department/Various		
8 Armidale and District Aboriginal Medical Service (Departmental Grant)	0.6	Jun-04
9 Heart Research Institute (Departmental Grant)	4.5	Jun-04
1/4 Major Projects Planning	1.0	Jun-04
8 Prince of Wales Mood Disorders Unit (Black Dog Foundation) (Departmental Grant)	3.9	Jun-04
3 Rural Hospital and Health Services Program – Planning	1.0	Jun-04
4/5 St. Vincent's Contract Claim Settlement	3.2	Jun-04
8 St. Vincent's Research Precinct (Departmental Grant)	5.0	Jun-04
8 Walgett Aboriginal Medical Centre (Departmental Grant)	0.9	Jun-04
TOTAL COST	348.5	

Type of project

1 New Hospital/facility on a greenfields site	5 Upgrades (of existing hospitals, includes refurbishments)
2 Community Health Centre	
3 Multi Purpose Service/ Rural Health Service	6 Nursing Homes
	7 Capital Equipment
4 Redevelopment (new constructions)	8 Aboriginal Health
	9 Research
	10 Ambulance Service

Capital Works in progress during 2003/04

Type Project	Total cost \$M
Ambulance Service	
Ambulance Infrastructure	49.1
Forbes Ambulance Station	0.7
Sussex Inlet New Ambulance Station	0.8
Central Coast AHS	
Gosford Hospital (Central Coast Health Access Plan)	115.9
Wyong Hospital (Central Coast Health Access Plan)	85.4
Wyong Hospital Pacific Highway Upgrade (Central Coast Health Access Plan)	1.1
Central Sydney AHS	
Central Sydney AHS Resource Transition Program	413.9
Far West AHS	
Bourke Rural Hospital & Health Service	15.3
Greater Murray AHS	
Hay Rural Hospital & Health Service	9.4
Henty Rural Hospital & Health Service	5.8
Holbrook Hospital Acute Services Upgrade	2.1
Hunter AHS	
Newcastle Strategy	239.3
Newcastle Strategy – Mental Health & Radiotherapy Oncology	57.5
Illawarra AHS	
Milton/Ulladulla Hospital Redevelopment	7.0
Shoalhaven Hospital (Illawarra Strategy Stage 2)	34.7
Shellharbour Hospital Emergency Redevelopment	4.4
Macquarie AHS	
Dubbo Acute Psychiatric Inpatient Unit	5.1
Northern Rivers AHS	
Kyogle Rural Hospital & Health Service	9.4
Northern Sydney AHS	
Hornsby Hospital Obstetrics Paediatrics & Emergency Department	16.40
Royal North Shore Hospital Redevelopment Stage 2	407.4
Royal North Shore Hospital Redevelopment Stage 2 Carpark	7.3
Ryde Health Services	5.5

Capital Works in progress during 2003/04 (continued)

Type Project	Total cost \$M
Southern AHS	
Young Hospital & Mercy Health Services Collocation	16.6
South Eastern Sydney AHS	
Prince of Wales Parkes Block	7.0
South Western Sydney AHS	
Cabramatta Anti-Drug Strategy	2.0
Liverpool Hospital Emergency Department	9.1
Liverpool Mental Health Facilities	30.7
Macarthur Sector Strategy	108.7
The Children's Hospital at Westmead	
Research Facility	18.9
Wentworth AHS	
Blue Mountains Hospital Redevelopment Strategy (Includes Acute Inpatient Unit)	12.2
Western Sydney AHS	
Western Sydney Drug Youth Treatment	0.9
Westmead Hospital Ambulatory Procedural Centre	6.2
Westmead & St. Joseph's Hospitals (Western Sydney Strategy)	153.9
Various	
Additional Health Initiatives	4.6
Information Management & Technology Strategy Stage 4	4.8
Information Management & Technology Strategy Stage 5	9.9
Mental Health Accelerated Accommodation Program	8.6
Metropolitan Clinical Networks Infrastructure Strategy	9.0
Patient Administration System	90.0
Point of Care Clinical Information System	17.4
Rural Accommodation	3.0
Rural Hospital & Health Service Program Phase 1	74.4
Rural Information Technology Infrastructure	7.0
State Electronic Health Record	19.4
Statewide Planning & Asset Maintenance Program	51.1
TOTAL ESTIMATED COST	2,158.9

Note: \$'M estimated total cost as approved in 2003/04

New Capital Works introduced during 2003/04

Type Project	Total cost \$M
Corrections Health Service	
Long Bay Forensic Hospital	64.6
Greater Murray AHS	
Gissing House Staff Accommodation	0.3
Hunter AHS	
Hunter AHS Point of Care Clinical Systems	0.5
John Hunter Hospital Forensic Medicine	9.0
John Hunter Hospital Ultrasound Machines	0.7
Wansey Outpatient Service	0.3
Illawarra AHS	
Wollongong Hospital Kitchen Development	0.8
Northern Rivers AHS	
Northern Rivers AHS Energy Performance Contract	1.6
Northern Sydney AHS	
Byrnes Trust Building Dalwood	0.8
Manly Hospital Energy Performance Contract	0.7
Mental Health Stage 3A – Northern Mental Health Network – (NSAHS)	6.0
Royal North Shore Hospital Wide Area Network Links	1.5
South Western Sydney AHS	
Liverpool Hospital CSB – BCA Compliance	0.5
Mental Health Stage 3A – Western Mental Health Network – (Campbelltown Hospital)	6.0
Wentworth AHS	
Diabetes Service Fit-out	0.5
Western Sydney AHS	
Replace Gamma Cameras	1.0
Repairs & Routine Maintenance >\$250K (Purchase of Various Medical Equipment)	3.0
Cardiac Catheter Laboratory Monitors	3.9
Various	
Australian Incident Management System	1.0
Counter Terrorism	4.1
Information Management & Technology Patient and Clinical Systems	39.9
Information Management & Technology Infrastructure	15.0
Supplementary Capital Works Funding Program	37.5
TOTAL ESTIMATED COST	199.0

Note: \$'M estimated total cost as approved in 2003/04

Property disposals

1. Nineteen properties were disposed of in 2003/04 for total cash payments of \$21.9M.
2. All properties disposed of in 2003/04 were in accordance with government policy

The Department of Health has two Grants Programs providing support to the infrastructure of research and development organisations in NSW. Both programs provide funds to organisations for three years on a competitive basis.

The Research and Development Infrastructure Grants Program consists of two funding streams. Stream 1 funding is allocated to large research institutes with 40 or more full time research staff. Stream 2 funding is allocated to medium sized research organisations with 20 or more full time research staff. The specific objectives of the Infrastructure Grants Program are to:

- provide infrastructure funding on a fair and equitable basis for outstanding statewide research organisations
- align this funding with NSW health system priorities
- ensure that research organisations which receive funds comply with accountability requirements
- promote the dissemination and application of research results.

The Research and Development Capacity Building Infrastructure Grants Program supports research in public health, health services and primary health care (replaces Stream 3 of the previous Research and Development Infrastructure Grants Program). The specific objectives of the Infrastructure Grants Program are to:

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

In addition, funding grants are provided to organisations affected by the altered eligibility conditions for the competitive grants, deemed suitable for funding although not meeting strictly the conditions of the Programs or otherwise assisting in meeting the health and medical research priorities of NSW Health.

Grant recipient	Amount	Purpose
Anzac Research Institute	\$432,044	Infrastructure grant to support health research in the areas of lifestyle and ageing.
Australian Rural Health Research Collaboration	\$500,000	Infrastructure grant to support research on agriculture and production systems safety; farm injury; farm population health and rural health.
Centenary Institute of Cancer Medicine and Cell Biology	\$1,259,816	Infrastructure grant to support immunology research into cancer, infection, allergy and auto-immune diseases.
Centre for Clinical Governance Research in Health	\$35,000	Research into the costing of health services and design of health information systems.
Centre for Family Health and Midwifery	\$35,000	Infrastructure grant to support research to improve the health of families.
Centre for Health Informatics	\$500,000	Infrastructure grant to support research, development and commercialization of information and communication technologies and processes specifically targeted at health care priority areas.
Centre for Health Services Development	\$500,000	Infrastructure grant to support research into health services delivery and management.
Centre for Immunology	\$704,575	Infrastructure grant to support research into diagnosis and treatment of diseases of the immune system, eg asthma, allergy, HIV/AIDS.
Centre for Infectious Diseases & Microbiology Public Health	\$500,000	Infrastructure grant to support prevention, surveillance, epidemiology and diagnosis of infectious/ communicable disease and parthenogenesis and treatment of infectious diseases.
Centre for Nursing and Health Services Research	\$35,000	Infrastructure grant to support research on the health service delivery.
Centre for Vascular Research	\$646,004	Infrastructure grant to support research into the causation of treatment of blockages of blood vessels.
Centres for Primary Health Care and Equity	\$100,000	Infrastructure grant to support health system development, prevention and management of chronic disease, to understand health inequalities and strengthen links between research and policy/practice.
Children's Cancer Institute Australia for Medical Research	\$434,118	Infrastructure grant to support research into childhood cancer
Children's Medical Research Institute	\$742,338	Infrastructure grant to support research into childhood disease and disability.

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RESEARCH AND DEVELOPMENT INFRASTRUCTURE GRANTS
MADE BY THE DEPARTMENT OF HEALTH

Appendix

Grant recipient	Amount	Purpose
Consortium for Social and Policy research on HIV, Hepatitis C and Related Diseases	\$500,000	Infrastructure grant to support research in the area of HIV, Hepatitis C and illicit drug use in NSW and to encourage collaborative research and the formation of healthy public policy in these fields.
Garvan Institute of Medical Research	\$3,577,917	Infrastructure grant to support research on cancer, diabetes, osteoporosis, arthritis and obesity.
Heart Research Institute	\$532,537	Infrastructure grant to support research into heart disease, particularly atherosclerosis
Hunter Medical Research Institute	\$1,287,844	Infrastructure grant to support research of all areas of public health
Institute for Health Research	\$1,000,000	Multi disciplinary research collaboration service sciences in public health and health service sciences
Institute of Magnetic Resonance Research	\$309,150	Infrastructure grant to support research into the use of magnetic resonance for the detection, diagnosis and treatment of human diseases
Kolling Institute of Medical Research	\$1,124,797	Infrastructure grant to support research into the mechanisms of cell growth and communication with application on diseases such as diabetes and cancer
Macarthur Community-based Health Collaboration	\$35,000	Infrastructure grant to support research on models for community health and ambulatory and transitional care service delivery
Melanoma and Skin Cancer Research Institute	\$219,272	Infrastructure grant to support research into prevention and treatment of melanoma
National Centre in HIV Epidemiology and Clinical Research	\$464,845	Infrastructure grant to support monitoring of HIV/AIDS and to conduct clinical trials of HIV therapy
Newcastle Institute for Public Health	\$500,000	Infrastructure grant to support public health and health services research
NSW Primary Health Institute	\$100,000	Infrastructure grant to support establishment of an organisation for general practice and primary health care research, development and implementation
Prince of Wales Medical Research Institute	\$1,479,691	Infrastructure grant to support research on brain and nervous system including Parkinson's and Alzheimer's Disease
Save Sight Institute	\$198,150	Infrastructure grant to support research on age-related eye disease
Victor Chang Cardiac Research	\$1,109,509	Infrastructure grant to support research into the cause, diagnosis and treatment of cardiovascular disease
Westmead Millennium Institute	\$2,317,232	Infrastructure grant to support research on genetic, molecular and cellular basis of virus infections, the immune response, cancer and liver diseases
Woolcock Institute of Respiratory Medicine	\$765,116	Infrastructure grant to support research into causes, treatment and prevention of respiratory diseases, eg asthma, SIDS, sleep disorders
Total	\$21,944,955	

Additional grants

Grant recipient	Amount	Purpose
Westmead Research Hub	\$187,500	To provide support for the development of a business and project plan for the Westmead Research Hub
CRC for Asthma	\$200,000	Funding the Cooperative Research Centre for Asthma
BioMed North	\$250,000	Part of a three year funding agreement to assist in the development of a research cluster focusing its activities on the North Shore area of Sydney
Cancer Surgery Research Foundation Ltd	\$45,000	Establishment of the pancreatic cancer study group
St Vincent's Research and Biotechnology Precinct	\$5,000,000	Assistance with the development of the St Vincent's Research and Biotechnology Precinct
Total	\$5,682,500	

NON-GOVERNMENT ORGANISATIONS FUNDED BY THE DEPARTMENT OF HEALTH

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Program: 48.1 Ambulatory, Primary and (General) Community-Based Services

48.1.2 Aboriginal Health Services

Aboriginal Health

Grant recipient	Amount	Purpose
Aboriginal Health and Medical Research Council of NSW	\$738,300	Peak body advising State and Federal Governments on Aboriginal health matters and supporting Aboriginal community controlled health initiatives
Aboriginal Medical Service Co-op Ltd	\$360,150	Preventative health care and drug and alcohol services and Family Health Strategy services for Aboriginal community in the Sydney inner city area and one off grants for dental services, the Aboriginal Health Workers' Training Program and a cardiovascular health promotion project
Armidale & District Services Inc	\$337,700	Dental services and education for Aboriginal communities in the New England and north west NSW areas
Australian College of Health Service Executives	\$80,000	Coordinator for Australian Aboriginal Trainee Health Service Management Program 2 year project 2003/04 -2004/05
Awabakal Newcastle Aboriginal Co-op Ltd	\$357,600	Preventative health care, drug and alcohol, dental services and Family Health Strategy services for Aboriginal community in the Newcastle area
Biripi Aboriginal Corporation Medical Centre	\$149,400	Preventative health care, drug and alcohol, dental and Family Health Strategy services for Aboriginal community in the Taree area
Bourke Aboriginal Health Service Ltd	\$110,400	Preventative and primary health care, health screening and education programs, drug and alcohol services for Aborigines in Bourke and surrounding areas
Bulgarr Ngaru Medical Aboriginal Corporation	\$180,400	Dental Health Best Practice project for Aboriginal community in the Grafton area and Otitis Media coordinator
Centacare Wilcannia-Forbes	\$118,500	Aboriginal Family Health Strategy grant for the prevention of violence and supporting positive family relationships in Narromine and Bourke
Cummeragunja Housing & Development Aboriginal Corporation	\$66,700	Preventative health services for Aboriginal community in the Cummeragunja, Moama and surrounding areas
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$184,900	Dental, preventative health care and drug and alcohol services and an asthma health promotion project for the Aboriginal community in the Sydney Western Metropolitan area
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	\$23,288	Aboriginal Health Promotion projects for Healthy smiles for Aboriginal/ Torres Strait children five years and under and a Safe Motherhood Program and a one off grant for the Otitis Media program
Durri Aboriginal Corporation Medical Service	\$290,522	Preventative health, drug and alcohol services, Dental Health Best Practice project and non recurrent school focussed diabetes prevention and school breakfast program health promotion projects for the Aboriginal communities in the Kempsey area
Forster Local Aboriginal Lands Council	\$33,200	Aboriginal Family Health Strategy services for the prevention and management of violence within Aboriginal families
Goorie Galbans Aboriginal Corporation	\$100,000	Aboriginal Family Health Strategy services to reduce family violence, sexual assault and child abuse
Grace Cottage Inc	\$73,000	Family Health Strategy services involving individual and group support, educational workshops and training to reduce family violence, sexual assault and child abuse in Dubbo
Gudu Wondjer (Sea Women) Aboriginal Corporation	\$73,000	Safe house and support services for families fleeing from domestic violence in Eden and surrounding areas
Illaroo Cooperative Aboriginal Corporation	\$43,300	Personal Care Worker for the Rose Mumbler Retirement Village

Grant recipient	Amount	Purpose
Illawarra Aboriginal Medical Service	\$416,600	Dental, preventative health care, nursing, health and welfare and drug and alcohol services for the Aboriginal community in the Illawarra area
Katungul Aboriginal Corporation Community & Medical Services	\$180,400	Dental Health Best Practice project and Otitis Media coordinator
Maari Ma Aboriginal Corporation	\$24,200	Health promotion project -A hearty community: Heart health and community development strategies for indigenous males in Broken Hill
MDEA & Nureen Aboriginal Women's Cooperative	\$42,100	Counselling and support service for Koori women and children in stress from domestic violence
Munjuwa Queanbeyan Aboriginal Corporation	\$10,625	Drug and alcohol project
Ngadrii Ngalli Way Inc (My Mother's Way) Bourke Family Support Service	\$32,450	Aboriginal family health services providing emotional and practical support to families with dependent children who are experiencing difficulty in their lives
Ngaimpe Aboriginal Corporation	\$53,700	Grant for drug and alcohol treatment centre for men in the Central Coast area and NSW
Oolong Aboriginal Corporation Inc	\$180,469	Drug and alcohol residential treatment services for Aboriginal clients and a one off grant for a health promotion project
Orana Haven Aboriginal Corporation (Drug & Alcohol Rehabilitation Centre)	\$76,475	Drug and alcohol rehabilitation service for Aboriginal and non Aboriginal people
Pius X Aboriginal Corporation	\$22,276	Two year funding for back to basics nutrition program
Regional Social Development Group Inc	\$71,700	Develop a Aboriginal Family Health Strategy best practice model to increase access by the Aboriginal community to services specifically dealing with family violence, child protection and sexual assault services
Riverina Medical & Dental Aboriginal Corporation	\$684,300	Preventative health care, dental services, Otitis Media program and coordinator and Aboriginal Family Health Strategy to develop and implement family health education programs for the Aboriginal community in the South Western area
South Coast Medical Service Aboriginal Corporation	\$135,400	Preventative health care and drug and alcohol services and a non recurrent cultural activities health promotion project for the Aboriginal community in the Nowra area
Streetwise Communications	\$31,247	One off grant to develop the education resource kit- 'enough is enough' for domestic violence awareness for young aboriginal men and women
Tharawal Aboriginal Corporation	\$207,684	Dental, preventative health care for the Aboriginal community in the Campbelltown area
Walgett Aboriginal Medical Service Co-op Ltd	\$218,600	Preventative health care and drug and alcohol services and Family Health Strategy services for the Aboriginal community in Walgett and surrounding areas
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	\$72,920	Aboriginal Family Health Strategy grant to develop an education and training program for Aboriginal Community Workers covering family violence, sexual assault and child abuse issues
Weigelli Centre Aboriginal Corporation	\$48,200	Grant for drug and alcohol counselling, retraining and education programs for Aboriginal people in the Cowra area
Wellington Aboriginal Corporation Health Service	\$152,500	Drug and alcohol services, youth and Family Health Strategy services for the Aboriginal community in Wellington
Yerin Aboriginal Health Services Inc	\$90,550	Health and medical services both at the Centre and on an outreach basis and Family Health Strategy services and non recurrent immunisation health promotion project for Aboriginal people in the Wyong area
Yoorana Gunya Aboriginal Family Violence Healing Centre Aboriginal Corporation	103,900	Aboriginal Family Health Strategy project
TOTAL	\$6,176,656	

Program: 48.1 Ambulatory, Primary and (General) Community-Based Services

48.1.1 Primary and Community-Based Services

AIDS

Grant recipient	Amount	Purpose
Aboriginal Health and Medical Research Council of NSW	\$180,300	Advice on the AIDS Strategy for Aboriginal communities in NSW. Conduct of AIDS conferences. Development of an HIV/AIDS Aboriginal Health Worker education kit. Development of additional support material for the Diploma of Community Services (Case Management) with a focus on Aboriginal Sexual Health distance learning package
Aboriginal Medical Service Co-operative Ltd	\$182,000	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for their local Aboriginal communities and statewide where appropriate and care and support of HIV positive clients who may have other complex issues. Statewide distribution of condoms via Aboriginal Medical Services.
AIDS Council of NSW Inc	\$6,392,600	Statewide community based education, prevention and support services for people with HIV and those at high risk. Includes the Sex Worker Outreach Project (SWOP)
Australian Research Centre in Sex, Health and Society La Trobe University	\$26,050	Activating the internet:using new technologies to conduct health promotion with gay men project
Awabakal Newcastle Aboriginal Co-op Ltd	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Biripi Aboriginal Corporation Medical Centre	\$24,950	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Bourke Aboriginal Health Service Ltd	\$37,425	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Bulgarr Ngaru Medical Aboriginal Corporation	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Coomealla Health Aboriginal Corporation	\$65,459	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Daruk Aboriginal Community Controlled Medical Service Co-op Ltd	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Diabetes Australia – NSW	\$1,398,400	Provision of free needles and syringes to registrants of the National Diabetic Services Scheme resident in NSW
Durri Aboriginal Corporation Medical Service	\$63,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Hepatitis C Council of NSW	\$836,995	The Hepatitis C Council of NSW is the independent, community-based non-government organisation funded to provide information, support, referral, education, prevention and advocacy services for all people in NSW affected by Hepatitis C. The Council works actively in partnership with other organisations and the affected communities to bring about improvement in the quality of life, information, support and treatment for the affected communities, and to prevent Hepatitis C virus (HCV) transmission.
Katungul Aboriginal Corporation Community & Medical Services	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities

Grant recipient	Amount	Purpose
National Centre in HIV Epidemiology and Clinical Research	\$207,251	Monitoring of prevalence, incidence and risk factors for sexually transmissible infections among gay men in Sydney. Demographic and socio-economic and behavioural risk factors for AIDS in the HAART era
National Centre in HIV Social Research	\$238,099	Contribution towards the costs of the Sydney pH Cohort Study, the Sydney Gay Community Periodic Survey and the Positive Health Cohort Study and a number of time limited projects and a NSW HIV/AIDS Hepatitis C Research Coordination project
NSW Users & AIDS Association Inc	\$1,001,500	Community based HIV/AIDS and Hepatitis C education, prevention, harm reduction information, referral and support services for illicit drug users
Pharmacy Guild of Australia (NSW Branch)	\$1,770,200	Coordination of needle and syringe exchange scheme in retail pharmacies throughout NSW
Pius X Aboriginal Corporation	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
PLWHA (NSW) Inc	\$482,500	Statewide community based education, information and referral support services for people with HIV
South Coast Medical Service Aboriginal Corporation	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Uniting Care NSW.ACT	\$1,682,000	Medically Supervised Injecting Centre trial
University of Western Sydney	\$17,300	Negotiating ambiguity: making sense of HIV treatments project
Walgett Aboriginal Medical Service Co-op Ltd	\$24,950	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
Wellington Aboriginal Corporation Health Service	\$51,300	Provision of HIV/AIDS, Hepatitis C virus (HCV) and sexual health education and prevention programs for the local Aboriginal communities
TOTAL	\$14,990,379	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Alternative Birthing

Grant recipient	Amount	Purpose
Durri Aboriginal Corporation Medical Service	\$104,500	Provision of outreach ante/postnatal services to Aboriginal women in the Kempsey area
Walgett Aboriginal Medical Service Co-op Ltd	\$128,600	Provision of outreach ante/postnatal services to Aboriginal women in the Walgett area
TOTAL	\$233,100	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Care for Carers

Grant recipient	Amount	Purpose
Carers NSW Inc	\$308,700	Grant for support services for carers
TOTAL	\$308,700	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Community Services

Grant recipient	Amount	Purpose
Australian Association for the Welfare of Child Health Inc	\$128,500	Information and advice on the non-medical needs of children and adolescents in the health care system for families, parents and health professionals
NSW Council of Social Service	\$92,700	Grant for policy development in the areas of consumer participation, rural health, Health NGOs, community care, intergovernmental issues and promotion of non acute services and employment of health policy officer
NSW Association for Adolescent Health Inc	\$91,400	Peak body for individuals and organisations committed to promoting the health and well being of young people aged 15 to 25 years.
QMS (Quality Management Services) Inc	\$311,200	Coordination and implementation of NGO Quality Improvement Program for health NGOs funded under the NGO Grant Program
Sutherland Family Support of the Hope for Children Foundation inc	\$20,000	One off grant to support the operation of the Sutherland Family Network providing a volunteer home visiting service focussing on parents with new babies
United Hospital Auxiliaries of NSW Inc	\$142,300	Coordination and central administration of the United Hospital Auxiliaries spread throughout NSW
TOTAL	\$786,100	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Dental

Grant recipient	Amount	Purpose
Armidale & District Services Inc	\$100,000	Aboriginal oral health services
Awabakal Newcastle Aboriginal Co-op Ltd	\$100,000	Aboriginal oral health services
Biripi Aboriginal Corporation Medical Centre	\$40,000	Oral health computer with Information System for Oral Health and vouchers for relief of pain and emergency dental care
Bourke Aboriginal Health Service Ltd	\$50,000	Aboriginal oral health services
Bulgarr Ngaru Medical Aboriginal Corporation	\$100,000	Aboriginal oral health services
Dharah Gibinj Aboriginal Medical Service Aboriginal Corporation	\$80,000	Aboriginal oral health services
Durri Aboriginal Corporation Medical Service	\$100,000	Aboriginal oral health services
Katungul Aboriginal Corporation Community & Medical Services	\$60,000	Aboriginal oral health services
Maari Ma Aboriginal Corporation	\$50,000	Aboriginal oral health services
Pius X Aboriginal Corporation	\$70,000	Aboriginal oral health services
Riverina Medical & Dental Aboriginal Corporation	\$50,000	Aboriginal oral health services
Walgett Aboriginal Medical Service Co-op Ltd	\$47,500	Aboriginal oral health services
TOTAL	\$847,500	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Drug and Alcohol

Grant recipient	Amount	Purpose
Aboriginal Health and Medical Research Council of NSW	\$360,000	One off for IT project and policy position for Aboriginal Drug and Alcohol Network
Aboriginal Medical Service Co-op Ltd	\$512,697	Multi purpose Drug and Alcohol Centre
Department of Psychology Macquarie University	\$59,400	Specialist clinical studies courses on drug and alcohol dependence
Kids Help Line Australia P/L	\$161,250	Kids Help Line providing alcohol and other drug information, counselling and referral to young people in NSW
Life Education NSW	\$1,634,000	A registered training organisation providing a health oriented educational program for primary school children
Network of Alcohol & Other Drugs Agencies Inc	\$1,485,300	Peak body for non government organisations providing alcohol and other drug services
Oolong Aboriginal Corporation Inc	\$257,000	A residential drug and alcohol treatment and referral service for Aboriginal people
QMS (Quality Management Services) Inc	\$150,000	Three year project funding for the review and accreditation of drug and alcohol NGOS providing residential rehabilitation services in NSW
TOTAL	\$4,619,647	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Health Promotion

Grant recipient	Amount	Purpose
National Heart Foundation of Australia (NSW Division)	\$140,500	Program to support initiatives which aim to increase the number of NSW General Practitioners who deliver timely and effective physical activity advice to their patients
TOTAL	\$140,500	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Innovative Services for Homeless Youth

Grant recipient	Amount	Purpose
CHAIN – Community Health for Adolescents in Need, Inc	\$273,800	Preventative, early intervention and primary health care to young homeless people and young people at risk of homelessness
The Settlement Neighbourhood Centre (Muralappi Program)	\$83,000	A program providing culturally appropriate camps and living skills activities for young Aboriginal people in and around Redfern
TOTAL	\$356,800	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.3.1 Mental Health Services

Mental Health

Grant recipient	Amount	Purpose
Aboriginal Medical Service Co-op Ltd	\$75,000	Mental Health worker project for Aboriginal community in the Sydney inner city area
Alliance of NSW Divisions Ltd	\$157,500	Centre for Mental Health grant for improved mental health education and training support for general practitioners
Black Dog Institute Inc	\$1,052,700	Mental Health programs to advance the understanding, diagnosis and management of mood disorders through research, education, training and population health approaches.
Bulgarr Ngaru Medical Aboriginal Corporation	\$75,000	Mental Health worker project for Aboriginal community
Charles Sturt University	\$171,062	Centre for Mental Health one off grants for Mental Health Nurse Education projects
Mental Health Co-ordinating Council NSW	\$327,980	Peak organisation funded to support NGO sector efforts to provide efficient and effective delivery of mental health services plus one off grant for a NGO Mental Health Conference and the NGO Development Officers project
Mental Illness Education – Aust (NSW) Inc	\$135,000	Centre for Mental Health grant for mental health awareness program and insight program in secondary schools
NSW Council of Social Service	\$3,000	Centre for Mental Health one off grant for a mental health conference
Neuroscience Institute of Schizophrenia and Allied Disorders	\$7,975	Centre for Mental Health one off grant for schizophrenia education wall posters
NSW College of Nursing	\$40,625	Centre for Mental Health one off grant for the development of specialist Mental Health nursing courses
NSW Consumer Advisory Group (CAG)	\$305,000	Centre for Mental Health contribution to consumer and carer input into mental health policy making process and one off to contribute to the development of a consumer satisfaction measure for mental health clients
NSW Institute of Psychiatry	\$217,950	Centre for Mental Health grant for school link training phase 2 stage 1 project
South Coast Medical Service Aboriginal Corporation	\$100,000	Mental Health worker for local Aboriginal community
Southern Cross University	\$85,320	Centre for Mental Health one off grants for Mental Health Nurse education and scholarships projects
St Vincent de Paul Society – Vincentian Village	\$168,100	Funding for mental health workers at Vincentian Village, a service for homeless people in the inner city area
The Peer Support Foundation Ltd	\$191,500	Social skills development program, providing education and training for youth, parents, teachers, undertaken in schools across the NSW
University of New England	\$28,259	Centre for Mental Health one off grants for ATSI Mental Health scholarships
University of Newcastle	\$191,536	Centre for Mental Health one off grants for Mental Health Nurse education
University of Sydney	\$105,432	Centre for Mental Health one off grants for Mental Health Nurse Education project
University of Technology, Sydney	\$155,080	Centre for Mental Health one off grants for Mental Health Nurse Education projects
Women and Mental Health Inc	\$20,000	Centre for Mental Health one off grants for Australian and New Zealand College of Mental Health Nurses conference on trauma violence and mental health
Youth Accommodation Association NSW	\$20,000	Centre for Mental Health one off grant for Links project
TOTAL	\$3,634,019	

Other Grants

In addition to the Ministerially approved Non-Government Organisation program and the Research and Development Infrastructure Grants (both of which are listed separately in the Annual Report), the Department makes a series of

grant payments to groups and organisations external to NSW Health. These include payments to Commonwealth or State Government departments and universities and local councils and are supported by formal written agreements between the parties to the individual grants.

