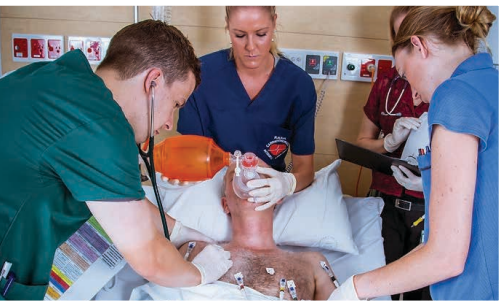
COLLABORATION
OPENNESS
RESPECT
EMPOWERMENT



SETTING THE STANDARD: A PATIENT JOURNEY
ROYAL NORTH SHORE HOSPITAL

GOOD FOR KIDS GOOD FOR LIFE
HUNTER NEW ENGLAND

STATE KNOCKOUT
CHALLENGE

ANNUAL REPORT 2012-13

NSW GOVERNMENT | Health

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October 2013

LETTER TO THE MINISTER

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

Dear Minister

In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the *Annual Reports (Departments) Regulation 2010 and the Public Finance and Audit Act 1983*, I submit the Annual Report and Financial Statements of NSW Health organisations, for the financial year ended 30 June 2013, for presentation to Parliament.

The Financial Statements of these organisations are presented in separate volumes as *Financial Statements of Public Health Organisations under the control of NSW Health 2012-13*.

I am also sending a copy of the report to the Treasurer.

Yours sincerely

Dr Mary Foley
Director General

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NSW Health Annual Report 2012-13

AT A GLANCE

DIRECTOR GENERAL'S YEAR IN REVIEW

Every story is told in parts that come together to form a whole. An important story, however, delivers something more than the sum of those parts.

As a state-wide integrated healthcare delivery system, NSW Health has an important story to tell in 2012-2013.

Our commitment to continuous improvement and to exceeding healthcare goals, such as those in *NSW 2021: A Plan to Make NSW Number One*, also means this is one story that will continue to develop and grow in partnership with the people and communities of NSW.

NSW Health: More than the Sum of Its Parts

NSW Health is committed to creating healthy communities and delivering patient-centred care. Our core values – Collaboration, Openness, Respect and Empowerment – reflect this commitment.

NSW Health brings together a number of entities and agencies, including Local Health Districts and Networks and the six Pillars (Agency for Clinical Innovation, Clinical Excellence Commission, Health Education and Training Institute, Cancer Institute NSW, NSW Kids and Families and Bureau of Health Information), NSW Ambulance and the Office for Health and Medical Research. Each organisation brings its own specialist lens to service delivery and is assisting NSW Health to meet its performance targets under the NSW Government's 10-year Plan *NSW 2021: A Plan to Make NSW Number One* ('the Plan').

Part One: Local achievements, global benefits: Our Local Health Districts

Over the past 12 months, our Local Health Districts and Networks have been building new services, facilities and partnerships as part of their local Strategic, Clinical and Capital plans. The work of each organisation feeds into the greater success of healthcare in NSW. Some highlights include:

- the completion of the $38.6 million **Cancer Centre** at **Gosford Hospital**, which is providing state-of-the-art public radiotherapy services as part of an integrated multidisciplinary cancer service for the **Central Coast**
- a **Community Partnership Council** in the **Illawarra**, which is working collaboratively with the community on service delivery improvements
- the **Nepean Centre for Robotic Surgery**, which includes the State's first public surgical robot providing treatment for prostate cancer and performing other complex surgeries
- **Northern Sydney's** new Acute Services Building at Royal North Shore
- **South Eastern Sydney's** work with two Medicare Locals to develop strategic collaboration and joint activities, include the Connecting Care program and the Integrated Diabetes project
- The **200th anniversary of Liverpool Hospital** and the opening of the Ingham Research Centre **within South Western Sydney**
- **RPA's Hospital in the Home** initiative, which is reducing emergency department pressure and increasing early discharge rates, is now being rolled out to Concord and Canterbury **within Sydney Local Health District**
- commencement of works at **Blacktown and Mount Druitt Hospitals** to include a new **Urgent Care Centre** and rehabilitation unit, dental unit and additional imaging capacity **in Western Sydney**
- the **Far West's Intangible Project**, which supports carers of people experiencing a mental illness, won numerous awards and a special judge's award for the Carer Focus winner in the Australian and New Zealand Mental Health Service Achievement Awards
- **Hunter New England's** investment in **telehealth** technology, including the new $11.2 million Werris Creek Multi-Purpose Service supporting modern, evidence-based models of care.
- **The Mid North Coast's Closing the Gap Committees**, which are leading the way on providing quality clinical outcomes for our Aboriginal and Torres Strait Islander communities. The region achieved the state Close the Gap employment target of 2.6 per cent – up from 1.8 per cent – and is now working towards a regional target of 5 per cent
- **Murrumbidgee's** achievement in **medical and nursing recruitment**, which is at almost 100 per cent, eliminating the need for locums
- **Northern NSW's** $3.7 million Pottsville **HealthOne**, which is a one-stop-shop of health services with a General Practitioner, Community & Allied Health Services and a Dental Clinic.
- **Southern NSW's** significant improvement in **employee engagement**, which has reached 82 per cent compared with 59 per cent in the previous year, and is the highest of any of its peers within NSW Health
- **Western NSW's** $7.2 million Dubbo **Mental Health Rehabilitation and Recovery Centre**, which has a strong focus on providing care for Aboriginal and remote communities
- **Sydney Children's Hospitals Network's Kids Cancer Alliance**, which is progressing work on improving the outcomes and quality of life for children with cancer
- **The Justice Health & Forensic Mental Health Network's Injury Management Award** at the 2012 Treasury Managed Funds Awards for Excellence for 'The Power of One – Achieving Better Outcomes in Injury Management'
- **St Vincent's Health Network's** celebration of the one-year anniversary of **Tierney House**, which provides sub-acute medical care for homeless people.

Part Two: Expert Support and Guidance for a Better Health System: Our Pillar Organisations

Our six Pillar organisations are an essential part of NSW Health's integrated healthcare delivery system. Key achievements over the last 12 months include:

- new **models of care in stroke** and rehabilitation (Agency for Clinical Innovation)
- rollout of the **'Between the Flags'** program, with the program nominated for Delivering Quality Customer Services in the 2013 Premier's Awards (Clinical Excellence Commission)
- a **Clinicians and Executives Team Leadership Program** established to build leadership skills amongst clinicians and managers, key to embedding our devolved governance model within NSW Health (Health Education and Training Institute)
- establishing a new Pillar, **NSW Kids and Families**, to lead the provision of safe, quality care for children
- an evidence-based approach to support the provision of **high quality surgery for rare cancers** of the oesophagus and pancreas (Cancer Institute NSW)
- ensuring we capture and appropriately respond to feedback on our patients' experience of the health system with a **review of the Patient Survey** for implementation in 2014 (Bureau of Health Information).

Part Three: Critical partners in healthcare: NSW Ambulance, NSW Health Pathology, HealthShare NSW and Health Infrastructure

Within our integrated health system, the provision of health services to the people of NSW is also supported by the NSW Ambulance, NSW Health Pathology, HealthShare NSW and Health Infrastructure. Key achievements of these organisations in 2012-13 included:

- launching the **Reform Plan for NSW Ambulance** in December 2012, being implemented by Mr Ray Creen ASM, the new Chief Executive Officer of NSW Ambulance
- establishing **NSW Health Pathology** in November 2012 to provide quality, value for money public pathology, forensic and analytical services for the whole of NSW Health, which is already delivering price reductions to Local Health Districts
- HealthShare NSW's research into how to **better meet the needs** of Local Health Districts in the provision of **shared services** (food, linen and hotel services)
- Health Infrastructure's work with the Ministry and Local Health Districts on the planning and delivery of key infrastructure projects, including the delivery of the **new Royal North Shore Hospital**.

Part Four: Investment in health services and capital works

NSW Health delivered an on-budget performance at the end of 2012-13. The 2012-13 Health budget provided a total $18.3 billion for investment in public health services, with over $1 billion invested in capital works. This budget represents a $940 million, or 5.4 per cent, increase over the 2011-12 budget.

All Local Health Districts and Networks received growth funding to support higher levels of patient activity. In 2012-13 there were:

- 1.7 million acute patient admissions, representing an increase of 3.2 per cent or 54,418 additional acute inpatient episodes
- 2.6 million Emergency Department attendances, representing an increase of three per cent or 77,248 attendances.

Local Health Districts and Networks also received specific enhancements for new services and facilities, including funding for statewide services such as adult and neonatal intensive care beds, and to increase the nursing workforce.

There was significant infrastructure investment across NSW Health in 2012-13 including:

- Tamworth Hospital Stage Two redevelopment
- Blacktown Mount Druitt Hospital Stage one expansion
- South East Regional Hospital Bega
- Hornsby Ku-ring-gai Hospital Stage one Redevelopment
- Wagga Wagga Hospital redevelopment
- New England/North West Regional Cancer Centre
- Dubbo Base Hospital redevelopment Stages One and Two
- Multipurpose Service at Gulgong
- Parkes and Forbes redevelopment and upgrade
- Royal Prince Alfred Hospital, Missenden Mental Health Unit
- Cessnock Hospital ED upgrade
- Planning for new Ambulance stations at Albury, Bega and Wagga Wagga

Significant steps have also been taken in developing partnerships with the private and not-for-profit sectors. Public private partnership arrangements are a feature of the new Northern Beaches Hospital, which is at an advanced stage of planning, and The Chris O'Brien Lifehouse, which opened in November 2013, providing world-class cancer services.

Part Five: Focusing on a Healthy Future: Governance, Planning and Policy

Excellent governance is critical to best practice in service delivery. NSW Health's governance, planning and policy highlights for 2012-2013 include:

- meeting our goals under *NSW 2021: A Plan to Make NSW Number One*. For example, by targeting and **helping stabilise overweight and obesity** through our NSW Healthy Children's Initiative 2013-2017 and the Healthy Worker Initiative 2013-2017 (Goal 11)
- implementing the NSW Tobacco Strategy 2012-17 to **reduce smoking and decrease associated chronic diseases.** The rate of smoking has declined since 2002 in both Aboriginal and non-Aboriginal adults aged 16 years and over (Goal 11)
- amending the *Smoke-free Environment Act 2000* to **reduce exposure to second hand smoke** in a range of public places (Goal 11)
- launching a range of evidence-based public education programs to **reduce smoking and risky drinking**, including two programs targeting people whose alcohol consumption poses a lifetime risk to health (Goal 11)
- continuing to promote the benefits of **timely and complete immunisation** (Goal 11)
- continuing to work towards significantly **minimising the Aboriginal infant mortality rate** (Goal 11)
- **meeting waiting time targets** for booked surgery in all categories and qualifying for the National Elective Surgery Targets (NEST) payment under the National Health Reform Agreement with the Federal Government (Goal 12)
- improving our NEAT performance on **Emergency Department waiting times**, with the aim of achieving on-target performance for calendar year 2013 (Goal 12)
- releasing plans to promote **healthy people and healthy communities**; including: the NSW Aboriginal Health Plan 2013-23, the NSW HIV Strategy 2012-15 and the NSW Health Framework for Women's Health 2013 (Goal 12)
- extending the **Activity Based Funding (ABF)** model to cover sub-acute, mental health and outpatient services (Goal 12)
- improving the structure of the ABF Service Agreement between the Ministry and Local Health Districts and Networks on the provision of services, funding levels, strategic priorities and performance (Goal 12)
- establishing **NSW Kids and Families** as the fifth Pillar within our governance framework, to lead the provision of safe, quality care for children (Goal 12)
- founding the **NSW Mental Health Commission**, which is developing a Mental Health Strategic Plan for NSW and taking over a number of strategic and policy functions previously undertaken by the Ministry (Goal 12)
- establishing the **Cancer Institute NSW** as our sixth Pillar and NSW Pathology as a state-wide network of services (Goal 12).

Other achievements in governance, policy and planning during 2012-2013 include:

- an additional **$35 million** over four years has been made available to support the provision of **community based palliative care** services in partnership with the private and not-for-profit sector
- the **Strategic Review of the Ambulance Service** of New South Wales, which produced the Reform Plan for NSW Ambulance and the Reform Plan for Aeromedical (Rotary Wing) Retrieval Services in NSW
- an additional **$39.1 million** in new funding over three years to improve the **State's helicopter retrieval services**, including enhanced operating hours and staffing arrangements
- an additional **$28 million** over four years to increase travel and accommodation subsidy rates and introduce new distance criteria to help people in **rural and remote areas** access **specialist medical treatments**
- the NSW **Pain Management Plan** 2012-2016, which provides additional funds of **$26 million** over four years allocated to support service improvement, particularly in rural areas
- implementation of the **Increasing Organ Donation** in NSW: Government Plan 2012
- progressing the NSW Government's response to the NSW Health & Medical Research Strategic Review 2012, including establishing a **Medical Devices Fund** in support of NSW Health's translational research focus
- embedding the Ministry's **Whole of Hospital Program**, which has been instrumental in improving our patients' journey through the NSW hospital system and reducing waiting times for care. Twenty one hospitals from metropolitan and rural settings are participating in the program to date.

Part Six: Award-winning service and care

At its heart, health is about people. As we look back on 2012-2013, it is important to recognise the people within NSW Health who work hard every day – in clinical settings, support services and voluntary roles – to make life better, more comfortable and more fulfilling for patients and communities across NSW. Your work is invaluable and your contribution is greatly appreciated.

We saw official recognition of our staff's hard work and achievements over the past 12 months at the annual Innovation Symposium and Health Awards, an information exchange on practical ideas and initiatives that meet the different needs of NSW communities.

In 2012, the category winners at the NSW Health Awards were:

- *Keeping People Healthy to Avoid Unnecessary Hospitalisation* awarded to **South Eastern Sydney** Local Health District for **Active Play at Playgroup**: Addressing Child Obesity in 0-5 Year Olds
- *Improving Access to Timely Quality Health Care* awarded to **Sydney** Local Health District for **Preventing the Next Osteoporotic Fracture**
- *Empowering Patients and the Minister for Health and Minister for Medical Research's Award for Excellence* awarded to **Northern NSW** Local Health District for **Advance Care Planning (ACP)** in the Ballina Renal Service
- *Improving Primary Health Care in the Community and the Director General's Innovation Award* awarded to **Hunter New England** Local Health District for **Resi-DENTAL Care Program**
- *Collaboration – Working as a Team* awarded to **South Eastern Sydney** Local Health District and **Northern Sydney** Local Health District for **Tiny Infant + Mighty Nutrition = Healthy Beginning**
- *Building the Health Workforce* awarded to **South Western Sydney** Local Health District for **A Stitch in Time** – Nurses Suturing Post Neurosurgical Drain Removal
- *Volunteer Service of the Year Award* to the Agency for Clinical Innovation for S.H.A.R.E (Sharing Hope, Acceptance, Resilience and Experience) A **Burns Peer Support Program**
- *Harry Collins Award for Achievement in Reducing Healthcare Associated Infections* awarded to **Northern Sydney** Local Health District for **Antibiotic Stewardship…it's as EASY as eASY**
- *Clinical Excellence Commission Award for Improvement in Patient* Safety awarded to **South Western Sydney** Local Health District for **Waterlow Wednesday – Preventing Pressure Injuries**
- *Cancer Services Award for Excellence in the Provision of Cancer Services* awarded to **Illawarra Shoalhaven** Local Health District for **Medication Incident Reduction** at Illawarra Cancer Care Centre
- *Health Education and Training Institute Award for Excellence in Health Education & Training* awarded to **Hunter New England** Local Health District for **Enhancing Clinical Capacity of HNE Pharmacy Services**
- *The Minister for Mental Health Award for Excellence in the Provision of Mental Health Services* awarded to **Nepean Blue Mountains** Local Health District for **PECC Inspirations**.

In 2012, thirteen Health projects were finalists in the Premier's Public Sector Awards, with three category winners:

- *Delivering Quality Customer Service* awarded to **Sydney** Local Health District for the **Preventing the Next Osteoporotic Fracture** program
- *Improving Performance and Accountability* awarded to **HealthShare NSW** for the **Transformation and Innovation – Enhancing the Lives of People with Disability program**
- *Premier's Partnership Award* – awarded to CREATE Team, **Northern Sydney** Local Health District and MARS Inc for the **Cornucopia Project**

NSW Health appreciates there are challenges ahead in delivering healthcare services in a rapidly changing world. We are, however, committed to working together – across agencies, government and communities – to continually improve healthcare outcomes for the people of NSW.

Dr Mary Foley
Director General

HIGHLIGHTS

$37 million

invested in the Medical Research Support Program.

4,446

NSW adults participated in the Get Healthy Information and Coaching Service (Get Healthy). Those completing the six month coaching program lose on average 3.9kg and 5cm off their waist circumference and maintain these improvements for at least six months.

16,750

patients cared for at home through the Hospital in the Home program.

216,000

planned surgical cases performed 4,140 more than last year.

65%

reduction in calls (three months post interventions) from patients identified as frequent callers through the Frequent User Management program implemented by NSW Ambulance.

34,919

people enrolled in the Chronic Disease Management Program including 3,288 Aboriginal people.

1.7 million

inpatient episodes, 54,418 more than last year.

47,500

Record number of nurses and midwives.

$1.76 billion

invested in capital works including $620 million for the Royal North Shore Public Private Partnership and over $1.1 billion to improve infrastructure at a range of hospitals and health services including mental health services.

2.6 million

emergency department attendances, 77,248 more than last year.

1,000 kg

lost by 22 teams across NSW that participated in the Knockout Health Challenge, a community-based program that supports Aboriginal people to reduce their risk factors for chronic disease.

The NSW Minister for Health launched the Paediatric Sepsis Program, Sepsis Kills. The median time to antibiotic administration has reduced from four hours two years ago, to within the recommended one hour.

ABOUT NSW HEALTH

We work to provide the people of NSW with the best possible health care that not only meets today's health needs but also responds to the health needs of the future.

NSW Health employs around 105,000 staff. The scope of work undertaken across the state ranges from acute hospital care to policy development, health promotion and community health initiatives.

The NSW Ministry of Health supports the NSW Minister for Health and Minister for Medical Research, as well as the Minister for Mental Health and Minister for Healthy Lifestyles to perform their executive and statutory functions.

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

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

At the end of the 2012-13 financial year, NSW Health comprised:

- Minister for Health, Minister for Medical Research
- Minister for Mental Health, Minister for Healthy Lifestyles
- Director General
- Ministry of Health
- Local Health Districts (LHDs)
- Justice Health & Forensic Mental Health Network
- Sydney Children's Hospitals Network
- Health Infrastructure
- Health Protection NSW
- HealthShare NSW
- NSW Ambulance
- NSW Health Pathology
- Agency for Clinical Innovation (ACI)
- Bureau of Health Information (BHI)
- Cancer Institute NSW*
- Clinical Excellence Commission (CEC)
- Health Education and Training Institute (HETI)
- NSW Kids and Families

*The Cancer Institute was deemed to be a Board governed statutory health corporation ('pillar') under legislative amendments in 2012-13.

In addition, St Vincent's Health Network has been recognised as a Network for the purpose of the National Health Reform Agreement.

Health Portfolio Ministers

The Hon. Jillian Skinner MP continued in the role of Minister for Health and Minister for Medical Research during the reporting year.

The Hon. Kevin Humphries MP continued in the role of Minister for Mental Health and Minister for Healthy Lifestyles during the reporting year.

HOW WE PERFORM

A day in the life…

The NSW public health system is world-class. It is the biggest public health system in Australia with more than 220 public hospitals and around 105,000 dedicated staff who make up the health workforce.

On a typical day in NSW*

17,000 people spend the night in a public hospital
6,500 people are seen by our emergency departments (EDs)
5,600 people are admitted to a public hospital
1,000 patients have their surgery (emergency or planned) performed in our public hospitals
200 babies are born
100 patients have their cataracts removed
32 patients have their gallbladder removed
25 patients have their appendix removed
20 patients have their hip replaced
18 patients have their knee replaced.

*As at July 2013, Monday to Friday when most planned surgery is performed.

How NSW Health compares

Health reports from the COAG Reform Council show NSW is performing well against national and state comparisons in a range of areas including smoking rates, National Elective Surgery Targets (NEST), and emergency department waiting times.

2012 performance against National Elective Surgery Targets, by jurisdiction

NSW performed well compared to other Australian states and territories against the National Elective Surgery Targets, achieving seven of the nine targets and partially achieving an eighth.

	NEST Part 1 Seen within clinically recommended times			NEST Part 2 Average overdue waiting time			Longest-waiting 10% of overdue patients seen by December 2012		
Urgency categories→	1	2	3	1	2	3	1	2	3
NSW									
Victoria									
Queensland									
Western Australia									
South Australia									
Tasmania									
ACT									
Northern Territory									

Key

Achieved target	Partially achieved target	Did not reach previous year's target or baseline

Source: National Partnership Agreement on Improving Public Hospital Services: Performance Report for 2012, 31 May 2013, COAG Reform Council page 6.

Smoking rates by State and Territory, 2007-08 to 2011-12

The national adult daily smoking rate has fallen from 19.1 per cent in 2007-08 to 16.5 per cent in 2011-12. NSW demonstrated one of the lowest smoking rates nationally at 14.8 per cent (down from 19 per cent in 2007-08).

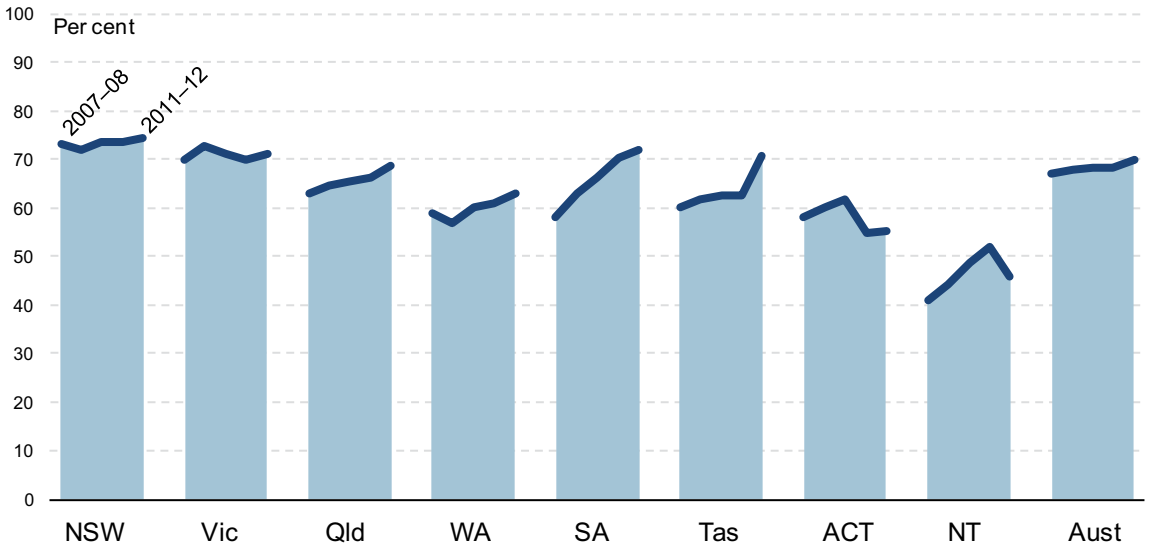
Notes:

1. Data for the Northern Territory are not comparable over time.

Source: Healthcare 2011/12: Comparing performance across Australia, 30 April 2013, COAG Reform Council page 32.

Proportion of emergency department patients treated within national benchmarks, all triage categories

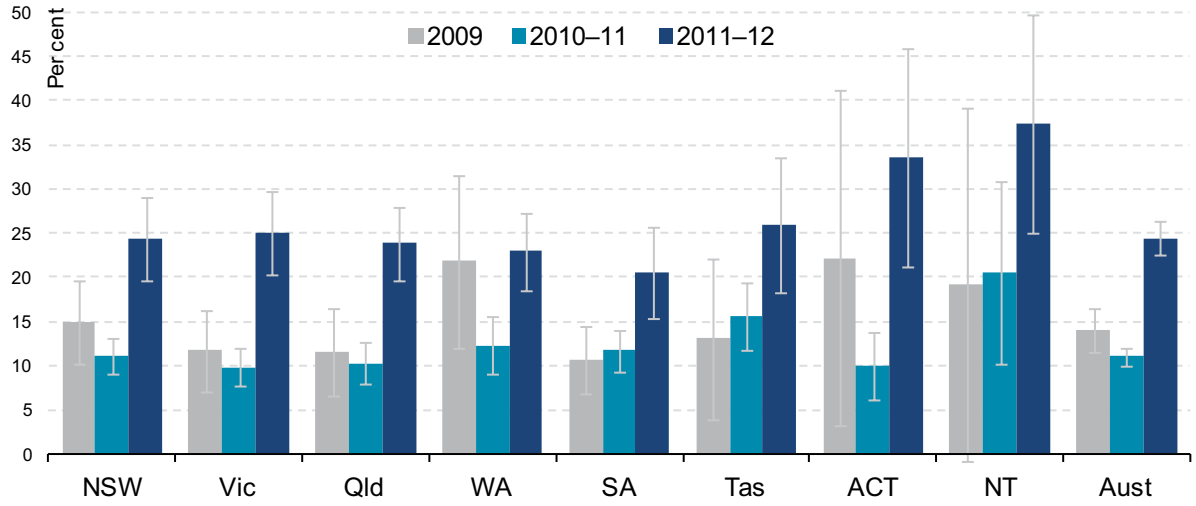
More emergency department patients were treated within national benchmarks in 2011-12, with NSW having the highest proportion of patients seen within benchmarks (74 per cent).



Source: Healthcare 2011/12: Comparing performance across Australia, 30 April 2013, COAG Reform Council page 46.

The proportion (of people) waiting 24 hours or longer for an 'urgent' appointment with a GP

GP waiting times have increased significantly since 2010-11, with almost 25 per cent of people in NSW now waiting 24 hours or longer for an 'urgent' appointment with a GP.



Source: Healthcare 2011/12: Comparing performance across Australia 2011–12, 30 April 2013, COAG Reform Council page 43.

FINANCIAL HIGHLIGHTS

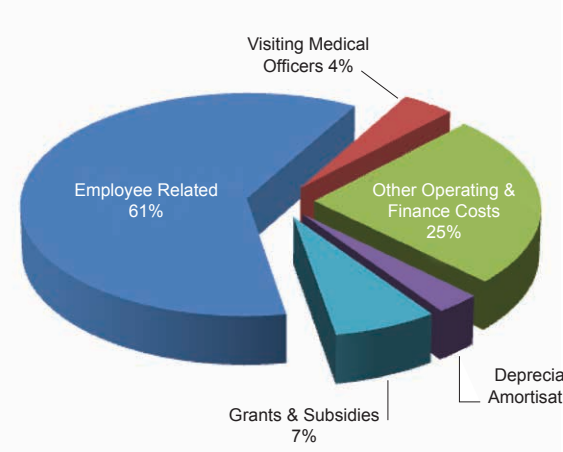
On a Net Cost of Services basis, NSW Health's 2012-13 result was $42 million favourable against an adjusted budget as agreed with NSW Treasury. This result was determined after excluding the full actual impact derived from the Long Service Leave actuarial result for 2012-13. NSW Health's full year capital expenditure for 2012-13 was $1.76 billion, comprising $620 million once-off accounting recognition of the Royal North Shore Public Private Partnership (PPP) and $1,137 million for works in progress and completed works. The total represents 14% of the Property, Plant, Equipment and Intangibles asset base. This was $32.8 million less than the budgeted expenditure. Based on the combined operating and asset results above, NSW Health has been assessed by NSW Treasury as achieving its overall budget responsibilities in 2012-13.

The Ministry of Health's Statement of Comprehensive Income reports a net result of $275 million favourable compared to the initial budget result of $349 million. Information detailing the reasons for this variance is contained in the 2012-13 audited financial statements (Note 37).

Expenses

The following chart provides a breakdown of Health's expenses by major categories:

Expenses by category for the year 2012-13



As a provider of patient based health services, almost 65 per cent or $10.9 billion of costs incurred during 2012-13 are labour related and include employee salary costs and contracted Visiting Medical Officers costs. Significant costs in 2012-13 within the Other Operating and Finance Costs include over $1.4 billion in drug, medical and surgical supplies and $450 million in maintenance related expenses.