Grant recipient	Amount	Purpose
Aboriginal Health and Medical Research Council	36,364	Funding for a Policy/Program Officer
Action on Smoking & Health (ASH) Australia	40,000	Grant to assist with improving awareness of, and support for, tobacco control policy
AFL (NSW-ACT) Commission	90,909	Healthy lifestyle pilot project with AFL clubs
Alliance of NSW	9,091	Sponsorship of 2004 Vital Links
Amputee Association of NSW Incorporated	15,000	Support activities of Amputee Assoc NSW
ANZAC Research Institute	100,000	NSW BioFirst Award
Armidale & District Services Inc (Aboriginal Medical Service)	200,000	Funding to support capital projects
Attorney General's Department	306,635	Funding for Magistrates Early Referral into Treatment (MERIT) Program
Australasian Association for Quality in Health Care	5,000	Conduct Quality Seminars
Australasian Association for Quality in Health Care	18,182	Conference Sponsorship
Australian Aviation Psychology Association	10,000	Conference Sponsorship
Australian Breastfeeding Association	10,000	Contribution towards new Telephone Helpline equipment & service
Australian Catholic University	35,200	Funding for the Critical Windows Project
Australian College of Health Service Executives (ACHSE)	112,197	Contribution to the Health Services Management Development Program
Australian College of Health Service Executives (ACHSE)	70,088	Funding for the ACHSE (NSW Branch) for the Health Planning and Management Library
Australian Council on Health care Standards	2,400	In-depth reviews of public methadone maintenance clinics for accreditation purposes
Australian Doctors Trained Overseas	10,000	Administrative fee paid to Australian Doctors Trained Overseas Association
Australian Drug Foundation	10,000	Registration and scholarships to the International Harm Reduction Conference
Australian Health Ministers Advisory Council (AHMAC)	835,333	NSW contribution to AHMAC budget
Australian Medical Council	8,100	Funding six overseas trained doctors to sit October 2003 AMC/MCQ Exam
Australian Medical Outback Services	2,351	Presenters fees at GP Employment Entity Program Workshop
Australian Red Cross	179,170	Funding for the HOPE (Heroin Overdose Prevention and Education) Project
Australian Red Cross Blood Service (NSW Division)	1,054,463	Organ donation and bone marrow donor registry funding
Black Dog Foundation	730,000	Once off capital funding for Stage 3 of the building for the Black Dog
Institute on the Prince of Wales Hospital campus		
Bogong Regional Training	30,000	Funding commitment to Regional Training Provider as per Agreement
Central Coast Area Health Service	5,000	Funding for Pilot of Rural General Practitioners
Central Sydney Area Health Service	161,965	Support for the Chairperson of Clinical Governance and Ethical Medicine at University of Sydney
Central West Consortium	60,000	Funding commitment to Regional Training Provider as per Agreement
Charles Sturt University	27,273	Development of a drug and alcohol curriculum for pharmacy undergraduates
Commonwealth Department of Ageing, Disability & Health Care	1,650	Consultancy Bilateral Agreement

Grant recipient	Amount	Purpose
Commonwealth Department of Ageing, Disability & Health Care	17,000	Mapping the training, accreditation and insurance requirements for fitness professionals and other instructors
Department of Ageing, Disability and Home Care	109,091	Contribution to the Early Childhood Intervention Coordination Program for people with an intellectual disability
Department of Ageing, Disability and Home Care	45,000	Salary Senior Policy Officer NSW Carers Implementation Plan
Department of Ageing, Disability and Home Care	40,000	Expand the role of the Young Carers Program
Department of Community Services	66,555	Contribution to Human Services CEOs Forum
Department of Community Services	20,000	Contribution to Premier's Volunteer Referral Agencies
Department of Community Services	160,000	Funding under Illicit Drug Diversion Initiative
Department of Community Services	73,761	Staff Development Program providing training for Department of Community Services staff working with drug-related problems in key areas of welfare services
Department of Education and Training	250,000	A NSW Department of Education & Training initiative providing varied sports and physical opportunities to school students
Department of Education and Training	130,000	Contribution to the joint project on Schools as Community Centres
Department of Education and Training	137,915	Funding of the Youth Drug Court Program
Department of Health & Ageing	112,593	NSW contribution to Australians Donate
Department of Human Services	7,686	Strategic Intergovernmental Forum for Physical Activity and Health
Department of Human Services	15,364	Strategic Intergovernmental Nutrition Alliance
Department of Juvenile Justice	1,483,334	Funding under National Illicit Drug Strategy
Dubbo Plains Division of General Practice	59,000	Funding for Pilot of Rural General Practitioners
Education Centre Against Violence	1,455	Funding for workshop on Domestic Violence for Drug and Alcohol Workers
Emergency Life Support Courses Inc	45,455	Sponsorship development of Emergency Life Support Courses Website
Far West Area Health Service	10,000	Presentation at GP Employment entity Workshop
Far West Area Health Service	10,000	Support for Remote Rural participation in City to Surf
Garvan Institute	181,463	NSW BioFirst Award
General Practice Training	60,000	Funding commitment to Regional Training Provider as per Agreement
General Practice Training	1,500	Scholarship for the General Practice Education Australia: Multiple Choice Questionnaire Program
Guthrie House	79,820	Payment for the provision of beds to clients of Adult Drug Court program
Heart Foundation	55,000	An initiative to coordinate obesity prevention initiatives
Heart Foundation	20,000	Grant to provide education materials to assist with improving awareness of the harm of tobacco use
Heart Research Institute	1,500,000	Capital funding assistance
Hunter Area Health Service	33,500	Evaluation of Lifeball study
Illawarra Area Health Service	2,000	Support for a 'Creating Synergy – Current issues in the Alcohol and Other Drugs field' conference at Wollongong University
Indigenous Festivals of Australia	30,000	Sponsorship of the CROC FESTIVAL- Indigenous Youth Eisteddfod
Institute for International Health	2,300	Development of an Asia Pacific Injury Directory
Jarrah House	5,915	Payment for the provision of beds to clients of Adult Drug Court program
Kids of Macarthur Health Foundation	227,059	NSW contribution to enhance the quality of health care offered to children living in the Macarthur region
Kidsafe NSW	1,340	Grant to attend the 7th World Injury Prevention and Safety Promotion Conference

Grant recipient	Amount	Purpose
Kidsafe NSW	50,000	Support Executive Officer position at Kidsafe NSW
Kidsafe NSW	46,487	Support for the promotion of childhood injury prevention regarding falls
La Trobe University	64,000	Travel Bursaries for LaTrobe NSW Placements
Local Government and Shires Association	70,000	Local Government Shires Association-Public Health Policy Officer position
Metroscreen Ltd	115,000	Payment for organising Play Now Act Now 2003 film festival targeting the prevention of drug abuse in young people
Microsearch Foundation of Australia	110,000	NSW contribution for research in producing practical and applicable surgical/medical innovations
Mid North Coast Area Health Service	2,727	Coordinator for the NSW Falls Injury Prevention Network
National Heart Foundation	10,000	To support NSW Divisions of General Practice deliver the Acute Practice Workshop
Neuroscience Institute of Schizophrenia and Allied Disorders	1,084,728	Centre for Mental Health (CMH) to support research into the means to prevent and cure schizophrenia
New England Area Training	60,000	Funding commitment to Regional Training Provider as per Agreement. Contractors fees for service
North Coast NSW General Practitioner Training	60,000	Funding commitment to Regional Training Provider as per Agreement. Contractors fees for service
Northern Rivers General Practice	59,000	Funding for Pilot of Rural General Practitioners
Northern Sydney Area Health Service	37,182	Coordinator and associated sponsorship for the NSW Safe Communities program
Northern Sydney Area Health Service	50,000	Establishment of Northern Centre for Healthcare
Northern Sydney Area Health Service	2,000	Support for Domestic Violence Training for Drug and Alcohol Workers
NSW Bureau of Crime Statistics & Research	95,000	Research into the extent of alcohol related crime and anti-social behaviour in NSW
NSW Cancer Council	615,000	Funding for the Environmental Tobacco Smoke (ETS) and Children Campaign
NSW Cancer Council	20,000	Grant to provide education materials to assist with improving awareness of the harm of tobacco use
NSW Cancer Council	1,238,122	Payment for operating PAP Test Register
NSW Cancer Council	1,148,571	Support for the operation and management of the Cancer Registry
NSW Department of Corrective Services	1,399,912	Support for drug and alcohol workers and coordination of drug and alcohol programs in correctional facilities and provision of a drug intervention program for persons under the control of the Probation and Parole Service
NSW Department of Sport and Recreation	95,658	Active Council
NSW Department of Sport and Recreation	5,000	Independent Evaluation of Water Safety
NSW Institute of Psychiatry	26,100	NSW Doctors Mental Health Program
NSW Institute of Psychiatry	1,714,000	One off grant for mental health education and training initiatives
NSW Police Service	340,000	Drug Programs Coordination Unit, established by NSW Police to develop training and other programs for the Police Service on issues of drugs and alcohol
NSW Police Service	153,666	Funding under Illicit Drug Diversion Initiative
NSW School Canteen Association	250,000	NSW School Canteen Association provides support to assist schools in providing healthier food choices
NSW Therapeutic Assessment Group	205,840	Funding Agreement for support for the activities of the NSW Therapeutic Assessment Group
Odyssey House	12,935	Payment for the provision of beds to clients of Adult Drug Court program

Grant recipient	Amount	Purpose
Oolong House	102,866	Funding to establish and provide service delivery for Magistrates Early Referral into Treatment (MERIT) designated beds
Pedestrian Council of Australia	30,000	Promotional day to promote walking safely to school
Pharmacy Guild of Australia	1,305,000	Funding for Methadone Incentive Scheme 2003/2004
Postgraduate Medical Council	120,000	Australian Medical Council graduates pre employment program offered by Postgraduate Medical Council
Postgraduate Medical Council	77,000	Payment of Chair of Post Graduate Medical Council
Premier's Department	45,000	Contribution to the Youth Partnerships Initiative
Premier's Department	83,904	Premier's Council for Active Living – intersectorally working towards an environment which supports and promotes active living in NSW
RETT Syndrome Australian Research Fund	50,000	NSW Health contribution for research into RETT Syndrome
Rhedwest Ltd	60,000	Funding commitment to Regional Training Provider as per Agreement. Contractors fees for service
Royal Australian College of Physicians	10,000	Sponsorship Ethics and Philosophy and Health Financing Conference 2003
Royal College of Surgeons	1,250,000	NSW Health contribution of Part 2 of the Echtec Funding Agreement
Salvation Army	20,020	Payment for the provision of beds to clients of Adult Drug Court program
South Australian Department of Human Services	507,300	NSW contribution to Priority Driven Research
South Coast Aboriginal Medical Service	8,000	Grant to attend the National Indian and Inuit Community Health Representatives Organisation World Conference – 'Towards Community Action on Aboriginal Injuries'
South Eastern Sydney AHS	50,000	Clinical Risk Management Program
St Vincents Research and Biotechnology Precinct	385,909	Capital funding for the development of the St Vincent's Research & Biotechnology Precinct
Streetwise Communications	83,560	Development and Implementation of an information and educational resource for Aboriginal Families and Carers of drug users
Sudden Infant Death Association	3,000	Sids and Kids Pathology Workshop
Sydney University Medical Faculty	3,000	Support for the Sydney University Medical Journal
Tulips / Family Strengths Management	5,000	Conference Sponsorship Australian Family and Community Strength Conference
University of Canberra	40,000	Collaborative project grant – 'A Spatial Analysis of the Socio-economic Distribution of Patients in NSW Hospitals'
University of NSW	5,000	2003 Primary Health Research and Evaluation Conference
University of NSW	111,818	3 Year funding for Multicultural Health Unit
University of NSW	74,500	Biostatistical training: biostatistical approach for injury data
University of NSW	405,000	Consortium funding share for the operation of the NSW Injury Risk Management Research Centre
University of NSW	300,000	Curriculum Development for Undergraduates
University of NSW	27,000	Development of cost of injury estimates for Area Health Services
University of NSW	20,000	Funding an investigation of the predictors of the use of psychostimulants by long-haul distance drivers
University of NSW	150,000	Funding for Mood Disorder Research Unit
University of NSW	88,700	Funding for National Drug and Alcohol Research Centre (NDARC) scholarship
University of NSW	150,000	Funding to the NSW Centre for Physical Activity and Health for research to support physical activity promotion in NSW
University of NSW	43,164	Management and coordination of the Pharmacotherapies Accreditation Course (PAC) 2003/2004

Grant recipient	Amount	Purpose
University of NSW	45,000	March 2004 Clinical Bridging Program for Overseas Trained Doctors
University of NSW	8,500	Production of report on General Practice Dementia Projects
University of NSW	50,000	Project to map activities and identify health role(s) in relation to violence prevention in NSW
University of NSW	5,000	Sponsorship for the NSW Primary Health Care Research Conference 2003
University of NSW	121,082	Strengthening Health Care in the Community
University of Sydney	42,780	Brain Injury Outcome Study
University of Sydney	75,000	Coordination of Alcohol and Drug Education in Medical Schools
University of Sydney	30,000	Development of a drug and alcohol curriculum for pharmacy undergraduates
University of Sydney	70,000	Funding of the NSW Breastfeeding Promotion Project
University of Sydney	42,600	Management and coordination of the Pharmacotherapies Accreditation Course (PAC) 2003/2004
University of Sydney	100,000	NSW BioFirst Award
University of Sydney	250,000	The Australian Childrens' and Adolescents' Obesity Research Network to facilitate sharing of research findings and methods
University of Sydney	253,752	The NSW Centre for Overweight and Obesity conducts research to support obesity prevention and treatment initiatives
University of Sydney	236,248	The Schools Physical Activity and Nutrition Survey – a statewide study of students' nutrition and activity behaviours, fitness levels and obesity
University of Sydney	50,000	Training NSW public hospital staff on responding to the needs of people with a disability
University of Western Sydney	200,000	Base grant for Men's Health Information and Resource Centre
University of Western Sydney	50,000	Men's Health Information and Resource Centre
University of Western Sydney	25,000	NSW BioFirst Award
University of Wollongong	91,000	Funding to support the operation of the Australasian Rehabilitation Outcome Centre
University of Wollongong	50,000	NSW BioFirst Award
Various	81,094	NSW Medical Physicists in Radiation Oncology Scholarships
Various	191,417	NSW Rural Allied Health Scholarships
Victor Chang Cardiac Research Institute	100,000	NSW BioFirst Award
Walgett Aboriginal Medical Service	503,000	Funding associated with new capital projects
Warringah Shire Council	5,000	Grant for Safe Community program
Wayback Committee	200,849	Payment for the provision of beds to clients of Adult Drug Court program
We Help Ourselves	99,580	Payment for the provision of beds to clients of Adult Drug Court program
We Help Ourselves	2,387	Payment of Magistrates Early Referral into Treatment (MERIT) client accommodation expenses
Wentworth Area Health Service	10,000	Support for production and distribution of the 'Throne' magazine
Western Sydney Area Health Service	125,000	Development of the Westmead Research Hub
Western Sydney Area Health Service	7,034	Visual Impairment Prevention Pilot re young adults with diabetes
Youth Action and Policy Association	2,000	Contribution to the Youth Work Conference travel and accommodation costs
Total	\$27,049,468	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Rural Doctors Services

Grant recipient	Amount	Purpose
NSW Rural Doctors Network	\$1,025,500	The Rural Doctors' Network provides on-going support for rural and remote general practitioners through provision of access to quality, accredited continuing education and the development of professional networks. The RDN supports recruitment and retention of general practitioners to rural and remote NSW. The Rural Medical Cadetship Program provides financial support for medical undergraduates in exchange for their agreement to work two years after graduation in rural NSW. The RDN plays a role in the integration of this Program with undergraduate, vocational training and post graduate rural programs. The Rural Medical Undergraduates Program coordinates and supports undergraduate placements in rural hospitals and general practice and facilitates implementation of undergraduate activities with Universities and Rural Health Training units
TOTAL	\$1,025,500	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Victims of Crime Support

Grant recipient	Amount	Purpose
Dubbo Women's Housing Programme Inc	\$96,064	Provision of counselling and support services for women and children who have experienced domestic violence
Enough is Enough	\$94,584	Provision of support services to victims of crime, including victims of road trauma, with a focus on violence, cooperative justice and community education
Lifecare Family and Counselling Services	\$30,194	Victims of crime support
Mission Australia	\$68,992	Provision of court preparation and support to adult victims of crime
Nambucca/Bellingen Family Support Service	\$55,582	Provision of counselling and support services to women and children victims of domestic violence and abuse
Wayside Chapel/The Station	\$58,941	Victims of crime support
TOTAL	\$404,357	

Program: 48.1 Ambulatory, Primary and (General) Community Based Services

48.1.1 Primary and Community Based Services

Women's Health

Grant recipient	Amount	Purpose
Women's Health NSW	\$143,800	Peak body for the coordination of policy, planning, service delivery, staff development, training, education and consultation between non government women's health services, the Department and other government and non government services
TOTAL	\$143,800	

Accounts receivable ageing as at 30 June 2004

Category	2003-2004		2002-2003	
	\$000	%	\$000	%
< 30 Days	15,675	80	31,786	87
30/60 Days	1,243	6	1	1
60/90 Days	320	2	0	0
> 90 Days	2,285	12	4,321	12
TOTAL	19,523		36,473	

In 2003/04 the significant receivable balance in over 90 days is represented by \$851K for Aushealth as interest payable to the Department but not yet realised, consistent with terms for payment agreed with Aushealth. The amount further includes \$482K receivable from the Commonwealth in respect of Australian Red Cross Blood Service.

In 2002-03 the significant receivable balance in over 90 days is represented by \$2M for Department of Ageing and Disability. Payment received in July 2003.

Accounts payable ageing as at 30 June 2004

Quarter	Current (ie within due date) \$000	Less than 30 days overdue \$000	Between 30 and 60 days overdue \$000	Between 60 and 90 days overdue \$000	More than 90 days overdue \$000
September 2003	23,649	0	0	0	0
December 2003	26,878	0	0	0	0
March 2004	23,984	2	0	0	0
June 2004	47,594	2	2	0	0

The age analysis at 30 June 2004 includes interstate patient flow amounts payable to other states and territories.

It is established practice to determine amounts payable in the last quarter when finalised data for previous years is available.

Quarter	Total accounts paid on time		Total amount paid \$000
	%	\$000	
September 2003	99.7	2,410,331	2,417,584
December 2003	99.3	1,949,773	1,963,518
March 2004	99.6	2,101,418	2,109,857
June 2004	99.5	2,268,893	2,280,294

Australian Government/NSW Contributions

Health Services	{1}		{2}		Alternative Birthing		{3}		{4}		{5}		National Drug Strategy		{6}		Grand Total	
	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's	2003-04 \$000's	2002-03 \$000's
Central Sydney	2,752	2,678	647	638	0	0	0	0	50	25	3,200	3,486	224	186	0	0	6,873	7,013
Northern Sydney	1,100	1,070	174	172	0	0	0	0	5	25	4,276	4,196	420	420	0	0	5,975	5,883
Western Sydney	1,100	1,070	545	536	0	0	0	0	1,884	1,671	6,613	4,983	182	184	0	0	10,324	8,444
Wentworth	658	640	91	89	0	0	0	0	0	6	0	0	170	172	0	0	919	907
South Western Sydney	880	856	217	215	0	0	0	0	35	35	0	0	638	640	0	0	1,770	1,746
Central Coast	108	106	163	161	0	0	0	0	14	39	0	0	124	124	0	0	409	430
Hunter	450	438	57	56	0	0	0	0	0	41	3,432	3,554	66	66	0	0	4,005	4,155
Illawarra	538	524	138	138	0	0	0	0	38	38	0	0	278	280	0	0	992	980
South Eastern Sydney	3,648	3,544	454	452	0	0	0	0	25	25	3,548	3,382	996	1,010	0	0	8,671	8,413
Northern Rivers	442	430	327	326	0	0	0	0	64	42	0	0	182	150	0	0	1,015	948
Mid North Coast	328	320	140	140	0	0	0	0	38	38	2,986	0	10	2	0	0	3,502	500
New England	220	214	138	138	0	0	0	0	39	39	914	1,088	0	6	0	0	1,311	1,485
Macquarie	108	106	131	129	0	0	0	0	27	52	0	0	186	188	0	0	452	475
Mid Western	56	54	150	148	0	0	0	0	18	18	1,686	2,196	72	56	0	0	1,982	2,472
Far Western	88	86	110	109	0	0	0	0	46	46	0	0	18	20	0	0	262	261
Greater Murray	88	86	110	108	0	0	0	0	82	82	1,662	0	0	0	0	0	1,942	276
Southern	88	86	200	197	0	0	0	0	59	59	0	0	0	2	0	0	347	344
Corrections Health	328	320	0	0	0	0	0	0	0	0	0	0	700	706	0	0	1,028	1,026
Children's Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	6
Total – AHSs/Corrections	12,980	12,628	3,792	3,752	0	0	0	0	2,424	2,281	28,317	22,885	4,266	4,218	0	0	51,779	45,764
Total – NGO	12,632	12,292	1,332	1,651	289	281	0	0	1,238	1,350	0	4,552	6,168	6,048	0	0	21,659	26,174
Total – Other	0	0	1,349	918	429	417	210	204	72	0	768	774	5,260	5,036	69,008	43,176	77,096	50,525
Grand Total	25,612	24,920	6,473	6,321	718	698	210	204	3,734	3,631	29,085	28,211	15,694	15,302	69,008	43,176	150,534	122,463

Note: Figures above do not include the use of rollovers from 2002/03.

{1} The amounts reported under PHOFA represent only the extent of previous cost sharing arrangements with the Commonwealth. Actual AIDS allocations for 2003/04 approximated \$90M.

{2} The Women's Health allocation includes an estimate of Health Service contributions which includes an escalation of 2.9% for 2003/04, consistent with the level of escalation provided by Treasury.

{3} Statewide service administered through Western Sydney AHS.

{4} NGO funding represents payments to The Cancer Council of New South Wales for management of the NSW Pap Test Register.

{5} Funding is provided for Breast Screen NSW Screening and Assessment Services (SASs). Each SAS provides services for more than one AHS.

{4} & {5} Western Sydney Area Health Service allocations include funding for the Statewide Coordination Units for the NSW Breast and Cervical Screening Programs.

{6} Commonwealth funding is for purchase of vaccines on the National Health and Medical Research Council Immunisation Schedule (NHMRC).

Acts administered

- Ambulance Services Act 1990 (No. 16)
- Anatomy Act 1977 (No. 126)
- Cancer Institute (NSW) Act 2003 (No. 14)
- Centenary Institute of Cancer Medicine and Cell Biology Act 1 985 (No. 192)
- Chiropractors Act 2001 (No. 15)
- *Dental Practice Act 2001 (No. 64)
- Dental Technicians Registration Act 1975 (No. 40)
- Dentists Act 1989 (No. 139)
- Fluoridation of Public Water Supplies Act 1957 (No. 58)
- Garvan Institute of Medical Research Act 1984 (No. 106)
- Gladesville Mental Hospital Cemetery Act 1960 (No. 45)
- Health Administration Act 1982 (No. 135)
- Health Care Complaints Act 1993 (No. 105)
- Health Care Liability Act 2001 (No. 42)
- Health Professionals (Special Events Exemption) Act 1997 (No. 90)
- *Health Records and Information Privacy Act 2002 (No. 71)
- Health Services Act 1997 (No. 154)
- Human Tissue Act 1983 (No. 164)
- Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 (No. 37)
- Lunacy (Norfolk Island) Agreement Ratification Act 1943 (No. 32)
- Medical Practice Act 1992 (No. 94)
- Mental Health Act 1990 (No. 9)
- New South Wales Cancer Council Act 1995 (No. 43)
- New South Wales Institute of Psychiatry Act 1964 (No. 44)
- Nurses Act 1991 (No. 9)
- Nursing Homes Act 1988 (No. 124)
- Optical Dispensers Act 1963 (No. 35)
- Optometrists Act 2002 (No. 30)
- Osteopaths Act 2001 (No. 16)
- Pharmacy Act 1964 (No. 48)
- Physiotherapists Act 2001 (No. 67)
- Podiatrists Act 1989 (No. 23)
- *Podiatrists Act 2003 (No. 69)
- Poisons and Therapeutic Goods Act 1966 (No. 31)
- Private Hospitals and Day Procedure Centres Act 1988 (No. 123)
- Psychologists Act 2001 (No. 69)
- Public Health Act 1991 (No. 10)

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

*Uncommenced

Legislative changes**New Acts**

- Food Legislation Amendment Act 2004
- Food Act 2003*
- Human Tissue and Anatomy Legislation Amendment Act 2003
- Nurses Amendment Act 2003
- Podiatrists Act 2003

* Transferred to Minister for Primary Industries

Subordinate legislation**Regulations made**

- Food Regulation 2004*
- Optometrists Regulation 2004

* Transferred to Minister for Primary Industries

Regulations remade

- Dental Technicians Registration Regulation 2003
- Health Services Regulation 2003
- Medical Practice Regulation 2003
- Nurses Regulation 2003

Regulations amended

- Health Administration Amendment (Prescribed Establishments) Regulation 2004
- Health Care Liability Amendment (Exemption) Regulation 2003
- Human Tissue Amendment (Consent) Regulation 2003
- Mental Health Amendment (Transfer of ACT Civil Patients) Regulation 2004
- Nursing Homes Amendment (Fees) Regulation 2003
- Poisons and Therapeutic Goods Amendment (Fees) Regulation 2003
- Poisons and Therapeutic Goods Amendment (Thalidomide) Regulation 2004
- Private Hospitals and Day Procedure Centres Amendment (Fees) Regulation 2003
- Public Health (Microbial Control) Amendment (Miscellaneous) Regulation 2003
- Public Health Amendment (Scheduled Medical Conditions and Notifiable Diseases) Regulation 2004

Significant judicial decisions

Ambulance Service of New South Wales v Deputy Commissioner of Taxation

The Ambulance Service of New South Wales sought judicial determination of whether it is a 'public benevolent institution' for taxation purposes.

On 1 August 2003, the full Federal Court of Hill, Goldberg and Conti JJ dismissed the Ambulance Service's appeal, holding that the Ambulance Service was not a public benevolent institution.

Following this decision, changes to Commonwealth legislation were made to place public ambulance services on the same footing as public hospitals in terms of fringe benefit tax exemption and deductible gift recipient status.

Application for Review of the Determination of the Australian Competition and Consumer Commission made on 27 June 2003 granting authorisation in relation to applications A90754 and A90755 (Pathology Services for Private In-patients in NSW Public Hospitals)

NSW Health sought a review of an ACCC decision not to authorise a policy of requiring pathology services for private inpatients in public hospitals to be provided by NSW Health pathologists. The exception was where there were clinical circumstances necessitating referral to an outside provider. The Australian Competition Tribunal handed down its decision on 7 April 2004 authorising that policy pursuant to section 88(10) of the Trade Practices Act 1974 (Commonwealth).

The conditions of the authorisations are that referral out may occur where it is in the patient's best interests and the patient has provided written acknowledgment that he or she will pay any out-of-pocket expenses incurred by the referral. The decision recognised the significant public benefits of NSW Health's policy in efficiency gains and funding of education and research.

Information Activities during 2003/04

As required by the National Mental Health Information Development Agreement, ambulatory data for mental health clients for 2002/03 was delivered to the Commonwealth in December 2003 and the second year of outcome measure data collected under the Mental Health Outcomes & Assessment (MHOAT) protocol was also delivered in December 2003. After a year-long consultation process, a revised set of standardised MHOAT clinical modules was designed and released to Areas to assist in uniform clinical documentation across all public mental health services in NSW. Use of the modules is compulsory.

The Commonwealth Government funded the Australian Mental Health Outcomes and Casemix Network (AMHOCN) to provide training processes for recording outcome measure instruments and to process and report on the outcome measurement data at a national level.

In May 2004, the Australian Institute of Health and Welfare (AIHW) released *Mental Health Services in Australia 2001-2002*. In addition to admitted patient information, it included tables for non-admitted mental health service provision across Australia.

Following a review of the process used to provide unique patient identifiers for mental health data records in NSW, a new process was approved to reduce the reconciliation burden for Areas and to ensure inclusion of the mental health process in the mainstream State Unique Patient Identifier process. From June 2005 it will be possible to statistically link all mental health client data records in the Departmental data warehouse for the same client across time and across various service provision events.

Work began on the project to upgrade Community Health Information Management Enterprise (CHIME) so that a mental health friendly version would be available for all mental health services wishing to use it. It will include the ability to complete the standardised MHOAT modules electronically and to combine the recording of non-admitted client activity and outcome activity in the one system.

The National Survey of Mental Health Services (NSMHS) was repeated for 2002/03 and will continue for the 2003/04 year. There was no National Mental Health Report released in 2003/04.

As a result of the Departmental restructure, mental health information project staff have been devolved to an Area Health Service.

Data Sources for the Annual Report

All bed data and some of the activity data in the attached tables is based on paper collection, specifically for the 2003/04 Annual Report from psychiatric hospitals and collocated psychiatric units in general hospitals. This data is combined with data on admissions, transfers and same-day admissions from the Department of Health Reporting System (DOHRS) where the facility can be identified in the DOHRS database. Data for 2002/03 is from the *Department of Health 2002/03 Annual Report*. Efforts are continuing to improve identification of all mental health activity through changes to the DOHRS system and to hospital reporting practices.

Reported bed numbers represent the availability for use on one particular day only (30 June) and do not indicate general availability over the whole year. Available beds do not refer to empty beds but to beds that can physically be used and where there are staff to service them, whether occupied or not. Beds may be temporarily unavailable for occupancy due to renovations or temporary lack of staff.

Psychiatric Hospitals

In 2003/04 there was an apparent overall increase of 48 available beds in stand-alone psychiatric hospitals. On the whole, available reported bed numbers in all psychiatric hospitals (with the exception of Rozelle, Macquarie and Bloomfield) have remained the same as in 2002/03. Twenty beds in Hamilton House of Macquarie Hospital and 16 beds in Turon House of Bloomfield Hospital that were reported unavailable last year (2002/03) were available this year (2003/04). Rozelle Hospital reported eight additional beds in two of its wards (OBS and IPCU), but these were a temporary provision during refurbishment of part of the Missenden Unit at RPA. A 22 bed inpatient unit (Ward 24), which opened at Rozelle Hospital in June 2001 following the closure and relocation of Ward 34 at the Concord Hospital, is still in operation at Rozelle.

As at 30 June 2004, the 1,085 beds in psychiatric hospitals were almost 90% occupied with 976 patients in residence. A further 79 patients were reported as being on leave resulting in 97% of beds being committed to current patients. Seven per cent of the patients were reported to be on leave in all psychiatric hospitals, compared to six% in the previous year (2002/03).

Beds identified as drug and alcohol beds located on the campus of psychiatric hospitals (Cumberland and Rozelle) are not available for the admission of psychiatric patients and are excluded from this report.

Child and Adolescent Units

Overall, on 30 June 2004 there was a net increase of six available beds in child and adolescent units.

In 2003/04 two new non-gazetted, eight-bed child and adolescent units opened in Children's Hospital at Westmead and at the Sydney Children's Hospital, Randwick. Redbank House at Westmead reported one additional non-acute bed available in 2003/04.

There were four beds unavailable on 30 June 2004 at the Children's Hospital at Westmead and three at the Sydney Children's Hospital, Randwick, due to pending staff recruitment. The Gnakulun Unit at Campbelltown Hospital reported six available beds at 30 June 2004, as against 10 on 30 June 2003.

With the exceptions of the Acute Adolescent Unit at Redbank House, Gnakulun and Nexus, child and adolescent units generally operate for only four out of five weekdays with special programs during school holidays. As at 30 June 2004, there were 65 patients in residence across all child and adolescent units resulting in 71% occupancy, compared to 59% in 2003.

Collocated Gazetted Units in General Hospitals and Other Units (child and adolescent units not included)

Overall, on 30 June 2004 there was a net increase of 12 available beds in collocated units.

Facilities that reported increased bed availability on 30 June 2004, versus 30 June 2003, were:

- Coffs Harbour (30 beds vs. 24 beds)
- Dubbo Base (3 beds vs. 2 beds)
- Long Bay (98 beds vs. 89 beds)
- Westmead Adult Acute (18 beds vs. 12 beds)
- Wyong Hospital – Miri Miri Older Persons Unit (15 beds vs. 0 beds).

The new Miri Miri unit at Wyong opened just before the end of 2003/04, and has a small impact on the activity statistics for the year. Another new 14-bed mental health rehabilitation unit at Prince of Wales hospital, which opened in May 2004, did not report any available beds on 30 June 2004 because of pending staff recruitment.

Facilities that reported decreased bed availability on 30 June 2004, versus 30 June 2003, were:

- POW – Adult Psychiatry (45 beds vs. 49 beds)
- POW – Neuropsychiatric Institute (2 beds vs. 3 beds)
- RPA – Missenden Unit (30 beds vs. 40 beds)

- Wagga Wagga Base – Gissing House (6 beds vs. 14 beds)
- Shellharbour hospital – Mirrabook (20 beds vs. 22 beds).

At both RPA and Wagga Wagga, the beds were temporarily closed for refurbishment on 30 June, and alternative beds were available for patients both units subsequently re-opened early in 2003/04.

The reporting of mental health same-day admissions for Concord hospital when there are no mental health beds highlights the reason for Mental Health reporting the majority of same-day admissions as ambulatory and not inpatient care. This activity is similar to a community day care program. Only when a same day admission involves a specific procedure such as ECT is it regarded as an inpatient admission.

Concord Hospital reported 11 overnight admissions for patient activity in DOHRS under the Mental Health Financial Program. However, this was omitted from the total count of overnight admissions into collocated units as these admissions were in medical beds and not mental health beds. These admissions were of some elderly patients of the Mental Health Day Care Program who required unplanned overnight admissions for medication review and other acute conditions.

A total of 21,471 overnight direct admissions occurred in 2003/04 across all collocated units, an increase of 3% from 2002/03. Direct admissions alone do not reflect the true utilisation of the psychiatric units, since many patients are admitted to the hospital and transferred into the specialised unit. As in 2002/03, both admissions and transfers-in have been included to give a better indication of the actual utilisation of beds in collocated units. There were 8,131 same-day admissions to public psychiatric units reported for 2003/04, compared with 8,409 in 2003/04, a decrease of 3%. However, as already noted, this activity is similar to a community day-care program. Only when a same-day admission involves a specific procedure such as ECT is it regarded as an inpatient admission.

Current occupant numbers were available for all reported units this year. There were 863 patients occupying 915 beds giving an overall occupancy of 94% (or 104% including those on leave) on 30 June 2004. This indicates a high demand for acute mental health beds in collocated units.

Private Hospitals

As in 2002/03, 13 private hospitals authorised under the Mental Health Act provided inpatient and same-day psychiatric services during 2003/04. These hospitals reported 560 available psychiatric beds on 30 June 2004, compared with 580 reported on 30 June 2003.

The decrease of 20 available beds in 2003/04 from 2002/03 was due mainly to the unavailability of two beds in Evesham and a reduction in overall bed numbers (25) from 89 to 64 in St John of God Richmond, due to closure of two of its wards.

Northside Clinic reported 10 additional available beds in 2003/04. Notwithstanding lower available bed numbers in 2003/04, overnight admissions in private hospitals increased by almost 22%, from 8,048 in 2002/03 to 9,857 in 2003/04. Same-day admissions also increased by 4% from 17,589 in 2002/03 to 18,339 in 2003/04.

All beds in Port Macquarie Base and six beds in St John of God Richmond are public non-gazetted beds provided within a private hospital.

Performance Indicators

Significant progress has been made during 2003/04 to establish transparency for mental health funding and to attach outputs or activity to the 3.1 Program. A model for evaluating service provision has been developed and is described below:

Appropriateness – the extent to which program objectives align with government priorities and client needs.

Effectiveness – the extent to which program outcomes are achieving program objectives.

Cost-effectiveness – the relationship between inputs and outcomes expressed in dollar terms.

Efficiency – the extent to which program inputs are minimised for a given level of program outputs, or to which outputs are maximised for a given level of input.

In this report, the Department is including three years of data on key performance indicators that have been used to assess Area Mental Health Services. They do not cover the full range of performance, but they describe key resources (clinical staff, hospital beds) and key outputs.

AHS performance Indicator – Mental Health Clinical Staff (full-time equivalent)

Health Service	2001/02	2002/03	2003/04
CCAHS	189	208	202
CHS	127	93	140
CHW	39	39	55
CSAHS	544	551	558
FWAHS	38	51	37
GMAHS	122	117	138
HAHS	539	580	615
IAHS	231	259	213
MAHS	67	58	55
MNCAHS	175	231	208
MWAHS	227	269	293
NEAHS	118	137	113
NRAHS	126	171	175
NSAHS	738	723	752
SAHS	241	202	238
SESAHS	449	459	537
SWSAHS	381	370	395
WAHS	154	158	167
WSAHS	718	740	682
TOTAL	5,223	5,416	5,573

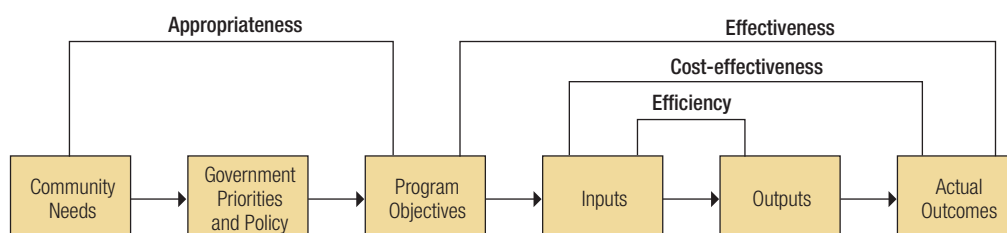
Sources – Program and Product Data Collection (PPDC) and National Survey of Mental Health Services (NSMHS). Data for 2003/04 is provisional.

Definitions

Clinical staff are defined as in the NSMHS, namely, medical, nursing, allied health and 'other personal care' staff.

Interpretation

Clinical staffing levels provide the simplest overall indicator of the resources available to an integrated mental health service. In addition to increasing acute hospital beds, NSW has been increasing community-based clinical care. The increase over the period reflects the impact of continuing enhancement of mental health funding.



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

Health Service	2001/02	2002/03	2003/04
CCAHS	747	804	1,005
CHS	151	100	92
CHW	*see note	*see note	10
CSAHS	2,684	2,746	2,675
FWAHS	108	93	79
GMAHS	845	757	810
HAHS	2,656	2,749	2,911
IAHS	1,482	1,670	2,007
MAHS	126	119	160
MNCAHS	839	1,318	1,452
MWAHS	720	646	958
NEAHS	768	764	907
NRAHS	793	1,065	1,263
NSAHS	2,008	1,824	1,771
SAHS	528	561	532
SESAHS	2,384	2,206	2,514
SWSAHS	2,182	2,295	2,398
WAHS	735	803	762
WSAHS	2,770	2,549	2,336
TOTAL	22,526	23,069	24,642

Source – Area Health Service returns to Department of Health Reporting System (DOHRS), and MNCAHS data on contract patients at Port Macquarie Base Hospital.

* The Children's Hospital at Westmead did not have any specialised acute inpatient beds until 2003/04.

Interpretation

NSW has undertaken an accelerated program to add new acute beds since 2000/01. Although the main impact of that program lies ahead, the effects were seen in 2003/04. Additional acute inpatient beds were opened in 2003/04 (see later tables for details). The 9% increase in acute overnight stays between 2001/02 and 2003/04 shows the first effects of this increase in service capacity.

AHS Performance Indicator – Mental Health Non-Acute Inpatient Care (bed-days in overnight stays)

Health Service	2001/02	2002/03	2003/04
CHS	22,396	21,299	21,604
CSAHS	30,048	28,949	29,467
HAHS	42,913	42,868	43,507
MWAHS	30,741	33,555	38,344
NSAHS	56,248	55,820	59,397
SAHS	16,680	17,426	17,697
WSAHS	51,814	52,569	51,301
TOTAL	250,840	252,486	261,327

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

Interpretation

An integrated mental health service requires that acute services be backed up by rehabilitation and extended care services, including those in hospitals. In NSW at present, non-acute inpatient services are provided only in psychiatric hospitals and a number of child/adolescent units, operating as statewide services.

The increase in 2003/04 is partly due to a significant increase in beds at Bloomfield Hospital and partly due to a technical change of reporting category (from acute to non-acute) for two child/adolescent units.

AHS Performance Indicator – Ambulatory care (contacts)

Australian mental health services now invest about half their resources in ambulatory (community-based and outpatient) care. Until recently, however, there has been no detailed reporting on what these services provide to individual clients. Mental health services in NSW have begun to address this gap by providing a record of each client contact and its duration, in accordance with Circular 2003/66. In future, it will be possible to report the number of hours of clinical service provided to clients each year. To achieve that, however, services must be able to record and report approximately two million contacts per annum, and have an encrypted Unique Patient Identifier that can be used to relate inpatient services, ambulatory services and outcome data.

Since 2000/01, Area Health Services have submitted nearly four million contact records, but have yet to achieve complete reporting.

Data on this indicator will be presented when services achieve 85% compliance with reporting requirements. It is expected that this will occur in 2004/05.

Public Psychiatric Hospitals with beds gazetted under the Mental Health Act 1990

Hospital/Unit	Available beds as at 30/06/03			Available beds as at 30/06/04			In residence		Admitted in 12 mths to 30/06/04		On Leave as at 30/06/04	Deaths in 12 mths to 30/06/04
	gaz	non gaz	tot	gaz	non gaz	tot	as at 30/06/03	as at 30/06/04	Over Night	Same Day		
Rozelle Psychiatric ¹	202	13	215	210	13	223	168	171	1,925	63	20	2
Macquarie Hospital ²	175	0	175	195	0	195	171	184	367	9	3	2
Cumberland Psychiatric	236	0	236	236	0	236	228	233	1,438	54	14	5
James Fletcher – Morisset	104	26	130	108	22	130	120	124	142	0	3	8
James Fletcher – Newcastle	68	14	82	68	14	82	76	79	1,461	92	12	8
Bloomfield Psychiatric ³	145	0	145	165	0	165	127	141	1,315	28	24	11
Kenmore Psychiatric	54	0	54	54	0	54	49	44	166	0	3	3
2003/04 Total				1,036	49	1,085		976	6,814	246	79	39
2002/03 Total	984	53	1,037	984	53	1,037	939	939	6,287	288	59	30
2001/02 Total				959	82	1,041		922	6,513	255	44	20
2000/01 Total				927	94	1,021		838	5,711	268	87	15

¹ Rozelle Hospital – 18 of the 32 beds in Ward H were unavailable, as these beds are reserved for veterans (funded by DVA) they were not occupied on 30 June 2004

¹ Rozelle Hospital – reported 8 additional available beds, 2 in OBS unit and 6 in IPCU

² Macquarie Hospital – reported all its beds as available including 20 in Hamilton House that were unavailable in 2003 due to renovation

³ Bloomfield Hospital – reported 4 additional available beds in Canobolas that were unavailable in 2003

Source: Centre for Mental Health

Public Hospital Psychiatric Units gazetted under section 208 of the Mental Health Act 1990 and other Non Gazetted Psychiatric Units

Hospital/Unit	Available beds as at 30/06/03			Available beds as at 30/06/04			In residence		Admitted in 12 mths to 30/06/04		On Leave as at 30/06/04	Deaths in 12 mths to 30/06/04
	gaz	non gaz	tot	gaz	non gaz	tot	as at 30/06/03	as at 30/06/04	Over Night*	Same Day		
Albury Base – Nolan House	24		24	24		24	22	18	488	28	2	0
Armidale Hospital	8		8	8		8	8	9	342	15	0	1
Bankstown Hospital – 2D ¹	0	12	12	0	12	12	10	7	238	1	0	1
Bankstown Hospital – Banks House	30		30	30		30	31	30	847	28	2	1
Blacktown – Bungarabee House	30		30	30		30	30	30	589	15	10	0
Bowral	0	2	2	0	2	2	1	0	115	3	0	0
Braeside Hospital – Aged MH Unit ¹	0	16	16	0	16	16	16	16	142	2	0	0
Broken Hill Base – Special Care Suite	2		2	2		2	2	2	155	11	0	0
Campbelltown Hospital – Waratah House	30		30	30		30	31	30	840	33	3	0
Coffs Harbour Hospital – Psych Unit	24		24	30		30	19	29	676	17	0	0
Concord Hospital – Ward 34 ²	0		0	0		0	0	0	0	3,178	0	0
Dubbo Base – Special Care Suite	2		2	2	1	3	2	3	149	0	0	0
Gosford District Hospital – Mandala Clinic	25		25	25		25	25	24	1,117	378	9	0
Goulburn Base – Chisholm Ross	20		20	20		20	16	18	549	117	6	2
Greenwich Hospital – Riverglens Unit	20		20	20		20	20	20	187	18	2	0
Hornsby & Ku-ring-gai Hospital – Lindsay Madew Unit	25		25	25		25	25	25	493	14	0	1
Kempsey District – Ward 149	0	10	10	0	10	10	9	10	233	14	1	0
Lismore Base – Richmond Unit	25		25	25		25	26	25	1,165	212	4	0
Liverpool Hospital – Psych Unit	30		30	30		30	30	28	770	205	1	2
Long Bay Prison Hospital – All Psych units ³	89		89	98		98	89	98	202	0	0	0
Maitland Hospital – Psych Unit	24		24	24		24	20	17	852	33	12	1
Manly District – East Wing General	20		20	20		20	20	20	755	4	2	0
Manly District – East Wing Psychogeriatric	10		10	10		10	10	10	278	3	1	0
Manning Base – Taree Acute Inpatient Unit	20		20	20		20	19	19	382	5	3	0
Mudgee – Special Care Suite	0	2	2	0	2	2	0	0	36	1	0	0
Nepean Hospital – Pinal Unit	30		30	30		30	25	30	739	65	2	0
Prince of Wales – Adult Psychiatry	49		49	45		45	49	45	804	23	2	0
Prince of Wales – Neuropsychiatric Institute	3		3	2		2	3	1	3	0	0	0
Prince of Wales – Psychogeriatric	6		6	6		6	6	6	49	4	6	0
Prince of Wales – MH Rehab Unit ⁴				0		0		0	0	0	0	0
Queanbeyan – Special Care Suite ⁵	2		2	2		2	0	2	0	0	0	0
Royal North Shore – Cummins Unit	20		20	20		20	18	20	421	5	3	1
Royal Prince Alfred – Missenden Unit ⁶	40		40	30		30	37	27	791	38	2	0
Shellharbour Hospital – Eloura Unit	29		29	29		29	29	22	956	172	6	0
Shellharbour Hospital – Mirrabook Unit	20	2	22	20		20	21	19	1,089	20	2	0
St George – MH Unit	28		28	28		28	28	28	617	46	0	1
St Joseph's Auburn – Psychogeriatric	15		15	15		15	15	13	151	1	0	0
St Vincents – Caritas	27		27	27		27	27	27	747	34	2	0
Sutherland Hospital – Psych Unit	28		28	28		28	28	25	589	41	0	0

* Including transfers in.

Hospital/Unit	as at 30/06/03			as at 30/06/04			In residence		12 mths to 30/06/04		Leave as at 30/06/04	in 12 mths to 30/06/04
	gaz	non gaz	tot	gaz	non gaz	tot	as at 30/06/03	as at 30/06/04	Over Night	Same Day		
Tamworth Base – Banksia Unit	25		25	25		25	22	22	712	60	0	0
Tweed Heads Hospital – Tweed Valley Clinic	25		25	25		25	19	25	603	9	0	0
Wagga Wagga Base – Gissing House ⁶	14		14	6		6	14	4	382	13	0	0
Westmead – Adult Acute Unit	12		12	18		18	10	15	608	3,046	2	0
Westmead – Psychogeriatric Unit	8		8	8		8	7	8	94	207	0	0
Wollongong Hospital – MH Unit	20		20	20		20	12	21	467	11	6	0
Wyong Hospital – Miri Miri Older Persons Unit ⁷				15		15		15	49	1	0	0
2003/04 Total (excl C&A)				872	43	915		863	21,471	8,131	91	11
2002/03 Total (excl C&A)	859	44	903				851		20,843	8,409	92	16
Child and Adolescent Units												
Coral Tree Family Unit		15	15		15	15	10	15	586	1,094	0	0
Thomas Walker – Rivendell		24	24		24	24	13	7	271	1,231	6	0
Westmead – Redbank House	9	17	26	9	18	27	13	19	279	2,422	19	0
Campbelltown – Gnakulun	10		10		6	6	5	6	153	308	0	0
John Hunter – Nexus	10		10		10	10	9	9	147	1	0	0
Children's Hospital at Westmead ⁸				4	4			4	13	0	0	0
Sydney Children's Hospital – Adolescent Unit ⁹				5	5			5	16	59	0	0
2003/04 Total Child and Adolescent				25	66	91		65	1,465	5,115	25	0
2002/03 Total Child and Adolescent	29	56	85				50		1,084	4,745	25	0
2003/04 Total all Units				897	109	1,006		928	22,936	13,246	116	11
2002/03 Total all Units	888	100	988	888	100	988	901		21,927	13,154	117	16
2001/02 Total all Units				802	74	876	767		21,445	13,342	45	9
2000/01 Total all Units				718	137	855	751		21,920	12,497	103	2

¹ Aged Care Mental Health beds – not funded under Mental Health Program 8

² Ward 34 of Concord relocated to Rozelle in June 2001 – now Ward 24 at Rozelle

² Concord has a day care ambulatory mental health program for veterans

³ A nine bed female ward [Ward B East] opened in Long Bay in September 2003

⁴ A new 14 bed MHU opened in POW on 22 May 04 – none of the beds were available due to pending staff recruitment

⁵ Bed activity not reported in DOHRS and HIE under program eight as beds located in general ward – hence no activity data available for 03/04 – reporting to start in 04/05

⁶ Missenden Unit at RPA and Gissing House at Wagga Wagga reported 10 and eight unavailable beds respectively on 30 June 2004

⁷ A new aged care MHU opened in Wyong Hospital in May 2004

⁸ A new eight bed C&A Mental Health Unit called Hall Ward opened at Children's Hospital at Westmead in May 2004 – not all beds available due to pending staff recruitment

⁹ A new eight bed C&A Mental Health Unit opened in Sydney Children's Hospital on 3 Nov 2003 – not all beds available due to pending staff recruitment

Source: Centre for Mental Health

Private Hospitals in NSW authorised under the Mental Health Act 1990

Hospital/Unit	Available beds		In residence		Admitted in 12 mths to 30/6/04		On leave as at 30/06/04	Deaths in 12 mths to 30/06/04
	as at 30/06/03	as at 30/06/04	as at 30/06/03	as at 30/06/04	Over Night	Same Day		
Albury/Wodonga Private	12	12	7	10	2,328	335	0	1
Evesham ¹	44	42	33	25	423	1,680	0	0
Lingard	25	25	19	20	418	1,082	0	0
Northside Clinic ²	89	98	75	83	1,429	3,854	2	0
Port Macquarie Base ³	10	10	10	10	261	8	1	0
South Pacific	35	35	20	21	398	180	0	0
Northside West Clinic ⁴	80	80	32	29	602	2,004	0	0
St John of God Burwood	86	86	65	70	1,370	918	2	0
St John of God Richmond ¹	89	64	60	58	904	990	0	0
Sydney Private Clinic	34	34	33	33	683	2,177	0	1
Wandene	30	30	26	29	417	1,161	1	0
Wesley Private	38	38	35	33	517	3,950	0	0
Mayo Private Clinic ¹	8	6	7	5	107	0	0	0
Total 2003/04		560		426	9,857	18,339	6	2
Total 2002/03	580		422	422	8,048	17,589	2	4
Total 2001/02	570		377	377	7,822	18,666	4	1
Total 2000/01	524		524	348	7,126	14,454	42	4

¹ Fewer beds reported from previous year by Evesham (-2); St John of God Richmond (-25); and Mayo Clinic (-2)

¹ St John of God Richmond closed two of its wards in the beginning of 2004 reducing the number of beds from 89 to 64

² Northside Clinic reported 10 additional beds from previous year

³ Port Macquarie Base beds are non gazetted public psychiatric beds within a private hospital

⁴ Previously known as The Wentworth Private Clinic

The Department of Health's response to the Government philosophy in relation to women

The NSW Government's Action Plan for Women complements the Government's Social Justice Directions Statement. The principles of equity, access, rights and participation underpin the Action Plan, providing a focus on women with the least access to social and economic resources.

The NSW Health response to the Action Plan provides clear policy directions reflecting the principles of equity, access and participation. These principles are at the centre of women's health policy in NSW. The key determinants in health status for women include the role and position of women in society and their reproductive role, as well as their biomedical health.

Women's health priorities are outlined in the following policy documents developed by the Department of Health:

- A Strategic Framework to Advance the Health of Women in NSW
- The Women's Health Outcomes Framework
- Gender Equity in Health.

The Women's Health Outcomes Framework Resource Kit has also been developed to assist in the implementation of these policy priorities.

A Strategic Framework to Advance the Health of Women outlines four key strategic objectives for the implementation of women's health policy in NSW. These are to:

- incorporate a gender approach to health
- work in collaboration with others to address social determinants
- advance research in women's health
- apply a health outcomes approach to women's health.

The Department provides leadership and policy direction in delivering women's health outcomes in NSW. Programs addressing the key policy directions for women's health focus on equity of outcomes for women with the least access to social and economic resources.

Programs are implemented within a supportive performance management process in partnership with Area Health Services and non-government organisations (NGOs) using the Women's Health Outcomes Framework. This Framework provides Area Health Services and NGOs with a step-by-step outcomes approach, directly linking policy priorities to measuring health gain from innovative programs funded through the Department.

Key Program Objective: Reducing Violence Against Women

The NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence (2003) introduced an early intervention and prevention strategy involving universal routine screening for domestic violence in services where significant numbers of women have been found to be at risk. To support this strategy, staff training has been developed and implemented within the NSW Health system.

The aims of the policy are to:

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

The NSW Strategy to Reduce Violence Against Women involves a partnership between the Attorney General's Department, NSW Police, Department of Community Services, Department of Education and Training, Department of Health, Department of Housing and the Office for Women.

The Department of Health contributed \$652,948 for 2003/04, and 7 of the 18 Regional Violence Prevention Specialists are hosted by Area Health Services.

Other programs focusing on reducing violence against women include:

1. **When Love Hurts** – to assist women who have experienced domestic violence through the development of a resource manual. (Northern Rivers Community Legal Centre: \$10,000)
2. **Strong Women Strong Voice** – to raise awareness among service providers of the incidence and the effects of sexual violence on the health of Aboriginal women. (Macquarie Area Health Service Sexual Assault Service: \$23,830)
3. **Women's Safety in Low Cost Housing** – to identify and address safety concerns of women living in low cost housing and address their issues from a short and long term perspective. (Mid North Coast Area Health Service: \$58,427).
3. **GRACE the Elephants Project** – to develop an educative tool which operationalises gender awareness and a gendered approach to health service delivery with the aim of increasing the capacity of service providers in applying a gendered approach to the delivery of health services. (Greater Murray Area Health Service: \$54,775.)
4. **The Cowra Breakaway Program** – to address the issue of mental illnesses in Aboriginal girls under 18 years with a low attendance at school through the development of a resource manual. (Mid Western Area Health Service: \$10,000.)
5. **Creating conditions for Health Improvement of Women in South West Sydney** – To determine what the gaps are in the understanding of the social, environmental, economic and behavioural determinants of health for women in South Western Sydney and find solutions to address these gaps. (South Western Sydney Area Health Service: \$46,894.).