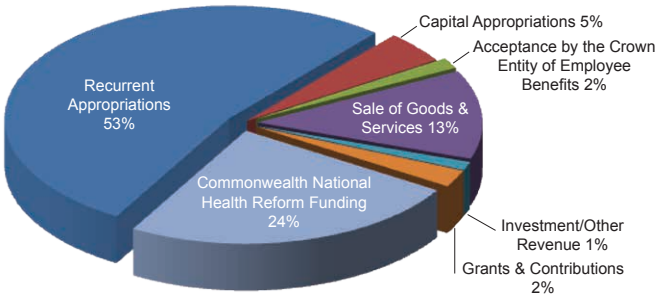
Grants and subsidies to third parties for the provision of public health related services were over $1.2 billion in 2012-13, including subsidies of more than $569 million of operating grants being paid to Affiliated Health Organisations.

Revenue

Following the introduction of the National Health Reform Agreement, the Commonwealth Special Purpose Payment for NSW is receipted as grant revenue ($4.25 billion) by NSW Health.

NSW Treasury introduced a change in the treatment and recognition of government appropriations and Crown accepted liabilities for the 2012-13 financial statements for Budget sector agencies. This change requires NSW Health to recognise $14.1 billion of government contributions comprising recurrent allocations, capital allocations and Crown acceptance of employee benefits as revenue to NSW Health. The reporting format used in preparing the 2012-13 Statement of Comprehensive Income is consistent with the reporting format adopted by NSW Treasury when preparing the 2013-14 State Budget papers.

Revenue by category for the year 2012-13



Own source revenues retained by NSW Health reporting entities during 2012-13 comprised user revenue largely from private and compensable patient fees. These are included in Sale of Goods and Services in the chart above and Note 8 of the 2012-13 audited financial statements provides further detail about this category of revenue. Key items include recovery of patient fees from private health funds for privately insured patients ($656 million), Department of Veterans' Affairs for the provision of services to entitled veterans ($373 million), recoup of costs from the Commonwealth through Medicare for highly specialised drugs ($217 million) and compensable payments received from motor vehicle insurers for the hospital costs of persons hospitalised or receiving treatment as a result of motor vehicle accidents ($131 million).

Net assets

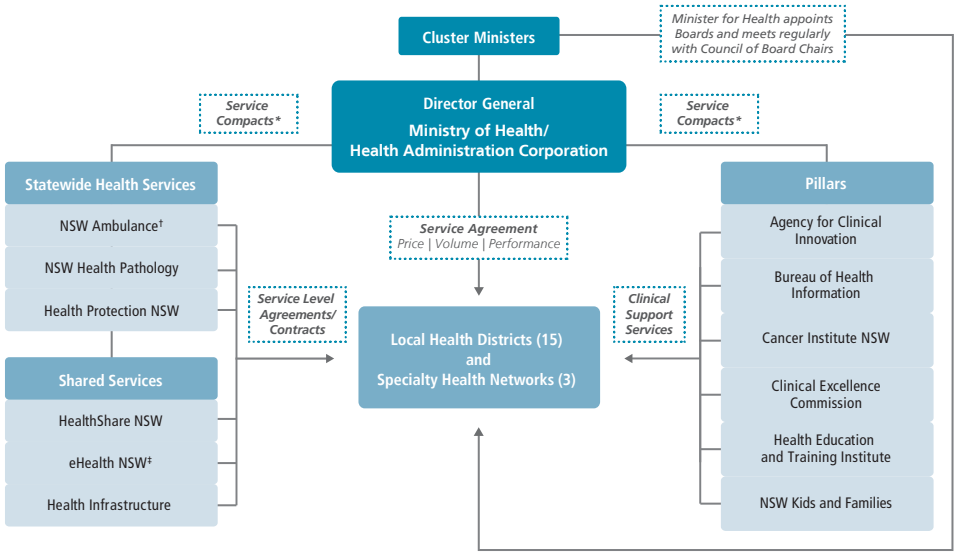
Health's net assets as at 30 June 2013 are $10.6 billion. This is made up of total assets of $14.7 billion partly offset by total liabilities of $4.1 billion. The net assets are represented by accumulated funds of $7.6 billion and an asset revaluation reserve of $3.0 billion.

The audited financial statements for the Ministry of Health are provided in this report. Audited financial statements have also been prepared in respect of each of the reporting entities controlled by the Ministry. These statements have been included in a separate volume of the 2012-13 Annual Report.

GOVERNANCE

NSW HEALTH STRUCTURE

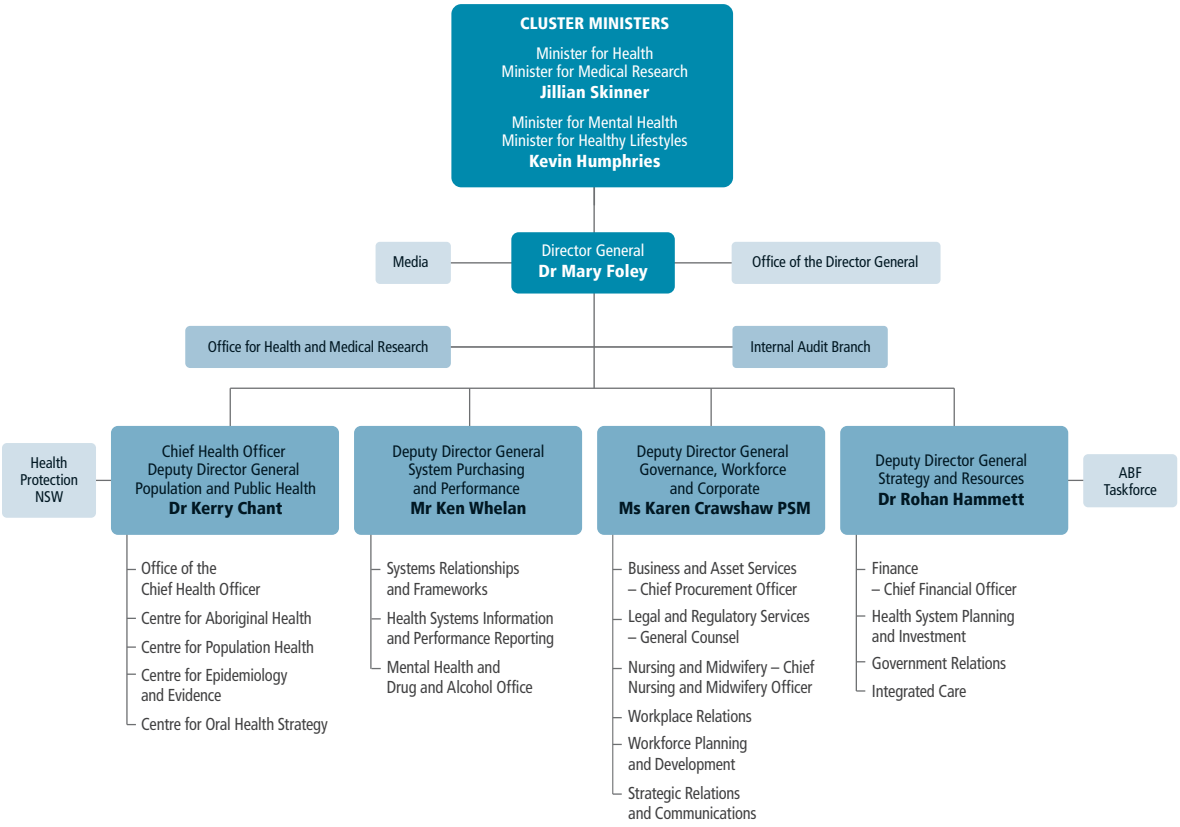
The chart below details how NSW Health is structured to support high quality health services for the community of NSW.



*Service Compact — Instrument of engagement detailing service responsibilities and accountabilities
†No Service Compact between Ministry of Health and Ambulance Service of NSW
‡To be formally established in 2014
As at 30 September 2013

ORGANISATIONAL CHART – NSW MINISTRY OF HEALTH

The organisation chart below details the structure of the NSW Ministry of Health and the relationship between the Divisions and Branches.



NSW MINISTRY OF HEALTH

Director General, Dr Mary Foley

The Director General has overall responsibility for the management and oversight of NSW Health with primary powers and responsibilities articulated in the *Health Administration Act 1982* and the *Health Services Act 1997*. In support of these system responsibilities the Director General convenes the NSW Health Senior Executive Forum which brings together Chief Executives from across the health system for the purposes of strategy and performance management.

Internal Audit

Internal Audit provides an independent review and advisory service to the Director General and the NSW Ministry of Health Risk Management and Audit Committee. It provides assurance that the Ministry of Health's financial and operational controls, designed to manage organisational risks and achieve agreed objectives, are operating in an efficient, effective and ethical manner.

Internal Audit assists management in improving the business performance of the Ministry, advises on fraud and corruption risks, and on internal controls over business functions and processes.

Governance, Workforce and Corporate

The Governance, Workforce and Corporate Division undertakes a range of functions for the effective administration of NSW Health. This covers comprehensive corporate governance frameworks and policy for the health system, and a comprehensive range of legal and legislative services.

The Division also undertakes regulatory activities including the licensing and inspection of private health facilities, regulation of the supply and administration of therapeutic goods, and prosecution of offences under health legislation.

The Division's portfolio also includes NSW Health property services; state-wide asset, procurement and business policy; services to support Ministerial, Parliamentary and Cabinet processes, and public affairs and communication services for the NSW Ministry of Health.

The Division supports and manages the Director General's accountabilities as employer of the NSW Health Service, including state-wide industrial matters, public health sector employment policy, and workplace health and safety policy. It is responsible for state-wide, workforce planning, recruitment and reform strategies and the strategic development of the NSW Health workforce including nursing and midwifery.

Population and Public Health

The Population and Public Health Division coordinates the strategic direction, planning, monitoring and performance of population health services across the State. The Division responds to the public health aspects of major incidents and disasters in NSW, monitors health, identifies trends and evaluates the impact of health services. The Division is responsible for improving health and reducing health inequity through measures that prevent disease and injury. Population health services aim to create social and physical environments that promote health and provide people with accessible information to encourage healthier choices.

The Chief Health Officer works closely with the Office for Health and Medical Research (OHMR) which supports the State's leading health and medical research efforts.

OHMR collaborates with the health and medical research communities, the higher education sector and business to promote growth and innovation in research to achieve better health and environmental and economic outcomes for the people of NSW.

Strategy and Resources

The Strategy and Resources Division is responsible to the Director General for strategic health policy development, inter-government negotiations, implementation of the National Health Reform Agreement, funding strategies and budget allocation, system-wide planning of health services and capital planning and investment.

The Division supports the Australian Health Ministers' Advisory Council and the NSW Health Ministers' Advisory Committee. It also supports the NSW response to matters before the Standing Council on Health.

In July 2012, Activity Based Funding (ABF) was introduced to the public health system as part of the funding reforms in NSW. Finance allocated to LHDs now includes funding based on patient activity or the level of service provided within agreed activity targets. An ABF Taskforce was set up to implement the ABF model and prepare training materials to assist health services collect all data and report patient activity during the 2012-13 reporting year.

System Purchasing and Performance

The System Purchasing and Performance Division provides the front end of 'system management', and acts as an important interface with LHDs, Specialty Health Networks (SHNs), the Pillars and other health organisations to support and monitor overall system performance. It also coordinates purchasing arrangements with LHDs and SHNs.

HEALTH ADMINISTRATION CORPORATION

Under the *Health Administration Act 1982*, the Director General is given corporate status as the Health Administration Corporation (HAC) for the purpose of exercising certain statutory functions. The HAC is used as the statutory vehicle to provide ambulance services and support services to the health system.

A number of entities have been established under HAC to provide these functions including:

NSW Ambulance

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

Health Infrastructure

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

HealthShare NSW

HealthShare NSW provides corporate services and information technology services to public health organisations across NSW under the auspices of a Board appointed by the Director General.

NSW Health Pathology

NSW Health Pathology is responsible for providing high quality pathology services to the NSW Health system through four pathology networks.

LOCAL HEALTH DISTRICTS

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

STATUTORY HEALTH CORPORATIONS

Under the *Health Services Act 1997,* there are three types of Statutory Health Corporations subject to control and direction of the Director General and Minister:

- Specialty network
- Board-governed organisation
- Chief Executive-governed organisation

During the reporting period, the following Statutory Health Corporations provided statewide or specialist health and health support services.

Specialty Health Networks

There are two specialist networks – The Sydney Children's Hospitals Network (Randwick and Westmead) and the Justice Health & Forensic Mental Health Network.

PILLAR ORGANISATIONS

Agency for Clinical Innovation

The Agency for Clinical Innovation (ACI) is a Board-governed Statutory Health Corporation. Unexplained or unjustified clinical variation can result in adverse patient events. The ACI is responsible for reviewing clinical variation and supporting clinical networks in clinical guideline/pathway development with encouragement toward standardised clinical approaches based on best evidence.

Bureau of Health Information

The Bureau of Health Information (BHI) is a Board-governed Statutory Health Corporation. The BHI's role is to provide independent reports to government, the community and healthcare professionals on the performance of the NSW public health system, including safety and quality, effectiveness, efficiency, cost and responsiveness of the system to the health needs of the people of NSW.

Clinical Excellence Commission

The Clinical Excellence Commission (CEC) is a Board-governed Statutory Health Corporation. The CEC was established to reduce adverse events in public hospitals and support improvements in transparency and review of these events in the health system. A key role of the CEC is building capacity for quality and safety improvement in health services.

Health Education and Training Institute

The Health Education and Training Institute (HETI) is a Chief Executive-governed Statutory Health Corporation which coordinates education and training for NSW Health staff. HETI works to ensure that world-class education and training resources are available to support the full range of roles across the public health system including patient care, administration and support services.

NSW Kids and Families

NSW Kids and Families was established as a Board-governed Statutory Health Corporation under section 42(a) of the *Health Services Act 1997* on 1 July 2012. It commenced operations on 19 November 2012 under the leadership of Ms Joanna Holt as Chief Executive and the Hon. Ron Phillips as Chair of the Board. The role of NSW Kids and Families is to provide leadership on health strategy and policy across the life course of a child from pre-conception to 24 years and includes reducing the health impact of domestic and family violence, child abuse and neglect.

Cancer Institute NSW

The Cancer Institute NSW is Australia's first statewide government cancer agency, focused on reducing the incidence of cancer, increasing survival from cancer and improving the quality of life for people with cancer and their

carers. The Institute also provides a source of expertise on cancer control for the Government, health service providers and medical researchers.

The Cancer Institute NSW brings the world's best cancer control practices to NSW and exports our best cancer control practices to the world. In this way, they work to lessen the impact of cancer on the health system and the NSW community.

The NSW Cancer Institute has also been deemed to be a Statutory Health Corporation, which was established under the *Cancer Institute (NSW) Act, 2003*.

AFFILIATED HEALTH ORGANISATIONS

At 30 June 2013, there were 16 Affiliated Health Organisations (AHO) in NSW managed by religious and/or charitable groups operating 26 recognised establishments or services as part of the NSW public health system. These organisations are an important part of the public health system, providing a wide range of hospital and other health services.

St Vincent's Health Network

Section 62B of the *Health Services Act 1997* enables an AHO to be declared a Network for the purposes of national health funding. St Vincent's Hospital, the Sacred Heart Health Service at Darlinghurst and St Joseph's Hospital at Auburn have been declared a NSW Health Network.

GOVERNANCE

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

- setting the strategic direction for NSW Health
- ensuring compliance with statutory requirements
- monitoring the performance of health services
- monitoring the quality of health services
- industrial relations/workforce development
- monitoring clinical, consumer and community participation
- ensuring ethical practice
- ensuring implementation of the health-related areas of the NSW State Plan.

Principles and practices

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

Risk management

Corporate governance and risk management responsibilities have been integrated resulting in efficiencies and a better approach to risk management and assessment and implementation of recommendations and findings.

Ethical behaviour

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

Monitoring state plan performance

A set of high-level performance indicators measure NSW Health performance against priorities contained in *NSW 2021: A Plan To Make NSW Number One*. Outcomes against these indicators are reported in the Performance Section of this Annual Report.

The indicators inform performance at the state level as well as translating to hospital level for local management. They provide a basis for a tiered set of key performance indicators at the LHD, Speciality Network, facility and service levels. The indicators are a basis for an integrated performance measurement system, linked to Chief Executive performance contracts and associated performance agreements. They also form the basis for reporting the performance of the health system to the public.

NSW Health performance framework

The NSW Health Performance Framework for public sector health services provides an integrated process for performance review and management, with the over-arching objectives of improving patient safety, service delivery and quality across NSW Health. The Framework includes the performance expected of LHDs and SHNs to achieve the required levels of health improvement, service delivery and financial performance. The Framework forms an integral part of the annual business planning cycle that establishes the annual Service Agreements between the Ministry and individual Health Services, including standards for financial performance. The Framework and associated Key Performance Indicators and Service Measures promote and support a high performance culture.

This Framework recognises the interdependence of the elements of the health system and recognises capacity to improve performance may need to occur in collaboration with other elements of the system. Careful monitoring, intervention and transparency regarding implications of sustained poor performance are also important elements of the Framework, which provides Health Services with a clear understanding of the response to unsatisfactory performance. It sets out the triggers for intervention in response to performance issues and, where necessary, the process of escalation and de-escalation to restore and maintain an effective performance across Health Service facilities and services. Performance against quality and productivity improvement targets forms part of the overall performance assessment under this Framework.

The Framework operates within a number of important contexts:

- Integration of governance and strategic frameworks, business planning, budget setting and performance assessment is undertaken within the context of *NSW 2021: A Plan to make NSW Number One*.
- The National Health Reform Agreement (NHRA) requires NSW to establish Service Agreements with each health service and implement a Performance Management and Accountability System, including processes for remediation of poor performance. Also, the National Health Performance Authority will be reporting to Ministers and the public on the performance of health services.
- Service Agreements, Service Compacts and Performance Reviews are central elements of the Performance Framework in practice. The Performance Framework operates alongside NSW Health Funding Reform, Activity Based Funding Guidelines and the Purchasing and Commissioning Frameworks that will be issued in the 2013-14 financial year.

The primary interaction between the Ministry and Health Services under the Performance Framework is with the Chief Executive of the Health Service. A council of Board Chairs has been established and meets quarterly with the Minister and Director General.

Service Agreements

The 2012-13 NSW Health Service Agreements were developed in the context of the National Health Reform Agreement (NHRA), the NSW Government's 2021 Plan, the goals of the NSW public health system and the parameters of the NSW Health Performance Framework, which includes a transparent system of responding to each Health Service's level of performance throughout the year.

The Agreements are an integral component of the NSW Government's commitment to devolve governance and accountability as far as possible to the local level and continue as a key driver in the devolution of NSW Health's service purchasing approach, with activity based funding a key component. Each LHD Service Agreement has been made publicly available on the respective LHD website.

Complaint management

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

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

To gather feedback from patients, the BHI manages the NSW Patient Survey Program on behalf of the Ministry of Health and LHDs. This survey gathers information from patients across NSW about their experience with services in hospitals and other healthcare facilities. During 2013 and 2014, the BHI will survey patient groups to report on their experiences of care with new reports to be published by the BHI from early 2014.

Clinical governance principles and practices

The provision of safe and high quality health care in NSW requires effective clinical governance structures and processes. Following the implementation of the NSW Patient Safety and Clinical Quality Program in 2005, NSW Health has had a comprehensive clinical governance process in place to provide a systematic approach to improving patient safety and clinical quality across the whole of the NSW Health System. The key principles of Clinical Governance encompassed in the NSW program are:

- openness about errors – these are reported and acknowledged without fear and patients and their families are told what went wrong and why
- emphasis on learning – the system is oriented towards learning from its mistakes
- obligation to act – the obligation to take action to remedy problems is clearly accepted.
- accountability – limits of individual accountability are clear
- a just culture – individuals are treated fairly and not blamed for system failures
- appropriate prioritisation of action – according to resources and where the greatest improvements can be made, actions are prioritised
- teamwork – recognised as the best defence against system failures and is explicitly encouraged

The Clinical Excellence Commission has responsibility for the quality and safety of the NSW public health system and for providing leadership in clinical governance. This encompasses a lead role in system-wide improvement of clinical quality and safety, including clinical incident reviews and responses, system clinical governance, representing NSW Health in appropriate state and national forums and providing advice, briefings and associated support to the Director General and Minister.

LHDs and Networks have primary responsibility for providing safe high quality care for patients and have established clinical governance units.

Responsible to the Chief Executive, LHD Directors of Clinical Governance provide advice and reports to health service governance structures on:

- serious incidents or complaints including investigation, analysis and implementation of recommendations
- performance against safety and quality indicators and recommendations on actions necessary to improve patient safety

- the effectiveness of performance management, appointment and credentialing policies and procedures for clinicians
- complaints or concerns about individual clinicians, in accordance with departmental policies and standards.

System-wide sharing of information and initiatives to reduce risk and improve quality and safety are facilitated through a number of programs, projects and initiatives undertaken by the Clinical Excellence Commission. Close links and collaboration are in place with the Ministry of Health, the ACI, BHI, HETI, NSW Cancer Institute and LHD/Network clinical governance units.

The Agency for Clinical Innovation (ACI) is the lead agency in NSW for engaging clinicians and designing and implementing best practice models of care by working with doctors, nurses, allied health, managers and consumers. The ACI plays a key role in supporting clinical governance through its clinical Taskforces. The Reducing Unwarranted Clinical Variations Taskforce was established in 2012-13 and has a focus on identifying, addressing and reducing variation in care for patients with stroke, heart attack, rare cancer surgery and hip fractures.

PERFORMANCE

NSW 2021: A PLAN TO MAKE NSW NUMBER ONE

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

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

The Plan sets immediate priorities for action and guides NSW Government resource allocation in conjunction with the NSW Budget. The Plan includes specific health-related targets.

NSW Health is the lead for the following NSW 2021 goals:

- Goal 11: Keep people healthy and out of hospital
- Goal 12: Provide world-class clinical services with timely access and effective infrastructure.

GOAL 11: KEEP PEOPLE HEALTHY AND OUT OF HOSPITAL

Keeping people healthy and out of hospital will improve our quality of life and is the best way to manage rising health costs. Our health system needs reshaping to focus more on wellness and illness prevention in the community. This focus will help reduce rates of smoking, risk drinking and obesity which can lead to heart disease, strokes, diabetes, kidney failure, asthma and other potentially avoidable diseases which have a significant impact on individuals and public hospital services. Coordinated preventive health strategies will help reduce the burden of chronic disease on our health system, and help our children and future generations to live healthier, happier and more fulfilling lives.

GOAL 12: PROVIDE WORLD-CLASS CLINICAL SERVICES WITH TIMELY ACCESS AND EFFECTIVE INFRASTRUCTURE

We will provide timely access to world-class health care through increased investment in infrastructure, making more beds available, and providing more nurses. By establishing Local Health Districts (LHDs) and new governance arrangements for the NSW health system, we are restoring local decision-making so that our hospitals and health services can be managed by those closest to the patient. As the 'front door' to acute hospital services, our emergency departments (EDs) need targeted changes to better manage demand, and our planned surgery management strategies need to be transparent. The patient and their carers will be at the heart of these plans to ensure timely access to quality health care.

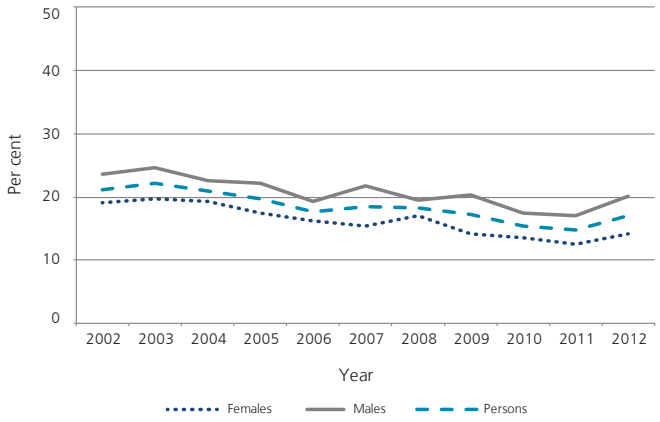
GOAL 11: PERFORMANCE AGAINST TARGETS

TARGET: REDUCE SMOKING RATE

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

The 2012 Population Health Survey was administered using Computer Assisted Telephone Interviewing (CATI). Because of diminishing coverage of the population by landline sampling frames (estimated to be less than 80 per cent in 2011) mobile phone numbers were included in 2012 using an overlapping dual-frame design. The impact of this change was an increase in the number of younger people, males and Aboriginal people in the survey sample. All of these groups have relatively higher smoking rates, leading to a higher overall reported rate of current smoking.

Current (Daily or Occasional) Smoking in Adults Aged 16 Years and Over, NSW, 2002 to 2012

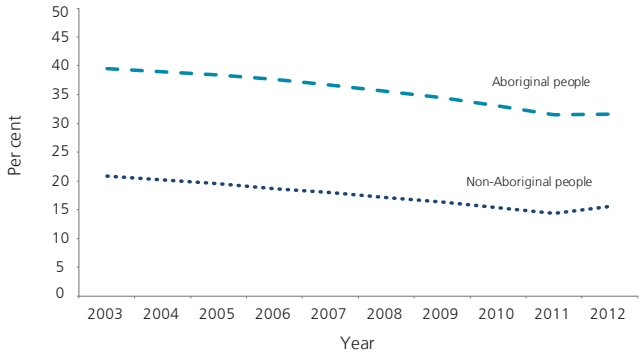


Source: Health Statistics NSW, Centre for Epidemiology and Evidence.

Interpretation

In 2012, the rate of current (daily or occasional) smoking in adults aged 16 years and over in NSW was 17.1 per cent (males 20.2 per cent and females 14.1 per cent). Over the period 2002 to 2011, the rate of current smoking significantly declined from 21.2 per cent to 14.7 per cent. In 2012, the rate of current smoking was 17.1 per cent.

Current (daily or occasional) smoking in Aboriginal adults aged 16 years and over, NSW, 2003 to 2012



Source: Health Statistics NSW. Centre for Epidemiology and Evidence.

Interpretation

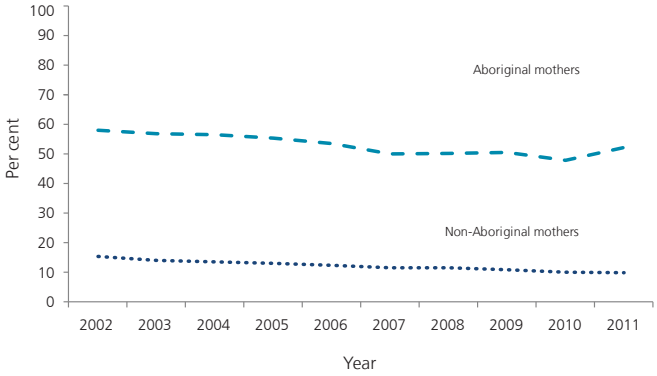
In 2012, the rate of current (daily or occasional) smoking in people aged 16 years and over in NSW was 31.6 per cent for Aboriginal people and 16 per cent for non-Aboriginal people. Aboriginal people were two times more likely to smoke than non-Aboriginal people. Between 2003 and 2012 there has been a decrease in the proportion of Aboriginal adults who were current smokers (from 39.5 per cent to 31.6 per cent).

The 2012 prevalence estimate reflects an improvement in the representativeness of the survey sample.

Smoking during pregnancy by mother's Aboriginality

Smoking during pregnancy increases the risk of adverse outcomes for both the mother and the child. For the mother, smoking during pregnancy increases the risk of placental abruption, placenta praevia, pre-term labour and pre-term rupture of membranes. For the baby, maternal smoking is a risk factor for poor growth in the uterus, low birth-weight, pre-term delivery, perinatal death, and sudden infant death syndrome.

Smoking during pregnancy by mother's Aboriginality, NSW, 2002 to 2011



Source: Health Statistics NSW. Centre for Epidemiology and Evidence. Note: Both stillbirths and live births are included. All deliveries in NSW are included.

Interpretation

In NSW in 2011, the percentage of women who reported smoking during pregnancy was 52 per cent for Aboriginal women, and 10 per cent for non-Aboriginal women. Aboriginal women are 5.2 times more likely to report smoking during pregnancy than non-Aboriginal women. Between 2002 and 2010, there was a significant decrease in the proportion of Aboriginal women who reported smoking during pregnancy, from 58 per cent in 2002, and a significant decrease in the gap between Aboriginal and non-Aboriginal women's smoking rates during pregnancy. An increase in the reported rates of smoking during pregnancy in Aboriginal women from 2010 (48 per cent) to 2011 (52 per cent) may be partly due to a change in the data collection question in 2011.

The following outlines the key achievements in 2012-13 to reduce smoking rates in NSW.

Key achievements 2012-13:

Since 7 January 2013, following amendments to the *Smoke-free Environment Act 2000*, smoking has been banned in certain outdoor public places which are most commonly visited by children and families, are often crowded and where it is difficult to avoid the exposure to second-hand smoke including:

- within 10 metres of children's playgrounds
- swimming pool complexes
- public transport stops and stations
- spectator areas of grounds during organised sporting events
- within four metres of a pedestrian access point to a public building.