Women's Health Strategy

The NSW Health Women's Health Strategy, which is funded through the Public Health Outcomes Funding Agreement, has allocated one-off funding for the implementation of the following innovative health improvement projects during 2003/04 and 2004/05:

Improve the health and quality of life of women in NSW

1. **Young women and smoking** – to reduce the prevalence of smoking in 12-18 year old women through the involvement of young women in the production of a short film based on the 'Survivor' program targeting smoking. (Moruya Youth Centre: \$38,880.)
2. **Home Support Pilot Project** – to reduce the rate of homelessness among chronically mentally ill women through the provision of outreach, support and case management to clients of the service with a history of chronic homelessness and chronic mental illness. (Women's and Children's Emergency Centre: \$41,000.)

Linking chronic care to the community

To increase the proportion of 'at risk' women in correctional centres screened and assessed for chronic obstructive pulmonary disease. (Justice Health: \$36,111).

PRIVACY MANAGEMENT PLAN

A number of activities were carried out to assist health service compliance with the Privacy and Personal Information Protection Act and to prepare for commencement of the Health Records and Information Privacy Act 2002 on 1 September 2004. These included the development and distribution of staff training materials, the publication of a privacy leaflet for patients and the revision of NSW Health privacy policy.

All aspects of privacy implementation have been overseen by the privacy reference group comprising clinical staff, health information managers, legal and departmental staff. NSW Health has informed the Office of the Privacy Commissioner of all aspects of its privacy implementation plan.

The Department continues to provide support to health services in relation to the collection, storage, handling, access and disclosure of personal information. Presentations have been provided to professional organisations and to health service staff.

NSW Health has continued to be involved in the national privacy agenda, including supporting finalisation of the National Health Privacy Code.

During 2003/04, two applications for internal review were considered in accordance with section 53 of the *Privacy and Personal Information Protection Act*. Both reviews related to the collection, use and disclosure of personal information and personal health information.

The first review was conducted in August 2003. The applicant sought a review from the Administrative Decisions Tribunal, and that decision is pending.

The second review was conducted in February and March 2004. The applicant was notified of the outcome of the review in March 2004.

Disability Action Plan 2003/04

The Department's Disability Action Plan is closely aligned with the Diversity and Equity Plan for the Workplace, NSW Department of Health 2003-05, and is informed by the *Strategic Directions for Health 2000-05* and the *NSW Health Corporate Plan 2003-05*.

As a way of improving access to the Department, and to help overcome barriers for people who have communication impairment, the Department has developed a policy for staff called *Using Language Services to Overcome Communication Barriers (Circular 2004/16)*, with accompanying guidelines. This promotes to staff the availability of a range of language services and how to access them.

Significant work has been undertaken to review and modify the Department's Internet and Intranet sites to best practice standards, to ensure that people with disabilities have equal access. Modifications include an easy-to-use site map, greater emphasis on text-based content, and prudent use of graphics and multimedia.

The design and delivery of the Department's websites aim to ensure that:

- visitors are aware of, and have easy access to, health information
- web pages are tagged correctly for motor and visually-impaired visitors who use screen readers
- key publications are available in other languages.

Web publishing guidelines have been developed for the Department's web content authors. These include standards on readability, navigation, design and accessibility, and procedures for reviewing and improving new and updated content before it is posted to the Internet and Intranet.

The interests of staff with a disability are represented on the Department's Equity Advisory Committee by members who have a disability. Equity Advisory Committee meetings are publicised, with Minutes and information on the Committee accessible on the Intranet.

Persons with a disability are also members of the Department's Occupational Health and Safety Committee and contribute to other committees and working parties throughout the Department.

Strategies for the Disability Action Plan are available in the Staff Handbook on the Department's Intranet and the Department continues to recruit and retain employees with a disability.

Staff development and training programs including induction, staff selection techniques and the leadership development program have been reviewed to ensure that they contain information on resources for communicating with people with a disability. These programs incorporate modules on dealing with the diverse needs of people with disabilities in a non-discriminatory manner. A coaching, mentoring and performance review scheme is in place for staff and assists in identifying the needs of employees with disabilities and ways for them to access, and be supported in, professional development opportunities.

Managers have available to them information on modification of the workplace to meet the needs of staff with disabilities and can access a central workplace adjustment fund to meet associated expenses.

The Department has a role as a Key Agency under the Disability Policy Framework, for the Program of Appliances for Disabled People (PADP). PADP assists eligible NSW residents with a permanent or long-term disability to live in their community by providing appropriate equipment, aids and appliances.

Major Equal Employment Opportunity (EEO) outcomes for the year

- Implemented the Department's Diversity and Equity in the Workplace Management Plan incorporating the EEO plan, the Disability Action plan, the Ethnic Affairs Priority Statement (EAPS) and the Aboriginal Workforce Development Plan
- Implemented a Using Language Services to Overcome Communication Barriers policy to promote access to the Department and to better involve communities and clients. It also provides staff with a single reference point for information on language services and how to access them.
- Supported the ongoing development and formalisation of the Department's Support Network for Aboriginal and Torres Strait Islander staff
- Continued a successful Spokeswomen Program on three campuses with information seminars, celebrations of cultural diversity and forums featuring women leaders.
- Celebrated Pride Week by providing information and a seminar for staff.
- Commenced development of an Affirming Sexual and Gender Diversity Policy for the Department working with representatives of gay and lesbian staff
- Refined the Coaching and Performance System (CAPS) to identify employee training and career development needs. Conducted training for managers in how to coach and for staff on how to be coached.
- Organised and hosted information seminars and events for staff to celebrate and promote diversity in the workplace including Journey of Healing and National Aboriginal Islander Day Observance Committee (NAIDOC) events and Pride Week
- Commenced work on an Aboriginal Employment Strategy for the Department
- Commenced work with members of the Department's Equity Advisory Committee to form a support network for staff with a disability and who are carers of people with disabilities.

A. Trends in the Representation of EEO Groups

EEO Group	Benchmark or Target	Percentage of Total Staff				
		2000	2001	2002	2003	2004
Women	50%	59%	59%	59%	59%	60%
Aboriginal people and Torres Strait Islanders	2%	2%	2%	1%	2%	2%
People whose first language was not English	20%	18%	18%	19%	20%	20%
People with a disability	12%	5%	4%	3%	4%	4%
People with a disability requiring work-related adjustment	7%	1%	1%	1%	1%	1%

B. Trends in the Distribution of EEO Groups

EEO Group	Benchmark or Target	Distribution Index				
		2000	2001	2002	2003	2004
Women	100	87	91	90	90	95
Aboriginal people and Torres Strait Islanders	100	104	95	94	n/a	n/a
People whose first language was not English	100	92	93	89	92	91
People with a disability	100	103	105	102	100	101
People with a disability requiring work-related adjustment	100	n/a	n/a	n/a	n/a	n/a

Notes:

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

The Department released a new Occupational Health & Safety Policy and a new Workers Compensation and Injury Management Policy for the Department in June 2004. Both policies were developed in consultation with the Occupational Health & Safety Committee, the Public Service Association of NSW and the Nurses Association of NSW.

Workers compensation claims are an indicator of Occupational Health and Safety performance. In 2003/04, the number of claims decreased from 31 to 26, continuing a trend of decreases since the 1998/99 financial year made by Department staff.

The actual cost of claims for the financial year was \$119,864. Comparisons with previous financial years are illustrated in the accompanying tables.

The type of claims reported has remained generally unchanged from previous years. Slips/trips account for the greatest number of workers compensation claims and also account for most of the journey claims. Journey claims accounted for 12 of the 26 claims made in 2003/04 (as opposed to 16 of 31 in 2002/03).

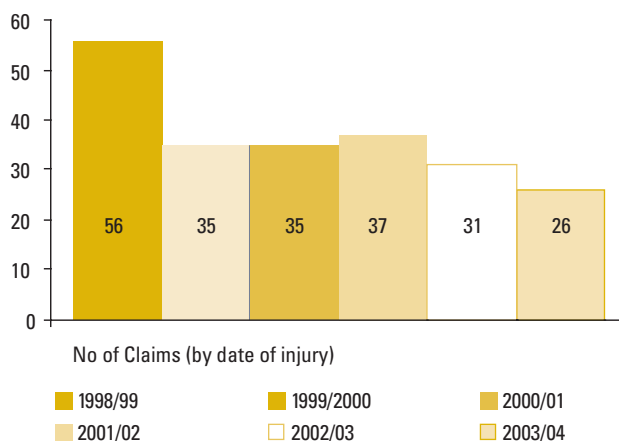
The continued improvement in workers compensation performance can be attributed partly to:

- improved management of workers compensation claims and return to work programs
- regular contact with staff and managers in the claims process
- occupational Health and Safety (OH&S) awareness initiatives implemented by the Department and the Occupational Health and Safety Committee.

The following are some of the OH&S initiatives that will be introduced in the coming year:

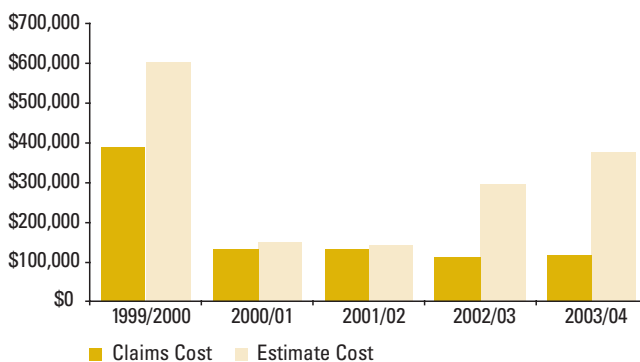
- Review of First Aid Facilities/Training in the Department
- Implementation of all aspects of the OHS & Workers Compensation/Injury Management Policies
- Implementation of the 'SafetyCheck' program.

1. Number of claims each year since 1998

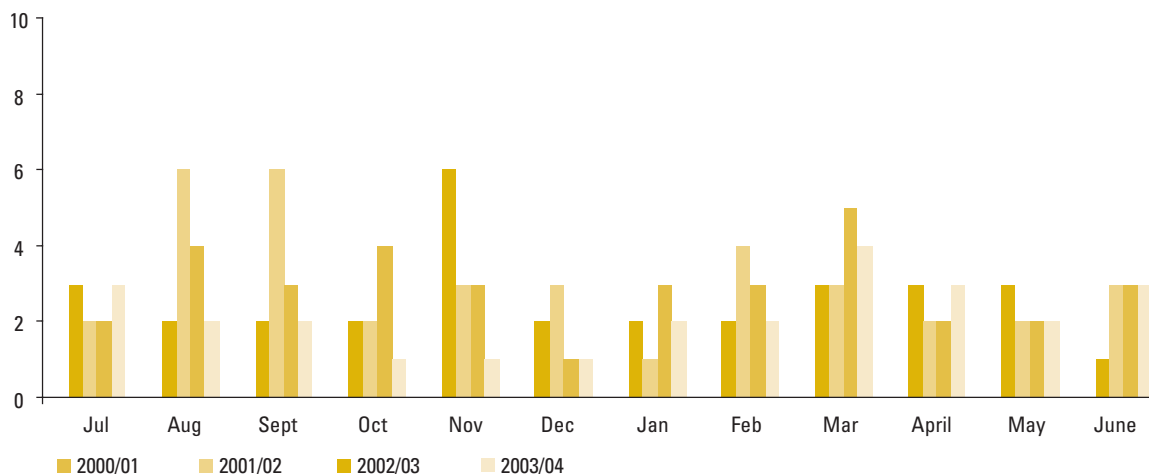


2. Claims costs each year since 1999/2000

- Claims costs are the actual amount of money paid in total on all claims to that date
- Estimated costs is the amount of money estimated by the GIO to be paid against all claims in future.



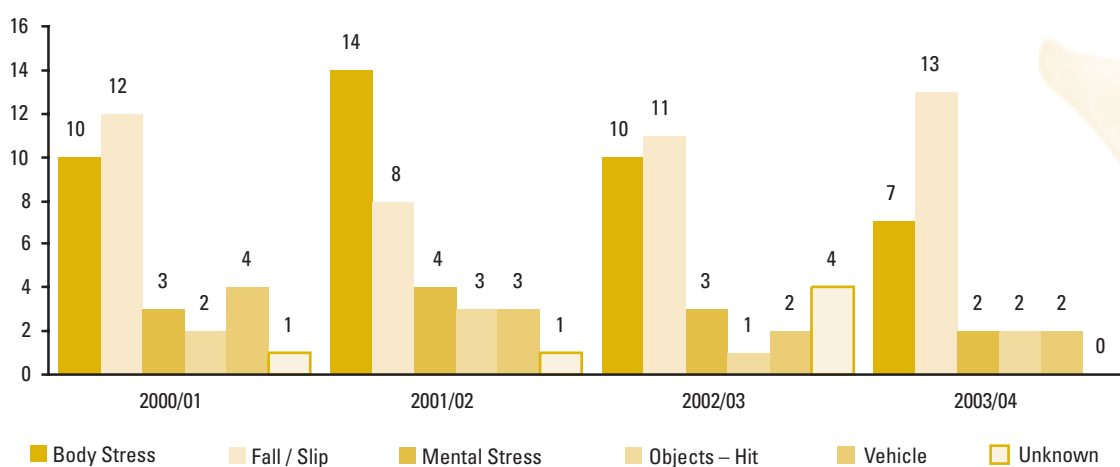
3. Workers Compensation Claims each month for past four years



4. Type of new claims each month – 2003/04

Injury/illness	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Body Stress		2							2	2	1		7
Exposure													
Fall/slip	2		2	1			1	2	2			3	13
Mental Stress					1	1							2
Objects- hit	1										1		2
Vehicle							1			1			2
Unknown													
Total	3	2	2	1	1	1	2	2	4	3	2	3	26

5. Categories of Workers Compensation Claims over past four financial years



Personnel, Policies and Practices

Corporate Personnel Services is responsible for developing human resources policies for Department of Health staff, as well as providing support and guidance to managers and staff on all human resource issues.

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

Major achievements

- Planned and implemented a Voluntary Redundancy program including a communications strategy and assessment process.
- Coordinated a functional review of the Department.
- Implemented a range of equity strategies including finalisation of the equity plan and integrated reporting, support of the Aboriginal staff network, trainees, Spokeswomen's Program and Pride Week.
- Improved data management processes from the payroll system, 'Complete Human Resources Information System' (CHRIS) for submission of data to the Management Board and inclusion in the Workforce Profile.
- CHRIS modules were implemented for training and recruitment improving process efficiency and the capacity to analyse data.
- Implementation of the provisions of the *Public Sector Employment and Management Act 2002* into all personnel activities.
- Commencement of lunch time staff briefings 'Know your working conditions'.
- Participation in industrial negotiations and actions associated with the devolution of functions and staff to Area Health Services and transfer of Food Branch staff to the NSW Food Agency.
- Completion of the revitalised Leadership Development Program targeted for current and future leaders within the Department of Health. Fifteen attendees successfully completed the Program.
- The inaugural Certificate IV in Frontline Management was successfully completed by a number of staff.

Policies released

- NSW Department of Health Restructuring Procedures (Circular No 2003/59)
- Using Language Services to Overcome Communication Barriers (Circular No 2004/16)
- Occupational Health & Safety Policy and Workers Compensation and Injury Management Policy (Circular No 2004/33)
- Accessing Leave entitlements and Flexible Working Hours Arrangements to Observe Religious Duties (Circular 2004/07)
- NSW Department of Health Flexible Work Locations Policy (Circular 2003/52)

Scholarships

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

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

Margaret Samuel Memorial Scholarship

- Ainsley Martlew, Health Ethics Branch – to continue a Master of Management at the University of Technology, Sydney.
- Val Middleton, Child Protection and Violence Prevention Unit – to undertake a Bachelor of Arts, majoring in Criminology and Sociology.

Peter Clark Memorial Scholarship

- Robert Spencer, Corporate Personnel Services – to continue Bachelor of Arts at the University of New South Wales

Staff Awards for Excellence

The Staff Awards for Excellence recognise outstanding individual and team service in terms of the Department's corporate values of fairness, respect, integrity, learning and creativity and effectiveness in their performance. The Awards are presented on a quarterly basis. In December 2003 awards were presented for the Staff Member of the Year and the Team of the Year.

July – September 2003

Individual

Rebecca Mitchell, *Centre for Health Promotion.*

Team

Design and Distribution Team, Communications
Debra Lynn, Amanda Holt, Bilyana Bain, Renée Roos and Donna Parkes.

October – December 2003

Annual Individual Award

Imelda Wunder, *Statewide Services Development Branch.*

Annual Team Award

Aboriginal Environmental Health Unit
Jeff Standen, Monique Sharp, Marc Goodall and Andrew Reefman.

January – March 2004

Individual

John Roach, *Finance.*

Team

Client Services Reception Staff
Karen Butler, Biljana Kozaroska, Shue Lee, Irene Reilly, Lusia Uepa

April – June 2004

Individual

Bill Bellew, *Centre for Health Promotion.*

Team

Aged Care Team, Inter-government and Funding Strategies
Christine Foran, Barbara Anderson, Clare Gardiner, Scott Stafford

NUMBER OF FULL TIME EQUIVALENT STAFF EMPLOYED IN THE NSW PUBLIC HEALTH SYSTEM

22

Full time equivalent as at 30 June

Controlled Entities and Department	2003/04	2002/03	2001/02	2000/01
Medical	6,363	6,112	5,822	5,623
Nursing	33,491	32,551	31,442	30,724
Corporate Administration	5,004	4,984	4,839	4,707
Allied Health Professional	12,308	12,354	11,756	11,556
Hospital Employees (eg Wardsmen, Technical Assistants and Ancillary Staff)	14,934	14,624	13,736	12,911
Hotel Services	7,858	7,986	8,033	8,280
Maintenance and Trades	1,085	1,104	1,127	1,135
Ambulance – Uniform	2,870	2,743	2,595	2,545
Other	867	865	855	784
Total – Controlled entities and Department	84,780	83,323	80,205	78,265
3rd Schedule Hospitals	5,002	5,097	5,040	5,101
Total staff – NSW public health system	89,782	88,420	85,245	83,366

Note: An improved and more accurate reporting system was developed in 2003/04 to returns for the previous three financial years, which means there are minor variations from figures reported in Annual Reports from 2000/01-2002/03. This table is not directly comparable to EFT data in Appendix 4 as Appendix 4 does not include Department and Ambulance Service staff and provides average EFT figures, rather than those as at the end of the reporting period.

The number of registered health professionals as at 30 June

Health professional	2003	2004
Chiropractors	1,233	1,244
Dental Technicians	692	711
Dental Prosthetists	409	412
Dentists	4,153	4,245
Medical Practitioners	25,281*	25,981*
Nurses – Enrolled	16,200	16,393
Nurses – Registered	79,244	80,560
Optical Dispensers	1,381	1,402
Optometrists	1,535	1,580
Osteopaths	443	488
Pharmacists	7,233	7,414
Physiotherapists	5,992	6,250
Podiatrists	724	751
Psychologists	7,655	8,093

* Figures supplied by the Medical Board – 21,798 practitioners currently holding general registration
 – 2,620 practitioners currently holding conditional registration
 – 1,563 practitioners currently retired/non-practising

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

The schedule of overseas visits includes both Department and Health Service staff. The reported instances of Health Service travel are those sourced from general operating funds or from sponsorship arrangements, both of which require Department approval.

Department of Health

Pam Albany – Population Health: *7th World Conference on Injury Prevention and Safety Promotion*. Austria. General Funds.

Margaret Banks – Population Health: *7th International Medical Workforce Conference and Health Leaders UK Health Workforce Study Tour*. United Kingdom. General Funds.

Peter Hill – Population Health: *British Dental Association Conference and the Asia Pacific Dental Congress*. United Kingdom and Hong Kong. General Funds.

Kendall Hockey – Information and Business Solutions: *Varian Medical Systems International VARI-S Vision Users Meeting*, United States of America. Sponsorship.

Devon Indig – Population Health: *2003 American Public Health Association Conference*. United States of America. General Funds.

Joanna Kelly – Health System Performance: *Site Reference Visits – EHR Tender Evaluation; National Clinical IM&T Conference*. United Kingdom. General Funds.

Robyn Kruk – Director-General. *7th International Medical Workforce Conference*. United Kingdom. General Funds.

Jeremy McAnulty – Population Health: *Training Session on Epidemiology of Infectious Diseases and site visit to UK Public Health Laboratory Service*. United Kingdom. General Funds.

Brenda McLeod – Strategic Development: *Altogether Better Health: Progress in Interprofessional Education and Collaborative Practice Conference*. Canada. General Funds.

Lynne Madden – Population Health: *The Second International Conference on Urban Health; Globalisation, Justice and Health and American Public Health Association Annual Meeting*. United States of America. General Funds.

Toby Mathieson – Chief Information Office: *Attend Site visit to USA to review Cerner Point-of-Care Clinical System (PoCCS) System in a live environment*. United States of America. General Funds.

Sarah Michael – Health System Performance: *Asia Pacific Forum*. New Zealand. General Funds.

Elisabeth Murphy – Strategic Development: *Biannual International Conference on Newborn Hearing Screening, Diagnosis and Intervention*, Italy. General Fund.

Beverley Raphael – Strategic Development: *Australia-Canada Population Health Conference and Attend Meetings*. Canada. General Fund and Sponsorship.

John Sanders – Population Health: *12th World Conference on Tobacco or Health – Global Action for a Tobacco Future*, Finland. General Funds.

Jeff Standen – Population Health: *New Zealand Public Health Association Conference*, New Zealand. General Funds.

Jola Stewart – Population Health: *National Aboriginal Injury Prevention Conference 2004: Towards Community Action on Aboriginal Injuries*, Canada. General Fund.

Peter Williams – Health System Performance: *Site Reference Visits – EHR Tender Evaluation; National Clinical IM&T Conference*, United Kingdom. General Fund.

Other NSW Health Staff

Kim Adler – Hunter Area Health Service:
CCI-779/Letrozole Phase III Investigators' Meeting (First-Line Hormonal Therapy in Postmenopausal Women with Locally Advanced or Metastatic Breast Cancer). United States of America. Sponsorship.

Ivern Ardler – Illawarra Area Health Service:
National Aboriginal Injury Prevention Conference 2004: Towards Community Action on Aboriginal Injuries. Canada. General Funds.

Phillip Biro – Illawarra Area Health Service:
3rd European Congress on Violence in Clinical Psychiatry. London. Sponsorship.

Louisa Bray – Hunter Area Health Service:
European Bone Marrow Transplant Conference. Spain. Sponsorship.

Rosemary Burke – Central Sydney Area Health Service:
National Workshop of Medication Safety and Quality Use of Medicines. New Zealand. Sponsorship.

Denis Calvort – Illawarra Area Health Service:
Eli-Lilly 1001 Investigator Meeting. Poland. Sponsorship.

Deidre Cornes – Hunter Area Health Service:
Trans-Tasman Radiation Oncology Group Annual Meeting. New Zealand. Sponsorship.

Heather Davies – Central Sydney Area Health Service:
Annual Scientific Meeting of Haematology Society of Australia and New Zealand. New Zealand. Sponsorship.

Suzie Ferrie – Central Sydney Area Health Service:
2nd Biennial Scientific meeting of the Parenteral and Enteral Nutrition Society of Malaysia. Malaysia. Sponsorship.

Fergus Fitzsimons – New England Area Health Service:
Microsoft Corporation's Government Leaders Conference and attendance at Meetings. United States of America and Canada. General Funds.

Elizabeth Frig – Central Sydney Area Health Service:
Topiramata IR Clinical Program in Obesity and Diabetes Data Presentation Meeting. Italy. Sponsorship.

Maree Gleeson – Hunter Area Health Service:
Development Physiology Conference (SIDS) and 8th International SIDS Conference. United Kingdom and Canada. Sponsorship.

Nils Hanson – Southern Area Health Service: *Site Visits – Undertake Needs Assessment to Identify Specialised Priority Areas for Children.* East Timor. General Funds.

Denise Heinjus – Illawarra Area Health Service:
Recruitment Campaign for Nurses, New Zealand. General Funds.

Julie Hollis – Illawarra Area Health Service: *Investigator Meeting for Amgen Australia, ABX-EGF 20020408 Metastatic Colorectal Cancer Study.* Italy. Sponsorship.

Margaret Hollis – Mid North Coast Area Health Service:
18th International Diabetes Federation Congress. France. General Funds.

William Jansens – Illawarra Area Health Service:
Annual Scientific Meeting of Haematology Society of Australia and New Zealand. New Zealand. Sponsorship.

Despina Jasllarea – Central Sydney Area Health Service: *Investigators Meeting for Schwarz Biosciences' trial on drug for overactive bladder.* South Africa. Sponsorship.

Louise Kerr – Central Sydney Area Health Service:
Annual Scientific Meeting of Haematology Society of Australia and New Zealand. New Zealand. Sponsorship.

Olga Kovacev, Hunter Area Health Service:
Trans-Tasman Radiation Oncology Group Annual Meeting. New Zealand. Sponsorship.

Simon Kuzyl – Central Sydney Area Health Service:
Annual Scientific Meeting of Haematology Society of Australia and New Zealand. New Zealand. Sponsorship.

Susan Lampe – Illawarra Area Health Service:
Australian and New Zealand College of Mental Health Nurses 29th International Conference. New Zealand. General Fund.

Sandra Liddell – Central Sydney Area Health Service:
Renal Cancer Study Investigator Meeting. Hungary. Sponsorship.

Elizabeth Lucas – Illawarra Area Health Service:
Advanced Study Regional Meeting. New Caledonia. Sponsorship.

Elizabeth Lucas – Illawarra Area Health Service:
Fifth Australian and New Zealand FIELD Investigators' Meeting. New Zealand. Sponsorship.

Elizabeth Lucas – Illawarra Area Health Service:
MK-0557 (Protocol 015) Study Investigators' Meeting.
Italy. Sponsorship.

John Lyons – Macquarie Area Health Service: *Changing Faces of Rural Mental Health.* United States of America. Sponsorship.

Anne McDade – Central Sydney Area Health Service:
Intravenous Safety Course. India. Sponsorship.

Andrea Marsden – Southern Area Health Service:
Site Visits – Undertake Needs Assessment to Identify Specialised Priority Areas for Children. East Timor. General Funds.

Carol Martin – Illawarra Area Health Service: *Australian and New Zealand College of Mental Health Nurses 29th International Conference.* New Zealand. General Fund.

Peter Massey – New England Area Health Service:
TB Conference. New Zealand. Sponsorship.

William Matheson – ASNSW: *Clinical Skills and Simulation Conference,* Waikato University. New Zealand. Sponsorship.

Kerri Melehan – Central Sydney Area Health Service:
R-Modafini Global Sleep Technician Meeting. USA. Sponsorship.

Robert Moses – Illawarra Area Health Service:
Fifth Australian and New Zealand FIELD Investigators' Meeting. New Zealand. Sponsorship.

Bronwyn Murray – Central Sydney Area Health Service: *Aventis Pharma XRP9981B-3001 (Treatment of Metastatic Breast Cancer) Investigators Meeting.* France. Sponsorship.

Bronwyn Murray – Central Sydney Area Health Service:
Wyeth 3066A1-303WW – CCI-779/Letrozole Phase III (Advanced Breast Cancer) Investigator Meeting. United States of America. Sponsorship.

Rosemary Neild – Hunter Area Health Service:
6th Annual Meeting of International Society for Addiction Medicine and Satellite Symposium. Finland and Russia. General Funds.

Amanda Niciak – Western Sydney Area Health Service:
Delivery of NSW Cervical Screening Program's Workshop – 'Meeting Challenges in Cytology'. New Zealand. General Funds.

Gary Nolan – Central Coast Area Health Service:
Chronic Obstructive Pulmonary Disease Conference-COPD4. United Kingdom. General Funds.

Sellvakumaran Paramasivam – Hunter Area Health Service: *19th Annual Meeting of the Australian Society of Gynaecological Oncologists.* Singapore. General Funds.

Mark Patterson – Central Sydney Area Health Service:
17th International Symposium on the Forensic Sciences. New Zealand. General Funds.

Anne Pilley – Central Sydney Area Health Service:
Australasian Stomal Therapy Conference. New Zealand. Sponsorship.

Peter Pilon – ASNSW: *Integrated Access Forum and International Academy of Emergency Dispatch 'Navigator Conference'.* USA. Sponsorship.

Terese Pinkis – Illawarra Area Health Service:
Australasian Neuroscience Nurses Association 31st Annual Conference. New Zealand. Sponsorship.

Dorrielyn Rajbhandari – Central Sydney Area Health Service: *Chiron TFP008 (Community Acquired Pneumonia) Investigators Meeting.* Aruba. Sponsorship.

Fiona Rennison – Central Sydney Area Health Service:
Essentials of Haemophilia Care, (Two-Part Course) and the Global Nurse Symposium Advancing Haemophilia Nursing Practice. United Kingdom and United States of America. Sponsorship.

Amelia Renu – Northern Sydney Area Health Service:
Australian and New Zealand College of Mental Health Nurses 29th International Conference. New Zealand. General Funds.

Debbie Richards – Southern Area Health Service:
Site Visits – Undertake Needs Assessment to Identify Specialised Priority Areas for Children. East Timor. General Fund.

Chris Rissel – Central Sydney Area Health Service:
World Health Organisation Evidence of Health Promotion Effectiveness Technical Meeting. Hong Kong. Sponsorship.

Lesley Salem – Hunter Area Health Service:
NeophroAsia 2004 Conference. Singapore. Sponsorship.

Liliana Schwartz – Central Sydney Area Health Service:
17th International Symposium on the Forensic Sciences. New Zealand. General Funds.

George Smith – ASNSW: *International Search and Rescue Team-Leaders Meeting*. South Korea. General Funds.

George Smith – ASNSW: *National Urban Search and Rescue Meeting*. New Zealand. Sponsorship.

Joanna Starky – New England Area Health Service: *Independent Practitioners Association Conference*. New Zealand. Sponsorship.

Andrea Taylor – Northern Sydney Area Health Service: *3rd Asia Pacific Forum on Quality Improvement in Health Care*. New Zealand. General Funds.

Sarah Thackway – Illawarra Area Health Service: *Surveillance and Olympic Games 2004*. Greece. Sponsorship.

Theam-Khoo – Mid Western Area Health Service: *Executive Learning Set*. New Zealand. General Funds.

Clare Turner – Far West Area Health Service: *International Nurse Practitioner Conference*. Holland. Sponsorship.

Leanne Unicomb – Hunter Area Health Service: *12th International Meeting on Campylobacter, Helicobacter and Related Organisms*. Denmark. General Funds.

Bill Varday – Senior Electronics Technical, Biomedical, Wollongong Hospital, Illawarra Area Health Service: *High Energy 'C' Technical Maintenance I and II Training Courses*. United States of America. Sponsorship.

Anne Vertigan – Hunter Area Health Service: *Advances in Diagnosis and Treatment of Vocal Cord Dysfunction and attend a Research/Clinical Meeting with National Jewish Medical and Research Centre*,. United States of America. General Funds.

Helen Vidot – Central Sydney Area Health Service: *Parenteral and Enteral Nutrition Society of Malaysia and the Malaysian Liver Foundation*. Kuala Lumpur. Sponsorship.

Surinder Wadhwa – Illawarra Area Health Service: *Investigator Meeting for Amgen Australia, ABX-EGF 20020408 Metastatic Colorectal Cancer Study*. Italy. Sponsorship.

Jeanette Ward – South Western Sydney Area Health Service: *5th International Conference on the Scientific Basis of Health Services and site visits to academic and government agencies*. United States of America and Canada. General Funds.

Alison Webb – Illawarra Area Health Service: *Advanced Study Regional Meeting*. New Caledonia. Sponsorship.

Alison Webb – Illawarra Area Health Service: *Eli-Lilly 1001 Investigator Meeting*. Poland. Sponsorship.

Alison Webb – Illawarra Area Health Service: *Fifth Australian and New Zealand FIELD Investigators' Meeting*. New Zealand. Sponsorship.

Claudia Whyte – Northern Sydney Area Health Service: *European Congress of Clinical Microbiology and Infectious Diseases Conference*. Czech Republic. Sponsorship.

SELECTED SIGNIFICANT NSW HEALTH PUBLICATIONS

Booklets

- Communicating Positively – A Guide to Appropriate Aboriginal Terminology
- Increasing Awareness of Mental Illness Among Secondary School Students
- NSW Aboriginal Safety Promotion Strategy
- Stay on your feet – your home safety checklist

Brochures/flyers

- Acute Stress, Trauma and Bereavement – Information for General Practitioners
- Children of parents with mental illness
- Collaboratives in NSW – Patient Flow and Safety, and Chronic Care
- Educational resources for the NSW Health Aboriginal Vascular Health Program (AVHP) – 13 pamphlets
- Families and Friends affected by the drug or alcohol use of someone close
- Heart Moves
- In All Fairness: Increasing equity in health across NSW
- Quitline referral forms
- Selling Tobacco in NSW – tips for retail employees
- Stay on your feet: your home safety checklist
- Zero tolerance zone – group and hand brochures

Factsheets

- Anaphylaxis and severe allergic reactions
- BBQ safety and salmonella
- Beach and water
- Bushfire smoke
- Buying medicines over the internet
- Car and home smoke free zone
- Cardiovascular disease (CVD) and smoking
- Christmas Crisis Care
- Christmas Toy Safety
- Driving Diet Tips
- Dust storms
- Full body scan and virtual colonoscopy health risks
- Gastroenteritis (viral)
- Groundwater contamination by EDC at Botany
- Healthy eating and exercise
- Healthy swimming pools
- How to display the compulsory warning signs
- Legionnaires Disease

- Leptospirosis
- Light cigarettes
- Nicotines and other poisons
- Peanut Allergy
- Products to help you quit smoking – update
- Quit smoking in the new year
- Safe Sex
- Serving food safely
- Severe Acute Respiratory Syndrome (SARS)
- Solarium Safety
- Summer Health and Safety Tips
- Sun protection
- Supporting someone to quit smoking
- Tobacco and Health fact sheets – the first five
 - Smoking and pregnancy
 - Remaining a non-smoker
 - Nicotine dependence and withdrawal
 - Quitting smoking – the first few days
 - Benefits of quitting smoking
- Unflued Gas Heaters – Environmental Health
- Wood smoke from wood-fired home heaters

Information manual kits

- Improving Mental health and wellbeing in NSW – Children of parents with mental illness
- Improving Mental health and wellbeing in NSW – Integrated Perinatal and infant care (IPC)
- Improving Mental health and wellbeing in NSW – NSW Early Psychosis Program
- Improving Mental health and wellbeing in NSW – NSW Parenting Program for Mental health
- Improving Mental health and wellbeing in NSW – NSW School link initiative
- Improving Mental health and wellbeing in NSW – Suicide Prevention in NSW

Newsletters

- EHR*Net Newsletter September 2003
- Health Ethics Newsletter – Issues 1-4
- Public Health Forum NSW – Communique No.4 November 2003
- Rhodes Community Newsletter No.1
- Safety Advocate Issue 5, Infusion pump safety and 6, Self-inflating bag/mask devices
- Telehealth Newsletter – Issues 9 and 10

Policy / control guidelines

- Anthrax
- Arboviral
- Barmah Forest virus infection
- Bat bites and scratches
- Botulism
- Brucellosis
- Chancroid
- Chlamydia
- Cholera
- Cryptosporidiosis
- Diphtheria
- Donovanosis
- Food-borne illnesses
- Gastroenteritis (viral)
- Giardiasis
- Gonorrhea
- Haemolytic Uraemic Syndrome and Verotoxigenic E. Coli infections
- Haemophilus influenzae type B invasive infection
- Hepatitis A, B, C, D, E
- HIV/AIDS
- Influenza
- Invasive Pneumococcal Disease
- Lead
- Legionnaires Disease
- Leprosy
- Leptospirosis
- Listeriosis
- Lymphogranuloma Venerum
- Malaria
- Measles
- Meningococcal Disease
- Mumps
- Murray River Encephalitis
- Pertussis (Whooping Cough)
- Plague
- Pneumococcal Disease
- Poliomyelitis
- Psittacosis
- Q Fever
- Rabies and Bat Lyssavirus
- Ross River Fever

- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Syphilis
- Tetanus
- Tuberculosis
- Typhoid
- Typhus
- Viral haemorrhagic fevers
- Whooping Cough (Pertussis)
- Yellow Fever

Policy

- Aboriginal Safety Promotion Strategy
- Aboriginal Workforce Development Strategic Plan
- Access Issues at NSW Public Hospitals – Key Strategies
- Accredited Persons Handbook
- Adapting the ward for people with dementia
- Anaphylaxis and severe allergic reactions
- Anaphylaxis Guidelines for Schools
- ANSTO Research Reactor Lucas Heights – Strategy for off-site iodine distribution
- Assisted Reproductive Technology Bill 2003
- Assisted Reproductive Technology Bill 2003 – Information Guide
- Brief Treatment Outcome Measure – Concise (BTOM-C) Questionnaire
- Care of Patients with Dementia in General Practice
- Child Protection Service Plan 2004-2007, NSW Health
- Chronic Disease Prevention Strategy 2003-2007, NSW
- Clinical Service Framework for Heart Failure – Volume 1, Overview of the framework and its standards
- Clinical Service Framework for Heart Failure – Volume 2, A practice guide for the prevention, diagnosis and management of Heart Failure in NSW
- Clinical Service Framework for Optimising Cancer Care in NSW
- Clinicians Guide to the Brief Treatment Outcome Measure – Concise (BTOM-C)
- Code of Practice for the Control of Legionnaires' Disease 2nd Edition 2004, NSW
- Competency Standards for Biostatisticians – NSW Biostatistical Officer Training Program

- Complaints Handling Procedures and the Quality Agenda in the NSW Health System – Background Paper
 - Costs of Care Standards 2003/04 (Appendix)
 - Costs of Care Standards NSW 2003/2004
 - Criteria for the diagnosis and management of Attention Deficit Hyperactivity Disorder in Adults TG190/3
 - Data Dictionary and Collection Guidelines for the NSW Minimum Dataset for Alcohol and Other Drug Treatment Services, 2003-2004
 - Eat Well NSW – Strategic Directions for Public Health Nutrition 2003-2007
 - Funding Guidelines 2003-04, NSW
 - Guide for Submitting Water Samples to DAL for Analysis
 - Guidelines for the Promotion of Sexual Safety in NSW Mental Health Services
 - Guidelines on the display of a business name by tobacco retailers
 - Health Facility Guidelines
 - How to treat illicit drug users
 - Infection Control Program Quality Monitoring Software Users Guide
 - Joint Guarantee of Service for People with Mental Health Problems and Disorders: NSW Department of Housing, NSW Aboriginal Housing Office, NSW Health, Aboriginal Health and Medical Research Council of NSW, NSW Department of Community Services
 - Living non-directed kidney donation consultation document
 - Magistrates Early Referral into Treatment (MERIT) Program: Data Dictionary and Collection Guidelines
 - Parenting Partnerships, NSW – Resource and literature review
 - Parenting Partnerships, NSW – Strategy 2002-2004
 - Performance Indicators, NSW Health System
 - Privacy manual (version 1) 2004, NSW Health
 - Process of Facility Planning
 - Program of Experience in the Palliative Approach (PEPA): Host Facility Information
 - Program of Experience in the Palliative Approach (PEPA): Learning Guide
 - Program of Experience in the Palliative Approach (PEPA): NSW Program Information
 - Program of Experience in the Palliative Approach (PEPA): NSW Program Management Guidelines
 - Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities
 - Septic Tanks and Collection Wells – Register certificates of accreditation
 - Standard Facility Cost Planning Guidelines
 - Strengthening health promotion in NSW – a map of the work and implications for workforce planning and development
 - Sustainable Access Plan 2004
 - Technical Guide to the Brief Treatment Outcome Measure – Concise (BTOM-C)
 - Treatment agreement – conditions of methadone/buprenorphine treatment
 - Using Advance Care Directives (NSW)
 - Waiting Times Collection Manual 1997, NSW Department of Health
 - Weekend/Monday discharge processes for emergency overnight medical patients in selected clinical specialities and hospital sites
 - Your Guide to MH-OAT
 - Zero tolerance zone – policy and framework guidelines
- ### Posters
- Calendar of events 2004, NSW Health
 - Severity Assessment Code Matrix (SAC)
 - Stay healthy this winter
 - University undergraduate students of nursing
 - Zero tolerance zone – group and hand posters
- ### Reports
- Adult Health Survey 2002, NSW Health
 - Air Quality Monitoring Project Report – M5 East Tunnels
 - Baxter 2003 Awards Winners, Finalists and Commendations Book
 - Building blocks for sustainable change: evaluation of the NSW Aboriginal Vascular Health Program 2000-2003
 - Dispensing of HIV Specialist Drugs – Community Pharmacy Pilot – Evaluation Report
 - Evaluation of the NSW Aboriginal Vascular Health Program 2000-2003
 - Evaluation of the NSW HIV/AIDS Health Promotion Plan 2001-2003
 - Families and Carers Training (FACT) Project Focus Research Report

- General Practice Dementia Projects Summary Report
- Health and Equity in New South Wales
- Heart Moves
- In All Fairness: Increasing equity in health across NSW
- Investigation into the possible health impacts of the M5 East Motorway Stack – Phase 1
- Investigation into the possible health impacts of the M5 East Motorway Stack on the Turrella community – Phase 2
- Investigation Report: Campbelltown and Camden Hospitals Macarthur Health Service
- Key Recommendations of the NSW Taskforce on SARS (TSARS)
- Mental Health Sentinel Events Review Committee: Tracking Tragedy – First Report of the Committee (NSW)
- Monitoring Report on Breastfeeding
- Mothers and Babies 2002 Report, NSW
- NSW Govt Response to the Select Committee Inquiry into Mental Health Services in NSW
- Nursing Practice and Process Development Survey 2002-2003
- Parliament of New South Wales: Committee on the Health Care Complaints Commission Report of the inquiry into procedures followed during investigations and prosecutions undertaken by the Health Care Complaints Commission – Report No 2 December 2003
- Phase 1 Summary: Investigation into the possible health impacts of the M5 East Motorway Stack
- Pilot Shared Scientific Assessment Scheme (SSAS) Interim Report
- Program for Enhanced Population Health Infrastructure (PEPHI): a report of responses to the November 2000 discussion paper
- Report on Breastfeeding in NSW 2004
- Report on the Consumption of Vegetables and Fruit in NSW: 2003
- Report on the weight status of NSW: 2003
- Report to the Health Care Complaints Commission
- Review of the Mental Health Act Discussion Paper 1 – Carers and Information Sharing
- School-Link: health and education working together. School-Link Training Program Report
- School-Link: health and education working together: School-Link Training Program Evaluation Summary of Results and Recommendations
- Suicide in NSW: we need to know more: the NSW suicide data report

CONSULTANTS USED BY DEPARTMENT OF HEALTH 2003/04

Consultancies equal to or more than \$30,000

Consultant	\$ Cost	Title/Nature
Information technology		
Accenture Australia	63,772	Strategic study of NSW Health Provider Directory
Axis Technology	37,290	Development of database specifications to manage the Mental Health Service Entity Register
CSC Australia	48,870	Assessment of viability of systems for monitoring non-admitted patient encounters
Laeta	50,000	Analysis of Hospital Cost Information and provision of advice for refinement of NSW Casemix Standards
Sub-total	199,932	
Management services		
Asia Pacific Applied Consulting	106,136	Development of strategies on Aged Transitional Care and GP co-location
Barracough, Bruce	87,750	Expert clinical review of Macarthur Health Service (Campbelltown/Camden Hospitals)
Bill Jurd & Assoc.	30,259	Review of the NSW Isolated Patients Travel and Accommodation Assistance Scheme
Carla Cranny & Assoc.	30,382	Review of NSW Caring for Carers mental health projects
Cosnan Consulting	45,455	Development of the NSW Self-Management Strategy and Resource Package
David Fowler Consulting	78,400	Evaluation of NSW HIV/AIDS Health Promotion Plan 2001-2003
Jan Smith & Assoc.	40,500	NSW Women's Health Strategy Review
Jan Smith & Assoc.	36,750	Evaluation of the Primary Health Care Network and the Primary Dementia Care Models
Jim Stewart Consulting	45,000	Strategic planning project for the NSW Artificial Limbs Service
Quality Management Services	44,795	Consumer and Community Participation Project
University of Wollongong	42,582	Development of assessment tool for the Program of Appliances for Disabled People
Whitworth, Judith	47,883	Review of medical and health research in NSW
Sub-total	635,892	
Organisational review		
Asia Pacific Applied Consulting	71,795	Review of NSW Area Health Service boundaries and governance issues
Independent Pricing & Regulatory Tribunal	267,530	Review of key issues in NSW Health (under section 9 of the IPART Act 1992)
Nexus Management Consulting	65,700	Review of functions of the NSW Department of Health
Sub-total	405,025	
Training		
Quay Connection	96,954	Development of Family and Carers (of drug users) Information and Education Resource
Sub-total	96,954	
Total consultancies equal to or more than \$30,000	1,337,803	

Consultancies less than \$30,000

During the year 110 other consultants were engaged in the following areas:

Area	\$ Cost
Finance and accounting/tax	15,073
Information technology	266,852
Legal	23,605
Management services	608,367
Environmental	0
Organisational review	275,347
Training	218,890
Total consultancies less than \$30,000	1,408,134
Total consultancies	2,745,937

Abolished committees

Bed Management Advisory Committee

Robert McGregor AM (Chair), *Deputy Director-General, Health System Support, NSW Department of Health*
Function – To monitor and advise on strategies to manage access to acute care beds (functions assumed by the Sustainable Access Management Committee).

Capital and Asset Management Committee

Robert McGregor AM (Chair), *Deputy Director-General, Health System Support, NSW Department of Health*
Function – Direct, report and provide executive management for the development and implementation of the Department's Asset Acquisition Program.

Employment Committee

Rosemary Milkins (Chair) Director, *Corporate Services*
Function – Manage approval for permanent employment within the Department (function now performed by the Director-General)

Executive Committee, Department of Health

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*
Function – Provide strategic leadership and management for the NSW Health system and manage ongoing and strategic issues across the Department (replaced by the higher level Management Board, Department of Health).

Senior Executive Forum

Robyn Kruk, (Chair) *Director-General, NSW Department of Health*
Function – Provide advice to the Executive Committee on system-wide matters (replaced by the higher level Senior Executive Advisory Board).

Funding Models Implementation Group

Robert McGregor AM (Co-Chair), *Deputy Director-General, Health System Support, NSW Department of Health*
 Dr Ralph Hanson (Co-Chair), *IT Director, New Children's Hospital*
Function – Central reference and coordinating group for the implementation of the funding aspects of the Government Action Plan for Health.

General Practitioner Advisory Committee

Dr Ruth Ratner (Chair)
Function – Advise the Director-General on health policy and program developments that involve or impact on general practice. Replaced by the NSW General Practice Council.

Health Claims and Consumer Protection Advisory Committee

Professor John Dwyer (Chair) *Associate Dean, Health Protection and Deputy Chief Health Officer, NSW Department of Health*
Function – Address issues related to claims made by both orthodox and complementary health practitioners. Replaced by the NSW Regulators' Forum.

National Methadone and Other Treatment Sub-Committee

Dr Jennifer Gray (Chair), *Director, Drug Programs Bureau, Public Health, NSW Department of Health*
Function – Commonwealth initiated Advisory Committee to the National Drug Strategy

National Expert Advisory Committee on Illicit Drugs

Dr Jennifer Gray (Chair), *Director, Drug Programs Bureau, Public Health, NSW Department of Health*
Function – Commonwealth initiated Advisory Committee to the National Drug Strategy

NSW Department of Health Research and Development and Advisory Committee

Professor Stephen Leeder (Chair) *Professor of Public Health and Community Medicine, University of Sydney*
Function – Provide advice on issues of research and development policy. Replaced by the Ministerial Advisory Committee on Health and Medical Research.

NSW Department of Health, Teaching and Research Implementation Group

Professor Stephen Leeder (Co-Chair) *Professor of Public Health and Community Medicine, University of Sydney*
Function – Provide advice to the Department of Health on implementation of specific components of the Government Plan of Action for Health.

NSW Health Medical Workforce Liaison Committee

Margaret Banks (Chair), *Manager, Medical Education Training and Workforce Unit, NSW Department of Health*
Function – Provide an interdepartmental forum for medical workforce and related issues (functions now performed by other workforce committees).

NSW Physical Activity Taskforce

Libby Darlinson (Chair) *Independent Consultant*
Function – Develop and implement a comprehensive inter-sectoral plan to increase the levels of physical activity in the community. (Taskforce re-established as the NSW Premier's Council for Active Living).

Steering Committee to Establish the NSW Institute of Rural Clinical Services and Teaching

Dr Austin Curtin (Chair)

Function – Advise on the role, functions, governance and structure of the NSW Institute of Rural Clinical Services and Teaching.

Taskforce on SARS

Professor Ron Penny (Chair), *Senior Medical Adviser, NSW Department of Health*

Function – Advise on strategies to prepare and respond to SARS.

New committees

Australian Rural Health Research Collaboration

Ken Wyatt, *Director, Aboriginal Health Branch, NSW Department of Health*

Function – Undertake an innovative and robust program of research and development that leads to sustained improvements in the health of rural communities and informs national and international health practice.

Board of Management, Department of Health

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

Function – Provide strategic leadership and management for the NSW Health system and manage ongoing and strategic issues across the Department (replaces the Executive Committee, Department of Health).

Chronic Care Collaborative Planning Group (jointly with Institute of Clinical Excellence)

Professor Ron Penny (Co-Chair), *Senior Medical Adviser, NSW Department of Health*
Assoc. Professor Patricia Davidson (Co-Chair), *Assoc. Professor of Nursing, Western Sydney Area Health Service*

Function – Oversee the implementation of the Chronic Care Collaborative.

Forensic Medicine and Pathology Coordinating Committee

Dr Greg Stewart (Chair) *Deputy Director-General, Population Health and Chief Health Officer, NSW Department of Health*

Function – Provide advice to the Department of Health on the management and organisation of forensic medicine and pathology services in NSW to support the justice system.

Joint Strategic Reference Group

Mary Chiarella, *Chief Nursing Officer, NSW Department of Health*

Function – Provide a forum to address nursing and midwifery issues.

Jurisdictional Blood Committee of the National Blood Authority

William Heiler, *Director, Clinical Policy, NSW Department of Health*

Function – Make decisions on the national production, supply and safety of blood and blood products within existing policy and advise Australian Health Ministers on national blood and blood product policy options through the Australian Health Ministers' Advisory Council.

Mental Health Implementation Taskforce

The Hon. Dr Brian Pezzutti, (Chair)

Function – Monitor and Oversee the implementation of the NSW Government Response to the Select Committee Inquiry into Mental Health Services in NSW and review progress of agreed actions.

Ministerial Advisory Council on Health and Medical Research

Professor Andrew Coates (Chair) *Dean of the Faculty of Medicine, University of Sydney*

Function – Provide advice on issues of research and development policy.

Ministerial Standing Committee on Hearing

The Hon. Peter Anderson (Chair)

Function – Oversee hearing services in NSW and advise on strategic directions for hearing-related services in consultation with key interest groups, including people with hearing disabilities, members of the wider community and health professionals.

National Blood Authority Advisory Board

Ken Barker, *Chief Financial Officer, NSW Department of Health*

Function – Advise the National Blood Authority on national demand and supply planning/purchasing of blood and blood products.

NSW Blood Products Advisory Committee

Professor Ron Penny (Chair)

Function – Act as a regular means of communication between the Australian Red Cross Blood Service (NSW) and the NSW Department of Health on matters such as the funding, supply and quality of blood and blood products.

NSW Breastfeeding Steering Committee

Liz Develin (Chair) *Manager, Nutrition and Physical Activity, NSW Department of Health*

Function – Oversee development of a NSW Health breastfeeding policy.

NSW General Practice Council

Dr Diana O'Halloran (*Royal Australian College of General Practitioners*) *NSW Faculty*

Function – Provide expert and strategic advice to the Minister for Health and NSW Health and facilitate the involvement of General Practitioners in the development of health policies and initiatives aimed at improving the health of the people of NSW.

NSW Health Drug and Alcohol Program Council

David McGrath (Chair) *Acting Director, Centre for Drug and Alcohol, NSW Department of Health*

Function – Provide the corporate governance structure to the NSW Health Drug and Alcohol Program, making policy recommendations to the Director of the Program.

NSW Health Workforce Steering Committee

Philippa Smith, *Chief Executive Officer, Association of Superannuation Funds of Australia*

Function – Develop, oversee and provide advice to the Minister for Health on strategic health workforce reforms in NSW.

NSW Infectious Diseases Emergency Advisory Group

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

Function – Advise the Chief Health Officer on how best to prepare and respond to emerging infectious diseases, including SARS, pandemic influenza and agents of bio terrorism.

NSW Palliative Care Advisory Group

Dr Michael Noel (Co-Chair) *President Palliative Care Association of NSW*

Janet Anderson (Co-Chair) *Director, Primary Health and Community Partnerships Branch, NSW Department of Health*

Function – Provide expert advice to the NSW Health Department on a range of issues of relevance to statewide planning, implementation and monitoring of palliative care service delivery.

NSW Regulators' Forum

Dr Denise Robinson (Chair) *Director, Department of Medicine, Prince of Wales Clinical School, University of NSW*

Function – Ensure that action about serious false and misleading health claims is well coordinated in NSW and that the most appropriate agency takes the lead role in relation to any particular issue.

Premier's Council for Active Living

Assoc. Professor Bill Bellew, *Centre for Health Promotion, NSW Department of Health*

Function – Increase the levels of physical activity in the community.

Safety Improvement Program Steering Committee

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

Function – Oversee management of health care incidents reported to the Department and provide strategic direction and advice on policy development and focuses on health care system improvement.

Senior Executive Advisory Board

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

Function – Involve the Deputy Director-Generals of the Department and public health system Chief Executive Officers in providing advice to the Board of Management on system-wide matters, including budget management, major strategies and policies (replaces the Senior Executive Forum).

Shared Corporate Services Program Steering Committee

Robert McGregor AM (Chair), *Deputy Director-General, Health System Support, NSW Department of Health*

Function – Provide strategic advice and input into the ongoing development and implementation of the Program.

Sustainable Access Management Committee

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

Function – Coordinate Department of Health strategies to improve access to acute services in the face of rising demand.

Workforce Planning Group

Robert McGregor AM (Chair), *Deputy Director-General, Health System Support, NSW Department of Health*
Function – Develop system-wide workforce strategies, a statewide training and development program and an integrated workforce plan.