HEALTH IN FOCUS

Using legislation to maximise health gains: Smoke-free Legislation

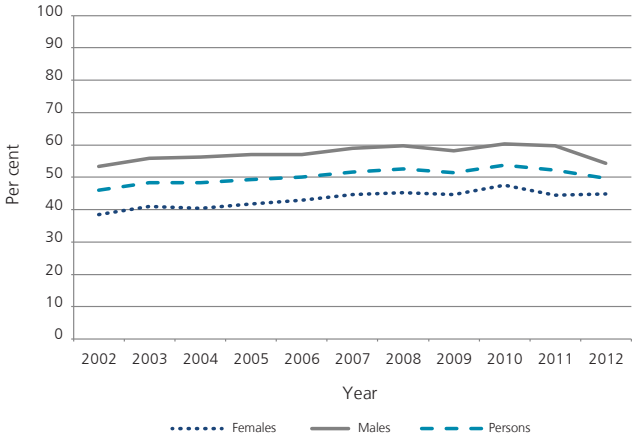
NSW continues to be at the forefront of making the necessary environmental changes to reduce tobacco use across the community. The *Tobacco Legislation Amendment Act 2012* made a range of public outdoor places smoke free including swimming pool complexes, spectator areas of sporting grounds, railway platforms, ferry wharves, bus stops and taxi ranks and within 10 metres of children's play equipment. In 2015, NSW will see smoking in outdoor dining areas become a relic of the past, with seated dining areas and food fairs becoming smoke free.

Smoking-related illness accounts for around 5,300 deaths and 46,000 hospitalisations per year in NSW and costs about $8 billion annually. Taking steps to limit people's exposure to second-hand smoke in outdoor public places is a key step in efforts to minimise tobacco smoking in our society.

TARGET: REDUCE OVERWEIGHT AND OBESITY RATES

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

Overweight or obesity in adults aged 16 years and over, NSW, 2002 to 2012

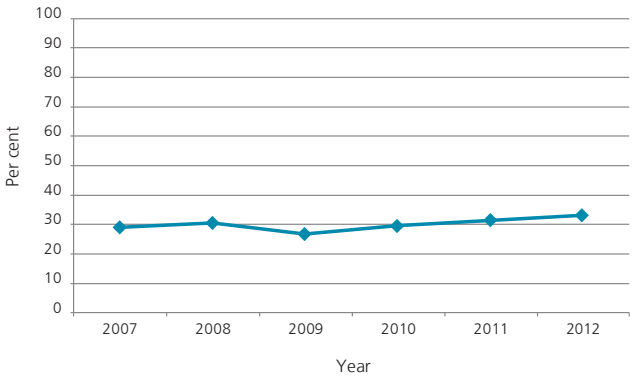


Source: NSW Adult Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence.

Interpretation

In 2012, the rate of overweight and obesity in adults aged 16 years and over in NSW was 49.7 per cent (males 54.3 per cent and females 44.9 per cent). In NSW, between 2002 and 2007, the rate of overweight or obesity in adults increased significantly from 46.0 per cent to 51.7 per cent. Since 2008 however, the rate has remained stable.

Overweight or obesity in children aged 5 to 16 years, NSW, 2007 to 2012



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

Interpretation

The NSW Schools Physical Activity and Nutrition Survey (SPANS) provides baseline and periodic estimates of the prevalence of overweight or obesity in NSW children aged 5-16 years based on measured height and weight.

The SPANS survey shows that, between 2004 and 2010, overweight or obesity rates have stabilised and were estimated to be 22.8 per cent in both years for children aged 5-16 years. The graph shows parent report (i.e. not measured) data from the NSW Population Health Survey which is used to monitor the ongoing trend in childhood overweight and obesity in NSW. This also shows a stable trend between 2007 and 2012.

Key achievements 2012-13:

The Children's Healthy Eating and Physical Activity Program (Munch and Move®, Live Life Well @ School and Crunch&Sip®) provides training to primary and child care teachers to promote healthy eating and physical activity.

Since 2008, 73 per cent (2481 out of 3400) of centre based child care services and 83 per cent (71 out of 86) of family day care schemes have participated in *Munch and Move®*. Of these, 92 per cent provide meals to children that serve fruit and vegetables, healthy snacks and water or age-appropriate milk, and 90 per cent provide active play time for 1-5 year olds.

More than 58 per cent of NSW primary schools have participated in *Live Life Well @ School* and 64 per cent of NSW primary schools provide opportunities for students to eat vegetables and fruit, drink water each day and promote physical activity.

The *Targeted Family Healthy Eating and Physical Activity Program (Go4Fun)* supports children and their families to adopt a healthy lifestyle in the long term. Since July 2011, more than 2000 children and their families have participated in a Go4Fun program. These children have:

- reduced their waist circumference by an average of 1.7cm and reduced their Body Mass Index (BMI) by an average of 0.7kg/m2
- increased their physical activity by an average of 3.6 hours per week and reduced their sedentary activity by an average of 5.5 hours per week
- increased their fitness and self esteem.

The *Get Healthy Information and Coaching Service® (Get Healthy)* provides free, individually tailored telephone coaching support to NSW adults aged 18 years and over, aiming to reduce risk factors for chronic disease and reduce overweight and obesity.

In 2012-13, 4446 NSW adults participated in the Get Healthy Service – ninety-two per cent took part in the coaching service and eight per cent in the information only service. Those completing the six month coaching program lose on average 3.9kg and 5cm off their waist circumference and maintain these improvements for at least six months. Get Healthy is being used by those in the community who are most in need including Aboriginal people, those in the lowest quintiles of advantage and people from rural and regional locations.

Service improvements for 2012-13 included an enhanced service for Aboriginal people and the introduction of a module to prevent type 2 diabetes.

In the 2012-13 financial year, NSW Health worked with WorkCover NSW to develop and concept test the *NSW Healthy Worker Initiative*, which is funded under the National Partnership Agreement on Preventive Health. This Initiative focuses on reducing overweight and obesity, smoking and the harmful consumption of alcohol.

As part of the Initiative, individual workers will be offered a brief health check to identify their risk of type 2 diabetes and cardiovascular disease with referral to appropriate services including the Get Healthy Service and the QuitLine. In addition, a Workplace Support Service will be implemented to improve the workplace environment to support individual behaviour change.

The Knockout Health Challenge is a community-based program that supports Aboriginal people to reduce their risk factors for chronic disease. In 2012-13, 586 people in 22 teams from 20 communities across NSW participated in the Challenge. The Challenge included a weight loss competition from March to June in which collectively over one tonne of weight was lost across the participating teams. A number of maintenance strategies have been implemented to support continued improvements in weight including a pedometer challenge and referrals to Get Healthy.

HEALTH IN FOCUS

Empowering consumers: 8700kj campaign

The 8700kj campaign was launched in 2012 and is aimed at encouraging consumers to make informed choices about fast and ready-to-go food. It focuses on educating the public about their kilojoule intake and giving them easy access to information in order to make balanced food choices. The 8700kJ campaign supports NSW legislation, as an Australian first, which saw the introduction of mandatory kilojoule labelling on fast food menu boards and on popular convenience foods in major supermarkets.

Many community members are taking advantage of the convenience of the 8700 mobile application to stay in the know about kilojoules while they're out and about with 165,000 downloads to date. The app empowers people with information about the energy content for what they're eating. It's a great free tool for NSW consumers to assist them in making better food choices and maintaining a healthy weight.

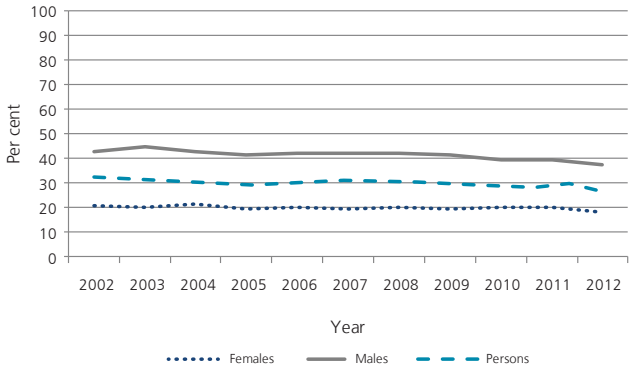
TARGET: REDUCE RISK DRINKING

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

In February 2009, new guidelines based on modelling of the lifetime risk of harm from drinking were introduced. The indicator of the proportion of adults who consume more than two standard drinks on a day when they consume alcohol is based on the lifetime risk of harm from drinking alcohol. The target is to reduce total risk drinking to below 25 per cent of the adult population by 2015.

The following graph represents the percentage of adults aged 16 and over who consume more than two drinks a day.

Alcohol consumption at levels posing a lifetime risk to health in adults, NSW 2002



Source: Health Statistics NSW. Centre for Epidemiology and Evidence.

Interpretation

In 2012, it was estimated that 27.6 per cent of adults aged 16 years and over consumed more than two standard drinks on a day when consuming alcohol. A significantly higher proportion of males (37.3 per cent) consumed more than two standard drinks a day compared with females (18.3 per cent).

The following list outlines the key achievements in 2012-13 to reduce risk drinking in NSW.

Key achievements 2012-13:

- Additional funding of $1.8 million was spent on the Involuntary Drug and Alcohol Treatment Program to help reduce drug and alcohol addiction:
- During 2012-13 two key public education campaigns were implemented:
  - The campaign 'What are you doing to yourself?' targeted young people in the Kings Cross area of Sydney with the aim of reducing excessive drinking and public drunkenness through responsible cultural values in alcohol consumption. Using outdoor posters, taxi-back ads and a social media strategy on YouTube, the campaign ran from November 2012 to February 2013.
  - The statewide campaign 'Know When to Say When' aimed to reach the broader community about how and why we drink, and how we need to change negative drinking practices as a long-term solution to problematic alcohol use. Using TV, print, radio, online and website advertising, the campaign ran from January to May 2013 achieving a 75 per cent recall rate at the end of the campaign.
- The Drug and Alcohol Service Planning Model for Australia, formerly known as the Drug and Alcohol Clinical Care and Prevention (DA-CCP) Model is a nationally agreed population based planning model that will estimate the need and demand for drug and alcohol health services across Australia once finalised. One component of this model includes screening and brief intervention for a group of people in the population whose self-reported risk drinking status identifies them for a 15 minute screening and brief intervention by a drug and alcohol worker.

HEALTH IN FOCUS

NRL stars join Know When to Say When campaign

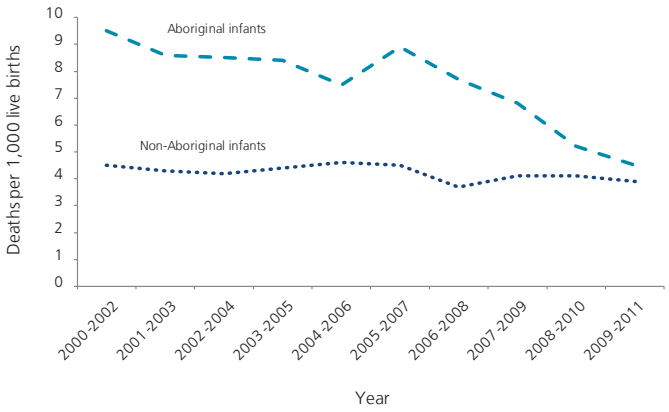
The Know When to Say When campaign forms an important part of the NSW Government's commitment to tackle binge drinking and alcohol-fuelled anti-social behaviour, which also includes sobering up centres, the Three Strikes scheme and the Kings Cross Plan of Management. The campaign encourages people who regularly drink to excess to question their relationship with alcohol. By asking people to explore how and why they drink, the Know When to Say When campaign is an important step towards raising awareness of the social and health impacts of binge drinking and of getting the message across that it is important people take personal responsibility for the negative consequences of their drinking

This campaign is not about telling people not to have a good time when they go out or when they are having a drink with their family and friends. It is about knowing when the right time to stop is before doing something you regret. By teaming up with the NRL's best known faces to help promote this campaign NSW Health was able to further spread the message that we can no longer afford to ignore the consequences of the Australian binge drinking culture.

TARGET: CLOSE THE GAP IN ABORIGINAL INFANT MORTALITY

Infant mortality is the death of a live-born baby within the first year of life. The most common causes of infant mortality in Aboriginal children are conditions originating in the perinatal period such as prematurity, problems with foetal growth, complications of pregnancy and respiratory and cardiovascular disorders specific to the perinatal period.

Infant Deaths by Aboriginality, NSW, 2000 to 2011



Source: Health Statistics NSW. Centre for Epidemiology and Evidence.
Note: The data is presented as 3 year moving averages.

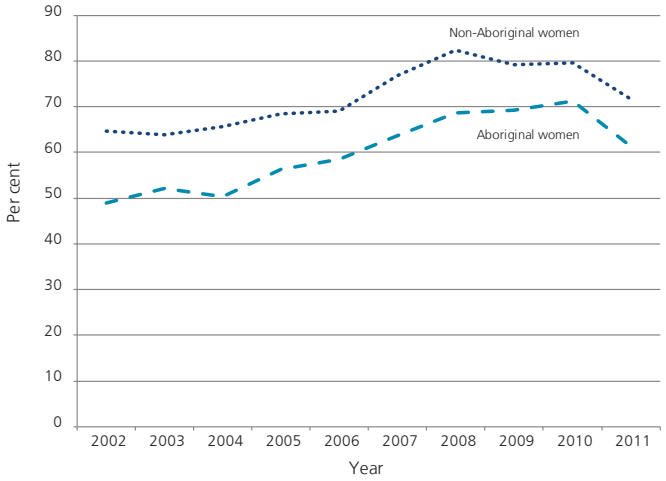
Interpretation

In the period 2009-11, the infant mortality rate (death of a live-born baby within the first year of life) in NSW was 4.5 deaths per 1000 live births for Aboriginal infants, compared with 3.9 deaths per 1000 live births for non-Aboriginal infants. The Aboriginal infant mortality rate is 1.3 times the non-Aboriginal rate. There has been a significant decrease in the Aboriginal infant mortality rate in the last ten years, and a significant decrease in the gap between Aboriginal and non-Aboriginal infants in the last ten years.

Antenatal visits – Births where the first maternal visit was before 14 weeks gestation

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

First antenatal visit by mother's Aboriginality, NSW, 2002 to 2011



Source: Health Statistics NSW. Centre for Epidemiology and Evidence.
Note: In 2011 the question for antenatal care changed from "Duration of pregnancy at first contact for care (weeks)", to "Duration of pregnancy at first comprehensive booking or assessment by clinician".

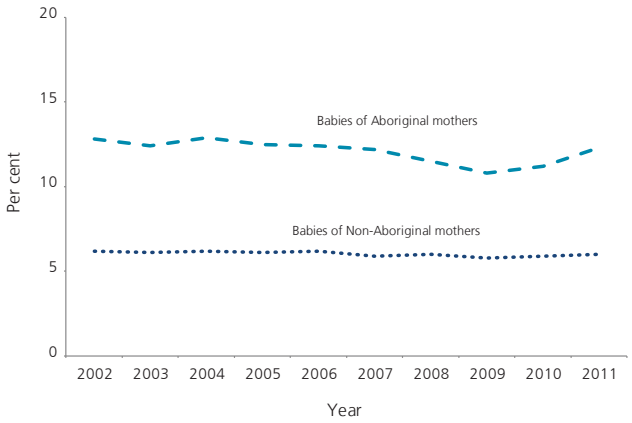
Interpretation

The percentage of both Aboriginal and non-Aboriginal mothers having their first antenatal visit before 14 weeks gestation has increased since 1996. While the percentage for Aboriginal mothers remains below that for non-Aboriginal mothers, the gap continues to narrow. In 2011, the question for antenatal care changed, resulting in a decline for Aboriginal and non-Aboriginal mothers.

Low birth weight babies – weighing less than 2500g

The desired outcome is reduced rates of low weight babies and subsequent health problems for them. A baby's birth weight is also a measure of the health of the mother and care that was received during pregnancy.

Low birth weight babies by mother's Aboriginality, NSW, 2002 to 2011



Source: Health Statistics NSW. Centre for Epidemiology and Evidence.

Interpretation

The rate of low birth weight babies born to Aboriginal and non-Aboriginal mothers has been relatively stable over the last ten years. In recent years, the rate of low birth weight babies born to Aboriginal mothers has been around 12 per cent. However, this is around twice that for non-Aboriginal mothers.

The following list outlines the key achievements in 2012-13 to close the gap in Aboriginal infant mortality in NSW:

Key achievements 2012-13:

- The *Stay Strong and Healthy It's Worth It* campaign, ran from July to October 2012. The campaign aimed to raise awareness among Aboriginal women and their partners of the risks of drug and alcohol consumption during pregnancy, the challenges of dealing with a mental illness and the services available to support them.
- The Aboriginal Maternal and Infant Health Service provides maternity care to approximately 75 per cent of Aboriginal women. The Service aims to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality for Aboriginal babies. Midwives and Aboriginal Health Workers collaborate to provide a high quality maternity service that is culturally sensitive, women centred, based on primary healthcare principles and provided in partnership with Aboriginal people.
- The Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) programs provides a culturally safe and appropriate early childhood health service for Aboriginal children from birth to school-entry age and their families. There are now a total of 15 BSF sites across NSW. Referral pathways have been established to assist vulnerable children and parents/carers to access intervention services before issues escalate.

Other services provided by the NSW government to improve Aboriginal health include:

- The Aboriginal Communities Water and Sewerage Program, which is a joint initiative of the NSW Aboriginal Land Council and the NSW Government to support operation, maintenance, repair and monitoring of water and sewerage systems in more than 60 communities. In 2012-13, a further three Aboriginal communities began receiving improved services, bringing the total to 41 communities and over 4000 people who currently receive improved water and sewerage under the Program. NSW Health has
  a key role as a member of the Program steering committee, through the development of risk-based water and sewerage management plans and by supporting drinking water monitoring.
- Housing for Health is a licensed methodology for improving living conditions in Aboriginal communities. It is a safety and health focused housing repair and maintenance program. NSW Health Housing for Health projects are managed through the Aboriginal Environmental Health Unit and delivered with Public Health Units; projects have been undertaken in 78 Aboriginal communities.
- A ten year evaluation of the projects demonstrated the intervention reduced hospital separations for infectious diseases by 40 per cent for people living in houses that received Housing for Health, compared to the rest of the rural NSW Aboriginal population. *Closing the gap: 10 Years of Housing for Health in NSW* can be found on the NSW Health website.
- In 2012-13, Housing for Health was delivered to 385 houses in 13 communities. Over 10,900 items relating specifically to health and safety have been fixed, benefiting over 1450 people. Projects were completed in Box Ridge, Coraki, Purfleet, Tibooburra and Walhallow, and new projects commenced in Toomelah/Boggabilla, Balranald, Broken Hill, Cobar, Cudjallagong, Menindee, Muli Muli, Cabbage Tree Island and Murrin Bridge. Four of these projects are being undertaken in collaboration with the Aboriginal Housing Office (AHO) incorporating extensive housing upgrades carried out by the AHO with a focus on addressing key problems that lead to health issues.

HEALTH IN FOCUS

Sister Alison Bush mobile simulation centre

A mobile simulation centre (MSC) launched in August 2012 is revolutionising the way clinical training is delivered in regional and remote areas of NSW. The Centre is named after Aboriginal Midwife Sister Alison Bush AO, one of the longest serving and most influential midwives in NSW, and is housed in a purpose built 19 metre long semi-trailer with a dedicated prime mover. It is equipped with world class training equipment. It is an innovate and unique way of ensuring that NSW health staff in regional and remote areas of NSW have access to high fidelity, high end technology and the best training and education support on their door step with the ultimate aim of improving patient care and safety.

To date the MSC has travelled approximately 12,000 kilometres, to 24 rural and remote locations delivering nearly 1000 individual training sessions for nurses, doctors and allied health professionals. The MSC was created, designed and funded by the Sydney LHD.

TARGET: IMPROVE OUTCOMES IN MENTAL HEALTH

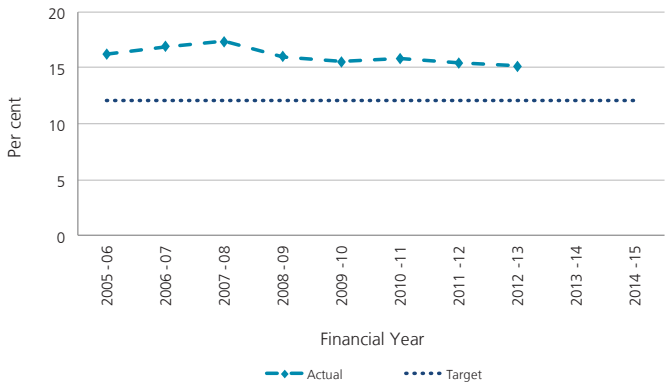
Mental health readmission within 28 days

The desired outcome is improved mental health and wellbeing through effective inpatient care and adequate and proper post-discharge follow up in the community. Readmission after mental health care is influenced by the effectiveness of care in hospital as well as by community care after discharge. High rates of readmission may be a signal of problems in care, however caution must be taken when interpreting indicators as very low rates of readmission may reflect difficulties with access to services.

Mental health acute readmission within 28 days

Proportion of separations from an Acute Public Mental Health Unit which were followed by Readmission within 28 days to any other NSW Acute Public Mental Health Unit

Readmission to a mental health acute service within 28 days



Source: NSW Health Information Exchange, NSW Ministry of Health (annual)
Updated: October 2013

Interpretation

The readmission rate for mental health patients in NSW has declined slightly, to 15.1 per cent in 2012-13 from a peak of 17.3 per cent in 2007-08. This may reflect continued enhancement in community and inpatient mental health services. The Mental Health Acute Benchmarking Program worked with local services across 2012-13 to explore the variation in rates and the factors affecting readmission to acute mental health units.

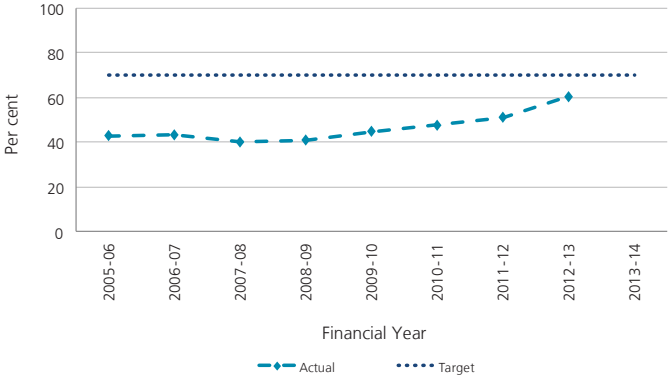
Mental health acute post-discharge community care

The desired outcome is to increase patient safety in the immediate post-discharge period and reduce the need for early readmission.

The majority of people with chronic and recurring mental illness are cared for in the community. Continuity of care (follow-up and support by professionals and peers) in community settings for mental health patients discharged from a hospital leads to an improvement in symptom severity, readmission rate, level of functioning and patient assessed quality of life.

Early and consistent follow up in the community reduces suicide risk among hospital-discharged mental health patients with high suicide risk and history of self-harm.

Proportion of Clients Discharged from an Acute Public Mental Health Unit who are seen by a Community Mental Health Team within 7 Days of that Discharge



Source: NSW Health Information Exchange, NSW Ministry of Health (annual)
Updated: October 2013

Interpretation

This indicator measures the percentage of people seen by any NSW community mental health service within one week of discharge from an acute public mental health unit.

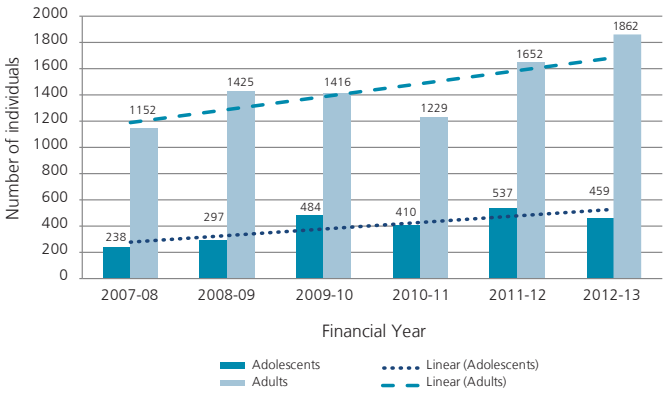
NSW performance on this indicator has improved steadily, from 40 per cent in 2007-08 to 60 per cent in 2012-13. This improvement may reflect enhancements in community mental health care and specific service initiatives designed to improve follow up rates. Some of this increase may also be due to improved data collection by community mental health services.

Divert from court into treatment

The Justice Health & Forensic Mental Health Network (JH&FMH) Statewide Community and Court Liaison Service (SCCLS) provide mental health assessments and advice to magistrates when mentally ill adults are charged with summary offences at the local court level. JH&FMHN clinicians, based in 20 Local Courts undertake mental health assessments and provide a mental health court report including treatment options. This assists the Magistrate in making informed decisions regarding diversion options for individuals with mental health problems and, where appropriate, diverting people away from custody and into community-based mental health treatment.

The JH&FMHN Adolescent Court and Community Team (ACCT) aims where possible to divert young people with emerging and established mental health problems from the criminal justice system into mental health treatment in the community.

Number of adolescents and Adults with Mental Illness Diverted from Court to Community Treatment and Trendlines



Source: Community and Court Liaison Service Data Collection for Adults and Adolescent Court and Community Team Data Collection (six monthly); Department of Attorney General and Justice (annual) Updated: Oct-13.

Interpretation

In 2012-13 FY the SCCLS diverted 1,743 people into community based mental health services. 81 per cent of all the individuals identified and assessed as having a mental illness were diverted from the judicial system. The remaining 19 per cent were remanded to prison and were linked to custodial mental health services.

A further 119 people who appeared before court via audio – video link directly from prison (Silverwater Metropolitan Remand and Reception Centre) were assessed as having a mental illness and diverted to mental health treatment services in the community. **Total 2012-13 FY adult diversions: 1,862.**

In 2012-13 FY the ACCT diverted 459 young people from the criminal justice system into appropriate treatment in the community. **Total 2012-13 FY adolescent diversions 459.**

Key achievements:

- A new policy directive, *Transfer of Care from Mental Health Inpatient Services'* PD2012_60, was released in November 2012. This policy was developed in extensive consultation with consumers and service providers and supports continuity of care and the safe transfer of a mental health consumer's care across settings.
- NSW Health has invested in services to support care in both hospitals and the community. Initiatives such as the Housing and Accommodation Support Initiative (HASI) have resulted in a reduction of unnecessary hospital admissions and people being treated more appropriately in the community. NSW commenced new community mental health initiatives in NSW with funding provided by the Commonwealth under the National Partnership Agreement Supporting National Mental Health Reform. This involved:
  - providing support services for people with severe or persistent mental illness to transition to living in the community from long term institutional care.
  - delivery of the new Boarding House HASI program, providing non-clinical in-reach support to boarding house residents who have been assessed as having a mental illness.
- The NSW Government announced a new three year pilot program of integrated care led by the non-government sector to provide two new pilot service centres in the State, with $1.8 million committed to the innovative new project in the 2013-14 State Budget.
- A statutory review of the *Mental Health Act 2007* commenced in June 2012 to determine whether the policy objectives of the Act remain valid and whether the terms of the Act remain appropriate for securing those objectives. A discussion paper was released and community consultations were held across NSW to report to Parliament with suggested legislative changes to the *Mental Health Act* which was approved by Cabinet and tabled in Parliament in May 2013. The Ministry is undertaking further analysis and targeted consultation in relation to key issues that arose with a view to providing recommendations for potential legislative reform to government in 2014.
- The mid-term evaluation of the NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-15, completed in 2012, confirmed the effectiveness of a number of statewide Older People's Mental Health initiatives in reducing preventable hospital admissions and achieving better health outcomes for older people with mental health problems. Key initiatives include the community-based Mental Health Aged Care Partnership Initiative and the Transitional Behavioural Assessment and Intervention Service unit initiative and development of SMHSOP non-acute inpatient units. An economic evaluation of the Mental Health Aged Care Partnership Initiative, completed in early 2013, confirmed the cost-effectiveness of this model.
- All three Assertive Community Child and Adolescent Mental Health Service pilot teams in Nepean Blue Mountains, Northern Sydney and Southern NSW LHDs are operational and providing services to young people and their families.
- To enhance the competency of staff working with clients with mental health problems and intellectual disability, the University of NSW has been contracted to develop an Intellectual Disability and Mental Health Competency Framework.