Continuing committees

Aboriginal Affairs Plan Coordinating Committee

Dr Greg Stewart, *Deputy Director-General, Population Health and Chief Health Officer, NSW Department of Health*

Advisory Board of Pre-Trial Diversion of Offenders Program

Jo Spangaro (Chair) *Policy Manager, Child Protection and Violence Prevention, NSW Department of Health*

Allied Health Consultative Forum

Ms Brenda Mcleod (Chair) *Chief Allied Health Officer, NSW Department of Health*

Audit Committee

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

Care of Older People Committee

Wendy McCarthy AO (Co-Chair) and Dr Jeff Rowland (Co-Chair)

Carers Advisory Committee

Janet Anderson (Chair) *Director, Primary Health and Community Partnerships Branch, NSW Department of Health*

Chief Executive Officers Group on Aboriginal Affairs

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

Clinical Council

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

Emergency Department Clinical Implementation Group

Dr Steevie Chan, *Manager, Clinical Services Planning, NSW Department of Health*
 Brett Abbenbroek, *Statewide Coordinator, Critical Care, NSW Department of Health*

Finance, Risk and Performance Management Committee

Professor Katherine McGrath (Co-Chair)
Deputy Director-General, Health System Performance, NSW Department of Health
 Robert McGregor AM (Co-Chair), *Deputy Director-General, Health System Support, NSW Department of Health*

Fluoridation of Public Water Supplies Committee

Dr Peter Hill (Chair) *Acting Chief Dental Officer*

Food Safety Transition Steering Advisory Committee

Dr Stefan Fabiansson (Chair) *Associate Director Food Safety (until transfer to SafeFood NSW in April 2004)*

Funding of Statewide and Selected Speciality Steering Committee

Assoc. Professor Brian McCaughan (Chair),
Clinical Director, Cardiovascular Services, Central Sydney Area Health Service

Health Connect Board

Dr Ralph Hanson, *A/Chief Information Officer, Information Management and Technology Branch, NSW Department of Health*

Health Heritage Committee

David Gates (Chair), *Director, Asset and Contract Services, NSW Department of Health*

Health Participation Council

Wendy McCarthy (AO) Chair

Health Policy Advisory Committee on Technology

Kathy Meleady, *Director, Statewide Services Development Branch, NSW Department of Health*
 Cathryn Cox, *Manager, Health Services, Technology and Capital Planning Unit, NSW Department of Health*

Information Management and Technology Steering Committee

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

Information Management and Technology Industry Reference Group

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

Intensive Care Clinical Implementation Group

Dr Steevie Chan, *Manager, Clinical Services Planning, NSW Department of Health*
 Brett Abbenbroek, *Statewide Coordinator, Critical Care, NSW Department of Health*

Joint Consultative Committee

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

Maternal and Perinatal Ministerial Advisory Committee

Professor William Walters (Chair),
Hunter Area Health Service

**Medical Training and Education Council (MTEC) and
Postgraduate Medical Council (PMC) Joint Committee**

Robyn Kruk, *Director General,
NSW Department of Health*

Meningococcal Disease Advisory Committee

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

Ministerial Advisory Committee on AIDS Strategy

Dr Roger Garcia (Chair) *Clinical Senior Lecturer,
Discipline of Medicine, University of Sydney*

Ministerial Advisory Committee on Hepatitis

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

**Ministerial Advisory Committee on Private Hospitals
and Day Procedure Centres**

Irene Hancock (Chair), *Community Representative*

Ministerial Standing Committee on the Nursing Workforce

Mary Chiarella (Chair), *Chief Nursing Officer,
NSW Department of Health*

National Health Information Group

Peter Williams, *Director, Information and Business
Solutions, Information Management and Technology
Branch, NSW Department of Health.*

National Health Information Standards Advisory Committee

Peter Williams (Chair), *Director, Information and Business
Solutions, Information Management and Technology
Branch, NSW Department of Health.*

National Health Performance Committee

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

National Intergovernmental Committee on Drugs

David McGrath, *Acting Director, Centre for Drug and
Alcohol, NSW Department of Health*

**National Rural Health Policy Sub-Committee of the
Australian Health Ministers Advisory Committee**

Kathy Meleady, *Director, Statewide Services
Development Branch, NSW Department of Health*

Non-Government Organisations Advisory Committee

Janet Anderson (Chair) *Director, Primary Health
and Community Partnerships Branch, NSW Department
of Health*

NSW Aboriginal Health Partnership

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

**NSW Aboriginal Maternal and Infant Health Strategy
Implementation Group**

Dr Elisabeth Murphy (Chair), *Clinical Consultant,
Primary Health and Community Care,
NSW Department of Health*

NSW Department of Health Equity Advisory Committee

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

NSW Department of Health Ethics Committee

Dr Lee Taylor (Chair) *Manager, Surveillance Methods
Branch, NSW Department of Health*

NSW Health Area of Need Advisory Committee

Deborah Hyland (Chair) *Director Workforce Development
& Leadership, NSW Department of Health*

NSW Health/DEC Strategic Liaison Group

Dr Greg Stewart (Co-Chair) *Deputy Director-General,
Population Health and Chief Health Officer,
NSW Department of Health*

**NSW Health/NSW Department of Local Government
Strategic Liaison Group**

Dr Greg Stewart (Co-Chair) *Deputy Director-General,
Population Health and Chief Health Officer,
NSW Department of Health*

NSW Health Survey Program Steering Committee

Assoc. Professor Peter Sainsbury (Chair) *Director of
Population Health, Central Sydney Area Health Service*

NSW Health/Sydney Water/Sydney Catchment Authority Strategic Liaison Group

Dr Greg Stewart (Co-Chair) *Deputy Director-General, Population Health and Chief Health Officer, NSW*

NSW Government Broadband Data Services Request for Tender Contract Management Committee

Bernie Gromek, *Director, Enterprise Information and Technology, Information Management and Technology Branch, NSW Department of Health*

NSW Public Health Forum

Professor Tony Adams (Chair) *Professor of Public Health at National Centre for Epidemiology and Population Health, Australian National University*

NSW School Canteen Advisory Committee

Dr Greg Stewart (Co-Chair) *Deputy Director-General, Population Health and Chief Health Officer, NSW Department of Health*

NSW SIDS Advisory Committee

John Abernethy (Chair) *NSW State Coroner*

Nurse Practitioner Statewide Steering Committee

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

Policy Development Committee

Richard Matthews
A/Deputy Director-General, Strategic Development, NSW Department of Health

Program of Appliances for Disabled People Advisory Committee

Janet Anderson (Chair) *Director, Primary Health and Community Partnerships Branch, NSW Department of Health*

Paediatric Intensive Care Advisory Committee

Tony O'Connell (Chair), *Health System Performance Branch, NSW Department of Health*

Peak Consultative Committee (Ambulance Service of NSW)

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

Prosthetic Advisory Committee

Janet Anderson (Chair) *Director, Primary Health and Community Partnerships Branch, NSW Department of Health*

Radiation Oncology Reform Implementation Sub-Committee of the Australian Health Ministers Advisory Committee

Kathy Meleady (Chair), *Director, Statewide Services Development Branch NSW Department of Health*

Rural Health Taskforce

Liz Rummery (Co-Chair) *Chair Northern Rivers Area Health Service Board*
Dr Bill Hunter (Co-Chair) *Surgeon, Moree*

Shared Scientific Assessment Committee

Professor Paul Seale (Chair) *Professor of Clinical Pharmacology, University of Sydney*

Standards Australia Health Informatics Committee, IT-14

Peter Williams, *Director, Information and Business Solutions, Information Management and Technology Branch, NSW Department of Health*

Standing Committee for Aboriginal and Torres Strait Islander Health

Ken Wyatt, *Director Aboriginal Health Branch, NSW Department of Health*
Mike Taylor, *Assistant Director Aboriginal Health Branch, NSW Department of Health*

Statewide Paediatric Services Advisory Committee

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

Tuberculosis Advisory Committee

Dr Jeremy McNulty (Chair) *Director, Communicable Diseases, NSW Department of Health*

Health is an important issue in the community and NSW Health is committed to ensuring it provides the best care possible to health consumers.

The following organisations are responsible for ensuring that NSW Health delivers quality health care and that consumers have a say in decisions made by NSW Health.

Health Participation Council

The Health Participation Council, a ministerial advisory committee, was set up in March 2002 to ensure that NSW Health better serves the needs of consumers.

Institute of Clinical Excellence (to be replaced by the Clinical Excellence Commission)

Established to promote and support improvements in clinical quality and safety. The Clinical Excellence Commission will build on the foundation work of the Institute.

In 2002, the Department introduced the Safety Improvement Program, a system to identify the root causes of adverse events and design ways to prevent them recurring. The program ensures that all Health Services are able to identify and classify, report, review, analyse and act on health care incidents, including complaints, so that where possible, the incidents do not recur.

Following from the introduction of the Safety Improvement Program the management of complaint handling procedures was reviewed and a background paper 'Complaints Handling Procedures and the Quality Agenda in the NSW Health System' was published in 2004. A number of the systems and policies identified in the publication are in the early stages of implementation.

The Concerns About Your Health Care website was established in 2004 to provide access to an 'easy guide' web page for consumers and health professionals to report concerns.

Many communications are received each year by letter, email or telephone and fall broadly into the following categories:

- **Treatment in public hospitals, community health centres or by other NSW Health services.**
These issues are referred to Area Health Services (AHS) for response. Data on the number of complaints received are submitted quarterly to the Statewide Complaints Data Collection which monitors broad trends in health system complaints. The collection provides performance measurements in complaints handling and assists in improving the services NSW Health provides to the community. Complaints are dealt with according to Better Practice Guidelines for Frontline Complaints Handling (1998). Quarterly reports are also submitted to all AHS Chief Executive Officers for review and service improvement at a local level.
- **Patient Safety**
Serious issues about patient care, the clinical competence of health professionals, or the character or behaviour of health professionals are referred to the Health Care Complaints Commission (HCCC).
- **Treatment in private hospitals**
These are referred to the Department's Private Health Care Branch. (Note that private hospitals are regulated by the Department, but are not part of NSW Health).
- **Treatment by general practitioners (GPs)**
These are referred to the NSW Medical Board. (Note that GPs are not part of NSW Health).
- **Departmental policy issues**
Where Departmental policy is the issue, the Director of the relevant policy area, or the Director-General if appropriate, responds in writing to the consumer.

Since its establishment in 2002, the Health Participation Council has met bi-monthly and has:

- been involved in three statewide consumer forums highlighting good practice and addressing issues for improved community engagement.
- held meetings and facilitated community forums in Macquarie Area Health Service, Central Sydney Area Health Service, Hunter Area Health Service and South Western Sydney Area Health Service.
- had representation on a number of state level committees including the Department's Policy Development Committee.
- conducted a review of the Public Patients Hospital Charter
- addressed a number of issues raised by consumers including health related transport and early consumer involvement in planning for the health system.

The Department's Consumer and Community Development Unit has facilitated the work of the Health Participation Council and in addition, has:

- commenced a pilot project involving Quality Management Services and the Australian Council on Healthcare Standards to ensure consistent accreditation processes for services and facilities in the area of consumer and community participation.
- coordinated six monthly forums of managers of participation from AHS to address common issues and promote networking across the state.
- assisted in the development of Health Service Dashboard Indicators.
- funded the Directory of Gynaecological Oncology Treatment and Support Services.

Standards of service

NSW Health will:

- Respect an individual's dignity and needs
- Provide care and skill, in keeping with recognised standards, practices and ethics
- Offer access to a range of public hospital and community-based health services
- Offer health care based on individual health needs, irrespective of financial situation or health insurance status.

Medical records

Generally individuals can access their hospital or health centre medical records or files by making a request to their clinician or the health service's medical records administrator. If for any reason their request is not met, a Freedom of Information (FOI) application may be lodged seeking access to the records.

All health services staff are legally and ethically obliged to keep health information confidential.

Treatment services

NSW Health will:

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

Additional information

NSW Health will:

- Allow individuals to decide whether or not to take part in medical research and health student education
- Respect an individual's right to receive visitors with full acknowledgement of culture, religious beliefs, conscientious convictions, sexual orientation, disability issues and right to privacy
- Inform an individual of their rights under the *NSW Mental Health Act 1990* if admitted to a mental health facility.

An application can be made for financial assistance towards travel and accommodation costs if an individual is required to travel long distances in order to receive specialist medical treatment or dental care in the operating theatre of an approved hospital. Local health services can be contacted for details.

Compliments or complaints

- All complaints are treated confidentially.
- Compliments or complaints regarding the health care or services received can be made to any member of a hospital or health centre's staff.
- If individuals are not happy with the way the complaint has been handled, they can write to the CEO of the Area Health Service. They can also contact the Health Care Complaints Commission (HCCC) which is independent of the public health system. A complaint may be investigated by the Commission, referred to another body or person for investigation, referred for conciliation with the complainant's permission or referred to the Director-General of the NSW Department of Health.

The HCCC can be contacted at:

The Health Care Complaints Commission
 Locked Bag 18
 Strawberry Hills 2012
 Tel. 9219 7444
 Toll free. 1800 043 159
 TTY. 9219 7555.
 Website. www.hccc.nsw.gov.au

- Assistance is available from the HCCC Patient Support Service to help resolve the concern locally.

This Appendix provides a summary of what can be expected from the NSW public health system.

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

Workers' Compensation

■ Frequency (Numbers of Incidents)

The number of workers' compensation claims for 2003/04 as at 30 June 2004 (with 2002/03 in brackets) was 7,287 (7,398).

A dissection of these claims reveals some 51% (52%) related to Nurses, 16% (17%) to Hotel Services, 10% (9%) to General Administration, 9% (8%) to Ambulance, 3% (3%) to Maintenance with the remaining 11% (11%) spread amongst all other occupations.

Body Stress (manual handling) contributed around 41% (43%) of the numbers, Slips and Falls 15% (17%), Stress 7% (7%), Hit by Objects 12% (12%) with the remaining 25% (21%) spread amongst a number of other causes.

■ Total Claims Cost

Workers' compensation claims costs for 2003/04, as at 30 June 2004, totalled \$42.5 million (\$57.8 million). The lesser amount in 2003/04 reflects the long tail nature of workers' compensation and the fact that the 2002/03 claims have matured by another 12 months. A dissection of this cost reveals 52% (53%) related to Nurses, 10% (11%) to General Administration, 10% (8%) to Medical/Medical Support, 15% (17%) to Hotel Services, 2% (3%) to General Maintenance, 3% (3%) to Linen Services and 7% (6%) to Ambulance.

Body Stress (manual handling) contributed around 48% (52%) of the claims cost, Slips and Falls 16% (15%), Stress 16% (15%), Hit by Objects 10% (10%), Vehicle Accidents 4% (3%) with the remaining 6% (5%) spread amongst a number of other causes.

Legal Liability

This covers actions of employees, health services and incidents involving members of the public. Legal liability is a long-term type of insurance. Presented below is data covering a 15-year period from 1 July 1989. The data has been separated, as the format for data collection changed from 1 January 2002 with the introduction of the *Health Care Liability Act 2001*.

Statistics as at 30 June 2004 reveal that legal liability costs are dissected as follows:

- **1 July 1989 to 31 December 2001** – Treatment Non Surgical 41% (37%), Treatment Surgical 30% (28%), Hepatitis C 4% (4%), Slipping and Falling 7% (7%), Accidental Damage 3% (3%) Misplaced/Lost 6% (7%), and Other 9% (14%).
- **1 January 2002 to 30 June 2004** – Accidental Damage 7% (9%), Anaesthetic issues 3% (2%), Antenatal/Neonatal Issues 6% (7%), Consent Issues 2% (0%), Diagnosis Issues 13% (12%), Infection Control 2% (0%), Misplaced Lost 11% (12%), Non Procedural Surgical 9% (9%), Procedural Surgical 14% (11%), Slips/Trips 7% (9%), Treatment Failure 10% (14%) and Other 16% (15%).

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

In 2001 the NSW Government advised that from 1 January 2002, it would provide coverage through the NSW Treasury Managed Fund for all VMOs/HMOs treating public patients in public hospitals, provided that they each signed a Service Agreement with their Public Health Organisation and also a Contract of Liability Coverage.

In accepting this coverage, VMOs/HMOs agreed to a number of risk management principles that would assist with the reduction of incidents in NSW public hospitals.

For the period ending 30 June 2004 some 1,159 incidents had been notified, thus allowing early management as applicable. Of these incidents, 43 had converted to claims.

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

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

This initiative was introduced to lessen financial demands for the Medical Defence Organisations in the setting of premiums. As at 30 June 2004, the Department had granted indemnity in respect of 206 cases.

Specialist Sessional VMOs – Obstetricians and Gynaecologists

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

Property

Whilst property is not a significant risk, statistics as at 30 June 2004 on Property Claims since 1 July 1989 show a total of 6,710 claims at a cost of \$51 million. Claims costs are Storm 35% (35%), Fire/Arson 27% (28%), Theft/Burglary 14% (14%), Accidental Damage 8% (8%), Fusion/Electrical Faults 10% (10%) and Other 6% (5%).

Claims Excesses

Claims excesses apply to Liability and Property Claims and equate to 50% of the cost of the claim capped at \$5,000 and \$3,000 respectively. These financial excesses are to encourage local risk management practices.

NSW Treasury Managed Fund

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

Hindsight declared during 2003/04 were for:

- **2002-03 Motor Vehicle** – with a surplus of \$0.8 million.
- **Workers Compensation** – hindsight that was expected in 2002/03 for 1997/98 Final five years and 1999/2000 Interim three years was declared in 2003/04 with NSW Health receiving a surplus of \$28.5 million.

Financial responsibility for workers' compensation and motor vehicle risk are devolved to Health Services, while liability, property and miscellaneous are held centrally as master managed funds.

The cost of insurance in 2003/04 for NSW Health is identified under Premium. Benchmarks are the budget allocation.

	Premium \$M	Benchmark \$M	Variation \$M
Workers' Compensation	161.9	177.7	15.8
Motor Vehicle	8.4	8.1	<0.3>
Property	6.4	6.0	<0.4>
Liability	152.5	150.9	<1.6>
Miscellaneous	0.2	0.2	<0.0>
Total TMF	329.4	342.9	13.5
VMO	66.3	66.3	0
Total	395.7	409.2	13.5

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

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

Risk Management Initiatives

NSW Health has a number of continuing and new initiatives to reduce risks and these include:

- Continued commitment to early injury management and return to work of injured workers and release of the updated NSW Health Policy and Procedures for Injury Management and Return-to-Work.
- Continual review of NSW Health's Taskforce on the Prevention and Management of Violence in the Health Workplace initiatives. These include release of the NSW Health Zero Tolerance Policy and Framework Guidelines; supporting brochures for patients, staff and visitors and supporting posters; roll-out of the NSW Health training program A Safer Place to Work: Preventing and Managing Violent Behaviour in the Health Workplace; and release of the security risk management policy Protecting People and Property.
- A Security Improvement Tool to assist Area Health Services assess their compliance with the security risk management policy and drive continuous improvement is under user-testing.

- The NSW Health Facility Guidelines, establishing acceptable standards for safe design of Health facilities, were released in draft form for industry review. These guidelines, when finalised, will be released as an electronic database. The Health Facility Guideline: Safety and Security – which incorporates crime prevention through environmental design into the health building process – was released as a working document and will be incorporated into the database.
- Ongoing development of the NSW Health Occupational Health & Safety (OHS) Numerical Profile.
- Ongoing commitment to Premier's Department Corporate Services Reform initiatives with NSW Health targets devolved to all health services.
- Participation in the NSW WorkCover Occupational Stress Management Steering Group to develop prevention and intervention strategies for occupational stress.
- Review and update of Workplace Health and Safety: A Better Practice Guide.
- Twice yearly meetings of the NSW Health Risk Management Coordinators for formal presentations, workshops and networking.
- Ongoing review of The Clinicians Toolkit for Improving Patient Care, which is designed for Visiting Medical Officers and other clinicians.
- Ongoing development of the Visiting Medical Officers' Incident Reporting System (VMOIRS), an early incident reporting system that allows VMOs to report any incident that may trigger a medical liability claim.

TMF – Risk Management Unit – Sponsored Projects

As a contract requirement the Fund Manager is obliged to provide assistance to Fund Members to undertake special projects that have been approved as 'sponsored projects'.

During 2003/04 the following sponsored projects were either ongoing or completed:

Ongoing

1. The Children's Hospital at Westmead:
'Define an integrated framework for the hospital to effectively identify, classify and manage its risk exposure'. The project will leverage previously completed TMF Sponsored Projects with Area Health Services in the Fund.
2. Northern Sydney Area Health Service:
'Review of Post Injury Management of Stress Claims'.
3. Wentworth Area Health Service:
'Enterprise-wide Risk Management Framework'.

Completed

1. Central Sydney Area Health Service – 'Integrated Management Systems – A Corporate Approach'.
2. Illawarra Area Health Service – 'Review of OHS Workers Compensation and injury management'.
3. Mid North Coast Area Health Service – 'Enterprise-wide Risk Management System'.
4. Northern Sydney Area Health Service – 'Contracting & Procurement'. This project became redundant with the Shared Services approach to procurement.
5. Southern Area Health Service – 'OHS Management Systems Development'.

During 2003/04 financial year, the Department of Health received 66 new requests for information under the Freedom of Information Act 1989, compared to 58 for 2002/03. Overall, the number of FOI applications has increased by 14%.

Three applications were carried over from the 2002/03 reporting period. Of the 69 applications processed, 12 were granted full access, 24 were granted partial access and 30 were refused access. Four applications were carried forward to the next reporting period. The most significant FOI applications received by the Department related to public health issues.

There has been a 58% decrease in the number of FOI applications of a personal nature and a 14% increase in the number of FOI applications of a non-personal nature received during the last 12 months. Thirty applications (47% of new requests) were received from Opposition Members of Parliament, which is a 13% increase over the previous year. Sixteen applications (24% of new requests) were from the media.

Two applications for an internal review were received within the reporting period. In both cases, the original determination was upheld.

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

Twenty-three applications required consultations with parties outside the Department. Some applications required consultation with more than one party, creating a total of 105 third parties requiring consultation.

Processing FOI requests during 2003/04 cost an estimated \$14,223 which was partly offset by a total of \$9,073 received in fees and charges. The annual operating cost to the Department was approximately \$150,000, which is far in excess of the above amounts. This figure comprises the wages and general administration of operating resources in the FOI Unit. As a matter of principle, the Department has a policy of keeping the fees charged for processing FOI applications to a reasonable figure in order to assist FOI applicants.

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

Section A – Numbers of new FOI Requests

FOI Requests	Personal		Other		Total		Variance
	02/03	03/04	02/03	03/04	02/03	03/04	
A1 New (inc transferred in)	12	5	46	61	58	66	14%
A2 Brought forward	1	–	3	3	4	3	-25%
A3 Total to be processed	13	5	49	64	62	69	11%
A4 Completed	9	5	46	61	55	66	20%
A5 Transferred Out	3	–	–	3	3	3	–
A6 Withdrawn	1	–	–	–	1	–	-1%
A7 Total processed	13	5	46	57	59	62	5%
A8 Unfinished (carried forward)	–	–	3	4	3	4	33%

Section B – Results of requests

Result of FOI request	Personal		Other		Total		Total	
	02/03	03/04	02/03	03/04	02/03	% variance	03/04	% variance
B1 Granted in full	4	3	12	9	16	29%	12	18%
B2 Granted in part	3	2	8	22	11	20%	24	36%
B3 Refused	2	–	26	30	28	51%	30	45%
B4 Deferred	–	–	–	–	–	–	–	–
B5 Completed	9	5	46	61	55	100%	66	100%

Section C – Ministerial certificates

C1 Ministerial Certificates issued	0
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Section D – Formal consultations

	Cases		Consultations	
	02/03	03/04	02/03	03/04
D1 Number of requests requiring formal consultation(s)	22	23	74	105

Section E – Amendment of personal records

Result of Amendment Request	Total
E1 Result of amendment – agreed	–
E2 Result of amendment – refused	–
E3 Total	–

Section F – Notation of personal records

F3 Number of requests for notation	–
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Section G – FOI requests granted in part or refused

Basis of disallowing or restricting access	Personal		Other		Total	
	02/03	03/04	02/03	03/04	02/03	03/04
G1 S19 (incomplete, wrongly addressed)	–	–	–	3	–	3
G2 S22 (deposit not paid)	1	–	10	13	11	13
G3 S25 (1) (a1) (diversion of resources)	–	–	3	–	3	–
G4 S25 (1) (a) (exempt)	3	2	11	25	14	27
G5 S25 (1) (b), (c), (d) (otherwise available)	1	–	5	8	6	8
G6 S28 (1) (b) (docs not held)	1	–	9	29	10	29
G7 S24 (2) (deemed refused, over 21 days)	–	–	–	–	–	–
G8 S31 (4) (released to Medical Practitioner)	–	–	–	–	–	–
G9 TOTAL	6	2	38	78	44	80

Note – the total need not reconcile with the refused requests total as there may be more than one reason cited for refusing an individual request.

Section H – Costs and fees of requests processed

Assessed Costs	FOI	fees received
H1 All completed requests	\$14,223	\$9,073

Section I – Discounts allowed

Type of Discount Allowed	Personal		Other		Total	
	02/03	03/04	02/03	03/04	02/03	03/04
I1 Public interest	–	–	–	–	–	–
I2 Financial hardship – Pensioner/Child	–	1	1	–	1	1
I3 Financial hardship – Non-profit organisation	–	–	–	–	–	1
I4 Totals	–	1	1	–	1	1
I5 Significant correction of personal records	–	–	–	–	–	–

Note: except for item I5. Items I1, I2, I3, and I4 refer to requests processed as recorded in A7. For I5, however, the show the actual number of requests for correction of records processed during the period.

Section J – Days to process request

Elapsed Time	Personal		Other		Total		Total	
	02/03	03/04	02/03	03/04	02/03	% variance	03/04	% variance
J1 0-21 days	4	3	30	40	34	62%	43	65%
J2 22-35 days	5	2	16	21	21	38%	23	35%
J3 Over 35 days	–	–	–	–	–	–	–	–
J4 TOTALS	9	5	46	61	55	100%	66	100%

Section K – Processing time

Processing Hours	Personal		Other		Total	
	02/03	03/04	02/03	03/04	02/03	03/04
K1 0-10 hours	5	3	39	47	44	50
K2 11-20 hours	1	1	6	12	7	13
K3 21-40 hours	3	1	–	2	3	3
K4 Over 40 hours	–	–	1	–	1	–
K5 TOTALS	9	5	46	61	55	66

Section L – Reviews and appeals

	02/03	03/04
L1 Number of Internal Reviews finalised	3	2
L2 Number of Ombudsman Reviews finalised	1	–
L3 Number of District Court/ADT appeals finalised	2	–

Details of internal review results – bases of internal review grounds on which internal review requested

	Personal				Other			
	Upheld*		Varied*		Upheld*		Varied*	
	02/03	03/04	02/03	03/04	02/03	03/04	02/03	03/04
L4 Access refused	1	–	–	–	–	–	–	–
L5 Deferred	–	–	–	–	–	–	–	–
L6 Exempt matter	–	1	–	–	1	–	1	1
L7 Unreasonable charges	–	–	–	–	–	1	–	1
L8 Charge unreasonably incurred	–	–	–	–	–	–	–	–
L9 Amendment refused	–	–	–	–	–	–	–	–
L10 Totals	1	1	–	–	1	1	1	2

Note: relates to whether or not the original agency decision was upheld or varied by the internal review.

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

Planning

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

Implementation

NSW Health is a strong performer in utilities reform, with many examples of innovation and a significant history of partnership with the Department of Energy, Utilities and Sustainability and Sydney Water.

Such innovative projects include the installation of electricity cogeneration, solar hot water, photovoltaic cells, upgraded lighting and building management systems, efficient air-conditioning and water saving technologies.

NSW Health has previously undertaken energy performance projects to the value of \$14,819,851, that provided guaranteed recurrent savings of \$2,776,838 per annum and reduced greenhouse gas emissions by 24,964 tonnes per annum.

During 2003/04 the following new projects were approved and are currently being implemented:

■ Northern Rivers Area Health Service

The Northern Rivers Area Health Service is undertaking energy performance projects to the sum of \$1,575,302 under the DEUS Energy Smart Government Program, for the upgrading of lighting, heating, ventilation and air conditioning, installation of building management systems, solar hot water and water management systems. The projects will be undertaken at the Lismore, Grafton, Murwillumbah, Ballina and Casino & District Hospitals.

The project will generate guaranteed annual savings of \$246,555. It will also reduce the consumption of 2,214,688 kWh of electricity, 3,050 GJ of LPG and 9,356 KL of water per annum.

■ Northern Sydney Area Health Service – Manly Hospital

The Northern Sydney Area Health Service has obtained approval to their second energy performance project which will be undertaken at the Manly Hospital for install new hot water and steam generators, improve water and gas reticulation, install flow control devices to reduce water consumption.

The project will generate average annual savings of \$161,747.

The project will reduce natural gas consumption by 7,846,000 MJ and electricity by 49,000 MJ per annum and will reduce greenhouse gas emissions by 499 tonnes per annum.

■ NSW Health

NSW Health is the largest user of Treasury provided interest – bearing loans to finance Energy Performance Contracts. Undertaking such projects will improve the energy efficiency of existing Health infrastructure and other strategies are being implemented to improve the energy and water efficiency of new facilities.

In addition, NSW Health has completed a process to aggregate the procurement of energy. This has been through participation in the State Contracts Control Board whole-of-Government tender for the retail supply of electricity to large consumption sites and through completing a whole-of-Health tender for the supply of natural gas. Both tender processes have provided benefits in tendering efficiency and may have derived some price advantage from the market because of increased volumes. It is clear that real and sustainable saving can only be achieved by reducing consumption through increased energy and water efficiency.

Performance Against Goals

Data for 2003/04 is currently being collected using the whole-of-government internet based reporting system.

Key statistical data for 2002/2003 is as follows:

- Total energy consumption for NSW Health in 2002/03 was 4,780,467 Gigajoules (GJ) compared to a consumption in 2001/02 of 4,742,449 GJ.
- Hospitals used 3,419,607 GJ.
- Community Health Centres, Ambulance Stations and Nursing Homes etc. used 200,047 GJ.
- Linen services, stand-alone food services etc used 457,731 GJ.
- Transport services consumed 671,551 GJ of petrol, diesel and aviation fuel.
- Office buildings for NSW Health, which include lighting, office equipment etc. consumed 31,532 GJ.

Future Direction

- Area Health Services have already obtained approval to commence new projects totalling \$4,324,274 in 2004/5 and are exploring a further two energy performance contracts with an estimated cost of \$4,700,000. On completion, these projects will provide additional recurrent savings of \$1,262,000 and reduce greenhouse gas emissions by 13,500 tonnes per annum.
- NSW Health will continue to review opportunities for the application of Energy Performance Contracts and other energy management improvement solutions.
- Area Health Services within the Sydney Water supply area have committed, or are currently in the process of committing, to the 'Every Drop Counts Program'. This program involves detailed investigations on a site-by-site basis to identify significant water leaks and other water savings projects.
- There is an ongoing need to continue to reduce energy consumption because the cost of energy is escalating above the inflation rate and such reductions in demand will ensure sustained cost savings and improved energy efficiency.

The Department of Health occupies nine floors of the office complex located at 73 Miller Street North Sydney, as well as locations at Gladesville and Surry Hills.

The Department has been active in all areas of the NSW State Government's Waste Reduction and Purchasing Policy (WRAPP) over a number of years. The Department's strategies focus on a number of key areas – reduction of waste, resource recovery and green purchasing.

Waste reduction

Implementation

In 2001/02 the Department implemented a Waste Management Plan targeting paper recycling and personal waste in its Miller Street premises. Personal waste bins for all staff were removed and replaced with paper collection boxes. Waste stations were set up in prime locations so that staff could centrally dispose of other waste such as coffee cups, luncheon wrappers and drink containers.

In 2002/03 this approach has been enhanced with improved recycling of all glass and aluminium cans. A strategy was also implemented to more effectively dispose of cardboard waste.

Results

Regular waste audits monitor staff compliance with the strategy. Audits also indicate that paper recycling has risen from about 50% to over 85%. This means that each year the Department's paper recycling approach equates to saving 416 trees or 96 cubic metres of landfill.

Resource Recovery

Implementation

In 2001 the Department upgraded its lighting and lighting equipment to reduce the consumption of electricity in consultation with the Sustainable Energy Development Authority (SEDA). This included the installation of an ECS8000 Lighting Control System at its tenancy at Miller Street, North Sydney. Work included zoning of light switches on every floor; installation of ultrasonic occupancy sensors to enclosed offices and meeting rooms; programmable timers to water boiling units to eliminate water being boiled unnecessarily at night and weekends.

In 2003/04 the Department has sustained this initiative through ensuring all refurbishment works comply with the set standards. New, more effective hot water systems have been installed in all kitchenettes. Old refrigerators were removed from kitchenettes as they did not comply with energy efficiency ratings and were underutilised.

Results

In 2003/04 the Department has continued to make savings in the use of energy in the vicinity of 300,000 Wk per year or \$20,000 on its energy bill and has continued to reduce its maintenance bills. Audits have verified the Department has reduced its Greenhouse Gases by 289 tonnes per year (equivalent to taking 41 cars off the road per year).

The Department retains a key place as a member of the North Sydney Mayor's 'North Sydney CBD Greenhouse Initiative'.

Procurement

Implementation

The Department continues to encourage the use and supply of environmentally friendly products.

All equipment purchases are vetted by the Purchasing Unit of the Shared Services Centre, and are procured through State Contracts Control Board contracts. When processing purchase orders for equipment, the Purchasing Unit investigates the 'green' rating of the requested item, and where a more environmentally friendly option is available, this is encouraged through negotiation with the Unit making the purchase.

Results

Through negotiations with clients and with the support of our corporate office equipment supplier (including the use of product re-directs), the Department has achieved a 90-95% level of usage in recycled paper products and recycled printer toner cartridges. One-hundred per cent of all envelopes and letterhead paper is recycled paper.

The Purchasing Unit monitors all equipment requests and pursues the most efficient energy rated product available in State Government contract.

The people of NSW have the right to expect that staff employed by the NSW Department of Health demonstrate fairness, integrity and sound professional and ethical practice at all times, in every respect of their employment.

Just as importantly, staff have the right to a workplace free of any form of bullying, harassment or unfair discrimination. Ensuring these rights requires a professional standard of behaviour that demonstrates respect for the rights of the individual and the community as well as promoting and maintaining public confidence and trust in the work of government agencies.

The Department has a Code of Conduct (Circular 2001/46) to provide an ethical framework for staff decisions and actions. It is not possible for this code to address all ethical questions or behaviour that staff may encounter. Staff need to be aware of, and comply with, relevant legislation and departmental circulars, policies and guidelines as they relate to their work. Managers will assist staff in maintaining an awareness of departmental standards of conduct and in resolving ethical dilemmas. However, this does not remove staff responsibility to be accountable for their own actions and decisions.

The Code of Conduct covers all staff members working in the NSW Department of Health including managers, contractors, consultants and students. Members of the Chief Executive Service and Senior Executive Service are covered by a separate Code of Conduct and are also required to meet all requirements of this code.

Personal and professional behaviour

To demonstrate staff commitment to the highest ethical standards, staff are required to:

- perform their duties impartially, with professionalism, objectivity and integrity
- work effectively, efficiently and economically
- behave fairly and honestly, including reporting others who may be behaving dishonestly
- avoid conflicts of interest and act in the best interests of the people of NSW
- accept instructions from managers and supervisors
- obey any lawful direction from managers and senior executives. If staff have a dispute about carrying out a direction they may appeal through existing grievance procedures
- follow departmental policies, guidelines and procedures
- avoid any form of exploitation or power imbalances in personal relationships in the workplace.

Fairness and equity

Staff members should undertake their work and make decisions consistently, promptly and fairly. This involves dealing with matters in accordance with approved procedures, in an impartial, non-discriminatory manner and in line with the principles of administrative good conduct outlined by the NSW Ombudsman.

Staff members should apply the principles of procedural fairness/natural justice and reasonableness when exercising statutory or discretionary powers. Staff members or clients adversely affected by a decision must be informed of their rights to object, appeal or obtain a review.

Conflicts of interest

Staff members must avoid any financial or other interest that could compromise or be perceived to influence the impartial performance of their duties. Conflicts of interest that lead to biased decision making may constitute corrupt conduct.

Conflicts of interest might occur where staff (and at times their family):

- have financial interests in a matter in which the Department is involved
- are Board members, directors or employees of outside organisations, such as non-government organizations in which the Department has a financial interest
- hold personal beliefs or attitudes that influence their impartiality
- have personal relationships with people the Department is dealing with, or investigating, which go beyond the level of a professional working relationship
- are involved in secondary employment, business, commercial, or other activities outside the workplace which impact on the Department, its clients or staff
- are involved in party political activities which could be perceived as using their official role to gain influence or where they find themselves in conflict in serving the current government. (Special arrangements apply to an election candidate.)
- have access to information that could be used for personal gain
- participate in outside activities including volunteer work which could adversely affect the ability to do their work.

Staff members are responsible to disclose any potential or actual conflict of interest to their manager or other senior officer. Managers will assist staff in resolving the conflict through solutions such as divestment of the interest, their withdrawing from the conflict situation and declaring or documenting the interest.

Bribes, gifts, benefits, travel and hospitality

Staff members must not accept any gifts, hospitality, travel or benefits that might in any way tend to influence, or appear to influence, their ability to act impartially. Staff should also ensure that partners and family members are not recipients of benefits that could be seen to indirectly influence them or secure favourable treatment.

In deciding whether to accept any gift or benefit staff should consider the relationship of the Department to the donor, the primary business of the donor and any possible adverse consequences for the Department.

Approval of a manager is required prior to accepting any gift or benefit. Staff may accept unsolicited gifts of a token and insignificant nature or moderate acts of hospitality. Accepting them is a matter of judgement and staff must be satisfied that neither they nor the Department is in any way compromised.

Staff must not solicit nor accept any bribe, or other improper inducement. Any approaches of this nature are to be reported to senior management.

Outside employment

If staff are full-time employees, they must have approval from a delegated officer to engage in any secondary employment or business activity, including participation in a family company. If they work part-time they must advise of any real or potential conflict of interest between their employment in the Department and any other employment. Managers are responsible for monitoring and following up on any impact of secondary employment on the quality and effectiveness of an individual's work.

Use of departmental resources

All departmental resources including funds, staffing, computers, photocopiers, equipment, stationery, travel and motor vehicles must be used effectively and economically on work-related matters. Staff must seek approval to use departmental resources for non-official purposes (eg to aid in a charitable event). If authorised, staff are responsible for safeguarding, repairing and replacing, if lost, the Department's property.

Use of computer, email and internet facilities

To use the Department's computer, internet and email facilities staff must agree to the conditions of access. These require that the facilities be used for work activities in a responsible, ethical and legal manner. Unacceptable use includes violation of the rights of others, commercial use, breach of copyright or intellectual property, illegal activity or gambling, use for harassment, threat or discriminatory acts, storing or conveying inappropriate or objectionable material such as nudity, sexual activity, drug misuse, crime, cruelty or violence.

Staff must safeguard their password access. The Department monitors the network, programs and usage to ensure the integrity of the system and maintains records of activities.

Corruption, maladministration and serious and substantial waste

Staff members must not engage in corrupt conduct, maladministration or serious and substantial waste. Corrupt conduct is defined in the *Independant Commision Against Corruption Act 1988*, the key notion being the misuse of public office.

Corruption can take many forms including bribery and blackmail, unauthorised use of confidential information, fraud and theft.

Maladministration is action or inaction of a serious nature that is contrary to law; unreasonable, unjust, oppressive or improperly discriminatory; or based on improper motives.

Serious and substantial waste refers to any uneconomical, inefficient or ineffective use of funds or resources which results in significant wastage. Staff members have a duty to report any possible corrupt conduct, maladministration and serious and substantial waste of public resources to their senior manager.

Staff may wish to report suspected incidents to an external organisation with corruption being reported to the *Independant Commision Against Corruption Act 1988*, maladministration to the Ombudsman and waste to the Auditor-General. The *Protected Disclosures Act 1994*, provides certain protection against reprisals for any staff member who voluntarily reports possible corruption, maladministration or serious/substantial waste.

Managers must ensure staff members have information about reporting these matters.

Public comment

Although staff have the right as private citizens to express their personal views through public comment on political and social issues they must not make nor appear to make statements on behalf of the Department. Public comment includes public speaking engagements, comments in the media, views expressed in letters to newspapers, online services (such as internet bulletin boards) or in publications.

Staff members may make an official comment when they are authorised to do so or when giving evidence in court. The Department's media guidelines must be followed in any dealings with the media. When undertaking speaking engagements staff must comply with the Department's policy and guidelines on participation in external seminars.

Staff must not access, use, disclose or release any internal departmental documents or privileged information unless they need to do so in the course of their work or are authorised to do so.

Staff must protect the privacy of client information as required by the Department's Privacy Code of Practice.

Security of official information

Confidential information must not be disclosed other than in the course of a staff member's work, when required by the law or when authorised. Staff must ensure that confidential information in any form (eg documents, computer files) cannot be accessed by unauthorised persons. It should be securely stored overnight or when unattended. Confidential information must not be discussed except in the course of work and must not be misused by staff to gain personal advantage.

Information about NSW Health staff or clients is subject to the Department's Privacy Code of Practice, privacy legislation and guidelines. In some instances information regarding a staff member's employment will be provided to external bodies (eg NSW Superannuation Board and the Australian Taxation Office), and the Department will confirm details held by financial institutions if staff have applied for a loan or credit.

Intellectual property/copyright

Intellectual property includes rights relating to scientific discoveries, industrial designs, trademarks, service marks, commercial names and designations, inventions, and from activity in the industrial, scientific, literary or artistic fields. The Department is the owner of intellectual property created by staff in the course of their work unless a specific agreement with the Director-General has been made to the contrary.

Employment screening

The Department is committed to safeguarding the welfare of its staff and protecting the interests of those who rely on its services. Criminal record checks are undertaken on all recommended applicants for permanent, temporary or seconded employment. Where a pending charge or conviction is identified, the relevance and implications of this is carefully assessed, taking into account such factors as the nature and number of offences, the severity of punishment, age and mitigating circumstances.

Staff members are required to notify the Department's Corporate Personnel Services in writing if they are charged with or convicted of a serious criminal offence.

Discrimination, harassment and bullying

A staff member must not harass nor discriminate against colleagues or clients for any reason including gender, physical appearance, pregnancy, age, race, sexual preference, ethnicity or national origin, religious or political conviction, marital status, physical or intellectual disability. The principles of Equal Employment Opportunity apply in the workplace.

Bullying is the repeated less favourable treatment of a person by another in the workplace and can include verbal abuse, sarcasm, criticising people in front of others or in private, and creating work overload.

The Department does not tolerate bullying. If staff witness discrimination, harassment or bullying, they should do something to stop it if possible, and report it to their manager. Direct intervention by senior management may be used to resolve the issue. Grievance procedures are available if staff believe they have been subject to discrimination, harassment or bullying.

The use of obscenities or offensive language is unacceptable in the workplace.

Occupational health and safety

Managers must ensure that their work area provides for the health, welfare, physical and psychological safety of their staff and clients. Specifically managers are responsible for providing safe systems of work, a safe work environment, supervision and information, safe equipment and facilities, identifying and controlling risks, and responding to staff members' reports of issues.

Staff also share a responsibility for occupational health and safety by following safety and security directives, using security and safety equipment provided, keeping their work area tidy and safe, and raising potential safety issues promptly.

Drugs and alcohol

The misuse of alcohol and other drugs can affect staff members' work performance and jeopardise the safety and welfare of colleagues. Staff must not perform their work, remain in the workplace nor undertake work-related activities if they are impaired by alcohol or other drugs.

Post employment

Staff members should not misuse their position to gain opportunities for future employment nor allow themselves to be influenced in their work by plans for, or offers of, outside employment.

Staff members leaving the Department are required to return all documentation and equipment, and should respect the confidentiality of information obtained during their employment, and not use it for gain until it has become publicly available. Staff must be careful in dealings with former staff members to make sure that they are not given, nor appear to be given, favourable treatment or access to privileged information.

Legislative framework

The Code of Conduct does not stand alone nor take the place of any Act or Regulation. Important laws that apply include:

- *Anti-Discrimination Act 1977*
- *Crimes Act 1900*
- *Commission for Children and Young People Act 1998*
- *Freedom of Information Act 1989*
- *Health Care Complaints Act 1993*
- *Health Services Act 1997*
- *Independent Commission Against Corruption Act 1988*
- *Occupational Health and Safety Act 2000*
- *Ombudsman Act 1974*
- *Privacy and Personal Information Protection Act 1998*
- *Protected Disclosures Act 1994*
- *Public Sector Employment and Management Act 2000.*

Relevant departmental circulars

(a selection – as amended from time to time)

- 93/70 Department of Health Fraud Strategy
- 99/18 NSW Health Information Privacy Code of Practice
- 99/42 Grievance Resolution Procedures
- 99/43 NSW Department of Health Alcohol and Other Drugs Policy
- 99/99 Electronic Messaging Policy
- 00/41 Reporting Possible Corrupt Conduct to the ICAC
- 00/69 NSW Department of Health Policy on Employment Screening
- 02/11 Records Management Policy Statement
- 02/31 Software Control and Distribution
- 02/50 Statement of Bullying, Harassment and Discrimination
- 02/95 Protected Disclosures
- 02/116 Public Sector Employees Contesting State Elections
- 03/59 NSW Department of Health Restructuring Procedures
- 3/47 Electronic Information Security Policy.

Breaches of the Code of Conduct

Staff members are required to comply with this Code of Conduct. If staff breach the code they will be subject to a range of administrative actions, which include disciplinary action, as set out in the *Public Sector Employment and Management Act 2000*. Breaches of certain sections may also be punishable under other legislation.

Training and development

The Department's Corporate Personnel Services includes training on the Code of Conduct in its Induction Program. It also offers a range of training in areas including occupational health and safety, ethics, equity, harassment and grievance handling, which are relevant to the code. Managers have a responsibility to provide their staff also with training on the code.

Further information and feedback

If staff need further information on the Code of Conduct they should consult their manager or contact Corporate Personnel Services. Feedback on the code is also welcomed and should be sent to the Director, Executive and Corporate Support.

It is affirmed that for the 2003/04 financial year credit card use within the Department was in accordance with Premier's Memoranda and Treasurer's Directions.

Credit card use

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

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

Documenting credit card use

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

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

Procurement cards

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

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

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

Achievements

Goal	Health Service	Project title and description	Achievements 2002/03
Healthier People	IAHS	Partners in Health for Culturally and Linguistically Diverse (CALD) Communities	The project aims to improve the health of diverse communities as well as to involve more people from CALD in the planning and review of health services.
		Multicultural Health Worker for newly arrived communities	The worker, who is funded by Community Health and Multicultural Health, will focus on the most pressing health needs of newly arrived immigrants to the Area.
	MNCAHS	Punjabi Sikh – Health Promotion project on Sexual Health and Drug and Alcohol issues	Improved access to information on traditionally sensitive areas.
		Hear our Voices Project	Ongoing project of consultation between a range of government and non-government agencies and the Punjabi Community of Woolgoolga.
	SESAHS	Facility based Ethnic Affairs Priorities Statements	These documents are three year strategic plans which focus on workforce development, language support, ethnicity data management and specific clinical areas.
		Ethnic Affairs Priority Statements on caring for Refugees	Implementation of the Area Strategy on Caring for Refugees commenced via the South East Health Refugee Health Steering Committee.
	SWSAHS	Vaccination Program in Intensive English Language Schools	This program provided vaccinations to 3 local Intensive English Language Schools including: Cabramatta, Canley Vale and Fairfield.
		Asthma Friendly Schools Program	This program takes place in schools and provides parent education in languages including Vietnamese, Arabic and Spanish.
	WAHS	Needs Assessment of People with Cancer and their Carers from CALD Communities	Conduct a needs assessment on the care needs of CALD cancer patients and their carers in partnership with the Cancer Council of NSW
		Best Practice in communicating through interpreters	A study examining hospital records of CALD patients aiming to identifying gaps in interpreter use at critical points along the care pathway.
	CSAHS	Health Is Gold: Smoke Free Car and Home	In partnership with SWSAHS, The Cancer Council of NSW and Vietnamese community, this project aims to reduce infants' and children's exposure to Environmental Tobacco Smoke.
		Bilingual GP interviews	The results offered an insight into the health of the Arabic, Chinese, Greek, Portuguese, Turkish and Vietnamese communities and led to decisions about priorities for health improvement in CSAHS.
	GMAHS	Senior Manager's Training	Senior Manager's forum on Multicultural Health held with topics including GMAHS multicultural profile, communication training and refugee health.
	HAHS	The Bilingual Community Health Facilitator's program	The program involves ongoing consultation on health needs and providing specialist educators to speak with Chinese, Filipino, Samoan, Tongan and Southern Sudanese communities.
	NSAHS	Community and Police Outreach	Project aims to promote a safer community in the Ryde area by enhancing collaboration and building a partnership between NSW police and the Korean community.
		Refugee Youth Sports and Recreational Project	The purpose of the activities are to reduce social isolation, enhance self-esteem and develop links between youth and key service providers.
	Connecting Service	Transcultural Mental Health Project	Project linking adult patients with the Transcultural Mental Health services. Resulted in approx 70% increase use of Transcultural Mental Health services.
	TACS	Cultural Competency Training for Aged Care Workers via E-learning	Addresses barriers of access to training for personal care staff employed in smaller aged care facilities in rural and remote areas of NSW.
	Refugee Health Service	Health Information Day	Conducted in the Illawarra, targeting African communities.
	Diversity Health Institute	Detection of Mutations Causing Familial Hypercholesterolaemia	Centre has developed and validated PCR-dHPLC methods for the detection of Lebanese and French mutations in exon 14 LDLR gene.

Achievements

Goal	Health Service	Project title and description	Achievements 2002/03
	Diversity Health Institute Clearinghouse	The establishment of an online multicultural health clearinghouse	Establishment of 7 databases containing multicultural health information on services, resources, research, education and training materials.
	Female Genital Mutilation Program	'Women's Health and Traditions in a New Society'	Seven programs conducted with Egyptian, Indonesian and Sudanese women. Ninety participants attended.
	Multicultural Problem Gambling Service	Multicultural Problem Gambling Service Youth Award	Hosted the inaugural MPGS Youth Award in conjunction with the Ethnic Communities Council Youth Leadership Awards.
	Transcultural Mental Health Centre	Psychology Intern Program	Sixteen interns have taken part in the program in the 2003/04 period.
Fairer Access	Central Sydney Area Health Service	Health Care Interpreter Service Strategic Plan 2004-08	Finalised plan and distributed to stakeholders.
		School Assessment Program Telephone Survey	The program targeted eight language groups of high risk clients who failed to attend public dental clinics following notification of urgent need.
	Hunter Area Health Service	Ensuring that the appropriate data is collected on the new dental bookings system	Worked with those responsible for the system to make sure that country of birth and language spoken at home were recorded.
		Production of an Equity Profile for CALD populations	The division of Population Health and Planning developed an equity profile on the health issues of CALD populations.
	Illawarra Area Health Service	STARTTS Outreach Service	STARTTS provided the equivalent of a full time position in the Illawarra.
		Interpreters for African languages	The Health Care Interpreter Service (HCIS) recruited and trained interpreters for languages spoken by the newest arrivals to the Area including Dinka, Somali and Swahili.
	MAHS	Steering Committee established	The Area-wide steering committee was established in 2003 and has been active with overseeing the development of EAPS within Macquarie Area Health Service.
		Area Website Development	The MAHS Website was developed and a hot link established to the multi-lingual translation service as well as NSW Health and other Area's Multi-lingual services.
		Consultations with and provision of information to Multicultural Access Worker for Sudanese recent arrivals	Multicultural Access worker in Coffs Harbour was assisted with information regarding access to community based services.
	MNCAHS	Drug and Alcohol Project	Multicultural Access Committee established to address barriers to accessing services and cultural appropriateness of treatment offered.
	NSAHS	Multicultural Mental Health Project	Implementation of a telephone support group for Italian men aged 55 years and over. Aim of the group was to promote positive mental health, physical health and social well-being.
		Sessional Bilingual Health Promotion Network	The network provides sessional bilingual workers to support staff in the delivery of health information, education and research initiatives.
	SESAHS	Area Ethnic Demographic Profile	An Area-wide Ethnic Demographic Profile was completed utilising 2001 Census data from the Australian Bureau of Statistics.
		Support Program for Newly Arrived Arabic Speaking Refugees	Psychological and family support provided. Advocacy on behalf of Arabic speaking refugees to improve their access to services.
	SWSAHS	Newsletter 'Salud y Vida'	Dissemination of information in Spanish on issues related to physical and mental health as well as services available for the Spanish speaking community.
	WAHS	Equity and Access to Research for CALD population	WAHS Ethics Committee undertook an evaluation of researchers' compliance in providing CALD populations the opportunity to participate in Area research.

Achievements

Goal	Health Service	Project title and description	Achievements 2002/03
		Palliative Care in a Culturally Diverse Community	The project involves enhancing the provision of appropriate palliative care services to people from culturally and linguistically diverse backgrounds.
	Multicultural Health Communication	Communication Awards	Over 40 resources were submitted and 50% will be posted on the service's website.
	Transcultural Mental Health Centre	Suicide Prevention Project	This initiative aims to expand the knowledge base of health professionals working with CALD communities in relation to suicide prevention assessment and intervention.
	The Market Garden Project	Developed strategies for isolated CALD communities living and working in market gardens across the Sydney basin	Brokered English language, first aid and computer classes for women. Developed Chinese playgroup and a community language school.
	Diversity Health Institute	Increase the Capacity and Knowledge of Health Care Staff	Developed cross-cultural training standards and identified good practice models.
	Female Genital Mutilation Program	Sierra Leone Reference Group	Interagency and consumer approach to address the needs of a newly emerging community.
	NSW Refugee Health Service	Health Assessment Clinics for Refugees	Three doctors and three nurses are employed to provide half a day per week clinics in Auburn, Liverpool and Blacktown.
	Multicultural Problem Gambling Service	Responding to Significant Increase in Referrals	2,199 occasions of direct service were provided, including 574 occasions of face-to-face counselling.
Quality Health	CSAHS	Home visiting by Early Childhood Health Nurses	83% of all new mothers received at least one home visit – Families First initiatives
		Mental Health Policy	The CSAHS Multicultural Mental Health Policy was reviewed and updated.
	GMAHS	Multicultural Profile	Development of profile for GMAHS – available on StaffNet
	HAHS	Developed and Reported on Key Performance Indicators	Monthly reports based on information generated from Patient Information Management Systems (PIMs) for inpatients and outpatients clinics.
		Ensuring the overseas trained doctors are given adequate assistance to be oriented to the health system	Helped develop a special orientation package which includes units on clinical governance and cross-cultural communication to be trialled in August 2004.
	IAHS	Reducing Falls	Bulli Hospital undertook a project to reduce falls within the hospital setting.
		Professional Development for HCIS	The NSW HCIS professional Development Committee conducted an ethics workshop for staff and contract interpreters in the local area.
	MAHS	Adopt-a-doc Program	The local migrant support group assisted the integration of new health professionals – often from other cultures, into the local communities.
		EAPS included in all position advertising as an essential criterion	Human Resources Department has assisted the implementation of EAPS by increasing awareness of the responsibilities of individual service providers and the Area Health Service.
	MNCAHS	Ongoing MNCAHS represented on Northern Regional Advisory Council	Direct involvement in regional consultation in regard to Multicultural issues.
	NSAHS	Workforce Development	Workplace English and Literacy (WELL) Project implemented to improve the workplace English language, literacy and numeracy skills of NSH employees.
		Royal North Shore and Ryde Health Service Multicultural Access Committee	Committee membership includes representation from the sector Executive, clinicians and managers from acute services and community and population health services. CALD community groups are also involved.

Achievements

Goal	Health Service	Project title and description	Achievements 2002/03
	SESAHS	eLearning Language Courses for Health Professionals	Mandarin and Greek courses developed and placed on the Unit's Intranet site for access by staff.
		Mobile Breastscreening, Rockdale and Roselands	A flyer with a message in 8 languages was distributed to local GPs, community centres, and women's groups and clubs.
	SWSAHS	A Calendar of Cultural and Religious Festivals for Mental Health Workers	Significant cultural and religious festivals and their importance to the well-being of clients were collated.
		NSW Dementia Reference Group	Participated in the Reference Group to provide advice on the implementation of the Plan from the perspective of people with dementia from diverse cultures.
	WAHS	Palliative Care Forum	Forum which included clinicians, religious/spiritual leaders, language service providers, community representatives, academics and managers to ensure equitable access to service by diverse populations.
		'Communicating through the interpreter' for Hawkesbury District Health Service	The training of the trainers was completed and a 2-hour session on 'Communicating through the interpreter' was delivered to Hawkesbury staff by 2 newly trained trainers.
	WSAHS	Demographic Data Reporting on CALD Communities in WSAHS	Distribution of 150 hard copies of ethnicity data report developed by EIRE in partnership with Area Mental Health Unit.
		Non-Government Organisation Project	Develop working partnerships with Health funded NGO sector to address the issues of service delivery to CALD communities.
	Diversity Health Institute Clearinghouse	National consultation on effectiveness of DHI Clearinghouse to meet stakeholder needs	Aiming to achieve the most user-friendly and effective web-based interface for use by health and allied health workers and consumers.
	Female Genital Mutilation Program	Health and other Professional Training	Ongoing distribution of learning package and delivery of one and two day training programs.
	Service of Excellence in Diversity Health Care	Resourcing the Library	Reference books on diversity training and specific aspects of diversity in a clinical environment have been placed in the library for loan to staff.
Better Value	Multicultural Health Communication Service	Multilingual publications added to website	34 new publications were added to the site. It received 1,000,000 hits and 51,725 pieces of information were downloaded by the NSW Health System.
	Multicultural Problem Gambling Service	Service Evaluation	External Service Evaluation completed. Extremely positive feedback was provided.
	Multicultural HIV/AIDS and Hepatitis C Service	Living with HIV and Cultural Diversity	Research project in partnership with the National Centre in HIV Social Research.
	CSAHS	Cross-Cultural Training Workshops for Staff	273 participants attended 27 workshops.
	SESAHS	Bridge Project	A 10-minute video was produced in English, Cantonese, Mandarin, Arabic, Macedonian and Greek outlining the function of the Emergency Department.
	SWSAHS	Speech Pathology Database.	Develop of area wide speech pathology database to record interactions with the SWSAHS interpreter service.
	WAHS	Best Practice in Communicating Through Interpreters	A study to examining CALD patient's hospital records to identify gaps in interpreter use at critical points along the health care pathway.
	WSAHS	Utilisation of Services Review	To explore consumer understanding of services provided by Community Health Centre and implement initiatives to ensure consumers to access health services.