HEALTH IN FOCUS

Assertive Community Treatment team to support patients with mental illness

Nepean Blue Mountains LHD, in direct response to the needs of consumers severely impacted by the effect of their mental illness, developed and redesigned an Assertive Community Treatment team. The team works collaboratively and intensively with consumers to support them to live a fulfilling life in the community and reduce hospital admissions. After 12 months an evaluation has shown a dramatic decrease in days in hospital and number of admissions.

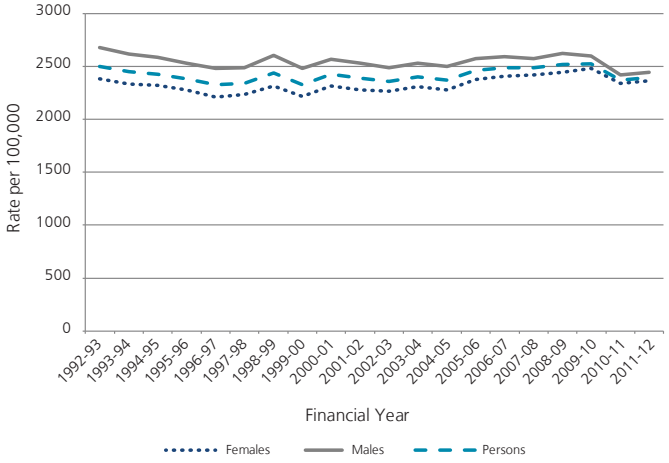
This project received the Minister for Mental Health Award for Excellence in the Provision of Mental Health Services at the 2013 NSW Health Innovation Awards.

TARGET: REDUCE POTENTIALLY PREVENTABLE HOSPITALISATIONS

The desired outcome is a reduced rate of potentially preventable hospitalisations.

Potentially Preventable Hospitalisations (PPH) are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory setting such as primary health care (for example, by general practitioners or community health centres).

Potentially preventable hospitalisations by sex, NSW 1992-93 to 2011-12



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

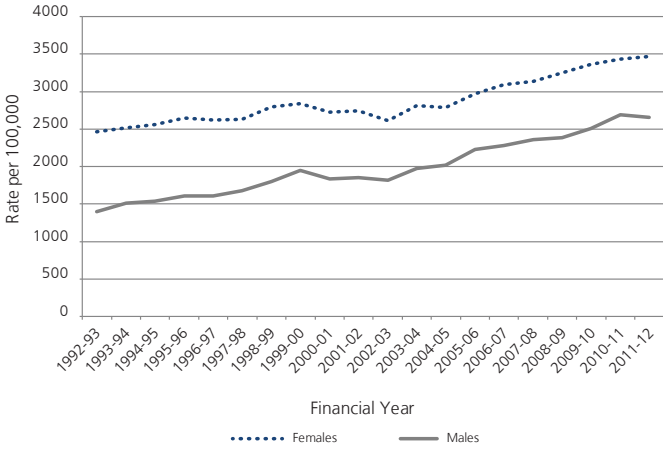
Interpretation

In NSW between 1992-93 and 2009-10, there was an overall increase in the trend for the rate of all PPHs. On 1 July 2010, there was a significant change in coding standards for diabetes, which is a substantial contributor to total preventable hospitalisations. This contributed to the rates of hospitalisation for all PPHs decreasing in 2010-11 and then stabilising in 2011-12.

Fall injury hospitalisations

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

Fall-related injury overnight stay hospitalisations by sex, persons aged and 65 years and over, NSW, 1991-92 to 2011-12



Source: Health Statistics NSW, Centre for Epidemiology and Evidence.

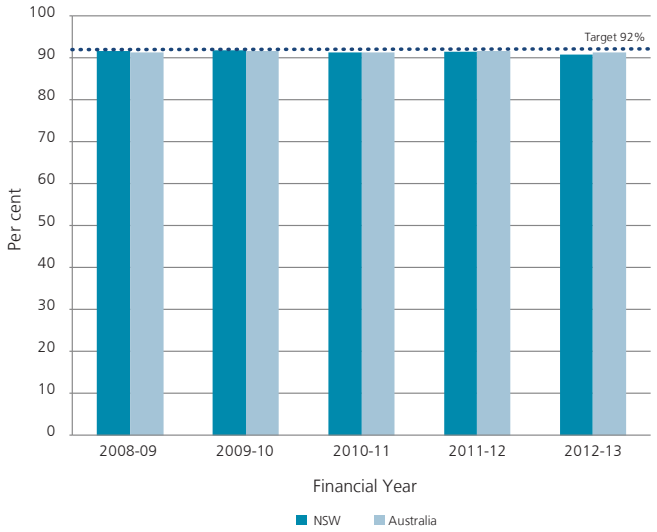
Interpretation

Rates of hospitalisations for falls among older people have been increasing for the last 20 years however between 2010-11 and 2011-12, the rates stablised. These rates represent an overall burden of injury from falls on the hospital system which is influenced not only by the rate of new injuries from falls in the community but also from factors such as the medical consequences of these falls.

Children fully immunised at one year

The desired outcome is reduced illness and death from vaccine preventable diseases in children. Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW, it is a challenge to ensure optimal ongoing coverage of new cohorts of children.

Children fully immunised at one year



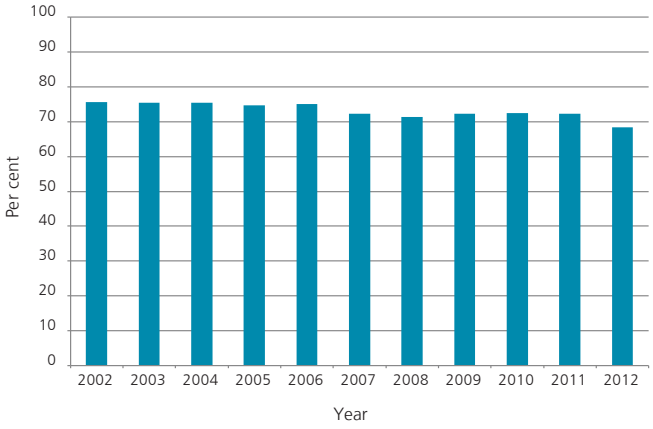
Source: Australian Childhood Immunisation Register

Interpretation
The Australian Childhood Immunisation Register was established in 1996. Data from the Register provides information on the immunisation status of all children less than seven years of age. Aggregated data for the year 2012-13 indicates that 91 per cent of children aged 12 months to less than 15 months were fully immunised. This is consistent with the national average of 91 per cent. It is acknowledged that this data may underestimate actual vaccination rates by around three per cent due to children being vaccinated late or delays by service providers forwarding information to the Register.

Adult immunisation

The desired outcome is reduced illness and death from vaccine preventable diseases in adults. Vaccination against influenza is recommended by the National Health and Medical Research Council. Free vaccine is provided under the National Immunisation Program to eligible individuals. NSW Health actively promotes influenza vaccination of adults through direct communication with general practitioners and aged care facilities.

Adults aged 65 years and over vaccinated against influenza in the last 12 months, NSW, 2002 to 2012



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

Interpretation
The percentage of adults aged 65 years and over, vaccinated against influenza during the previous 12 months has remained relatively stable in the last five years to 2012.

The following list outlines the key achievements in 2012-13 to reduce potentially preventable hospitalisations in NSW.

Key achievements 2012-13:

- Vaccination programs: NSW Health offers vaccines recommended for adolescents by the National Health and Medical Research Council in a school based vaccination program. In the 2012 school year, 81 per cent of children in Year 7 were vaccinated against diphtheria, tetanus and pertussis (whooping cough). Booster vaccination against pertussis provides protection not only for the adolescent, but also for any siblings too young to have received a full course of the vaccine. This represents an improvement in coverage over the 2011 school year, in which 77 per cent of Year 7 students were vaccinated with diphtheria, tetanus and pertussis (dTpa) vaccine. In 2012, 78 per cent of girls who commenced a course of human papillomavirus (HPV) vaccine in Year 7 received all three doses. This represents an improvement in coverage over the 2011 school year, when 71 per cent of Year 7 girls were fully vaccinated against HPV. NSW continues to achieve consistently high immunisation coverage rates among two year old children, with 92 per cent of children recorded as fully vaccinated on the Australian Childhood Immunisation Register.
- Falls Prevention: Stepping On is an education and physical activity program that provides tailored support to people aged 65 years and older in building strength, confidence and knowledge to reduce falls and injury from falls. In the 2012-13 financial year, 287 programs were delivered across NSW, significantly expanding program reach into areas of greater need.
- The Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013 was passed in June 2013. This amends the Public Health Act 2010 from 1 January 2014 to require principals of child care facilities to obtain vaccination records, including conscientious objector forms, before enrolling children in child care. Principals that enrol children without first obtaining documentation that shows a child is fully vaccinated for their age, or is on a recognised catch-up schedule, or has a medical contraindication to vaccination, or has a registered conscientious objection, could be fined up to $4000 under the Education and Care Services Regulation.

HEALTH IN FOCUS

Using technology to help keep parents on time

In April 2013 NSW Health launched the Save the Date to Vaccinate campaign to educate and inform the community about the importance of ensuring that all children are fully immunised on time.

Several tools to assist parents with immunising on time were developed including a phone app, a personalised printable schedule, and informative immunisation videos, all accessible from the campaign's microsite immunisation.health.nsw.gov.au

The app allows parents to enter their child's name and birth date, as well as their GP's contact details. The app then calculates the next immunisation due date and sends a series of reminders to prompt the parent to call their GP to schedule an appointment for each immunisation. Parents can make that call straight from the app. Between April and September this year, the app has been downloaded more than 28,000 times and continues to be highly rated (4+ average) by both iPhone and Android users.

GOAL 12: PERFORMANCE AGAINST TARGETS

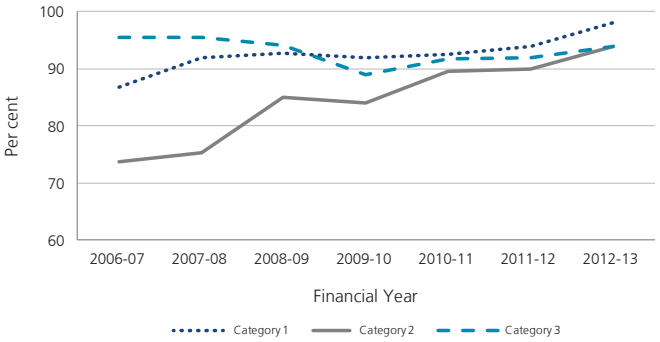
TARGET: REDUCE HOSPITAL WAITING TIMES

Planned surgery patients: National Elective Surgery Target (NEST)

The desired outcome is for the timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

The National Partnership Agreement on Improving Public Hospital Services requires jurisdictions to ensure that patients receive their surgery within clinically recommended timeframes as determined for each patient by their medical practitioner.

NSW Hospital Performance National Elective Surgery Targets (NEST)



Source: Waiting List Collection Online System, NSW Ministry of Health
Updated: September 2013

Interpretation

NSW public hospitals continue to perform well against the target of reducing hospital waiting times based on the percentage of patients treated on time in each of three urgency categories: Category one (admission within 30 days), Category two (admission within 90 days) and Category three (admission within 365 days). As at June 2013, 96.1 per cent of elective surgery patients were admitted to hospital for their surgery within the clinically appropriate time frame. This is an overall improvement of 4.4 per cent on the same period last year.

As at June 2013 the overall performance for NSW Hospitals included:

- Category one – 99.1 per cent (target 100 per cent). Performance has improved by 5.1 per cent on the same period last year.
- Category two – 96.0 per cent (target 93 per cent). Performance has improved by 6.2 per cent on the same period last year.
- Category three – 94.6 per cent (target 95 per cent). Performance has improved by 2.8 per cent on the same period last year.

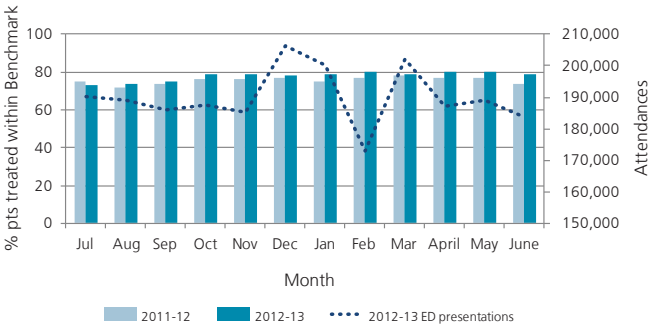
Emergency Department triage times – treatment provided within benchmark times

Overcrowding and extended stays in the emergency department (ED) for patients admitted to a hospital bed are associated with poorer outcomes. Staying for longer than necessary in an ED also delays ambulance offloads and reduces access for new patients presenting to the hospital.

The desired outcome is for the treatment of ED patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

Patients presenting to the ED are classified or triaged into one of five triage categories and seen on the basis of their need for medical and nursing care. Each triage category has a recommended maximum time that the patient should wait to be seen by a healthcare professional.

All triage Categories Percentage Treated within Benchmark



Source: ED Information System

Interpretation

Healthcare services continue to improve access to clinical services and are within benchmark for ED triage times. There was increasing demand for services with well in excess of 2.6 million emergency attendances during 2012-13. Despite this, a three per cent increase compared to the previous year, NSW EDs continue to perform extremely well.

NSW EDs always give priority to those patients who may experience a life threatening illness and continue to treat 100 per cent of the most seriously ill (Triage one) patients within the National Benchmark of two minutes.

For the remaining four triage categories, performance has improved compared to the same period last year:

- Triage category two performance was 3 percentage points above the Australian College of Emergency Medicine (ACEM) target of 80 per cent.
- Triage category four and triage category five, performance was 7 per cent and 22 per cent above the recognised ACEM target of 70 per cent.
- Triage category three, the state's hospitals performance improved by 1.7 per cent compared to the same period last year.

The following list outlines the key achievements in 2012-13 to reduce hospital waiting times in NSW.

Key achievements 2012-13

- The State Government has invested in new ways to improve the delivery of surgical services. This has included development of new models of care such as high volume short stay surgical units, specialist centres in Ophthalmology and Orthopaedics and the streaming of planned and emergency surgery.
- During 2012-13 there were over 216,000 planned surgical cases performed. This was 4140 more than the same period last year.
- In addition as at June 2013 over 96 percent of patients were admitted for their planned surgery within clinically recommended time frames. This was an improvement of 4.4 per cent on the same period last year.
- To assist in reducing waiting times for care, the NSW Government committed $4.7 billion over four years towards the NSW Health Capital works program. This included a wide range of capital works projects progressed during 2012-13 including:
  - Tamworth Hospital Stage two redevelopment
  - Blacktown Mount Druitt Hospital expansion Stage one
  - South East Regional Hospital Bega
  - Hornsby Ku-ring-gai Hospital Redevelopment Stage one
  - Wagga Wagga Hospital redevelopment
  - New England/North West Regional Cancer Centre
  - Dubbo Base Hospital redevelopment Stage one and two
  - Multipurpose Service at Gulgong
  - Parkes and Forbes redevelopment and upgrade
  - Royal Prince Alfred Hospital, Missenden Mental Health Unit
  - Cessnock Hospital ED upgrade and
  - Planning for new Ambulance stations at Albury, Bega and Wagga Wagga.
- In February 2013, with the support of the Director General and under the Executive Sponsorship of Ken Whelan, Deputy Director General, System Purchasing and Performance, the Whole of Hospital Program was launched to deliver high quality, safe and efficient health care when people need access to the hospital system.
- The Program seeks to strengthen linkages between services to enhance continuity of care. It is about local hospital teams working together on the whole patient journey from when they come into hospital until they leave. The Program can assist in reducing patient waiting times for surgery and in the Emergency Department through better management of patients already in hospital.

HEALTH IN FOCUS

In Safe Hands: Structured interdisciplinary bedside rounds

Western NSW LHD has implemented a new team based, patient centred model of care, structured interdisciplinary bedside rounds (SIBR). SIBR brings the interdisciplinary team to the bedside every day for a standardised care planning with the patient and family.

Real time coaching and feedback for each team member is modelled on the SIBR round. Patient bedside journey boards enhance the model by creating a communication tool with the patient and family. This approach has been enthusiastically received by patients, *"I was so well looked after, and the doctors were doing 'cyber' visits daily, where all the medical staff involved in your recovery come in and have a mini conference with you daily to assess you and make plans/goals..." (anonymous patient).*

This model has become embedded in the care delivery for the acute medical unit at Orange Hospital Service. The medical ward executive drives the continued sustainability of the model which is easily transferrable. The Service is planning to implement SIBR throughout the hospital.

This project was a finalist in the 2013 NSW Health Innovation Awards for the Patients as Partners Award.

TARGET: IMPROVE TRANSFER OF PATIENTS FROM EMERGENCY DEPARTMENTS TO WARDS

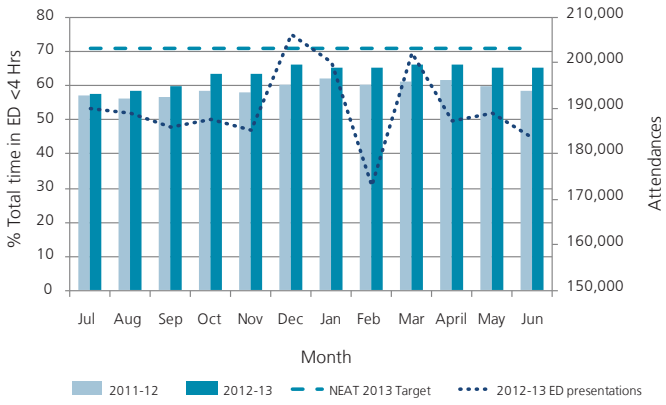
National Emergency Access Target (NEAT) percentage of patients with a total time in the ED of four hours or less

NSW has the most emergency presentations of any state (34 per cent of the national total). The number of presentations has been steadily increasing by 3.3 per cent each year over the last four to five years.

The National Emergency Access Target (NEAT) is a component of the National Partnership Agreement on Improving Public Hospitals. By 2015 the aim is that within four hours 90 per cent of all patients presenting to a public hospital emergency department will either physically leave the department for admission to hospital, be referred to another hospital for treatment or be discharged home.

Safety of patients is the utmost priority, and the target is not intended to overrule clinical judgement as decisions on whether it is clinically appropriate for a patient to be retained in an emergency department for more than four hours must be at the discretion of the treating clinicians. NEAT is an ambitious target and NSW Health is keen to make sure that the care provided is right for the patient, not simply about meeting a time based target.

NEAT – Per cent of patients with total time in ED <=4 hours



Source: Emergency Department Information System

Interpretation

EDs across the state continue to improve their performance in patient treatment times, resulting in benefits to both the front of house and the whole of the hospital.

From January to June 2013, 65.6 per cent of patients left EDs within four hours which was a significant improvement on the same period last year (59.3 per cent).

As a result, NSW is closer to meeting the target for NSW which is 71 per cent for the calendar year.

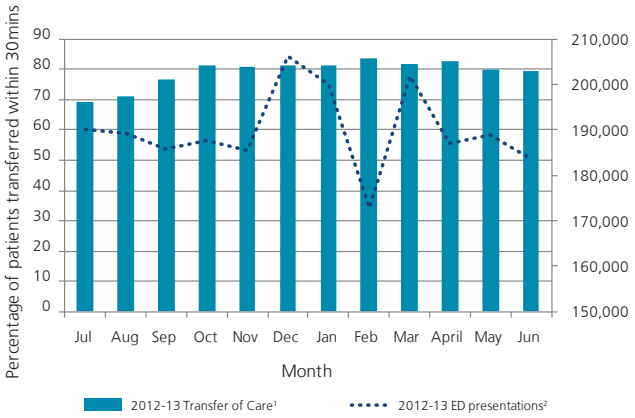
Transfer of Care within 30 minutes

The desired outcome is for the timely transfer of patients from ambulance vehicles to hospital EDs or inpatient units, resulting in improved patient satisfaction as well as improved ambulance operational efficiency. Transfer of Care is a measure which replaced the previously reported Off Stretcher Time metric.

The definition of Transfer of Care is the transfer of accountability and responsibility for patient care from an ambulance paramedic to a hospital clinician. This occurs either in the ED or in a hospital inpatient unit.

Information for Transfer of Care comes from the transfer of care reporting system, which matches ambulance data to ED data within the Health Information Exchange on a daily basis.

Ambulance to Emergency Department Transfer of care



Source: 1. Transfer of Care Reporting System 2. NSW Health Information Exchange

Interpretation

As at June 2013 for Transfer of Care was 79 per cent. This is a 4.3 per cent improvement on the same period last year. The aspirational target for Transfer of Care is 90 per cent.

The following list outlines the key achievements in 2012-13 to improve the transfer of patients from EDs to wards in NSW.

Key achievements 2012-13

- To support improvements in access to emergency care, the Whole of Hospital Program, launched in February 2013 assists in:
  - improving teamwork and collaboration around patient care management
  - improving clinical models to deliver better outcomes with greater efficiency for patients and the system
  - preventing clinical deterioration by working with primary and community care providers
  - avoiding inpatient stays by delivering high quality and safe care to patients directly in their homes
  - connecting and shortening care for patients when they are in the system
  - working better with the Ambulance service to deliver improved care and manage patients in a more timely manner.

- Already at a local level LHDs are implementing new models of care in their emergency departments. These include Fast Track Zones and patient streaming. A 2-1-1 system is also being implemented which aims to achieve two hours patient assessment and treatment, one hour inpatient referral and one hour to transfer the patient to a ward or home. Other models of care include care outside the emergency department such as Medical Assessment Units and Hospital in the home based services.
- The NSW Patient Flow Systems Program has provided staff with well proven tools and education resources to help minimise delays for patients. The Program focus is on timely access to safe, quality care and it uses theoretical and practical approaches to eliminate any identified constraints in the patient care journey. This approach frees up time and resources to care for more patients. Improved liaison with NSW Ambulance and strong involvement of Ambulance Liaison Officers in emergency department patient flow strategies is also resulting in more timely access to care.
- To further support improvements in this area the NSW Government has committed, over four years, to making an additional 1390 beds available in the NSW Health system. This included making 550 adult acute overnight beds available in addition to the 840 new beds funded by the Commonwealth Government. NSW Health is on track to deliver on this committment by March 2015.
- Additional beds are being made available through capital works projects coming on line, freeing up existing beds by using new models of care to reduce unnecessary hospital stays or the need for a patient to be admitted to hospital.
- In 2012-13, NSW Health purchased an additional 38,000 cost weighted inpatient separations across the system. This additional activity translates to the equivalent of a total of some 369 beds/treatment spaces.

HEALTH IN FOCUS

Setting the standard: A patient journey at Royal North Shore Hospital

A plan for improving clinical outcomes for clinically deteriorating patients has been developed at Royal North Shore Hospital. It centres on education of the entire hospital workforce using short films where executives, managers, doctors and nurses were invited to script and "star" in the film.

The result has been that all aspects of the 'Between the Flags' program have been implemented, and no serious clinical incidences have been reported in 2013 to date.

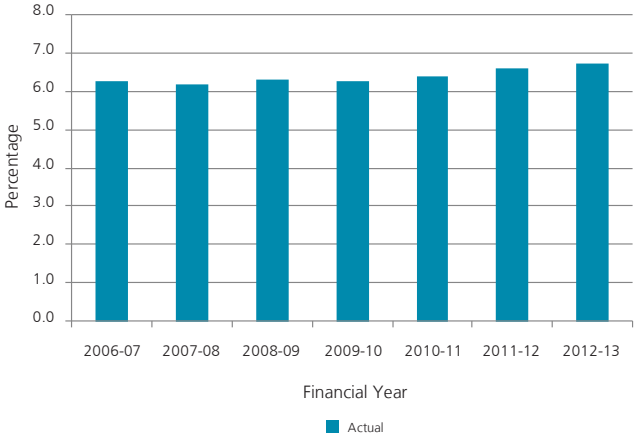
TARGET: REDUCE UNPLANNED READMISSIONS

Readmission within 28 days

The desired outcome is improved health and wellbeing through effective inpatient care and adequate and proper follow up in the community.

Unplanned Readmissions are a measure of the percentage of patients who are readmitted to hospital within 28 days of their initial discharge from that hospital, for any reason. This indicator is considered useful in identifying potential issues with the quality and effectiveness of the hospital care provided, as well as discharge planning and community follow up and support provided to patients once they leave the hospital. Rates of unplanned readmissions are regularly monitored by the Ministry, the Clinical Excellence Commission (CEC) and the LHDs and Networks to trigger investigation into possible issues with the management of care from hospital to home.

Unplanned /unexpected readmissions within 28 days of separation



Source: State Health Information Exchange (Inpatient Collection)

Interpretation

The level of unplanned readmissions within 28 days has remained relatively unchanged since 2006-07, with a slight upward trend observed since 2010-11.

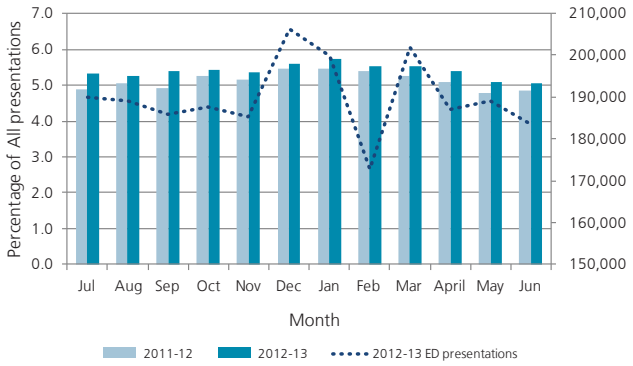
In 2012-13, LHDs and Specialty Health Networks, supported by the Clinical Excellence Commission and the Ministry of Health, have undertaken detailed reviews of causes of unplanned/unexpected readmissions. These reviews found that many of the readmissions seem to be associated with post-discharge care in the community or with factors not directly associated with the initial hospital admission. LHDs are trialling tools for early identification of patients most at risk of unplanned readmissions and are developing strategies for preventing those readmissions that may be avoidable.

Unplanned representations to emergency departments within 48 hours

The desired outcome is to improve quality and safety of treatment by reducing unplanned and avoidable re-attendances of patients to the same ED within 48 hours.

Unplanned representations to EDs may be an indicator of diminished quality of care and patient outcome. The indicator is used to trigger investigation into possible care provided.

Representations to the same Emergency Department within 48hrs



Source: Emergency Department Information System

Interpretation
The percentage of representations to NSW public EDs is similar to 2011-12, despite an increase in presentations.

The following list outlines the key achievements in 2012-13 to reduce unplanned readmissions in NSW.

Key achievements 2012-13

- A range of initiatives have been implemented to improve identification of patients who are most at risk of readmission and their improved follow up in the community. Programs include:
  - Aged Care Emergency Program
  - Compacks Program
  - Hospital in the Home Program, and
  - Connecting Care Program.

Further strategies are being developed in conjunction with the Pillars and Medicare Locals with particular focus on elderly patients and those with chronic conditions.

HEALTH IN FOCUS

Frequent User Management initiative

Implemented by NSW Ambulance, this initiative works with patients and stakeholders to provide appropriate treatment to patients identified as frequent callers. Initial results indicate this initiative assists in providing patients with the most appropriate care and contributes to the appropriate deployment of ambulance resources. Results show a 65% decrease in the number of calls three months post intervention.

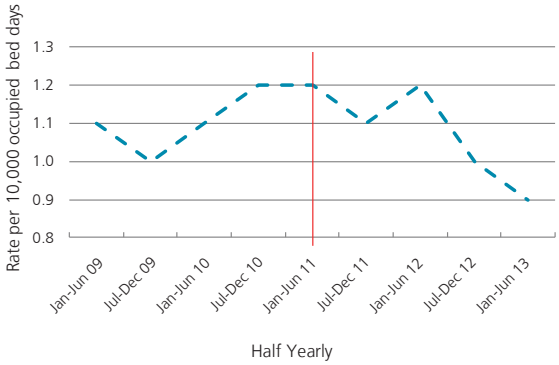
This project received the Patients as Partners Award at the 2013 NSW Health Innovation Awards.

TARGET: DECREASE HEALTHCARE ASSOCIATED BLOODSTREAM INFECTIONS

The desired outcome is to achieve a reduction in the number of Staphylococcus Aureus bloodstream (SAB) infections acquired by patients receiving treatment in NSW Hospitals.

Staphylococcus Aureus, a bacterium that commonly colonises human skin and mucosa, is among the most common of community and healthcare associated sepsis. There is emerging evidence that many of these infections are preventable through effective prevention and control.

Staphylococcus Aureus Bloodstream (SAB) Infections



Source: NSW Healthcare Associated Infection Data Collection New definition commenced July 2010

Interpretation
SAB infection rates decreased in 2012-13 following concerted efforts to reduce infections caused by peripheral intravenous cannulas in many NSW hospitals.

The apparent rise in rates between January to June 2010 and July – December 2010 is due to a change in definition to adopt the national definition, which has increased the range of data reported.

Key achievements 2012-13

- National Hand Hygiene Initiative: NSW continues to achieve the highest Hand Hygiene compliance rates across Australia with an average compliance rate of 80.4 per cent in June 2013. Hand Hygiene compliance rates have increased in each audit period. The national Hand Hygiene compliance rate is 78.3 per cent.
- Healthcare Associated Infections program: Staphylococcus Aureus Bacteraemia and central line associated bloodstream infections continue at low levels and remain below national benchmarks.
- The NSW Environmental Cleaning Policy (PD 2012_061) was released in November 2012. The policy outlines the standards for cleaning wards and units in public hospitals. It is supported by Standard Operating Procedures, which specify in detail how cleaning is to be undertaken in various scenarios, and an audit procedure to check that facilities are adequately cleaned.
- The Sepsis Kills Program – Paediatric: The NSW Minister for Health launched the *NSW Paediatric Sepsis Toolkit* in May 2013. The toolkit includes a Paediatric Sepsis Pathway;

Paediatric Sepsis Reference Card, which prompts clinicians on key points of the sepsis management of paediatric patients; Sepsis Neonatal First Dose Empirical Parenteral Antibiotic Guideline; Sepsis Paediatric First Dose Empirical Parenteral Antibiotic Guideline; Sepsis Paediatric Frequently Asked Questions and Paediatric Blood Culture Sampling Guideline. These tools can be found on the Clinical Excellence Commission (CEC) website.

HEALTH IN FOCUS

Reducing the incidence of Staphylococcus aureus bacteraemia by managing vascular access devices in the Coronary Care Unit

At Liverpool Hospital two thirds of health care associated Staphylococcus aureus bacteraemia (SAB) incidences are caused by vascular access devices, with the Coronary Care Unit accounting for over a quarter of vascular access device-related SAB detected between February and August 2012.

A cross-functional team at Liverpool Hospital formed a project team to identify preventable factors leading to vascular access device-associated SABs, and to implement an effective and sustainable system for optimal vascular access device care to prevent all cases of vascular access devices-associated SAB in the Coronary Care Unit over the period of the project.

This collaboration has proved effective, significantly reducing the incidences of SAB in the Coronary Care Unit. The team plan to continue and extend this work through:

- adoption of this program hospital-wide
- incorporating 'cannula conversation' into multidisciplinary rounds – 'In Safe Hands program'
- empowering patients in the care of their vascular access devices
- eliminating unnecessary duplication
- including vascular access device care as a key performance indicator for display on the Quality and Safety noticeboard
- using the same techniques when targeting other healthcare-associated infections.

This project was a finalist in the 2013 NSW Health Innovation Awards for the Harry Collins Award

TARGET: INCREASE PATIENT SATISFACTION

Formerly managed by the NSW Ministry of Health, the Patient Survey Program transferred to the Bureau of Health Information (BHI) in July 2012.

Since the transfer, the survey program has been reviewed and redeveloped with the aim of making surveys easier for patients to complete and more useful for hospital staff working to improve healthcare services.

Commencing with the Adult Admitted Patient Survey, the review process included consulting patients about their experiences, analysing past information, reviewing nationally and internationally relevant literature, and talking to clinicians and hospital managers to better understand their needs.

The redevelopment has had leadership from a Strategic Advisory Committee. Consisting of representatives from BHI, Ministry of Health, Agency for Clinical Innovation (ACI), CEC, LHDs and consumers, the committee provides considered and expert advice on the strategic direction and performance monitoring of the survey program.

The purpose of the NSW Patient Survey Program is to:

- Understand patients' health care experiences
- Identify and report on the strengths and weaknesses of health care provided
- Provide information on how hospitals and health facilities are performing
- Enable health services to identify where they perform well and opportunities for improvement
- Allow hospitals to compare with other like hospitals, encouraging shared learning.

Working to support the survey program is an Implementation Advisory Committee. Representing all LHDs, the committee works with the BHI to ensure LHDs and Networks are kept informed of the survey progress. With the assistance of the Implementation Advisory Committee a communications toolkit, including posters, postcards and brochures, was distributed to all LHDs in June 2013. These materials were used to inform patients and staff that the survey program was underway and to encourage a high response rate.

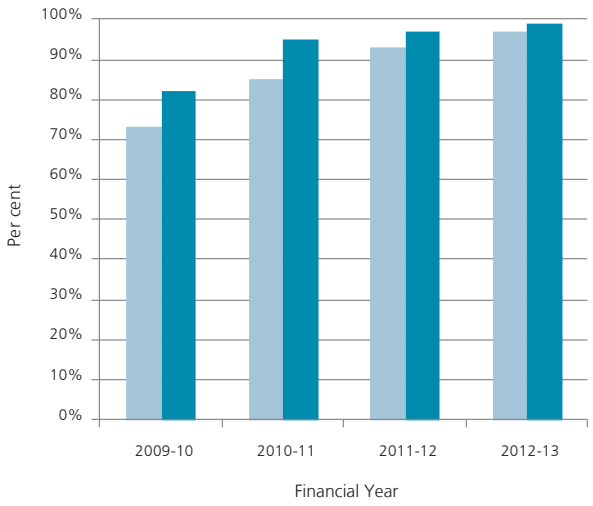
Transfer of responsibility for the patient survey and review of survey arrangements delayed surveying during 2012. Mail out of The Adult Admitted Patient Survey began to patients in June 2013. The survey program schedule is available at BHI's website as is the analysis of previous patient surveys.

TARGET: ENSURE PUBLICLY PROVIDED HEALTH SERVICES MEET NATIONAL PATIENT SAFETY AND QUALITY STANDARDS

The desired outcome is to increase the number of public hospital facilities with current accreditation.

Accreditation is an indicator of the Government's objective to provide public hospital services that are of high quality. Accreditation signifies professional and national recognition awarded to hospitals and other healthcare facilities that meet defined industry standards. Public hospitals can seek accreditation through the Australian Council on Health Care Standards (ACHS) Evaluation and Quality Improvement Program, Business Excellence Australia (previously known as the Australian Quality Council), the Quality Improvement Council, and through certification as compliant with the International Organisation for Standardisation's (ISO) 9000 quality family or other equivalent programs. Quality programs require hospitals to demonstrate continual adherence to quality improvement standards to gain and retain accreditation.

Percentage of Public Hospitals Accredited



Source: NSW Ministry of Health

Accreditation is reported as the percentage of facilities that are accredited.

Interpretation
The percentage of accredited facilities has been increasing steadily over the last four years and more than 95 per cent of public hospitals in NSW are now accredited, covering nearly 100 per cent of public hospital beds. A high or increasing rate of accreditation is desirable.

Key achievements 2012-13

The number of hospitals and beds covered by the voluntary accreditation scheme has increased in 2012-13.

In January 2013, the National Safety and Quality Health Service (NSQHS) Standards, developed by the Australian Commission on Safety and Quality in Health Care, came into effect. Australian Health Ministers have agreed that all public and private acute and day surgery hospitals and public dental services will be accredited against the NSQHS Standards. When hospitals' current accreditation expires they will be surveyed against the national standards. Hospitals, LHDs and Networks are currently working to meet the requirements of these standards. There are 10 NSQHS Standards including:

- Standard 1 – Governance for Safety and Quality in Health Service Organisation
- Standard 2 – Partnering with Consumers – describes the framework for active partnership with consumers
- Standard 3 – Preventing and Controlling Healthcare Associated Infections
- Standard 4 – Medication Safety
- Standard 5 – Patient Identification and Procedure Matching
- Standard 6 – Clinical Handover
- Standard 7 – Blood and Blood Products
- Standard 8 – Preventing and Managing Pressure Injuries
- Standard 9 – Recognising and Responding to Clinical Deterioration in Acute Health Care
- Standard 10 – Preventing Falls and Harm from Falls.

A small number of NSW public hospitals have already achieved accreditation under the new national accreditation scheme.

HEALTH IN FOCUS

Accreditation in NSW

The Clinical Excellence Commission (CEC) is supporting NSW public health services to prepare for accreditation by providing information about the accreditation system and the National Safety and Quality Health Service (NSQHS) Standards.

CEC resources and tools to support health services prepare for their accreditation assessment include: a website that brings together state and national documents linked to the NSQHS Standards actions and expert support for specific NSQHS Standards, such as Patient Safety, Partnering with Patients, Health Care Associated Infection, Medication Safety, Medication Reconciliation, Between the Flags, Pressure Injury Prevention, Bloodwatch and Falls Prevention.

Key health executives and staff have attended a special seminar on accreditation and the CEC is facilitating a regular Accreditation Network for NSW Health.

WORKFORCE

WORKPLACE CULTURE

The NSW Health Workplace Culture Framework outlines the characteristics of a better and more compassionate workplace culture. The Framework is supported by a Code of Conduct and together they underpin the development of a workplace that embodies the NSW Health CORE values of Collaboration, Openness, Respect and Empowerment.

In March 2013, NSW Health undertook the second organisation-wide Health Workplace Culture Survey, *YourSay*, as an indicator of workplace culture and engagement. The results enable public health organisations to evaluate the progress made by their culture change programs. Four million dollars was allocated in 2012-13 to support NSW public health organisations to continue their culture change initiatives. The results of the 2013 *YourSay* survey will assist in refining local action plans to address issues of concern regarding workplace culture.

The statewide Anti-Bullying Advisory Network continues to meet as necessary, providing input into the ongoing development of strategies and policies for improving the management of bullying complaints and ensuring advice from the Anti-Bullying Advice Line is consistent with NSW Health policy.

All public health organisations are required to report de-identified data to the Ministry on individual complaints known to Human Resources Departments, which are assessed initially as a potential bullying complaint. The total bullying complaints received for the period 1 July 2012 to 30 June 2013 was 159. This represents 0.15 per cent of the total full time equivalent (FTE) staff in the health system (based on June 2013 FTE).

NSW HEALTH PROFESSIONALS WORKFORCE PLAN 2012-22

The NSW Health Professionals Workforce Plan 2012-22 (HPWP) was released in September 2012. The Plan was developed by a Ministerial Taskforce, chaired by Dr Anne-Marie Feyer of The George Institute for Global Health. Members represented medical, nursing and allied health professions from both metropolitan and rural health services, and they consulted extensively with health professionals, education and training providers, professional associations and health care providers.

The context for change is:

- the increase in chronic disease requiring greater emphasis on primary and preventive health care.
- expectations that health spending will nearly double between 2010 and 2050
- recognising that complex patients require generalist models of care
- that increased resources are required to provide services to an ageing population.

In the 2012-13 reporting year, eleven new specialist training positions were funded in General Surgery (2), Palliative Care (2), Medical Oncology (2), Rehabilitation Medicine (2), General Medicine and Neurology (1), Endocrinology (1) and Medical Administration(1).

The NSW Rural Generalist Program is a supported pathway to a career as a General Practitioner providing primary care in a rural community and advanced procedural services at the local rural health service. The Program commenced in 2013 with 15 positions in rural LHDs.

The Ministry also funded 30 additional pre-registration radiography and nuclear medicine positions in LHDs.

HEALTH WORKFORCE

Key Policies released in 2012-13

Key human resource and industrial relations policies released during the year include:

- *Work Health and Safety – Better Practice Procedures (PD2013_005)*
  This Policy supports the implementation across NSW Health of an effective Work Health and Safety (WHS) management system that is consistent with NSW WHS legislation. It provides information to clarify the duties and responsibilities of officers and manager/supervisors in contributing to a safe and healthy work environment.
- *Injury Management and Return to Work (PD2013_006)*
  This Policy assists managers and supervisors in NSW Health to fulfil their legal obligations for the management of an employee's work-related injury or illness and return to work.
- *Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies (June 2013)*
  This Policy outlines the key aspects of personal and property security and provides standards to assist NSW Health organisations to maintain an effective security risk management program.
- *Physical Assaults Involving Staff: collection of data (PD2012_043)*
  This Policy outlines the mandatory standards to be implemented across NSW Health to ensure the collection of consistent data on physical assaults involving staff.
- *Visiting Medical Officers – Remuneration Rates (PD2012_063)*
  This Policy prescribes the remuneration rates for Visiting Medical Officers (VMO) engaged under the *Health Services Act 1997* effective 1 November 2012.

- *Staff Specialist Rights of Private Practice Arrangements – Medical Indemnity (PD2012_058)*
  This Policy provides clarification about the availability of Treasury Managed Fund (TMF) indemnity to staff specialists, relating to the differing levels of rights of private practice arrangements that have been elected.

- *Uniforms Policy (PD2012_057)*
  This Policy advises staff employed by NSW Health of provisions that apply to uniforms.

- *Staff Specialists Training, Education and Study Leave (TESL) – New Funding Entitlements 2012-2013 (PD2012_048)*
  This Policy sets out the funding entitlement for staff specialists' Training, Education and Study Leave for 2012-13.

- *Remuneration Rates for non-specialist medical staff – short term/casual (locum) (PD2012_046)*
  This Policy provides for the continuation of the special short term remuneration rates and related conditions applicable to non-specialist medical practitioners who are engaged as employees on a short term or casual ('locum') basis, and the conditions which are to apply where such rates are paid.

- *Staff Specialist Emergency Physicians – Remuneration Arrangements for the period to June 2014 (PD2012_045)*
  This Policy sets out the remuneration arrangements that are to apply to staff specialist emergency physicians and are in addition to the terms and conditions of employment of staff specialists generally, which are set out in the Staff Specialists (State) Award and the Staff Specialists Determination.

- *VMOs in Rural Doctors Settlement Package Hospitals Indexation of Fees from 1 August 2012 (PD2012_040)*
  This Policy sets out the schedule of Rural Doctors' Settlement Package (RDSP) fees effective from 1 August 2012.

- *Visiting Dental Officers – Remuneration and Contract Requirements (PD2013_013)*
  This Policy advises of new Visiting Dental Officer hourly rates and superannuation contributions from 1 September 2012, 1 September 2013 and 1 September 2014, and to prescribe new Visiting Dental Officer contract requirements.

- *Chaplains Subsidy (PD2013_012)*
  This Policy advises that the civil chaplain's subsidy has been increased effective 1 January 2013.

- *Engagement of Therapists on a Sessional Basis (PD2013_008)*
  This Policy provides updated and revised direction and guidance about arrangements for engagement of therapists on a sessional basis as contractors or practice companies, and provides two models for service agreements/contracts for individual contractors and practice companies.

Award changes and industrial relations claims

All industrial negotiations in 2012-13 were conducted under the provisions of the *NSW Public Sector Wages Policy 2011*. The outcomes of these negotiations were increases of 2.5 per cent per annum for salaries and salary-related allowances awarded to NSW Health Service employees.

In October 2012, the Industrial Relations Commission (IRC) handed down its decision on the Health Services Union NSW (HSU) claim for a six per cent per annum pay increase over four years from July 2011. The IRC held against the HSU claim by deciding that the employee-related cost savings able to be used to fund wage increases in excess of the 2.5 per cent permitted under the *Industrial Relations (Public Sector Conditions of Employment) Regulation 2011* cannot be savings achieved prior to that Regulation coming into effect on 20 June 2011, but can only be savings achieved after that date. The decision effectively rendered the HSU's claim a nullity, as all the claimed savings arose from initiatives taken prior to June 2011. In further proceedings before the IRC in November 2012, the HSU formally discontinued its claim.

In September 2012 the HSU lodged a claim in the IRC concerning the applicability of the 'remote recall' provision of the Medical Officers' Award for duties undertaken by medical officers while they are on call. The HSU contended that telephone advice provided by a registrar is a clinical appraisal provided remotely and therefore attracts a minimum of one hour payment at overtime rates. Following arbitration in February and March 2013 the IRC made a declaration in the terms sought by the HSU. The Ministry appealed this decision, and the matter is ongoing.

In March 2013 the NSW Nurses and Midwives' Association (NSWNMA) lodged a declaration of right application with the IRC seeking an interpretation of the Nurses and Midwives' Award regarding multiple assignments. A multiple assignment arises when a staff member is appointed to more than one position. Subsequently, agreement was reached between the Ministry and the NSWNMA on a consent Award variation, made on and from 18 June 2013. The effect of this variation is that under the Award, multiple assignments in one LHD will be combined for determining entitlements under the Award for example additional days off, overtime and annual leave. Other provisions of the variation require disclosure and approval before employees can undertake new multiple assignments. Multiple assignments in different LHDs are regarded as separate for Award purposes, with minor exceptions in relation to some leave matters.

In 2012-13 there was an overall increase of 3,063 Full Time Equivalent (FTE) or 2.9 per cent in the total health workforce. This excludes overtime, Visiting Medical Officers and Affiliated Health Organisation staff.

June 2012 – June 2013

- Medical staff increased by 683 FTE or 7.1 per cent, excluding Visiting Medical Officers.
- Nursing and midwifery staff increased by 1297 FTE or 3.1 per cent.
- Staff represented in the clinical staff performance indicator (medical, nursing, allied health, other professionals, oral health professionals, scientific and technical and ambulance clinicians) increased by 2,523 FTE or 3.4 per cent.
- Hospital support workers increased by 504 FTE or 3.8 per cent.
- Corporate services staff comprise 4.7 per cent of total staff employed in NSW public health system and other NSW Health organisations.

Number of FTE staff employed in the NSW Public Health System

	June 2009	June 2010	June 2011	June 2012	June 2013
Medical	8,134	8,517	8,933	9,614	**10,297**
Nursing	39,137	39,347	40,300	42,195	**43,492**
Allied Health	7,932	8,084	8,672	9,019	**9,297**
Other Prof. and Para Professionals	3,227	3,042	3,054	3,097	**3,152**
Scientific and Technical Clinical Support Staff	5,618	5,618	5,738	5,820	**5,965**
Oral Health Practitioners and Therapists	1,133	1,106	1,083	1,170	**1,233**
Ambulance Clinicians	3,587	3,663	3,804	3,913	**3,916**
Sub-Total Clinical Staff	**68,769**	**69,377**	**71,584**	**74,829**	**77,353**
Corporate Services	3,792	3,678	3,793	3,960	**4,157**
IT Project Implementation Staff	70	143	181	247	**153**
Hospital Support Workers	12,211	12,411	12,645	13,129	**13,633**
Hotel Services	8,284	8,210	8,326	8,293	**8,266**
Maintenance and Trades	1,123	1,073	1,032	1,011	**974**
Other	368	357	364	410	**406**
Sub-Total Other Staff	**25,848**	**25,870**	**26,340**	**27,049**	**27,589**
Total	**94,617**	**95,247**	**97,924**	**101,879**	**104,942**

Source: Health Information Exchange and Health Service local data Notes: 1. FTE calculated as the average for the month of June, paid productive and paid unproductive hours. 2. Includes full-time equivalent (FTE) salaried staff employed with Local Health Districts, Sydney Children's Hospitals Network, Justice Health & Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, NSW Ambulance and Albury Base Hospital. All non-salaried Staff such as Visiting Medical Officer (VMO) and other contracted Staff are excluded. 3. Staff employed at Affiliated Health Organisations are not reported in the Ministry of Health's Annual Report. Albury Hospital transferred to the management of VicHealth for from July 2009, has been included in all years for reporting consistency 4. Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. 5. The capacity to report on backdated FTE information, previously excluded from the reporting system, commenced from June 2012 and has been included in the reported figures from June 2012. Backdated FTE adjustments represent an estimated 1% of total FTE.

NSW Public Health System proportion of clinical staff

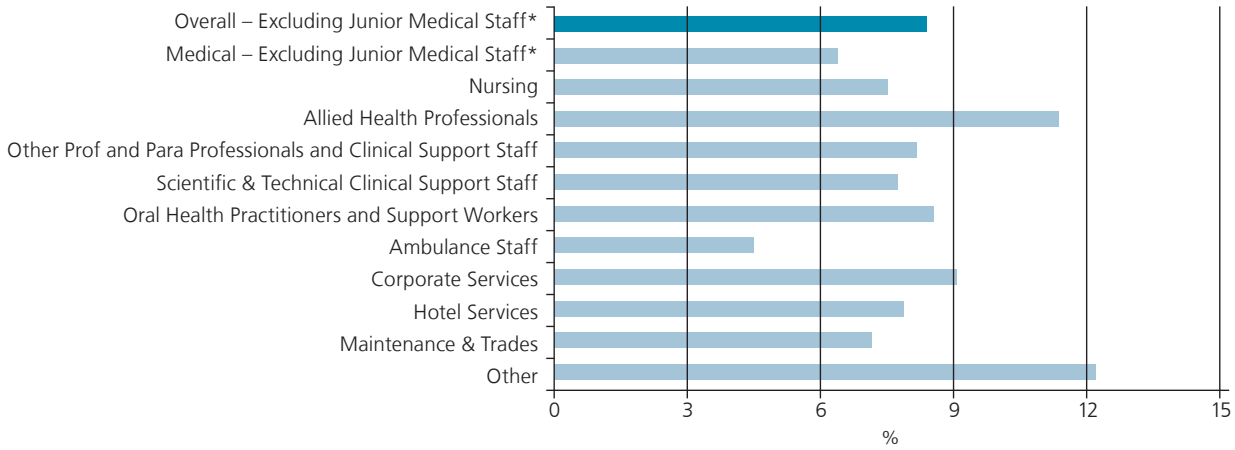
	June 2009	June 2010	June 2011	June 2012	June 2013
Medical, Nursing, Allied Health, Other Health Professionals, Scientific and Technical Officers, Oral Health Practitioners and Ambulance Clinicians as a proportion of all staff %	72.7%	72.8%	73.1%	73.4%	**73.7%**

Number of FTE staff employed in other NSW Health Organisations

NSW Health organisations supporting the Public Health System	June 2012	June 2013
NSW Health organisations supporting the Public Health System	712*	**916****
Health Professional Councils Authority	88	**75**
Mental Health Review Tribunal	34	**34**

* June 2012 includes Clinical Excellence Commission, Bureau of Health Information, Health Education & Training Institute, Agency for Clinical Innovation, Health Administration Corporation – Health Infrastructure and Ministry of Health ** June 2013 includes Clinical Excellence Commission, Bureau of Health Information, Health Education & Training Institute, Agency for Clinical Innovation, NSW Kids and Families, Health Administration Corporation – Health Infrastructure and Health System Support and Ministry of Health. Source: Health Information Exchange and Health Service local data

Non-casual staff turnover rate by treasury group June 2013



Source: MOH-Health Information Exchange – Premier's Workforce Profile Data Collection. Note: JMOs of their first two years are on a term contract. Excludes Affiliated Health Organisations. Health System Average inclusive of all Health Services, Ministry of Health, Health Pillars, HealthShare NSW, Justice Health & Forensic Mental Health Network, NSW Health Pathology, and NSW Ambulance.

Staff turnover non-casual staff separation rate

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability.

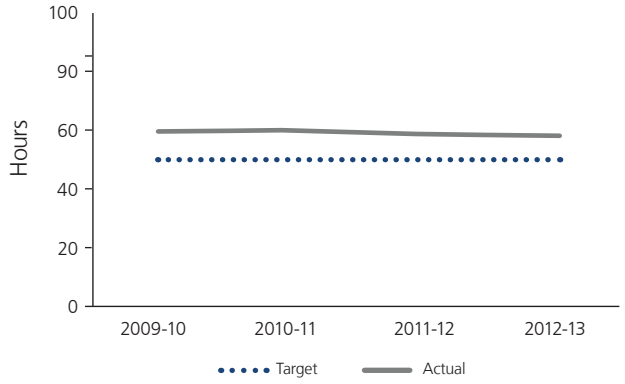
Human resources represent the largest single cost component for health services. Factors influencing staff turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational structure. Monitoring turnover rates over time will enable the identification of areas of concern and development of strategies to reduce turnover.

Sick leave annual average per FTE (hours)

The desired outcome is to reduce the amount of paid sick leave taken by staff.

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

Sick leave – annual average per FTE (hours)



Source: MOH-Health Information Exchange. Note: Excludes Affiliated Health Organisations. Average inclusive of all Health Districts, Ministry of Health, Health Pillars, HealthShare NSW, Justice Health & Forensic Mental Health Network, NSW Health Pathology, and NSW Ambulance.

Medical workforce

NSW Health undertook a number of strategies in 2012-13 to increase and enhance the medical workforce including the following events and initiatives:

National Medical Intern Summit

The NSW Minister for Health and Medical Research convened the National Medical Intern Summit on 22 February 2013 in Sydney. Over 100 participants from the health and education sectors attended and there was goodwill, enthusiasm and collaboration demonstrated by all. The focus was to look at developing long term solutions to manage the intern recruitment process. The Summit demonstrated a commitment by all stakeholders to ensure that the future health workforce meets the future needs of the community.

Intern training

NSW LHDs established a record 927 intern training positions for 2013.

Rural preferential recruitment

The Rural Preferential Recruitment (RPR) Scheme allows doctors to spend the majority of their first two years training in a rural location. Eighty-nine interns commenced their prevocational training under the RPR Scheme in 2013.

Senior hospitalist initiative Master of Clinical Medicine

This new training program, particularly targeted towards non-specialist doctors, enrolled its second year of new students in 2012-13. This program equips doctors with advanced clinical leadership and care co-ordination skills to improve the quality and efficiency of patient care in our facilities. NSW Health provides up to 15 scholarships annually for candidates in this program.

Annual Junior Medical Officer recruitment

The annual junior medical officer recruitment campaign was successfully conducted, recruiting over 3000 junior medical officers who commenced in the clinical year. The campaign involved 50,334 applications within 39 specialties, including Endocrinology, Haematology, Medical Oncology, Nephrology and Paediatrics.

Aboriginal workforce

A priority for NSW Health is the *Aboriginal Environmental Health Officer Training Program*. This is a six year program supporting Aboriginal people to complete an Environmental Health degree by distance-learning and full-time employment as a Trainee Environmental Health Officer with NSW Health or in local government. Ten Aboriginal Trainee Environmental Health Officers participated in the Program in 2012-13, including two newly established trainee positions. One trainee graduated bringing the total number of program graduates to 12. Since the program began in the late 1990s Aboriginality in the NSW Health Environmental Health workforce has gradually increased to 17 per cent.

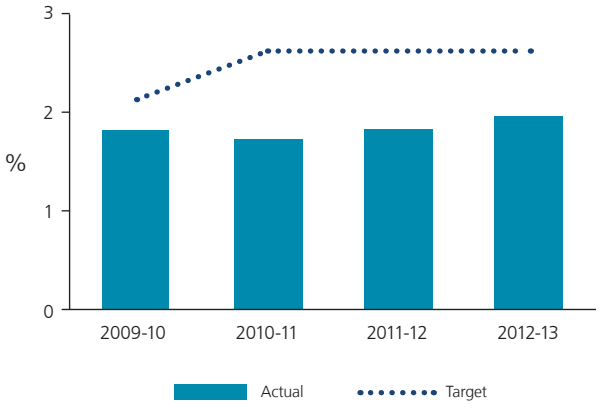
Aboriginal staff as a proportion of total

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

To achieve this, NSW Health has identified the significance of achieving current and future benchmarks in the recruitment and retention of Aboriginal staff and is working to further develop programs and initiatives to enhance the Aboriginal workforce outcomes over time.

The desired outcome is to meet and exceed the government's policy of 2.6 per cent representation of Aboriginal staff in the NSW Health workforce by 2015.

Aboriginal staff as a proportion of total (per cent) against target.



Source: Public Service Commission EEO Report Note: NSW Public Health System Excludes Affiliated Health Organisations FY 2010/11 updated to reflect Public Sector Commission EEO Report.

Interpretation

There has been a slight increase in the proportion of the NSW Aboriginal health workforce, from 1.8 per cent to 1.9 per cent of the total NSW Health workforce for 2012-13 using the Public Service Commission estimated Equal Employment Opportunity (EEO) data reports.

Nursing and midwifery workforce

There are now over 47,500 nurses and midwives (by head count) working in NSW Health. In 2013, over 2000 graduate nurses and midwives were employed in the public health system in NSW. In addition, 175 postgraduate student midwife places were offered, continuing to boost the midwifery workforce.

In 2013 ten scholarships were provided to rural registered nurses to enable them to undertake the Graduate Diploma of Midwifery. This initiative supports the ongoing sustainability of rural maternity units, allowing these nurses to remain in their local communities while undergoing their studies, and with a guaranteed permanent position upon completion.

Enrolled nurses are a critical and valued part of the nursing workforce and this year the NSW Government awarded 300 Diploma of Enrolled Nursing scholarships. The NSW Aboriginal Nursing and Midwifery Strategy continues in its commitment to increasing the Aboriginal Nursing and Midwifery workforce across NSW. Through this commitment the Cadetship program has expanded to support 47 Aboriginal cadets with 20 cadets due to graduate in 2013.