Planned Initiatives

Goal	Health Service	Project title and description	Initiatives Planned for 2003/04
Healthier People	CSAHS	Active Women, Active Families	To work with participants (families and agencies) and local government to develop capacity (programs, venues etc) in the local area for families to be more physically active.
		Diabetes Support Group for Chinese	To give ongoing support to improve and maintain self help practices.
	GMAHS	Population Health training	Workshop on social determinants of health including culture, language, education, poverty, social participation for senior managers.
	HAHS	Health Clinics for Sudanese Children	Specialist paediatricians will examine children and provide immunisations and other general health care.
	IAHS	Investigating the needs of Carers from CALD	Carers from diverse backgrounds who care for an adult with disabilities will be interviewed to identify the barriers to accessing services and respite options.
	MNCAHS	HIV/Sexual Health for Sudanese Community	Developing culturally appropriate program in HIV/Sexual Health.
	NSAHS	CALD Physical Activity Project Service	Identify sustainable strategies to improve access to information on physical activity and physical activity options.
	SESAHS	Facility Based Ethnic Affairs Priorities Statements	These documents are three-year strategic plans managed and predominately resourced by the facilities.
	SWSAHS	Heart Health Manual (Arabic)	Production and dissemination of material.
	WAHS	Health Promotion and Social Networking Forums	This initiative aims to promote well-being, cultural harmony, build capacity, establish and strengthen social support networks.
	WSAHS	Bilingual Community Educator (BCE) Program	Training of BCEs to conduct Older Women's Health Program and parenting programs.
	Multicultural Health Communication Service	Signs and Symbols	This project will collate and check all available signs and symbols and posted them on the website.
	Multicultural HIV/AIDS and Hepatitis C Service	National Hepatitis C Project	Carry out a national consultation and develop HCV information in 15 community languages.
	Diversity Health Institute	Detection of Mutations causing Familial Hypercholesterolemia	Early diagnosis of at risk individuals will allow for early intervention to prevent the onset of premature cardiovascular disease.
	Diversity Health Institute Clearinghouse	Clearinghouse editorial boards	Establish subject specialist panels to review, recommend and evaluate material for the DHI Clearinghouse.
	Female Genital Mutilation Program	Bundu Camp	Funding has been granted to conduct a second camp for Sierra Leonean women and girls.
Fairer Access	Service of Excellence in Diversity Health Care	Seeding Grants	Round 2 will be launched in March 2005.
	Multicultural Problem Gambling Service	Bilingual/Cross Cultural Counsellor Position	Establish an additional full-time bilingual/cross cultural counsellor position based on identified need.
	CCAHS	VAN Services and Youth Health	New database developed and will record ethnicity.
	CSAHS	Parenting Program for Portuguese Mothers and Carers	Monthly educational sessions with speakers to raise awareness on parenting issues and increase knowledge on services available.
	GMAHS	Migrant Health Information Booklet	Development of GMAHS resource for local CALD communities.
	HAHS	Camp for Sudanese Men and Boys	The purpose of the camp is to give the men and boys an opportunity to speak about their experiences and their current needs.

Planned Initiatives

Goal	Health Service	Project title and description	Initiatives Planned for 2003/04
	IAHS	Investigating the needs of Carers from CALD	Carers from diverse backgrounds who care for an adult with disabilities will be interviewed to identify the barriers to accessing services and respite options.
	MAHS	Management Awareness	Establish EAPS briefing program for managers highlighting CALD community health needs to assist with local resource allocation and planning.
	MNCAHS	Sudanese New Arrivals to Coffs Harbour	Conduct ongoing consultation with the community.
	NSAHS	Drug and Alcohol Project	Implementation and evaluation of cross cultural training to D&A staff in conjunction with the Drug and Alcohol Multicultural Education Centre.
	SESAHS	Health Care Interpreter Service Strategic Plan, 2004-2008	Establishment of Management Committee to oversee implementation.
	WAHS	Cultural Equity Unit (CEU) intranet site	Update information on the CEU intranet site to provide staff with referral information as well as data and research reports.
	WSAHS	Implementation of the WSAHS Refugee Health Strategy	A joint project with Westmead Children's Hospital to establish a primary school based screening clinic for children from refugee backgrounds in Auburn.
	Multicultural Problem Gambling Service	Peer support groups	Establish additional peer support groups for problem gamblers and their families.
	Multicultural Health Communication Service	Youth safe	Develop the safer driving for Chinese and Arabic youth and communications campaign.
	Multicultural HIV/AIDS and Hep C Service	National Positive Diversity Project	Develop an audio resource on living with HIV/AIDS in 9 languages and deliver cultural competency seminars in 6 capital cities.
Quality Health	CSAHS	Environmental Tobacco Smoke (ETS) and Children's Health	Repeat of project in Eastern and Western sectors of the Early Childhood Health Service.
	GMAHS	Griffith Culturally and Linguistically Diverse Policy	Development of CALD strategic plan for Griffith Base Hospital
	HAHS	Patient Location Protocol	Establishing a patient location protocol for patients moving between community health and the acute care settings.
	IAHS	Multicultural Health Communication Service website access training	This will follow on from a pilot project conducted during Multicultural Health Week.
	MAHS	Overseas Trained Health Professionals	Orientation and training for overseas trained Health Professionals on the Australian Health Care system.
	NSAHS	Health Care Interpreter Service and Multicultural Health Service websites	Websites to be completed.
	SESAHS	Cultural Diversity Learning and Development Programs	Identify and profile the cultural competencies for positions in management and clinical services and revise existing cultural diversity curriculum.
	SWSAHS	Community Links Project	The project aims to increase access of newly arrived, migrant and refugee/young people attending intensive language classes to health and community organisations.
	WAHS	Translation Policy	The Cultural Equity Unit is developing a Translation Policy to clarify procedures and lineation of responsibilities for staff.
	WSAHS	Participation in Westmead Hospital Community Planning Strategy	Extension of community consultation activities to include people from CALD backgrounds.
	Multicultural Health Communication Service	Resource Development	Continue to undertake resource development for radio and press.
	Refugee Health Service	Men's Health	Conduct National Forum on Refugee Men's Health. Publish report findings of project and of forum proceedings.

Planned Initiatives

Goal	Health Service	Project title and description	Initiatives Planned for 2003/04
Better Value	HSAHS	Culturally appropriate food	Establishing a protocol to enable patients, especially long-term patients, to have access to culturally appropriate food.
	MAHS	Analysis of client data linking resource allocation	Analyse client data to ensure the allocation of appropriate resources in regard to local priorities for CALD backgrounds.
	SESAHS	Area Clinical Streams	Develop framework for collaboration between the Multicultural Health Unit and the Area Clinical Streams.
	SWSAHS	Khmer Health Program	Set up a working party to plan and compile the resources, write it up and then train the worker.

Achievements during the year

As part of its commitment to electronic service delivery, the NSW Department of Health has:

- Redesigned and improved the Department's intranet site, which averages approximately 1 million page accesses per month.
- Launched the Victims Of Crime website, which details services offered by NSW Health and a range of other government and non-government agencies which support individuals and their families who have experienced a crime.
- Launched the Online Nurse/Midwife Electronic Staffing Support (ONESS) website, which provides an opportunity for nurses and midwives seeking casual employment to list their pertinent professional data, including their availability and work location preferences, on a secure website. The website will facilitate access by health services to additional nursing staff when variations in hospital activity result in a need to supplement the permanent workforce.
- Launched the website for the Cancer Institute NSW, which was established to provide initial information and support to cancer patients, their families and carers, health professionals, researchers and the general public.
- Launched the NSW Immunisation Program website, which provides a routine schedule of vaccines provided free in NSW under the National Immunisation Program, as well as detailed online information regarding a range of School Based Immunisation Programs (vaccinations for Meningococcal C, Diphtheria, Tetanus, Pertussis and Hepatitis B).
- Implemented the PPC Quality Reporting System, a product management tool for the Peak Purchasing Council (PPC), which will enable appropriate staff at hospitals to comment on the quality of clinical consumables and equipment, ie. product, batch number and what the problem may be etc. PPC will then be able to follow-up any problems with the manufacturer.

Future Initiatives

Quit Online

Quit Online is a web-based program designed to assist smokers wanting to quit. An initiative of the Smoke Free Workplace Policy, Quit Online will provide the community with up to date information on tobacco and health issues and personalised quitting advice. Quit Online will also give the user the option of receiving up to 10 free emails and/or 10 free SMS messages to support them during their quit attempt.

Pharmacotherapy Patient Management System

This will replace the Pharmaceutical Drugs of Addiction System (PHDAS) legacy system. It has also been enhanced to allow doctors to apply to prescribe methadone to their patients and monitor the progress of their application online. It provides the Pharmaceutical Services Branch a workflow for managing patient applications as well as prescribers' details.

Mental Health Seclusion and Sedation Register

This application will collect information (ie type of behaviour etc) about patients who have needed to be restrained, secluded from others or given sedation.

Births/Death Certificates

The Department will provide a transport mechanism to send a birth extract from the Health Information Exchange (HIE) to the Registry for Births, Deaths and Marriages. It will also create a pilot for an online version of the Medical Certificate Cause of Death (normal and perinatal) where the doctors at hospitals can enter cause of death information. This data can then be sent to the Registry for Births, Deaths and Marriages at a frequency of 3-6 times per day.

Aboriginal Health Database

This administrative application will capture details about different non government organisations and Area Health Services that have Aboriginal Health programs funded by NSW Health.



Services and facilities

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ADDRESSES AND TELEPHONE NUMBERS OF DEPARTMENT OF HEALTH AND SELECTED SERVICES

Department of Health

North Sydney Office

73 Miller Street
North Sydney NSW 2060
(Locked Mail Bag 961
North Sydney NSW 2059)

Tel. 9391 9000
Fax. 9391 9101

Director-General Robyn Kruk

Business hours 9.00am–5.00pm
Monday to Friday

Foveaux Street Site

28 Foveaux Street
Surry Hills NSW 2010

Business hours 8.30am–5.00pm
Monday to Friday

Better Health Centre Publications Warehouse

(Locked Mail Bag 5003
Gladesville NSW 2111)

Tel. 9816 0452
Fax. 9879 0994

Business hours 8.00am–4.00pm
Monday to Friday

Health Professionals Registration Boards

Level 2
28 Foveaux Street
Surry Hills NSW 2010
(PO Box K599
Haymarket NSW 1238)

Tel. 9219 0233
Fax. 9281 2030

Director Jim Tzannes

Business hours 8.30am–5.00pm
Cashier services close at 4.30pm
Monday to Friday

Pharmaceutical Services Branch

Building 20
Gladesville Hospital Campus
Victoria Road
Gladesville NSW 1675
(PO Box 103
Gladesville NSW 1675)

Tel. 9879 3214
Fax. 9859 5165

Methadone Program

Tel. 9879 5246
Fax. 9859 5170

Enquires relating to
authorities to prescribe
other drugs of addiction

Tel. 9879 5239
Fax. 9859 5175

Chief Pharmacist and Director
John Lumby

Business hours 8.30am–5.30pm
Monday to Friday

Private Health Care Branch

Building 12
Gladesville Hospital Campus
Victoria Road
Gladesville NSW 1675

Tel. 9816 0425
Toll free. 1800 809 590
Fax. 9816 0331

Director

Julie Johnston

Business hours 8.30am–5.30pm
Monday to Friday

Environmental Health Branch

Building 11
Gladesville Hospital Campus
Victoria Road
Gladesville NSW 2111
(PO Box 798
Gladesville NSW 1675)

Tel. 9816 0234
Fax. 9816 0240

Manager Dr Michael Staff

Business hours 8.30am–5.00pm
Monday to Friday

Selected services

NSW Multicultural Health Communication Service

Level 1
North Block
Sydney Hospital
Macquarie Street
Sydney NSW 2000
(GPO Box 1614
Sydney NSW 2001)

Tel. 9382 7516
Fax. 9382 7517

Manager Peter Todard

Business hours 8.30am–5.00pm
Monday to Friday

Department of Forensic Medicine

50 Parramatta Road
Glebe NSW 2037
(PO Box 90
Glebe NSW 2037)

Tel. 8584 7800 (24 hours)
Fax. 9552 1613

General Manager Mark Patterson

Business hours 8.30am–4.30pm
Monday to Friday

Mortuary hours 24 hour service
(50 Arundel Street
Glebe NSW 2037)

MAP AND PROFILES OF METROPOLITAN AREA HEALTH SERVICES

Services and facilities



1 Central Coast AHS

Tel. 4320 2111
Fax. 4325 0566

Administrator
Dr Stephen Christley

Local government areas

Gosford, Wyong

Public hospitals

Gosford Hospital
Long Jetty Health Care Centre
Woy Woy Hospital
Wyong Hospital

2 Central Sydney AHS

Tel. 9515 9600
Fax. 9515 9611

Administrator
Dr Diana Horvath AO

Local government areas

Ashfield, Burwood, Canada Bay,
Leichhardt, Marrickville, Strathfield
and Sydney (part)

Public hospitals

Balmain Hospital
Canterbury Hospital
Concord Repatriation
General Hospital
Dame Eadith Walker Hospital
Royal Prince Alfred Hospital
Rozelle Hospital
Thomas Walker Hospital (Rivendell)
Sydney Dental Hospital

Other services

RPAH Institute of Rheumatology &
Orthopaedics
Department of Forensic Medicine
Division of Population Health
Tresillian Family Care Centre

3 Hunter AHS

Tel. 4921 4960
Fax. 4921 4969

24 hour Healthlink
(Hunter Health Information)
Tel. 1800 063635

Administrator
Mr Terry Clout

Local government areas

Cessnock, Dungog, Gloucester,
Great Lakes, Greater Taree, Lake
Macquarie, Maitland, Muswellbrook,
Newcastle, Port Stephens,
Singleton, Upper Hunter

Public hospitals/polyclinics

Belmont District Hospital
Bulahdelah District Hospital*
Cessnock District Hospital
Denman Hospital
Dungog and District Hospital
Gloucester Soldiers' Memorial
Hospital*
James Fletcher Hospital
John Hunter Hospital
John Hunter Children's Hospital
Kurri Kurri District Hospital
Maitland Hospital
Manning Base Hospital*
Merriwa District Hospital
Morisset Hospital
Muswellbrook District Hospital
Nelson Bay Polyclinic
Newcastle Mater Misericordiae
Hospital
Rankin Park Day Hospital and
Inpatient Unit
Royal Newcastle Hospital
Scott Memorial Hospital, Scone
Singleton District Hospital
Toronto Polyclinic
Wilson Memorial Hospital, Murrurundi
Wingham and District War Memorial
Hospital*

*Currently being managed by Hunter AHS on behalf
of Mid North Coast AHS until the legal transfer of
these facilities on 1 January 2005

Public aged care facilities

Muswellbrook Aged Care Facility
Wallsend Aged Care Facility

MAP AND PROFILES OF METROPOLITAN AREA HEALTH SERVICES

4 Illawarra AHS

Tel. 4253 4888
Fax. 4253 4878

Administrator
Assoc Prof Debora Piccone

Local government areas

Kiama, Shellharbour,
Shoalhaven, Wollongong

Public hospitals

Bulli District Hospital
Coledale District Hospital
David Berry Hospital
Kiama Hospital
Milton-Ulladulla Hospital
Port Kembla Hospital
Shellharbour Hospital
Shoalhaven District
Memorial Hospital
Wollongong Hospital

5 Northern Sydney AHS

Tel. 9926 8418
Fax. 9926 6025

Administrator
Dr Stephen Christley

Local government areas

Hornsby, Hunters Hill, Ku-ring-gai,
Lane Cove, Manly, Mosman,
North Sydney, Pittwater, Ryde,
Warringah, Willoughby

Public hospitals

Greenwich Hospital (part of
Hope Healthcare)
Hornsby Ku-ring-gai Hospital
Macquarie Hospital
Manly Hospital
Mona Vale Hospital
Neringah Hospital (part of
Hope Healthcare)
Royal North Shore Hospital
Royal Rehabilitation Hospital,
Coorabel/Moorong
Ryde Hospital

Public nursing homes

Graythwaite Nursing Home
(part of Hope Healthcare)
St Catherine's Villa

Other services

Kolling Institute
Northern Sydney Home
Nursing Service
Sydney Dialysis Centre

6 South Eastern Sydney AHS

Tel. 9947 9898
Fax. 9947 9891

Administrator
Assoc Prof Debora Piccone

Local government areas

Botany Bay, Hurstville, Kogarah,
Randwick, Rockdale, Sutherland,
Sydney (part), Waverley, Woollahra,
Lord Howe Island

Public hospitals

Calvary Health Care Sydney
Prince of Wales Hospital
Royal Hospital for Women
St George Hospital
St Vincent's Hospital Sydney Ltd
Sacred Heart Hospice
Sutherland Hospital
Sydney Children's Hospital and
Community Health Services,
Randwick
Sydney Hospital
Sydney Eye Hospital
(including the Langton Centre,
Kirketon Road Centres and
Sydney Sexual Health Centre)
War Memorial Hospital, Waverley

Public nursing homes

Garrawarra Centre, Waverley

South Eastern Health also has administrative responsibility for the Gower Wilson Memorial Hospital on Lord Howe Island and Area-wide services and programs.

Other services

Eastern Sydney Scarba Service
and Early Intervention Program

7 South Western Sydney AHS

Tel. 9828 5700
Fax. 9828 5704

Administrator
Dr Diana Horvath AO

Local government areas

Bankstown, Camden,
Campbelltown, Fairfield, Liverpool,
Wingecarribee, Wollondilly

Public hospitals

Bankstown-Lidcombe Hospital
Bowral District Hospital
Braeside (part of Hope Healthcare)
Camden Hospital
Campbelltown Hospital
Carrington Centennial
Hospital Karitane
Fairfield Hospital
Liverpool Hospital

Public nursing homes

Queen Victoria Memorial Home,
Thirlmere

8 Wentworth AHS

Tel. 4734 2120
Fax. 4734 3734

Administrator
Prof Steven Boyages

Local government areas

Blue Mountains, Hawkesbury,
Lithgow*, Penrith

Public hospitals

Blue Mountains District
ANZAC Memorial Hospital
Nepean Hospital
Springwood Hospital
Tresillian Wentworth

*In addition, the Area Health Service contracts with Hawkesbury District Health Service Ltd for the provision of public health services in the Hawkesbury.

Public nursing homes

Governor Phillip Nursing Home
Bodington Red Cross Hospital,
Wentworth Falls (run by Catholic
Health Care)

9 Western Sydney AHS

Tel. 9845 7000
Fax. 9689 2041

Administrator
Prof Steven Boyages

Local government areas

Auburn, Baulkham Hills, Blacktown,
Holroyd, Parramatta

Public hospitals

Auburn Hospital
Blacktown Hospital
Cumberland Hospital
Lottie Stewart Hospital
Mt. Druitt Hospital
St Joseph's Hospital, Auburn
Westmead Hospital

Note: Area Health Services details were current at the time of publication. The new Area Health Services structure will be in place from 1 January 2005.

MAP AND PROFILES OF RURAL AREA HEALTH SERVICES

Services and facilities



1 Far West AHS

Tel. (08) 8080 1333

Fax. (08) 8080 1682

Administrator

Dr Claire Blizzard

Local government areas

Balranald, Bourke, Brewarrina,
Broken Hill, Central Darling, Walgett,
Wentworth, Unincorporated Area

Public hospitals

Balranald District Hospital
Bourke District Hospital
Brewarrina Multi-Purpose Service
Broken Hill Base Hospital
Collarenebri Multi-Purpose Service
Goodooga Community Health Service
Lightning Ridge Multi-Purpose Service
Menindee Health Service
Ivanhoe District Hospital
Tibooburra District Hospital
Walgett District Hospital
Wentworth District Hospital
Wilcannia Multi-Purpose Service

Other public health facilities

Dareton Primary Care and
Community Health Centre
Wanaaring Community Health Service
White Cliffs Nursing Service

2 Greater Murray AHS

Tel. 6933 9100

Fax. 6933 9188

Administrator

Assoc Prof Stuart Schneider

Local government areas

Albury, Berrigan, Bland, Carrathool,
Conargo, Coolamon, Cootamundra,
Corowa, Deniliquin, Greater Hume,
Griffith, Gundagai, Hay, Jerilderie,
Junee, Leeton, Lockhart, Murray,
Murrumbidgee, Narrandera, Temora,
Tumbarumba, Tumut, Urana,
Wagga Wagga, Wakool

Public hospitals

Albury Base Hospital
Barham Koondrook Soldiers'
Memorial Hospital
Batlow District Hospital
Berrigan War Memorial Hospital
Coolamon-Ganmain Health Service
Cootamundra Hospital
Corowa District Hospital
Culcairn Health Service
Deniliquin Hospital
Finley Hospital
Griffith Base Hospital
Gundagai District Hospital
Hay Health Service
Henty District Hospital
Hillston District Hospital
Holbrook District Hospital
Jerilderie District Hospital
Junee Hospital
Leeton District Hospital
Lockhart and District Hospital
Mercy Care Centre, Albury
Narrandera District Hospital
Temora and District Hospital
Tocumwal Hospital
Tumbarumba Health Service
Tumut Hospital
Urana Health Service
Wagga Wagga Base Hospital
West Wyalong Hospital

3 Macquarie AHS

Tel. 6841 2222

Fax. 6841 2225

Administrator

Dr Claire Blizzard

Local government areas

Bogan, Cobar, Coolah,
Coonabarabran, Coonamble,
Dubbo, Gilgandra, Mid-Western
Regional (part) Narromine,
Warren, Wellington

Public hospitals

Baradine Multi-Purpose Service
Cobar District Hospital
Coolah Multi-Purpose Service
Coonabarabran District Hospital
Coonamble District Hospital
Dubbo Base Hospital
Dunedoo War Memorial Hospital
Gilgandra Multi-Purpose Service
Gulargambone Multi-Purpose Service
Gulgong District Hospital
Lourdes Hospital, Dubbo
Mudgee District Hospital
Narromine District Hospital
Nyngan District Hospital
Trangie Multi-Purpose Service
Warren Multi-Purpose Health Service
Wellington Hospital, Bindawalla

MAP AND PROFILES OF RURAL AREA HEALTH SERVICES

4 Mid North Coast AHS

Tel. 6588 2949
Fax. 6588 2942

Administrator
Mr Chris Crawford

Local government areas

Bellingen, Coffs Harbour,
Hastings, Kempsey, Nambucca

Public hospitals

Bellenger River District Hospital
Coffs Harbour Base Hospital
Dorrigo Multi-Purpose Service
Kempsey District Hospital
Macksville and District Hospital
Port Macquarie Base Hospital
(under service contract)
Wauchope District Memorial Hospital

5 Mid Western AHS

Tel. 6339 5500
Fax. 6339 5521

Administrator
Dr Claire Blizard

Local government areas

Bathurst regional, Blayney,
Cabonne, Cowra, Forbes,
Lachlan, Lithgow, Mid-Western
Regional (part) Oberon, Orange,
Parkes, Weddin

Public hospitals

Bathurst Base Hospital
Blayney Multi-Purpose Service
Bloomfield Hospital
Canowindra Soldiers' Memorial Hospital
Condobolin District Hospital
Cowra District Hospital
Cudal War Memorial Hospital
Eugowra Memorial Hospital
Forbes District Hospital
Grenfell Multi-Purpose Service
Lake Cargelligo Multi-Purpose Service
Lithgow and Integrated Health Facility
Molong District Hospital
Oberon Multi-Purpose Service
Orange Base Hospital
Parkes District Hospital
Peak Hill Hospital
Portland District Hospital
Rylstone Multi-Purpose Service
St Vincent's Community Hospital,
Bathurst
Tottenham Hospital
Tullamore Hospital
Trundle Multi-Purpose Service

6 New England AHS

Tel. 6767 7125
Fax. 6766 6638

Administrator
Mr Terry Clout

Local government areas

Armidale-Dumaresq, Glen Innes,
Gunnedah, Guyra, Gwydir, Inverell,
Liverpool Plains, Moree Plains,
Narrabri, Severn, Tamworth
Regional, Tenterfield, Uralla, Walcha

Public hospitals

Armidale and District Hospital
Barraba Multi Purpose Service
Bingara Hospital
Boggabri Multi Purpose Service
Glen Innes District Hospital
Gunnedah District Hospital
Guyra and District War Memorial
Hospital
Inverell District Hospital
Manilla District Hospital
Moree District Hospital
Narrabri District Hospital
Prince Albert Memorial Hospital,
Tenterfield
Quirindi Hospital
Tamworth Base Hospital
Tingha Hospital
Vegetable Creek Multi-Purpose
Service, Emmaville
Walcha District Hospital
Warialda District Hospital
Wee Waa District Hospital
Werris Creek District Hospital

PROFILES OF RURAL AREA HEALTH SERVICES AND STATEWIDE SERVICES

7 Northern Rivers AHS

Tel. 6620 2100
Fax. 6621 7088

Administrator
Mr Chris Crawford

Local government areas

Ballina, Byron, Clarence Valley,
Kyogle, Lismore, Richmond Valley,
Tweed

Public hospitals

Ballina District Hospital
Bonalbo Health Service
Byron District Hospital
The Campbell Hospital (Coraki)
Casino and District Memorial Hospital
Grafton Base Hospital
Kyogle Memorial Health Service
Lismore Base Hospital
Maclean District Hospital
Mullumbimby and District War
Memorial Hospital
Murwillumbah District Hospital
Nimbin Health Service
Tweed Hospital
Urbenville Health Service

8 Southern AHS

Tel. 6299 6199
Fax. 6299 6363

Administrator
Assoc Prof Stuart Schneider

Local government areas

Bega Valley, Bombala, Boorowa,
Cooma-Monaro, Eastern Capital
City Region, Eurobodalla, Goulburn,
Greater Argyle, Greater Queanbeyan,
Harden, Snowy River, Upper Lachlan,
Yass Valley, Young

Public hospitals

Batemans Bay District Hospital
Bega District Hospital
Bombala District Hospital
Boorowa District Hospital
Braidwood Multi-Purpose Service
Cooma Hospital
Crookwell District Hospital
Delegate Multi-Purpose Service
Goulburn Base Hospital
Kenmore Hospital
Mercy Care Centre, Young
Moruya District Hospital
Murrumburrah-Harden
District Hospital
Pambula District Hospital
Queanbeyan District Hospital
St John of God Hospital, Goulburn
Yass District Hospital
Young District Hospital

Statewide services

Ambulance Service of NSW

Tel. 9320 7777
Fax. 9320 7800

Chief Executive Officer
Mr Greg Rochford

Justice Health

Long Bay Hospital
Long Bay Correctional Complex
Tel. 9289 2977
Fax. 9311 3005

Chief Executive Officer
Dr Richard Matthews

Statewide Health Service

Correctional Centres
Correctional Centre Release
Treatment Scheme
Court Liaison Program
Drug Court Program
Juvenile Justice Centres
Long Bay Hospital
Police/Court Complexes
Statewide Mental Health Directorate
Community Forensic Mental Health
Forensic Regulatory Unit

The Children's Hospital at Westmead

Tel. 9845 0000
Fax. 9845 3489

Administrator
Prof Kim Oates

Note: Area Health Services details were current at the time of publication. The new Area Health Services structure will be in place from 1 January 2005.

GLOSSARY OF TERMS

Glossary of terms

Admission

The process by which a person commences a period of residential care in a health facility.

Admitted patients

Individuals accepted by a hospital for inpatient care.

Average length of stay (ALOS)

The average number of days each admitted patient stays in hospital. This is calculated by dividing the total number of occupied bed days for the period by the number of actual separations in the period.

Accrual accounting

Recognises revenues and expenses in the accounting period in which goods and services are provided or consumed, rather than in periods when cash is received or paid. In addition, it provides information on the assets and liabilities of an economic entity.

Ambulatory care

Any form of care other than as a hospital inpatient.

Best practice

Identifying and matching the best performance of others.

Bed days

The total number of bed days of all admitted patients accommodated during the reporting period. It is taken from the count of the number of inpatients at midnight (approximately) each day. Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

Bed occupancy rate

The percentage of available beds which have been occupied over the year. It is a measure of the intensity of the use of hospital resources by inpatients.

Clinical pathways

The systematic approach to achieving particular outcomes for an inpatient, which identifies the amount and sequence of resources for that type of case.

Chargeable inpatients

Any admitted patient or registered non-inpatient for whom a charge can be raised by a hospital or Area Health Service for the provision of health care.

Dashboard Indicator

A set of indicators for the NSW public health system focus on a limited number of high-level issues that are designed to provide a broad overview of NSW Health. This core set of indicators forms part of other major indicator sets used by NSW Health, such as performance agreements with NSW Treasury and with Area Health Services. A number of dashboard indicators are still under development.

Diagnosis related groups (DRGs)

A system designed to classify every acute inpatient episode, from admission to discharge, into one of approximately 500 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.

Day of surgery admission (DOSA)

Involves patients who require an overnight stay in hospital following their procedure but who are admitted to hospital on the day of surgery.

Inpatient

A person who is admitted to hospital.

Multi-purpose service (MPS)

See Rural Hospital and Health Service.

Non-admitted patient services (NAPS)

Services provided to clients/patients who are not admitted to hospital, eg emergency department services, outpatient department services and community health services.

Performance agreement

An agreement between the Director-General and public health organisations, as outlined under the *Health Services Act 1997*. The agreement contains agreed objectives and goals and defines accountabilities and measures performance.

Same-day surgery

Involves the patient being admitted and discharged on the day of surgery.

Specialist

A doctor who has extra qualifications in one or more clinical areas of practice. Some examples of specialists are gynaecologists, ophthalmologists and neurosurgeons.

Specialty

The term used to describe the particular field of medicine in which a specialist doctor practises, eg orthopaedics, urology, gynaecology.

Telehealth

A network currently connecting health facilities around NSW. It improves access to health care services for patients, especially those living in rural and remote communities. It uses telecommunications to carry pictures, videos and information across long distances, so that health professionals and patients can decide treatment options without the need for travel.

Triage

An essential function of emergency departments where many patients may present at the same time. Triage aims to ensure that patients are treated in order of their clinical priority and that their treatment is timely.

Waiting time

The amount of time that a patient has waited for admission to hospital. It is measured from the day the hospital receives a 'recommendation for admission' form for the patient until the day the patient is admitted.

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