NSW Health continues to fund a range of other initiatives to both grow the nursing and midwifery workforce and assist nurses and midwives to increase their skills and knowledge.

The Essentials of Care Program (EOC) is aligned to the CORE values by using the strategies of collaboration, inclusiveness, participation and person-centred care. These strategies identify and provide evidence-based care which is fundamental to patients' health and wellbeing. EOC is now a feature of almost 600 wards, units and services across the state.

In relation to professional development for nurses and midwives 375 were awarded postgraduate scholarships in 2013. There are 211 Nurse Practitioner positions across NSW in aged care, palliative care, mental health, chronic and complex care and emergency departments.

ClinConnect

ClinConnect is a web-based application built to assist LHDs/Networks and education providers to manage clinical placement demand and capacity for nursing and midwifery, dental and oral health, allied health and medical students. It is a single portal for organising and managing clinical placements across NSW Health facilities, enhances clinical placement efficiency and visibility and assists with meeting national reporting obligations for Health Workforce Australia (HWA). ClinConnect is used for all university and vocational education and training programs in the target professions that require placements in NSW Health facilities since 1 January 2013.

The NSW Health Education and Training Institute is the administrator for ClinConnect.

Allied health workforce in NSW

There were 9297 FTE allied health professionals working in full, part-time and casual positions across NSW Health.

In 2012-13, NSW Health undertook a number of initiatives to recruit and enhance the skills of the allied health workforce:

- Expanded the number of pre-registration radiography and nuclear medicine positions, with the NSW Government committed funding of $900,000 for 2012-13 and $1.8 million per annum on a recurrent basis. Six positions have been funded in rural LHDs to date.
- Development of a robust, rigorous and consistent approach to clinical governance of Allied Health Assistants through a framework that builds on outcomes achieved over the last five years in training and employment of Allied Health Assistants. This included an online training module developed in conjunction with the Health Education and Training Institute (HETI) targeted at therapists and providing a practical guide to the eight components described in the framework.

REGISTERED HEALTH PROFESSIONALS IN NSW

PROFESSION	NO. OF REGISTRANTS AS AT 30 JUNE 2013[1]
Aboriginal & Torres Strait Islander Health Practitioner[2]	21
Chinese Medicine Practitioner[2]	1,649
Chiropractor	1564
Dental Practitioner	6204
Medical Practitioner	30,333
Medical Radiation Practitioner[2]	4,575
Registered Nurse	83,741
Registered Nurse and Midwife[3]	10,713
Registered Midwife	447
Occupational Therapist[2]	4,264
Optometrist	1,589
Osteopath	515
Pharmacist	8,460
Physiotherapist	7191
Podiatrist	1001
Psychologist	10,289

Source: Australian Health Practitioner Regulation Agency, June 2013.
Notes: 1. Data is based on registered practitioners as at 30 June 2013 whose principal place of practice is in New South Wales. 2. Regulation of four new professions, Aboriginal & Torres Strait Islander, Chinese Medicine, Medical Radiation and Occupational Therapy practitioners, commenced on 1 July 2012. 3. Although the number of separately registered nurses and midwives has increased during this period, the number of registrants holding dual registration as a nurse and midwife have decreased since 2011-12. AHPRA's registration requirements have made it more difficult for those holding dual qualifications to renew one or both professions.

OVERSEAS VISITS BY NSW MINISTRY OF HEALTH STAFF

The schedule of overseas visits is for Ministry staff and other staff travelling on Ministry-related activities. The reported instances of travel are those sourced from general operating funds or from sponsorship arrangements, both of which require Ministry approval.

Zoran Bolevich – Director, Health System Information and Performance Reporting, System Purchasing and Performance. *Executive Development Program Learning Set meeting*. Wellington, New Zealand.

Mary Foley – Director General

- *World Executive Forum – Healthcare Systems,* Canada
- Accompanied the Minister for Health and Minister for Medical Research on a *Study trip of Health Care Services and Facilities,* UK, Hong Kong and Singapore
- NSW Government nominee for participation in the *Australian and New Zealand School of Government – China Reciprocal Leadership Program*, China

Marianne Goodwin – Associate Director, Nursing and Midwifery, Governance, Workforce and Corporate. *Overseas Nursing and Midwifery Recruitment Campaign*. United Kingdom.

Linda Macpherson – Medical Advisor, Workplace Planning and Development, Governance, Workforce and Corporate. *BMJ Careers Fair.* United Kingdom.

David McGrath – Director, Mental Health and Alcohol Programs, System Purchasing and Performance. *The 56th Session of the United Nations Commission on Narcotic Drugs.* Vienna, Austria.

Anne O'Neill – Associate Director, Office of Health and Medical Research. Israeli Life Science and Technology Week. *2nd International Medical Devices and HIT Conference.* Tel Aviv, Israel.

WORKPLACE HEALTH AND SAFETY

In accordance with the *Work Health Safety Act (NSW) 2011* and the *Work Health and Safety Regulation (NSW) 2011*, which was implemented on 1 January 2011, the NSW Ministry of Health maintains its commitment to the health, safety and welfare of workers and visitors to its workplaces.

Highlights

The following ongoing Work Health Safety (WHS) initiatives continued during 2012-13:

- quarterly WHS Committee meetings to consult on and review strategies for managing and improving workplace health and safety on behalf of employees and managers
- as part of the Healthy Lifestyle program, the Ministry's *Get Healthy* information and coaching service was made available to employees aiming to improve health and achievement of health-related goals
- WHS awareness strategies included bi-monthly induction presentations, WHS workplace assessments, the Safe Work Week promotion, Seasonal Influenza vaccination program, Australian Red Cross Blood donations and Workstation Clean-Up Days
- Ministry supported and promoted campaigns by the WorkCover Authority of NSW (Hazard A Guess, young workers' injury prevention, and Homecomings, emphasizing the importance of workplace safety for workers, family and other members)
- recertification in Apply First Aid and Automated External Defibrillation
- decrease of 24 reportable injury/illness incidents from last year
- the Ministry continued to conduct building emergency evacuation tests and emergency training sessions for fire wardens.

Strategies to improve work health and safety include

- the development and implementation of WHS: Better Practice Procedures, and Injury Managment (IM) & Return to Work (RTW) policy frameworks
- ongoing commitment to the Ministry's WHS Mission Statement
- ongoing promotion of *Healthy Lifestyle* campaign to staff and managers on general health and well-being strategies.

Workers compensation

In accordance with the *Workers Compensation Act 1987* and Workplace Injury Management and *Workers Compensation Act 1998* including the changes to the Act which were implemented by the NSW Government on 1 October 2012, the Ministry provided access to workers compensation, medical assistance and rehabilitation for employees who sustained a work-related injury.

During 2012-13, 13 new workers compensation claims were lodged with the NSW Ministry of Health of which 10 were accepted (15 new claims were accepted in 2011-12).

Eight of the accepted workers compensation claims were for body stress related injuries. The remaining claims related to slips, trips and falls related injuries. A direct link to the reduction in claims during this year was due to the abolition of Journey claims from the *Workers Compensation Act*.

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

- a focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work-related injuries
- frequent claims reviews between the Ministry and the TMF Claims Managers to monitor claim activity, return to work strategies, industry performance and compensation costs
- ongoing commitment to promoting risk management and injury prevention strategies including conducting workplace assessments, ergonomic information available on the intranet, investigating and resolving identified hazards in a timely manner.

NSW Ministry of Health – Workers compensation claims by category 2012-13

INJURY/ILLNESS	TOTAL
Body stress	8
Fall/slip	2
Psychological	2
Objects-hit	0
Vehicle	0
Other	1
Total	**13**

NSW Ministry of Health – Number of new claims each year from 2001-02 to 2012-13 financial years

YEAR	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Claims	33	31	26	25	23	19	9	21	15	19	17	13

NSW Ministry of Health – Workplace injuries by category 2012-13

INJURY/ILLNESS	TOTAL
Body Stress	11
Fall/slip/trip	18
Psychological	2
Objects – hit	6
Vehicle	1
Other	28
Hazards	1
Total	**67**

EQUAL EMPLOYMENT OPPORTUNITY: NSW MINISTRY OF HEALTH

The NSW Ministry of Health has a strong commitment to EEO and recruits and employs staff on the basis of merit.

EEO activities for 2012-13 included:

- The Ministry of Health commemorated National Aborigines and Islanders Day Observance (NAIDOC) week 2013 in the period 7-14 July with the theme *We value the vision: Yirrkala Bark Petitions 1963*. NAIDOC celebrations increase awareness of issues affecting Aboriginal and Torres Strait Islander people and highlight the progress achieved by NSW Health to improve the health outcomes of Aboriginal people in NSW.
- National Sorry Day is an Australia-wide observance held on May 26 each year. It gives people the chance to come together and share the steps towards healing for the Stolen Generations, their families and communities. Sorry Day was commemorated by the Ministry on Friday 24 May in 2013
- The Ministry's Disability Action Plan demonstrates how it contributes to a society in which people with disability participate as full citizens with optimum quality of life and independence
- The NSW Aboriginal Health Plan 2013-23 is an election commitment of the NSW Government. This 10 year plan was developed in partnership with the Aboriginal Health and Medical Research Council of NSW. The Plan sets the framework using six key strategic directions to close the gap in Aboriginal health outcomes, by spreading responsibility for achieving health equity for Aboriginal people in NSW across all NSW Health operations.
- NSW Health Aboriginal Workforce Strategic Framework 2011-15 was released as a policy directive in July 2011. The framework focuses on addressing health workforce skill gaps as well as supporting the economic and social wellbeing of Aboriginal people. The key priorities of the Framework are to:
  - increase the representation of Aboriginal employees to 2.6 per cent across NSW Health
  - increase the representation of Aboriginal people working in all health professions
  - develop partnerships between the health and education sectors to deliver real change for Aboriginal people wanting to enter the health workforce and improve career pathways for existing Aboriginal staff
  - provide leadership and planning in Aboriginal workforce development
  - provide employment to Aboriginal university graduates in health professions
  - build a NSW health workforce which closes the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health services.

EQUAL EMPLOYMENT OPPORTUNITY MANAGEMENT PLAN 2013-14

The following initiative is proposed for the 2013-14 EEO Management Plan

- to improve and increase employment opportunities for people with a disability in accordance with the state government EmployABILITY strategy and the *Ready Willing and Able program.*

A. NSW Ministry of Health – Trends in the representation of EEO groups

		% OF TOTAL STAFF			
EEO Group	Benchmark or target	2010	2011	2012	2013
Women	50%	64%	61%	61%	64%
Aboriginal people and Torres Strait Islanders	2%	1.17%	1.00%	1.17%	1.24%
People whose first language was not English	20%	18.5%	10.32%	13.21%	11.14%
People with a disability	12%	2.75%	2.61%	2.46%	1.38%

B. NSW Ministry of Health – Trends in the distribution of EEO groups

		DISTRIBUTION INDEX			
EEO Group	Benchmark or target	2010	2011	2012	2013
Women	100	95%	93%	94%	97%
Aboriginal people and Torres Strait Islanders	100	94%	100%	94%	100%
People whose first language was not English	100	86%	92%	98%	86%
People with a disability	100	93%	97%	100%	91%

Note: Staff numbers are as at 30 June and exclude casual staff. A distribution index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the EEO group is less concentrated at lower salary levels.

FUNDING AND EXPENDITURE

CAPITAL WORKS AND ASSET MANAGEMENT

Strategic asset management

Significant achievements 2012-13

Under the Asset and Facilities Management Performance Improvement Program, NSW Health has entered into a contract with IBM for the statewide implementation of the TRIRIGA Integrated Workplace Management system. TRIRIGA will help improve NSW Health assets and facilities management to ensure that assets support patient care effectively and efficiently.

Major priorities for 2013-14

Statewide TRIRIGA system implementation will continue in 2013-14 with technology establishment followed by database information population, user training and project acceptance testing.

Capital Works Program

The Capital Works Program expenditure for NSW Health in 2012-13 was $1.76 billion, comprising $620 million once-off accounting recognition of the Royal North Shore Public Private Partnership (PPP) and $1,137 million for works in progress and completed works. The Program is jointly managed by the Local Health Districts (LHDs) and other Health organisations for projects valued at less than $10 million and by NSW Health Infrastructure for those projects usually valued at $10 million or more.

The total Capital Works Program over four years from 2012-13 to 2015-16 was endorsed at $4.7 billion. Approximately $1.5 billion of this funding is for allocations to projects managed by the LHDs and other NSW Health organisations with the remaining $3.2 billion allocated to projects managed by Health Infrastructure.

Local Health Districts, Networks and NSW Ambulance achieved capital expenditure of $510 million during 2012-13. During the same year Health Infrastructure completed works to a total value of $699 million representing a capital spend of $627 million for the year. (*Further information on Health Infrastructure projects can be found at page 144*).

Capital works completed in 2012-13

The following table includes major capital works managed by LHDs, Health Infrastructure, Networks and NSW Ambulance that were completed during 2012-13.

PROJECT	TOTAL COST $M	COMPLETION DATE
NSW Ambulance		
Electronic Health Record - Ambulance	13.91	Jul 2012
Murwillumbah Ambulance Station	2.06	May 2013
Ambulance Digital Regions Initiative	1.79	Jun 2013
Ambulance Electronic Health Record	0.5	Jun 2013
Auburn Ambulance Station Co-location	0.37	Jun 2013
Central Coast LHD		
Central Coast Regional Cancer Centre	35	Nov 2012
Long Jetty Transitional Care Unit & Wyong Sub-acute Beds	1.91	Jul 2012
Simulated Learning Environments Program Equipment	0.76	Jun 2013
Far West LHD		
Broken Hill Mental Health Unit	6	Nov 2012
Broken Hill Rehabilitation Unit	7	Mar 2012
Ivanhoe Emergency Services	0.59	Aug 2012
Hunter New England LHD		
Narrabri Hospital Redevelopment	37	July 2012
Maitland Hospital Car Parking	0.86	Nov 2012
John Hunter Hospital Paediatric Outpatient Renovations	0.9	Mar 2013
Digital Regions Initiative	5.86	Jun 2013
Illawarra Shoalhaven LHD		
Simulated Learning Environments Program Equipment	0.86	May 2013
Port Kembla Hospital Power Upgrade	0.45	Jun 2013
Mid North Coast LHD		
Emergency Department Telehealth	1.11	Jul 2012
Dorrigo Multipurpose Service Expansion	0.34	Oct 2012
Emergency Department High Volume Short Stay - Equipment	0.3	Oct 2012
Rural Surgery Equipment	0.36	Oct 2012
Simulated Learning Environments Program Equipment	0.5	May 2013
Murrumbidgee LHD		
Gundagai Multipurpose Service	13	Sep 2012
Griffith Hospital Central Monitoring	0.5	Sep 2012
Griffith Hospital Maternity Upgrade	0.5	Sep 2012
Nepean Blue Mountains LHD		
Nepean Hospital Redevelopment Stage 3	95	Oct 2012
Nepean Hospital Fluoroscopy Unit Room	0.62	Sep 2012
Emergency Department High Volume Short Stay Surgical Robotic System Centre	3.99	Oct 2012
Simulated Learning Environments Program Equipment	0.46	Nov 2012
Northern Sydney LHD		
Mona Vale Hospital - Maternity Refurbishment	3.06	Jul 2012
Mona Vale Hospital Asbestos Removal in Service Tunnel	0.36	Jul 2012
Royal North Shore Public Private Partnership	620	Oct 2012
Royal North Shore Hospital Linear Accelerator Replacement	4.52	Oct 2012
Emergency Department National Emergency Access Target	0.25	Jun 2013

PROJECT	TOTAL COST $M	COMPLETION DATE
Northern NSW LHD		
North Coast Cancer Institute	20	Nov 2012
Grafton Hospital Redevelopment Stage 2	10	Dec 2012
Flexible Capital - Lismore Base Hospital New MRI Scanner	3.29	Oct 2012
Pottsville HealthOne	3.7	Feb 2013
Rural Surgical Equipment	0.36	Jun 2013
Corporate Systems Stage 2 Rostering	0.25	Jun 2013
Southern NSW LHD		
Medical Imaging Implementation	0.77	Jul 2012
Flexible Capital - Goulburn Hospital	0.8	Dec 2012
Braidwood Multipurpose Service	0.5	Jan 2013
Chisolm Ross Centre, Goulburn	4.85	Feb 2013
Elective Surgery - Goulburn Hospital Theatres	3.5	Feb 2013
South Eastern Sydney LHD		
Prince of Wales Mental Health Intensive Care Unit	13	Dec 2012
Randwick Hospitals' Campus Hospital PET-CT Scanner	5.9	Jan 2013
Prince of Wales Hospital - Adult Eye Clinic Upgrade	1.47	Feb 2013
St George Hospital Sustainable Government Investment Program (SGIP) Loan	0.97	May 2013
South Western Sydney LHD		
Liverpool Hospital Redevelopment	397	Dec 2012
Liverpool Hospital Carpark Expansion	29	Dec 2012
Critical Information Communication Technology Infrastructure Upgrade 2	0.5	Feb 2013
Fairfield Hospital New X-ray Machine & Electric Beds	0.57	Jun 2013
Sydney LHD		
Royal Prince Alfred Hospital Hybrid Laboratory	3.24	Aug 2012
Concord Hospital - Thomas Walker Estate Stonework Repairs	1.2	Dec 2012
Dame Eadith Walker House Refurbishment For HIV/Dementia	3.94	Apr 2013
Concord Hospital Foreshore Walk	0.5	Jun 2013
Sydney Children's Hospital Network		
Sydney Children's Hospital Child and Adolescent Mental Health Services (CAMHS)	28	Mar 2013
Children's Hospital Westmead Visitor Car Park Extension	3	Oct 2012
Children's Hospital Westmead Clinical Trials Data Management System	0.25	Jun 2013
Children's Hospital Westmead Kids Research Institute Transgenic Facility Upgrade	0.54	Jun 2013
Western NSW LHD		
Dubbo Mental Health Unit	9	Feb 2013
Central West Oncology Service – Linear Accelerator	3.66	Oct 2012
Western Sydney LHD		
Institute of Clinical Pathology and Medical Research Laboratory Refurbishment - Westmead Hospital	0.8	Oct 2012
Westmead Millennium Institute - Capital Grant	50	Jun 2013
Blacktown Hospital - Render Rectification	1	Jun 2013
Westmead Hospital PET CT Scanner	2.53	Jul 2012
Westmead Hospital Emergency Dept. 'Front of House'	4.86	Mar 2013

CREDIT CARD CERTIFICATION

It is affirmed that for the 2012-13 financial year credit card use within the Ministry was in accordance with Premier's Memoranda and Treasurer's Directions.

Credit card use

Credit card use within the Ministry 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:

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

Procurement cards

The Ministry has also encouraged the use of procurement cards across 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 Board.

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

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

INTERNAL AUDIT AND RISK MANAGEMENT ATTESTATION

for the 2012-13 Financial Year for the Ministry of Health, NSW

I, Dr Mary Foley, am of the opinion that the Ministry of Health, NSW has internal audit and risk management processes in place that are, in all material respects, compliant with the core requirements set out in Treasury Circular NSW TC 09/08 Internal Audit and Risk Management Policy.

These processes provide a level of assurance that enables senior management of the Ministry of Health, NSW to understand, manage and satisfactorily control risk exposures.

I, Dr Mary Foley am of the opinion that the Audit and Risk Committee for the Ministry of Health, NSW is constituted and operates in accordance with the independence and governance requirements of Treasury Circular NSW TC 09/08. The Chair and Members of the Audit and Risk Committee are:

- Mr Alex Smith, Independent Chair (appointed March 2012 to March 2015)
- Mr Ian Gillespie, Independent Member (appointed March 2012 to March 2015)
- Karen Crawshaw, Non-independent Member (appointed June 2013 to June 2016).

I, Dr Mary Foley, declare that this Internal Audit and Risk Management Attestation is made in respect of the consolidated accounts of the following controlled entities:

- Central Coast LHD
- Far West LHD
- Hunter New England LHD
- Illawarra Shoalhaven LHD
- Mid North Coast LHD
- Murrumbidgee LHD
- Nepean Blue Mountains LHD
- Northern NSW LHD
- Northern Sydney LHD
- South Eastern Sydney LHD
- Southern LHD
- South Western Sydney LHD
- Sydney LHD
- Western NSW LHD
- Western Sydney LHD
- Agency for Clinical Innovation
- NSW Ambulance
- Bureau of Health Information
- Cancer Institute NSW*
- Clinical Excellence Commission
- Health Education and Training Institute
- Health Infrastructure
- HealthShare (formerly Health Support Services)
- Justice Health & Forensic Mental Health Network
- NSW Health Pathology**
- NSW Kids and Families**
- The Sydney Children's Hospitals Network

*Transferred to NSW Health 1 April 2013.
**New entities established during 2013-14.

Dr Mary Foley
Director General, NSW Health

2 September 2013

Contact Officer:
Ross Tyler, Manager Internal Audit
Ministry of Health, NSW
Tel. 9391 9640

IMPLEMENTATION OF PRICE DETERMINATION

From 2012-13 the costs for Ambulance charges were applied consistent with the determination of the Independent Pricing and Regulatory Tribunal. Rates were advised in NSW Health Policy Directive PD2012_032. Current charges are outlined in NSW Health Policy Directive PD2013_020 Ambulance Service Charges.

LAND DISPOSAL

A total of eight properties were sold during 2012-13 realising gross proceeds totalling $16.8 million and a further five properties were under contract for sale at 30 June 2013 totalling $35.8 million (gross) resulting in total gross sales proceeds in the order of $52.7 million. All sales were undertaken in accordance with government policy.

Summary of sales 2012-13

PROPERTY	STATUS AT 30 JUNE 2013	GROSS SALE VALUE
Camperdown – Queen Mary Building, Royal Prince Alfred Hospital 50 Missenden Road	Contract Exchanged	$27,600,000
Kanwal – Old Kamira Farm 539 Pacific Highway	Contracts Exchanged (October 2011)	$1,272,000
Mosman – 7 Ellamatta Ave	Contract Exchanged	$2,400,000
New Lambton – Lookout Road (Part John Hunter Hospital)	Contract Exchanged	$2,550,000
Orange – 300 Anson Street	Contract Exchanged	$2,000,000
		$35,822,000
Byron Bay – 54 Jonson Street	Contract Settled	$2,050,000
Chatswood – Part 46 Hercules Street	Contract Settled	$10,165,000
Dubbo – 165 Brisbane street	Contract Settled	$563,000
Kingscliff – 4 Eddie Avenue	Contract Settled	$453,000
Orange – 75 & 75A Dalton Street	Contract Settled	$500,000
Surry Hills – 493-495 South Dowling Street	Contract Settled	$2,255,000
The Junction – 36 Kendrick Street	Contract Settled	$865,000
		$16,851,000
Total Gross Value		**$52,673,000**

NON-GOVERNMENT ORGANISATION FUNDING

NSW Health has a long history of working with non-government organisations (NGOs) to deliver health services across NSW. Under the NSW NGO Program, NSW Health provided grants to over 300 organisations for services targeting Aboriginal health, drug and alcohol, mental health, AIDS, oral health, women's health, chronic illness support and other areas during 2012-13.

Grants Management Improvement Program

The Grants Management Improvement Program (GMIP) was initiated to look at ways to improve the administration of funding, including grants, to the NGO sector. The GMIP ensures that quality and cost effective health services are purchased and there is transparency in funding, appropriate levels of contestability in resource allocation decisions. The funding process is streamlined and consistent, while retaining a level of flexibility to support innovation.

Achievements in 2012-13 include:

- The GMIP taskforce was established in August 2012 undertaking significant consultations including three community forums, 60 individual consultation meetings and 154 responses to a survey of NGOs.
- The taskforce submitted the GMIP Taskforce Report in November 2012, containing 43 recommendations available on the NSW Health website.
- The NSW Ministry of Health released the NSW Health Partnerships for Health: A response to the GMIP Taskforce Report in March 2013 which outlines a new approach to partnering with providers of health and health related services. The report is available on the NSW Health website.
- Funding for existing grants was extended through 2013-14 to support the transition to the Partnerships for Health funding model.

NON-GOVERNMENT ORGANISATION GRANT PROGRAM 2012-13

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	153,800	Grant to continue the policy/project officer position and Aboriginal drug and alcohol network projects
Aboriginal Health and Medical Research Council of NSW	744,700	Implementation of HIV/AIDS, hepatitis C and sexually transmissible infections (STI) prevention, awareness raising and harm minimisation statewide projects with Aboriginal communities in NSW. Also: • Diploma of Community Services (Case Management) with a focus on Aboriginal Sexual Health distance learning package • sexual and reproductive health social marketing • hepatitis C treatment social marketing
Aboriginal Health and Medical Research Council of NSW	300,000	Implementation of the AH&MRC Tobacco Resistance and Control (A-TRAC) project to increase the capacity of NSW Aboriginal Community Controlled Health Services staff to undertake tobacco control activities and to contribute to reducing smoking rates among Aboriginal people in NSW
Aboriginal Health and Medical Research Council of NSW	163,900	Peak body advising state and federal governments on Aboriginal health matters and providing advocacy and support for Aboriginal community controlled health services
Aboriginal Health and Medical Research Council of NSW	2,385,167	Peak body providing advocacy and support for NSW Aboriginal community controlled health services, advising governments on Aboriginal health matters and a formal partner with NSW Health on Aboriginal health issues. Funding is given for operational and administrative costs, chronic disease and quality improvement programs
Aboriginal Medical Service Co-op Ltd	113,100	Aboriginal oral health services
Aboriginal Medical Service Co-op Ltd	271,300	Mental health workers project and mental health youth project for Aboriginal community in the Sydney inner city area
Aboriginal Medical Service Co-op Ltd	266,100	Multi purpose Drug and Alcohol Centre
Aboriginal Medical Service Co-op Ltd	450,100	Preventive health care, drug and alcohol and chronic disease management and maternal health programs for the Aboriginal community in the Sydney inner city area
Aboriginal Medical Service Co-op Ltd	80,700	Preventive vascular health program for Aboriginal community in the Sydney inner city area
Aboriginal Medical Service Co-operative Ltd	192,000	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections education and prevention programs for local Aboriginal communities. Statewide distribution of condoms via Aboriginal Community Controlled Health Organisations
Aboriginal Medical Service Western Sydney Co-op Ltd	414,100	Aboriginal oral health services
Aboriginal Medical Service Western Sydney Co-op Ltd	82,700	Mental health worker project for Aboriginal community
Aboriginal Medical Service Western Sydney Co-op Ltd	471,100	Preventive health care, family health, chronic disease management and drug and alcohol programs for the Aboriginal community in the western Sydney area
Aboriginal Medical Service Western Sydney Co-op Ltd	184,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities
ACON – SWOP	1,082,320	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections peer-based sex worker education and outreach program
ACON Health Ltd	9,230,080	ACON is the peak statewide community based organisation providing HIV prevention, education, and support services to people at risk of and living with HIV. Services and programs include: HIV prevention, education and community development programs for gay and other homosexually active men; treatments information, health promotion and support programs for people with HIV; individual and group counselling; enhanced primary care and GP liaison; and HIV information provision
After Care	664,800	Family and Carer Mental Health Projects
Aged & Community Services Association of NSW & ACT Inc.	126,100	Co-ordination of the Positive Living in Aged Care (PLAC) project
Albury Wodonga Aboriginal Health Service Inc	320,300	Aboriginal oral health services
Albury Wodonga Aboriginal Health Service Inc	82,700	Mental health worker project for Aboriginal community
Albury Wodonga Aboriginal Health Service Inc	69,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Armajun Aboriginal Health Service	130,000	Provision of sexual and reproductive health programs for local Aboriginal communities
Association for the Wellbeing of Children in Healthcare Ltd	164,400	Advocacy for the needs of children, young people and families within the health care system focusing upon the psycho-social needs of children and young people
Asthma Foundation of NSW	25,000	Undertake asthma community education programs
Australasian Society for HIV Medicine Inc	1,782,200	ASHM provides: • training to authorise general practitioners (GPs) to prescribe s100 drugs used in the treatment of HIV, hepatitis B (HBV) and hepatitis C (HCV) • training education and support for GPs who are involved in HIV, HBV and HCV shared care • training to GPs and Practice Nurses on HIV and STI testing • HIV, STI, HBV and HCV training for other health care providers including nurses and Aboriginal health workers together with general workforce development support
Australian Breastfeeding Association (NSW Branch)	102,500	Promoting and supporting breastfeeding
Australian Diabetes Council Ltd	2,320,000	Provision of syringes and pen needles at no cost to NSW registrants of the National Diabetic Services Scheme and the promotion and education for safe sharps disposal
Awabakal Newcastle Aboriginal Co-op Ltd	164,700	Aboriginal oral health services

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Awabakal Newcastle Aboriginal Co-op Ltd	93,000	Mental Health worker project for Aboriginal community in the Newcastle area
Awabakal Newcastle Aboriginal Co-op Ltd	524,400	Preventive health care, drug and alcohol, ear health, chronic care and family health programs for the Aboriginal community in the Newcastle area
Awabakal Newcastle Aboriginal Co-op Ltd	69,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Biripi Aboriginal Corporation Medical Centre	164,700	Aboriginal oral health services
Biripi Aboriginal Corporation Medical Centre	238,100	Preventive health care drug and alcohol and family health programs for the Aboriginal community in the Taree area
Biripi Aboriginal Corporation Medical Centre	74,300	Preventive vascular health program for Aboriginal community in the Taree area
Biripi Aboriginal Corporation Medical Centre	184,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities and provision of sexual and reproductive health programs for local Aboriginal communities
Black Dog Institute	1,497,900	Programs to advance the understanding, diagnosis and management of mood disorders through research, education, training and population health approaches
Bourke Aboriginal Health Service Ltd	69,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Bourke Aboriginal Health Service Ltd	238,100	Public health, family health and drug and alcohol programs for the Aboriginal community in Bourke and surrounding areas
Bulgarr Ngaru Medical Aboriginal Corporation	84,100	Family health program in the Grafton area
Bulgarr Ngaru Medical Aboriginal Corporation	398,700	Aboriginal oral health services
Bulgarr Ngaru Medical Aboriginal Corporation	94,900	Mental Health worker project for Aboriginal community
Bulgarr Ngaru Medical Aboriginal Corporation	184,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities & provision of sexual and reproductive health programs for local Aboriginal communities
Bulgarr Ngaru Medical Aboriginal Corporation – Casino AMS	212,000	Chronic disease prevention and management program in the Casino area
Bulgarr Ngaru Medical Aboriginal Corporation – Casino AMS	229,400	Aboriginal oral health services
Centacare Wilcannia-Forbes	665,800	Family and Carer Mental Health Projects
Centacare Wilcannia-Forbes	151,800	Family health program in Narromine and Bourke
Centre for Disability Studies	200,000	Provision of a medical and health consultant service for adolescents and adults with intellectual disability
Centre for Social Research in Health – University of NSW	423,379	Analysis and reporting of HIV, sexually transmissible infections and viral hepatitis social/ behavioural data. Monitoring of risk behaviour among populations at risk of HIV and sexually transmissible infections and provision of research into living with HIV and related diseases
Coomealla Health Aboriginal Corporation	93,000	Mental Health worker project for Aboriginal community
Coomealla Health Aboriginal Corporation	184,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities & provision of sexual and reproductive health programs for local Aboriginal communities
Coonamble Aboriginal Health Corporation	296,100	Family health and chronic care programs in the Coonamble area
Coonamble Aboriginal Health Corporation	115,000	Provision of sexual and reproductive health programs for local Aboriginal communities
Council of Social Service NSW	219,300	Grant to support NCOSS Management Support Unit with the aim of developing management capacity of Health funded NGOs and to employ a Health Policy Officer to address effective policy development, communication, coordination and advocacy work
Cummeragunja Housing & Development Aboriginal Corporation	93,000	Mental Health worker project for Aboriginal community
Cummeragunja Housing & Development Aboriginal Corporation	84,400	Preventive health program for Aboriginal community in the Cummeragunja, Moama and surrounding areas
DAMEC (Drug and Alcohol Multicultural Education Centre)	608,000	Statewide program targeting health and related professionals to assist them to appropriately service Culturally and Linguistically Diverse customers
Dubbo Neighbourhood Centre Inc	84,500	Family health program for communities in the Dubbo area
Durri Aboriginal Corporation Medical Service	398,700	Aboriginal oral health services
Durri Aboriginal Corporation Medical Service	365,600	Preventive health care, chronic care, drug and alcohol programs for the Aboriginal communities in the Kempsey area
Durri Aboriginal Corporation Medical Service	74,400	Preventive vascular health program for Aboriginal community in the Kempsey area
Durri Aboriginal Corporation Medical Service	69,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Family Drug Support	184,600	Grant to support services for families of drug and alcohol affected people
Family Planning NSW	312,500	Provision of sexual and reproductive health evaluation framework for Aboriginal communities in NSW
Frederic House	185,800	Project grant for mental health services at aged care facility
Galambila Aboriginal Health Service Inc.	212,000	Chronic disease prevention and management program for Aboriginal community in the Coffs Harbour area
Galambila Aboriginal Health Service Inc.	82,700	Mental Health worker project for Aboriginal community
Galambila Aboriginal Health Service Inc.	74,400	Preventive vascular health program for Aboriginal community in the Coffs Harbour area
Goorie Galbans Aboriginal Corporation	127,500	Family health program in the Kempsey area
Griffith Aboriginal Medical Service	220,100	Provision of sexual and reproductive health programs for local Aboriginal communities and provision of hepatitis C treatment programs for Aboriginal communities

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Health Consumers NSW	350,000	Health Consumers NSW is the peak state voice for NSW health consumers. Its principal aim is to provide a voice for health consumers in NSW, to enable them to participate in shaping health services and decisions
Healthy Kids Association Inc	420,300	Delivery of key activities in relation to the NSW School Canteen Strategy, Fresh Taste @ School and activities associated with the Healthy Children Initiative when required
Hepatitis NSW	1,666,800	HNSW is a statewide community based organisation that provides information, support, referral, education, and prevention and advocacy services for all people in NSW affected by hepatitis C. HNSW works actively in partnership with other organisations and the affected communities to bring about improvement in the quality of life and to prevent the transmission of hepatitis C
Hunter New England LHD	439,300	Aboriginal oral health services
Illaroo Cooperative Aboriginal Corporation	54,700	Personal care worker for the Rose Mumbler Retirement Village
Illawarra Aboriginal Medical Service	287,700	Aboriginal oral health services
Illawarra Aboriginal Medical Service	253,000	Preventive health care, drug and alcohol programs, health and welfare worker and an early childhood nurse for the Aboriginal community in the Illawarra area
Illawarra Aboriginal Medical Service	69,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Intereach NSW Inc	91,800	Family health program in the Deniliquin area
Katungul Aboriginal Corporation Community & Medical Services	299,700	Aboriginal oral health services
Katungul Aboriginal Corporation Community & Medical Services	74,900	Ear health program for Aboriginal communities of the far south coast region
Katungul Aboriginal Corporation Community & Medical Services	87,600	Mental Health worker project for Aboriginal community
Katungul Aboriginal Corporation Community & Medical Services	69,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
KIDSAFE NSW Inc	214,500	Prevention of deaths and injuries to children under the age of 15
Life Education NSW Ltd	1,847,000	A registered training organisation providing health oriented educational program for primary school children
Lifeline Australia	2,061,600	Crisis telephone service
Maari Ma Aboriginal Corporation	180,800	Aboriginal oral health services
Maari Ma Health Aboriginal Corporation	361,655	Family health, chronic disease prevention and management programs
Macquarie University Department of Psychology	63,700	Project funding for a drug and alcohol education curriculum content in the Master of Social Health course
Manning District Emergency Accommodation Inc	54,100	Counselling and support service for Aboriginal women and children in the Manning district
Mental Health Coordinating Council NSW	744,100	Peak organisation funded to support NGO sector efforts to provide efficient and effective delivery of mental health services plus three year project funding for the NGO Development Officers Strategy project and the Professional Development Scholarships program
Mission Australia	665,400	A specialist outreach support program for people with mental health issues
National Heart Foundation of Australia (NSW Division)	422,100	The Heart Foundation Prevention in Primary Health Care program aims to increase awareness of the benefits of addressing lifestyle risk factors and support effective intervention within general practice
National Stroke Foundation	1,092,400	Undertake community and workplace health checks
Network of Alcohol & Other Drugs Agencies Inc	1,070,400	Peak body for non government organisations providing alcohol and other drug services
Ngaimpe Aboriginal Corporation	167,800	Residential drug and alcohol program for men in the Central Coast area
NSW Association for Youth Health Inc	116,500	Peak body working with and advocating for the youth health sector in NSW to promote the health and well being of young people aged 15 to 25 years
NSW Rural Doctors Network Ltd	1,398,800	The Rural Doctors Network core funding supports a range of programs aimed at ensuring sufficient numbers of suitably trained and experienced general practitioners are available to meet the health care needs of rural NSW communities. Funding is also provided for the NSW Rural Medical Undergraduates Initiatives Program which provides financial assistance to medical students undertaking rural NSW placements; and the NSW Rural Resident Medical Officer Cadetship Program which supports selected medical students in their final two years of study who commit to completing two of their first three postgraduate years in a NSW regional hospital
NSW Users & AIDS Association Inc	161,048	Funding to assist with the development and facilitation of the Drug and Alcohol Consumer Sub Committee
NSW Users & AIDS Association Inc	1,447,575	NUAA is a statewide community-based organisation that provides HIV/AIDS and hepatitis C prevention education, harm reduction, advocacy, referral and support services for people who inject drugs
Orana Haven Aboriginal Corporation	139,300	Residential drug and alcohol program, located near Brewarrina
Orange Aboriginal Health Service	212,000	Chronic disease prevention in the Orange area
Orange Aboriginal Health Service	315,200	Aboriginal oral health services
Parkinson's NSW Inc	24,100	Funds to raise the awareness of Parkinson's Disease in the community through support of Parkinson's week activities and to provide targeted training and education
Parramatta Mission	1,331,000	Five year Family and Carer Mental Health Projects
Peer Support Foundation Ltd	242,100	Social skills development program, providing education and training for youth, parents, teachers, undertaken in schools across NSW
Pharmacy Guild of Australia (NSW Branch)	1,426,700	Coordination of the Pharmacy Fitpack Scheme (Needle Syringe Program) in retail pharmacies throughout NSW

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Pharmacy Guild of Australia (NSW Branch)	640,000	Undertake community and workplace health checks
Pius X Aboriginal Corporation	164,200	Aboriginal oral health services
Pius X Aboriginal Corporation	69,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Positive Life NSW	794,500	Statewide community based education, information and referral support services for people living with HIV
QMS (Quality Management Services) Inc	205,000	Assist with the NGO Quality Improvement Program for NGOs funded under NSW Health's NGO Grant Program
Riverina Medical & Dental Aboriginal Corporation	434,100	Aboriginal oral health services
Riverina Medical & Dental Aboriginal Corporation	82,700	Mental Health worker project for Aboriginal community
Riverina Medical & Dental Aboriginal Corporation	455,900	Preventive health care, drug and alcohol, ear health and family health services for the Aboriginal community in the Riverina region
Schizophrenia Fellowship of NSW Inc	2,002,600	Three five year Family and Carer Mental Health Projects
Schizophrenia Research Institute	1,568,200	Support for a comprehensive research program across hospitals, universities and research institutes to discover the ways in which to prevent and cure schizophrenia
South Coast Medical Service Aboriginal Corporation	249,500	Aboriginal oral health services
South Coast Medical Service Aboriginal Corporation	178,200	Mental Health worker for local Aboriginal community
South Coast Medical Service Aboriginal Corporation	154,900	Preventive health care and drug and alcohol programs for the Aboriginal community in the Nowra area
South Coast Medical Service Aboriginal Corporation	69,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Tharawal Aboriginal Corporation	287,700	Aboriginal oral health services
Tharawal Aboriginal Corporation	82,700	Mental Health worker project for Aboriginal community
Tharawal Aboriginal Corporation	153,600	Preventive health care, drug and alcohol programs for the Aboriginal community in the Campbelltown area
Tharawal Aboriginal Corporation	69,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
The Kirby Institute – University of NSW	999,243	Analysis and reporting of HIV, sexually transmissible infections and viral hepatitis surveillance data. Monitoring of prevalence, incidence and risk factors among populations at risk of HIV, sexually transmissible infections and viral hepatitis
The Oolong Aboriginal Corporation	184,500	Residential drug and alcohol treatment, located in the Nowra area
The Oolong Aboriginal Corporation	270,500	A residential drug and alcohol treatment and referral service for Aboriginal people
Tobwabba Aboriginal Medical Service	85,200	Family health services for the prevention and management of violence within Aboriginal families
United Hospital Auxiliaries of NSW Inc	179,900	Peak organisation providing coordination and central administration for members of the United Hospital Auxiliaries
Uniting Care NSW.ACT	3,283,900	Medically Supervised Injecting Centre
University of Wollongong – IHMRI	787,400	Grant to support the treatment of personality disorder project
Walgett Aboriginal Medical Service Co-op Ltd	113,100	Aboriginal oral health services
Walgett Aboriginal Medical Service Co-op Ltd	165,300	Mental Health worker project for Aboriginal community
Walgett Aboriginal Medical Service Co-op Ltd	290,400	Preventive health care, family health and drug and alcohol programs for the Aboriginal community in the Walgett area and Aboriginal Health Worker in Collarenebri
Walgett Aboriginal Medical Service Co-op Ltd	212,800	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities & provision of hepatitis C treatment programs for local Aboriginal communities
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	85,700	Family health program in the south coast area
WAMINDA (South Coast Women's Health & Welfare Aboriginal Corp)	83,200	Mental Health worker project for Aboriginal community
Weigelli Centre Aboriginal Corporation	82,700	Mental Health worker project for Aboriginal community
Weigelli Centre Aboriginal Corporation	75,600	Residential drug and alcohol program for Aboriginal people in the Cowra area
Wellington Aboriginal Corporation Health Service	206,900	Drug and alcohol, youth and family health programs for the Aboriginal community in and around Wellington
Wellington Aboriginal Corporation Health Service	90,600	Project grant for the employment of a clinical team leader (psychologist) Aboriginal mental health focus
Wellington Aboriginal Corporation Health Service	69,400	Provision of HIV/AIDS, hepatitis C and sexually transmissible infections and prevention programs for local Aboriginal communities
Women's Health NSW	184,500	Peak body for the coordination of policy, planning, service delivery, staff development, training, education and consultation between non government women's health services, the Ministry and other government and non government services
Yerin Aboriginal Health Services Inc	315,200	Aboriginal oral health services
Yerin Aboriginal Health Services Inc	82,700	Mental Health worker project for Aboriginal community
Yerin Aboriginal Health Services Inc	355,700	Preventive health care, ear health and family health programs for the Aboriginal people in the Wyong area and funds for administration
Yoorana Gunya Family Healing Centre Aboriginal Corporation	162,000	Family health program for the Aboriginal community in Forbes and surrounding areas

OPERATING CONSULTANTS 2012-13

Consultancies equal to or more than $50,000

CONSULTANT	COST ($)	TITLE / DESCRIPTION
Management Services		
ARTD P/L	61,733	Recovery and Resource Services Program Evaluation
Ernst & Young	71,151	Review of Jarrah House
Ipsos Public Affairs Pty Ltd	59,679	Evaluation of the "Know When to Say When" Campaign
The George Institute	302,508	Evaluation of NSW Connecting Care
Brendan O'Reilly Consultancy	106,681	Review of Ambulance Service of NSW
Sub Total	**601,752**	
Organisational Review		
Craig Gear & Associates	63,646	Review of the Essentials of Care Program
Protiviti P/L	134,697	Review NSW Health's Data Quality Audit and Assurance Program
Paxton Partners	98,408	Management of funding under National Health Reform Arrangements
Sub Total	**296,751**	
Consultancies equal to or more than $50,000	**898,503**	

Consultancies less than $50,000. During the year 33 other consultancies were engaged in the following areas:

	COST ($)
IT Services	108,903
Management Services	262,127
Operating Environment	300
Organisational Review	84,781
Training	31,272
Consultancies less than $50,000	**487,383**
Total consultancies	**1,385,886**

OTHER FUNDING GRANTS 2012-13

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Aboriginal Health & Medical Research Council of NSW	32,600	Promote access to improve lifestyle for Aboriginal people
Adele Dundas Inc	103,478	Grants for residential rehabilitation services for clients from Adult Drug Court
Adventist Healthcare Ltd	5,000,000	Health Workforce Education Centre
Aftercare	472,534	Boarding House Support Initiative
Aftercare	1,802,663	Housing and Accommodation Support Initiatives projects
Aftercare – Biala	187,000	Supported Accommodation Service
Australasian College of Health Services Management	84,636	Graduate Health Management Program
Australia & NZ Intensive Care Society	273,421	ANZICS Core Bi-National Intensive Care Databases
Australian Breastfeeding Association	140,000	Promotion and support of breast feeding targeting overweight and obesity in NSW
Aust.Commission on Safety & Quality in HealthCare	1,829,795	Contribution for the Australian Commission on Safety and Quality in Health Care
Australian Diabetes Council	150,000	Funding of National Diabetes Service Scheme
Australian National Preventive Health Agency	500,000	National Partnership Centre – Support the implementation of research-informed changes in health and health care systems
Australian Red Cross	262,708	Funding for Save a Mate program
Australian Red Cross Service	7,981,986	Tissue Typing / Bone Marrow Services
Benelongs Haven Ltd	46,306	Grants for residential rehabilitation services for clients from Adult Drug Court
Beyond Blue Ltd	1,200,000	National initiative to create a community response to depression
Bridges Inc	73,833	Drug and Alcohol Treatment Services
Cancer Institute NSW	8,100,000	Funding for Breast Screening Equipment
Children's Hospital, Westmead	20,000	Cystic Fibrosis Clinic – Gastrostomy Feed funding
Community Links Wollondilly	5,000	Update to youth mental health resources
Community Restorative Centre	80,577	Drug and Alcohol Treatment Services
Cure For Life Foundation	120,000	Passion4Life – Accelerating a cure for brain cancer
Drug and Alcohol Multicultural Education Centre	241,456	Drug and Alcohol Treatment Services

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Department of Education & Communities	250,000	NSW Sexual Health in schools project
Department of Education and Training	102,676	Implementation of the Magistrate Early Referral into Treatment Program (MERIT)
Department of Family and Community Service	359,348	Return of Integrated Services program funds
Department Of Health and Ageing	1,348,525	Australian Bone Marrow Donor Registry for National Cord Blood Collection Network
Department of Health and Ageing	1,587,456	Australian Childhood Immunisation Register – Record vaccination details of children under seven years of age registered with Medicare Australia
Department of Health, South Australia	1,094,319	AHMAC Admin/Secretariat and Project Work Program
Department of Health, South Australia	975,772	NSW Contribution to Funding Procedures for Nationally Funded Centres
Department of Health, Victoria	14,667	NSW contribution to the National Mental Health Workforce Advisory Committee
Department of Health, Victoria	46,031	Web based professional education project
Department of Justice and Attorney General	83,766	Alcohol Magistrate Early Referral into Treatment (MERIT) evaluation
Department of Justice and Attorney General	279,130	Implementation of the Magistrate Early Referral into Treatment (MERIT) Program
Department of Justice and Attorney General	72,165	Review of dependency certificates under the *Drug and Alcohol Treatment Act 2007*
Department of Juvenile Justice and Human Services	2,331,524	Implementation of the Magistrate Early Referral into Treatment (MERIT) Program
Department of Premier & Cabinet	314,000	Support for Premier's Council of Active Living
Eastern Health	130,000	Research into physiology, cognition and risk taking behavior of combining alcohol with energy drinks
Exodus Foundation	5,000	Funding for volunteer counselling training program
Family Drug Support	40,000	An evaluation of the effectiveness of the Stepping Stones intervention for families affected by problematic drug use
Family Drug Support	135,000	Funding of the 24/7 Helpline
Fight Cancer Foundation	121,800	Albury Wodonga Patient and Carer Accommodation Centre
Forbes Community Men's Shed	10,000	Fencing of Men's Shed
Garvan Research Foundation	100,000	The Breakthrough Fund
Guthrie House	38,743	Grants for residential rehabilitation services for clients from Adult Drug Court
HammondCare	94,603	Special Care Unit and Program for older people with severe behavioural and psychiatric symptoms associated with dementia
Hartley Ann – Maree	10,000	Support work as an ambassador for suicide prevention
Health Profess. & Medical Research Council of NSW	10,000	Funding of Aboriginal and Torres Strait Islander Health Practice Council of NSW
Health Care Complaints Commission	11,458,460	Health Care Complaints Commission Grant
Health Professional Council Authority	10,000	Funding to run Aboriginal & Torres Strait Islander Council
Health Professionals Council Authority	6,440	Establish complaints handling functions for four new health professions registered from 01 July 2012
Humpty Dumpty Foundation	307,200	Medical Paediatric equipment for various hospitals
Illawarra Shoalhaven Medical	430,000	Funding for NBN Telehealth to the Home Trial Program
Illawarra Shoalhaven Medicare Local	4,545	Dementia Risk Reduction Education Program
Jarrah House	163,972	Drug and Alcohol Treatment Services
Jarrah House	15,080	Grants for residential rehabilitation services for clients from Adult Drug Court
Juvenile Diabetes Research Foundation	10,000	Fund a Cure Donation
Kamira Alcohol and Other Drug Treatment Service Inc	57,850	Grants to cover expenses relating to relocation to new premises
Kedesh Rehabilitation Services Ltd	204,823	Drug and Alcohol Treatment Services
Kids of Macarthur	25,000	Purchase paediatric medical equipment
Lou's Place	14,700	Installation of air conditioning at the Potts Point premises
Maari Ma Health	2,200,000	Redevelopment works, primary healthcare facilities
Maari Ma Health	202,316	Drug and Alcohol Treatment Services
Make A Difference Ltd	60,000	Establish a camp program at Kangaroo Valley for children and young people who are affected by mental illness
Mental Health Commission	5,100,000	Mental Health Commission Grant
Mental Health Council of Australia	16,130	National Mental Health Consumer and Carer Forum – annual contribution
Menzies School of Health Research	5,000	One21Seventy continuous quality improvement tools at Tharawal Aboriginal Corporation Medical Service
Miracle Babies Foundation	5,000	Support, education and resources for premature and sick newborns
Mission Australia	2,741,087	Housing and Accommodation Support Initiatives projects
Mission Australia	672,400	Mental Health recovery and resource services program
Mission Australia	50,000	Rural Outreach for locally led outcomes
National Association for Loss and Grief	313,830	Provide victim support following adverse events involving mental health clients
National Blood Authority	2,602,925	Contributions to High Cost Patient Pool
National Blood Authority	2,888,547	Contributions to operational costs and National Managed Fund
National Rugby League Ltd	40,000	Various community mental health initiatives
National Rugby League Ltd	26,000	Anxiety Awareness Campaign
National Rugby League Ltd	24,000	Know When to Say When campaign
Neami Limited	630,045	Boarding House Support Initiative
Neami Limited	8,892,936	Housing and Accommodation Support Initiatives projects

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Neami Limited	504,300	Mental Health recovery and resource services program
Neuroscience Research Australia	3,000	Falls Risk Screening tool project for NSW Ambulance
New Horizon Enterprises	11,283,317	Housing and Accommodation Support Initiatives projects
Ngaimpe Aboriginal Corporation	6,825	Grants for residential rehabilitation services for clients from Adult Drug Court
Northern Sydney LHD	659,843	Private Blood Payment
NSW Department of Corrective Services	1,582,329	Support for specialist drug and alcohol counselling positions and the coordination of drug and alcohol programs conducted in NSW correctional facilities
NSW Department of Education & Training	519,548	Children's Healthy Eating & Physical Activity Program in Primary Schools (Live Life Well @ School)
NSW Department of Family and Community Services	81,338	Training for Community Services staff working with drug related problems in the key areas of welfare service
NSW Institute of Psychiatry	144,761	Mental health professional online development program
NSW Institute of Psychiatry	90,000	Mental Health Training Program – Community Assessment and Acute Treatment Services
NSW Institute of Psychiatry	181,818	NSW Suicide Prevention Strategy – Grief and Loss Training Program for Aboriginal Mental Health Workers
NSW Nurses and Midwives' Association	72,727	Bob Fenwick Memorial Mentoring Grants Program
NSW Police	97,771	Funding for Clinical Nurse Consultant position for the NSW Police Force Mental Health Intervention Team
NSW Police	599,574	Implementation of the Magistrate Early Referral into Treatment Program and Development of drug and alcohol training
NSW State Library	153,750	Drug information in libraries
NSW Therapeutic Advisory Group Inc	280,922	Evaluation of cost initiatives in effective use of medicines in public hospitals
Odyssey House McGrath Foundation	3,315	Grants for residential rehabilitation services for clients from Adult Drug Court
Office of Communities Sport & Recreation	125,000	Aquatic & Recreation Institute – Active Ageing Program
Old Bar Men's Shed	5,000	Purchase of shed equipment
On Track Community Program	642,976	Housing and Accommodation Support Initiatives projects
Orana Haven Rehabilitation Centre	152,432	Fire Alarm improvement, replace decking, urinalysis testing
Parramatta Mission	210,015	Boarding House Support Initiative
Parramatta Mission	4,645,038	Housing and Accommodation Support Initiatives projects
Pharmacy Guild of Australia	1,356,242	Pharmacy Incentive Scheme – continuing participation of community pharmacy in the NSW Opioid Treatment Program
Queensland University of Technology	30,000	ARC Linkage Project – A prospective evaluation of the impact of the nurse practitioner role on emergency department outcomes
RichmondPRA	787,556	Boarding House Support Initiative
RichmondPRA	13,941,846	Housing and Accommodation Support Initiatives projects
RichmondPRA	903,538	Mental Health recovery and resource services program
Riverina East Regional Organisation Council	45,455	Enhancement of Safe Sharp website
Roam Communities	15,000	Production of Mental Health Promotional Pack
Royal Hospital For Women Foundation	38,970	Equipment for Newborn Care Centre
RUOK? Limited	10,000	Support work as an ambassador for suicide prevention
Salvation Army	47,500	Drug and Alcohol Treatment Services
Salvation Army	4,000	Funding for women experiencing Post Natal Depression
Salvation Army	78,605	Grants for residential rehabilitation services for clients from Adult Drug Court
Samaritans Foundation	234,042	Drug and Alcohol Treatment Services
Sax Institute	2,351,750	Improving health by increasing use of research in policy making
Schizophrenia Fellowship	53,000	Community Mental Health Support, Information and Education Program
Schizophrenia Fellowship	315,188	Mental Health recovery and resource services program
Schizophrenia Research Institute	514,585	Establish a research program and evidence library into epidemiology and population health in relation to schizophrenia
Schizophrenia Research Institute	1,000,000	Grant for the Macquarie Group Foundation Chair
St Luke's Anglicare	729,403	Housing and Accommodation Support Initiatives projects
St Luke's Anglicare	189,113	Mental Health recovery and resource services program
St Vincent de Paul Society	50,298	Drug and Alcohol Treatment Services
St Vincent de Paul Society	9,990	St Joseph's workshop-Purchase workshop equipment
St Vincent's Hospital	675,723	Private Blood Payment
St Vincent's Hospital Sydney	17,431	Medical equipment including vital signs monitors, defibrillator and resuscitation trolley
St Vincent's Hospital Sydney	36,000	Photodynamic Therapy Device with Accessories
St Vincent's Tree of Life	10,000	Support hospital's cancer services program – (breast, brain, throat)
Ted Noffs Foundation	42,866	Healthy living program for young people in Liverpool
Tenterfield Shire Council	54,676	Fluoridation Program
The Buttery Ltd	98,000	Drug and Alcohol Treatment Services
The Lyndon Community	10,075	Grants for residential rehabilitation services for clients from Adult Drug Court
The University Of Notre Dame Australia	1,181,818	Establish Hawkesbury Multidisciplinary Clinical School

ORGANISATION NAME	AMOUNT ($)	DESCRIPTION
Uniting Care	11,400	Investigation of the reasons for using heat in the preparation of pharmaceutical opioids for injection at the Sydney Medically Supervised Injecting Centre
University of Newcastle	279,877	Many Rivers Diabetes Prevention Program for Aboriginal People
University of Newcastle	1,355,000	Mental Health and Wellbeing in rural and remote NSW
University of Newcastle	19,662	Patient priorities for change and preferences for models of support
University of Newcastle	17,006	Research into "Does electronic screening and brief intervention increase uptake of referrals for further specialist care among non-treatment seeking hospital outpatients identified as possibly alcohol dependent"
University of Newcastle	1,614,241	Rural Adversity Mental Health Program
University of NSW	33,891	Computerised treatment for cannabis use in an early psychosis service
University of NSW	57,881	Engagement of Kirby Institute to research HIV Prevention and Care Program
University of NSW	58,731	Funding for evaluation of two homelessness projects
University of NSW	62,580	Improving General Practitioner prescribing of pharmaceutical opioids
University of NSW	22,727	Modelling policy options to increase the capacity of dispensing opioid treatment in NSW
University of NSW	274,689	NSW contribution to Injury Risk Management Research Centre
University of NSW	72,800	Research into understanding the health and service needs of diverse populations of pharmaceutical opioid users
University of NSW	100,000	Research of impact of four hour rule in Emergency Department
University of NSW	8,838	Research on demand and access to the NSW Opioid Treatment Program
University of NSW	375,000	Research on healthy built environments and reduction in chronic diseases
University of NSW	14,723	Review of NSW Sexual Health in Schools
University of NSW	100,000	Selective Serotonin Reuptake Inhibitors (SSRIs) in reducing impulsivity associated with offending behaviour in repeat violent offenders
University of NSW	104,815	Stage 3 Prison cohort in Hepatitis C
University of NSW	200,000	The NSW Child Development Study
University of NSW	360,000	Workplace Mental Health Clinical Academic Research Program
University of Sydney	132,454	Chair of Medical Physics Research Program
University of Sydney	27,273	Harm Education in Smokers with Mental Health Illness
University of Sydney	44,000	Health outcomes associated with long term cannabis use
University of Sydney	71,940	Radiation oncology delivery technology in NSW Hospitals
University of Sydney	415,000	NSW Centre for Management for Physical Activity, Nutrition and Obesity Research
University of Sydney	30,000	Purchase new microscope – Nerve Research Foundation
University of Sydney	100,000	Research in Better Health for Urban Aboriginal Children
University of Sydney	6,999	Research into Alcohol and Harm minimisation among Australian university students
University of Sydney	17,364	Support of Medical Physics Registrars Training Workshop – External Beam Radiation Treatment Planning Training Course
Various Community Drug Action Teams	221,891	Implementation of projects within their communities that minimise harms associated with drug and alcohol misuse
Various Education Institutions	479,000	Clin Connect
Wallis Lake Men's Shed	5,000	Workshop equipment purchase
Warrumbungle Shire Council	246,589	Fluoridation Program
Watershed	129,016	Drug and Alcohol Treatment Services
Wayback Committee Ltd	496,275	Grants for residential rehabilitation services for clients from Adult Drug Court
We Help Ourselves	675,287	Drug and Alcohol Treatment Services
We Help Ourselves	53,625	Grants for residential rehabilitation services for clients from Adult Drug Court
Wellington Aboriginal Corporation Health Service	904,510	New Multi Purpose Facility
Westmead Millennium Institute	28,293,048	Building and Construction of Institute
WorkCover NSW	85,000	Healthy Worker Initiative Program
Wyong Neighbourhood Centre	18,500	Fit out to the Cottage

PAYMENT OF ACCOUNTS

The following tables provide payment performance information for the Ministry of Health for 2012-13.

AGED ANALYSIS AT THE END OF EACH QUARTER					
Quarter	Current	Less than 30 days overdue	Between 30 and 60 days overdue	Between 61 and 90 days overdue	More than 90 days overdue
	$'000	$'000	$'000	$'000	$'000
All Suppliers[1]					
September	$258,560	$299,559	$12,044	$13,513	$384
December	$363,948	$42,356	$ 6,826	$1,144	$2,513
March	$198,055	$28,139	$13,006	$5,431	$2,484
June	$182,492	$63,290	$ 2,465	$641	$16,979
Small Business Suppliers[1]					
September	$2	$0	$0	$0	$0
December	$1	$1	$0	$0	$0
March	$71	$0	$0	$0	$0
June	$79	$1	$0	$0	$0

ACCOUNTS DUE OR PAID EACH QUARTER				
	Sept	**Dec**	**Mar**	**Jun**
All Suppliers[1]	**$'000**	**$'000**	**$'000**	**$'000**
Number of accounts due for payment	8,313	7,076	7,872	9,303
Number of accounts paid on time	7,760	6,234	6,901	8,732
Actual percentage of accounts paid on time	93.4%	88.1%	87.7%	93.9%
(based on number of accounts)	$584,060	$416,787	$247,115	$265,867
Dollar amount of accounts due for payment	$558,119	$406,304	$226,194	$245,782
Dollar amount of accounts paid on time	95.6%	97.5%	91.5%	92.5%
Actual percentage of accounts paid on time (based on $)	$0	$0	$0	$0
Number of payments for interest on overdue accounts	$0	$0	$0	$0
Interest paid on overdue accounts				
Small Business Suppliers[2]	**$'000**	**$'000**	**$'000**	**$'000**
Number of accounts due for payment to small businesses	1	2	1	4
Number of accounts due to small businesses paid on time	1	2	1	4
Actual percentage of small business accounts paid on time (based on number of accounts)	100%	100%	100%	100%
Dollar amount of accounts due for payment to small businesses	$2	$2	$71	$80
Dollar amount of accounts due to small businesses paid on time	$2	$2	$71	$80
Actual percentage of small business accounts paid on time (based on $)	100%	100%	100%	99%
Number of payments to small business for interest on overdue accounts	$0	$0	$0	$0
Interest paid to small businesses on overdue accounts	$0	$0	$0	$0

1 The amounts reported for 2012-13 are less than previous years as cash subsidy grants paid by the Ministry of Health to controlled entities of NSW Health that have historically been reported have been excluded for 2012-13. **2** The reporting of small business suppliers is in accordance with the definitions and requirements for small business as prescribed in NSW Treasury Circular 11/12 *Payment of Accounts*.

Commentary

Time for payment of accounts for the Ministry of Health showed a consistent performance. Measures have been taken to ensure Ministry staff are aware of NSW Treasury Circular 2011-12 including conducting training sessions to educate relevant personnel about invoice approval processes. Actions are taken to monitor and promptly follow up invoice payments.

The Ministry of Health has not had any instances leading to payment of interest on overdue accounts during 2012-13.

RESEARCH AND DEVELOPMENT

The *Population Health and Health Services Research Support Program* (formerly known as the Capacity Building Infrastructure Grants Program) is a competitive funding program administered by the NSW Ministry of Health. Its purpose is to build capacity and strengthen population health and health services research in NSW.

The first two rounds of funding under the Program ran from July 2003 to June 2006 and from July 2006 to December 2009. A review found that the Program had increased the success of funded organisations in attracting research funding and in the translation of research into policy and practice. Round three of the Program ran from January 2010 to June 2013, with grants of up to $500,000 per year available to successful applicants. Round four of the Program began in July 2013.

The objectives of the Program are to:

- increase high quality and internationally recognised population health and health services research in NSW
- support the generation of research findings that address NSW Health priorities
- encourage the adoption of research findings in health policies, programs and services in NSW.

Grants paid under this program for 2012-13 are as follows:

GRANT RECIPIENT	AMOUNT $	PURPOSE
Hunter Medical Research Institute	499,181	Public Health Program Capacity Building Group
Western Sydney LHD	500,000	Centre for Infectious Diseases and Microbiology – Public Health
University of New South Wales	500,000	Centre for Primary Health Care and Equity
University of New South Wales	500,000	Australian Institute of Health Innovation
University of Sydney	500,000	Australian Rural Health Research Collaboration
University of Sydney	356,146	Prevention Research Collaboration
Total	**2,855,327**	

Medical Research Support Program

The NSW Government established the Medical Research Support Program (MRSP) to provide infrastructure funding to health and medical research organisations. In the current round of funding (2012-16) eleven institutes are being funded. Grants being paid under the MRSP in 2012-13 were as follows:

ORGANISATION NAME	AMOUNT ($)
Garvan Institute	6,050,917
The George Institute for Global Health	4,437,063
Westmead Millennium Institute for Medical Research	3,750,246
Hunter Medical Research Institute (HMRI)	5,321,797
ANZAC Research Institute	700,058
Centenary Institute	1,694,357
The Children's Medical Research Institute (CMRI)	841,148
Ingham Institute	915,525
Neuroscience Research Australia	2,275,861
Victor Chang Cardiac Research Institute	1,662,670
Woolcock Institute of Medical Research	988,340
Total	**28,637,982**

Medical Research Support Program Transition Grants

Medical Research Support Program (MRSP) Transition Grants were awarded provisionally following the 2012 Health and Medical Research Strategic Review, which led to the introduction of new eligibility criteria for the 2012-16 funding period. A three year transition grant was offered to those institutes previously funded through MRSP, but who were no longer deemed eligible under the new criteria. The transition grant was introduced to enable these institutes to either transition out of the program, or to meet the new eligibility criteria and enter into the program at the mid-term review in 2014.

ORGANISATION NAME	AMOUNT ($)
Black Dog Institute	825,092
Children's Cancer Institute Australia (CCIA)	871,671
Illawarra Health and Medical Research Institute (IHMRI)	844,683
Centre for Vascular Research (CVR)	1,059,235
Institute of Virology	2,096,433
Kolling Institute of Medical Research	1,731,187

Medical Research Support Program Transition Grant Assistance Funding

Assistance funding was provided to institutes receiving MRSP transition grants to assist with possible mergers or governance restructures in order to meet the new eligibility criteria.

ORGANISATION NAME	AMOUNT ($)
Black Dog Institute	7,000
Children's Cancer Institute Australia (CCIA)	909,091
Illawarra Health and Medical Research Institute (IHMRI)	294,240
Institute of Virology	20,000
Kolling Institute of Medical Research	115,000
Total MRSP Programs Expenditure 2012-13	**37,411,614**

Spinal funds

Neurological Conditions Research Grants Program

The Neurological Conditions Research Grants Program (NTP) provides fellowships that promote translational research into spinal injuries and neurological conditions. These translational research grants support initiatives that are scalable within the health system and in keeping with other statewide research strategies. Two grants were awarded in 2012 and these were:

1. Prof James Middleton, through the University of Sydney — *Developing a Community of Practice for Knowledge Translation and Practice Improvement in Spinal Cord Injury and Traumatic Brain Injury* ($458,455)

2. Prof John Worthington, through the Ingham Institute for Applied Medical Research — *Home to Outcomes — a data-linkage study of the stroke journey* ($307,461)

Spinal Conference

Under the spinal program, the Office for Health and Medical Research (OHMR) provided a grant ($115,000) to the Spinal Cord Injury Network for their conference Connections 2012, which brings together people with spinal cord injuries, researchers, clinicians, policy makers and other key stakeholders.

ORGANISATION NAME	AMOUNT ($)
University of Sydney	458,455
The Ingham Institute of Applied Medical Research	307,461
The Spinal Cord Injury Network	115,000
Total	**880,916**

Networks and clinical trials

Networks

To implement theme two of the NSW Health and Medical Research Strategic Review: Leadership in Clinical Trials, a clinical research network strategy is being developed. Interim funding is being provided to four clinical networks to facilitate their engagement with the development of the new Clinical Research Networks and Hub strategy.

Clinical trials

The OHMR has invested $90,000 in standard operating procedures for clinical trials and practice to ensure uniformity of quality and practice in the management of phase one clinical trials and related clinical studies in NSW through the Australian Advanced Treatment Centre (AATC). This is an early phase clinical trials facility in NSW which aims to accelerate the translation cycle; decreasing the average time it takes for clinical research in a lab to become of tangible benefit to a patient.

ORGANISATION NAME	AMOUNT ($)
NSW Stem Cell Network	40,000
Children's Cancer Cytoskeleton Network (CCCN)	75,000
Cardiovascular Research Network (CVRN)	250,000
Paediatric Alliance	150,000
University of New South Wales	90,000
Total	**605,000**

Medical Research Commercialisation Fund

The Medical Research Commercialisation Fund (MRCF) collaboration was established in 2007 as an investment collaboration that invests in early stage development and commercialisation opportunities originating from medical research institutes and allied research hospitals in Australia. MRCF has been working with the NSW institutes over the past four years to increase NSW's capacity to bring research to the commercialisation stage. Through funding MRCF, NSW Health gains access to expertise, training and mentoring provided by the fund which can be utilised through current NSW Government programs.

ORGANISATION NAME	AMOUNT ($)
Medical Research Commercialisation Fund (MRCF)	300,000

Research Capacity Building Program

Biobanking

In 2012-13 the office allocated $100,000 to biobanking. Funding was provided to the Australian Breast Cancer Tissue Bank and the South Eastern Area Laboratory Services (SEALS).

Bioinformatics

The Translational Bioinformatics project commenced in late 2012 as part of the NSW Government's response to recommendations of the NSW Health and Medical Research Strategic Review. A statewide consultation workshop was held in February 2013 and subsequent to this, the NSW Translational Bioinformatics Working Group was formed to progress a strategic roadmap. As the program is being established the $1 million allocated in the 2012-13 budget will be allocated in 2013-14.

Research Asset Survey

Many of the recommendations in the NSW Health and Medical Research Strategic Review 2012 focus on improving the management of current research resources. The development of a register of major research assets can ensure that they can be shared by researchers across organisations and geographical boundaries to increase capability, maximise cost-effective research activity and encourage collaboration.

ORGANISATION NAME	AMOUNT ($)
Australian Breast Cancer Tissue Bank	50,000
South Eastern Area Laboratory Services (SEALS)	57,000
Research Asset Survey	25,000
Total	**132,000**

RISK MANAGEMENT AND INSURANCE ACTIVITIES

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

NSW Treasury Managed Fund

Insurable risks are covered by the NSW Treasury Managed Fund (TMF, a self insurance arrangement of the NSW Government implemented on 1 July 1989) of which the Ministry of Health (and its controlled entities) is a member agency. The Health portfolio is a significant proportion of the TMF Fund and is identified as an independent pool within the TMF scheme. NSW Health is provided with funding via a benchmark process and pays deposit contributions for workers compensation, motor vehicle, liability, property and miscellaneous lines of business.

The cost of TMF indemnity in 2012-13 for NSW Health is identified under 'Contributions' below. Benchmarks are the budget allocation.

	CONTRIBUTIONS	BENCHMARK	VARIATION
Workers Compensation	$181.1m	$178.2m	($2.9m)
Motor Vehicle	$9.5m	$10.0m	$0.5m
Property	$10.3m	$10.0m	($0.3m)
Liability	$190.6m	$188.7m	($1.9m)
Miscellaneous	$596,000	$566,200	($29,800)
Total TMF	**$392.1m**	**$378.5m**	**-**
VMO	$30.9m	$30.9m	-
Total	**$423.0m**	**$418.4m**	

Benchmarks (other than VMOs) are funded by NSW Treasury. Workers compensation and motor vehicle are actuarially determined and contributions include an experience factor. The aim of the deposit contribution funding is to allocate deposit contributions across the TMF with reference to benchmark expectations of relative claims costs for the agencies in the TMF and to provide a financial incentive to improve injury and claims management outcomes.

The workers compensation deposit contribution is adjusted through a hindsight calculation process after three years and five years. Workers compensation 2006-07 final five years and 2008-09 interim three years were declared and adjusted as at 30 June 2011, with the Ministry receiving a surplus of $8.96 million for the 2006-07 fund year but responsible for a deficit payable of $30.9 million for the 2008-09 fund year, a net result of a $21.95 million deficit.

The motor vehicle hindsight adjustment as at 31 December 2009 resulted in a deficit of $898,822.

Workers compensation

The following tables detail frequency and total claims cost, dissected into occupation groups and mechanism of injury group, for the three financial years 2010-11, 2011-12 and 2012-13.

Table 1: Workers Compensation – frequency and total claims cost NSW Health

OCCUPATION GROUP	2012-13				2011-12				2010-11			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Nurses	2,085	39	20.8	39	2,460	37	25.1	43	2,694	38	24.3	37
Hotel Services	998	19	8.9	17	1,167	18	8.8	15	1,352	19	10.6	16
Medical/Medical Support	753	14	6.6	12	843	13	7.4	13	949	14	9.2	14
General Administration	763	14	7.5	14	793	12	8.2	14	763	11	8.4	13
Ambulance	496	9	5.4	10	659	10	5.2	9	727	10	7	11
Maintenance	192	4	2.7	5	205	3	1.7	3	242	3	2.2	3
Linen Services	79	1	0.6	1	114	2	0.8	1	134	2	0.9	1
Not Grouped	23	0	0.1	0	424	6	1.9	3	166	2	3.3	5
Total	**5,389**	**100**	**52.6**	**100**	**6,665**	**100**	**59.1**	**100**	**7,027**	**100**	**65.9**	**100**

MECHANISM OF INJURY GROUP	2012-13				2011-12				2010-11			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
	No	%	$M	%	No	%	$M	%	No	%	$M	%
Body stress	2,470	46	25.0	48	2,944	44	27.2	46	3,015	43	26.5	40
Slips and Falls	964	18	9.3	18	1,243	19	10.5	18	1,264	18	11.3	17
Mental Stress	392	7	8.7	17	442	7	8.4	14	517	7	11.4	18
Hit by Objects	741	14	5.0	10	728	11	4.7	8	762	11	5.5	8
Motor Vehicle[1]	97	2	0.9	2	458	7	3	5	535	8	4.1	6
Other causes	725	13	3.6	7	850	13	5.3	9	934	13	7.1	11
Total	**5,389**	**100**	**52.6**	**100**	**6,665**	**100**	**59.1**	**100**	**7,027**	**100**	**65.9**	**100**

Data Source: Data for fund year 2012-13 from SICorp Data Warehouse. Note: **1** The decrease in workers compensation claims from motor vehicles reflects the changes made to the Workers Compensation Scheme whereby motor vehicle journey claims are no longer a workers compensation claim unless employment is a major contributin factor.

Table 2: Claims Frequency Analysis NSW Health

	2012-13	2011-12	2010-11
No. of Employees FTE	112,102	107,285	105,850
Salaries and Wages $M	10,437	9,578	9,026
No. claims lodged per 100 FTE	4.81	6.21	6.64
Average Claims Cost	$9,752.47	$8,868.39	$9,388.98
Cost of Claims per FTE	$468.82	$550.94	$623.30
Cost of Claim as % S&W	0.58	0.65	0.73
Total number of claims	5,389	6,665	7,027
Total Claim Costs	**$52,556,040**	**$59,107,789**	**$65,976,342**

Data Source: Data for fund year 2012-13 from SICorp Data Warehouse

Table 3: Average Cost ($ per claim) NSW Health

	2012-13	2011-12	2010-11
Nurses	$9,954	$10,214	$9,016
Hotel Services	$8,937	$7,546	$7,831
Medical/ Medical Support	$9,300	$8,780	$9,690
Body Stress	$10,139	$9,253	$8,787
Slips and Falls	$9,647	$8,423	$8,965
Mental Stress	$22,299	$18,983	$22,087

Average cost includes all benefits, weekly and medical costs, rehabilitation, settlement and legal costs.

Legal liability

This covers actions of employees, health services and incidents involving members of the public. Legal liability claims are long-tail, meaning they may extend over many years.

At 30 June 2013, there were 4,060 claims reported for the period 1 July 2007 to 30 June 2013 with a net incurred cost of $942.3 million. This does not include claims 'notified' or 'notified finalised'. Of these claims, 144 were large claims (>$1 million) with a net incurred cost of $589.9 million.

For the same period there were 8,484 notifications received of which 52 per cent resulted in claims.

Visiting Medical Officer and Honorary Medical Officer Public Patient Indemnity Cover

With effect from 1 January 2002, the NSW Treasury Managed Fund provided coverage for all VMOs and HMOs treating public patients in public hospitals, provided that they each signed a service agreement and a contract of liability coverage with their relevant hospital. In accepting this coverage, VMOs and HMOs agreed to a number of risk management principles that assist with the ongoing reduction of incidents in NSW public hospitals. Since its inception in 1999 for specialist sessional VMOs, this indemnity has been extended to cover private patients in the rural sector, all private paediatric patients and obstetricians and gynaecologists seeing public patients in public hospitals. From June 2009, cover was extended to permit VMOs to treat privately referred non-inpatients at NSW public hospitals.

The number of VMO claims received for the period 1 July 2007 to 30 June 2013 was 1,044 with a net incurred cost of $128.96 million. In the fund year ending 30 June 2013, there were 133 claims reported, a decrease of 106 or 44.4% from the number reported during 2011-12. The net incurred cost also decreased by 39.4% or $7.1 million from 2011-12. For the same period, as at 30 June 2013, 70% of notifications resulted in a claim.

The policy for retrospective cover for VMOs and HMOs for incidents prior to 1 January 2002 continues. As at 30 June 2012, NSW Health had granted indemnity in respect of 308 cases since 1 January 2002. The increase of 221 cases from the prior year reflects the maximum 18 year timeframe that a claim for compensation associated with an adverse incident can be made.

Property

Property remains a minor risk with statistics at 30 June 2013 indicating a decrease in both small and large claims lodged during the period. As at 30 June 2013, a total of 323 claims were lodged in the fund year for a net incurred cost of $5.5 million, an increase of 15 claims or 4.9% when compared with the total claims lodged as at 30 June 2012. The most common claim types for the 2012/13 period were storms, flooding and water damage, accidental damage and theft. Total asset value has increased by 3.6% to $22.3 billion.

Risk management initiatives

NSW Health has a number of new and ongoing initiatives to reduce risks for example:

- the ongoing development of the VMO Incident Reporting System (an early incident reporting system that allows VMOs to report any incident that may trigger a medical liability claim)
- implementation of early intervention strategies to facilitate an early and sustained return to work for injured employees
- implementation of the workers compensation legislative reforms including suitable employment education training and the implementation of enhanced changes to the case management model
- development and implementation of a case management approach to health liability claims including procedure and notification/claim guides
- ongoing implementation of best practice strategies to facilitate a reduction in workplace injuries as part of the Work Health and Safety proactive strategic plan 2012-14
- full review of all asset values including replacement values for reinsurance accuracy.

FINANCIAL REPORT

NSW Ministry of Health – Audited Financial Statements

INDEPENDENT AUDITOR'S REPORT

Ministry of Health

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Ministry of Health (the Ministry), which comprise the statement of financial position as at 30 June 2013, the statement of comprehensive income, the statement of changes in equity, the statement of cash flows, service group statements and summary of compliance with financial directives for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information of the Ministry and the consolidated entity. The consolidated entity comprises the Ministry and the entities it controlled at the year's end or from time to time during the financial year.

Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Ministry and the consolidated entity, as at 30 June 2013, and of the financial performance and the cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2010.

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

Director-General's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

My opinion does *not* provide assurance:

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

Independence

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

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

A T Whitfield
Deputy Auditor-General

20 September 2013
SYDNEY

Ministry of Health
Certification of the Financial Statements
for the year ended 30 June 2013

Pursuant to Section 45F of the *Public Finance and Audit Act 1983:*

1) The financial statements of the Ministry of Health for the year ended 30 June 2013 have been prepared in accordance with:

   a) Australian Accounting Standards (which include Australian Accounting Interpretations)

   b) the requirements of the *Public Finance and Audit Act 1983*, the *Public Finance and Audit Regulations 2010* and the Treasurer's Directions;

   c) the Financial Reporting Code for NSW General Government Sector Entities.

2) The financial statements exhibit a true and fair view of the financial position and the financial performance of the Ministry of Health; and

3) There are no circumstances which would render any particulars in the accounts to be misleading or inaccurate.

Dr Mary Foley
Director General
19 September 2013

John Roach
Chief Financial Officer

Ministry of Health
Statement of Comprehensive Income for the year ended 30 June 2013

PARENT					CONSOLIDATION		
Actual	Budget Unaudited	Actual		Notes	Actual	Budget Unaudited	Actual
2013 $000	2013 $000	2012 $000			2013 $000	2013 $000	2012 $000
			Expenses excluding losses				
			Operating Expenses				
111,867	114,480	135,640	Employee Related	3	10,262,357	10,471,470	10,096,530
687,698	720,516	717,964	Other Operating Expenses	4	4,803,327	5,022,435	4,675,865
3,845	3,801	3,687	Depreciation and Amortisation	2(i), 5	586,781	572,122	535,422
13,813,936	13,810,653	12,863,397	Grants and Subsidies	6	1,233,511	1,168,136	1,110,497
-----	-----	-----	Finance Costs	7	40,122	43,508	44,143
14,617,346	**14,649,450**	**13,720,688**	**Total Expenses excluding losses**		**16,926,098**	**17,277,671**	**16,462,457**
			Revenue				
9,192,268	9,192,268	13,039,539	Recurrent Appropriation	2(d)	9,192,268	9,192,556	13,039,539
806,182	806,182	487,631	Capital Appropriation	2(d)	806,182	807,506	487,631
-----	-----	8,094	Transfers to the Ministry of Health		-----	-----	-----
1,392	1,392	8,481	Acceptance by the Crown Entity of Employee Benefits	2(a)(ii),11	268,340	579,159	593,931
211,533	234,706	122,261	Sale of Goods and Services	8	2,207,901	2,106,490	1,956,814
13,505	18,743	10,378	Investment Revenue	9	69,258	86,162	56,159
4,290,915	4,317,000	28,047	Grants and Contributions	10	4,678,169	4,847,781	376,826
25,744	21,562	43,627	Other Revenue	12	133,659	59,393	127,958
14,541,539	**14,591,853**	**13,748,058**	**Total Revenue**		**17,355,777**	**17,679,047**	**16,638,858**
(434)	**-----**	**(264)**	**Gain / (Loss) on Disposal**	13	**(90,612)**	**(42,000)**	**(26,103)**
(9)	**-----**	**(68)**	**Other Gains / (Losses)**	14	**(63,722)**	**(10,283)**	**(60,784)**
(76,250)	**(57,597)**	**27,038**	**Net Result**	34	**275,345**	**349,093**	**89,514**
			Other Comprehensive Income				
			Items that will not be reclassified to net result				
			Net Increase/(Decrease) in Property, Plant &				
(1,139)	-----	616	Equipment Revaluation Surplus		526,297	-----	139,173
(1,139)	**-----**	**616**	**Total Other Comprehensive Income**		**526,297**	**-----**	**139,173**
(77,389)	**(57,597)**	**27,654**	**TOTAL COMPREHENSIVE INCOME**		**801,642**	**349,093**	**228,687**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Financial Position as at 30 June 2013

PARENT					CONSOLIDATION		
Actual	Budget Unaudited	Actual		Notes	Actual	Budget Unaudited	Actual
2013 $000	2013 $000	2012 $000			2013 $000	2013 $000	2012 $000
			ASSETS				
			Current Assets				
233,534	254,947	160,389	Cash and Cash Equivalents	17	1,482,967	1,139,104	1,302,763
52,050	50,702	115,215	Receivables	18	549,921	462,582	474,223
32,922	40,585	40,965	Inventories	19	142,095	126,387	139,809
-----	-----	-----	Financial Assets at Fair Value	20	78,892	207,451	117,349
1,139	2,500	8,783	Other Financial Assets	21	-----	-----	-----
319,645	348,734	325,352			2,253,875	1,935,524	2,034,144
-----	-----	-----	Non-Current Assets Held for Sale	25	19,290	62,000	66,671
319,645	**348,734**	**325,352**	**Total Current Assets**		**2,273,165**	**1,997,524**	**2,100,815**
			Non-Current Assets				
-----	-----	-----	Receivables	18	7,274	12,459	9,040
-----	-----	-----	Financial Assets at Fair Value	20	42,002	40,464	36,161
29,952	29,900	15,431	Other Financial Assets	21	-----	-----	-----
			Property, Plant and Equipment				
124,779	126,774	128,107	- Land and Buildings	22	10,567,411	9,551,464	9,346,159
2,154	2,143	4,275	- Plant and Equipment	22	945,975	1,085,260	869,945
-----	-----	-----	- Infrastructure Systems	22	449,502	85,087	363,095
126,933	128,917	132,382	Total Property, Plant and Equipment		11,962,888	10,721,811	10,579,199
-----	-----	177	Intangible Assets	23	389,102	306,537	302,764
-----	-----	-----	Other	24	37,416	24,636	54,411
156,885	**158,817**	**147,990**	**Total Non-Current Assets**		**12,438,682**	**11,105,907**	**10,981,575**
476,530	**507,551**	**473,342**	**Total Assets**		**14,711,847**	**13,103,431**	**13,082,390**
			LIABILITIES				
			Current Liabilities				
313,966	320,635	224,134	Payables	27	1,270,715	1,007,598	1,148,080
-----	-----	-----	Borrowings	28	14,035	14,191	14,365
9,222	12,756	13,685	Provisions	29	1,581,829	1,455,509	1,562,211
2,427	2,427	2,427	Other	30	38,400	24,980	34,992
325,615	**335,818**	**240,246**	**Total Current Liabilities**		**2,904,979**	**2,502,278**	**2,759,648**
			Non-Current Liabilities				
-----	-----	-----	Borrowings	28	1,047,689	424,008	438,729
304	268	909	Provisions	29	15,625	9,524	14,380
58,258	58,258	61,383	Other	30	103,022	103,102	106,455
58,562	**58,526**	**62,292**	**Total Non-Current Liabilities**		**1,166,336**	**536,634**	**559,564**
384,177	**394,344**	**302,538**	**Total Liabilities**		**4,071,315**	**3,038,912**	**3,319,212**
92,353	**113,207**	**170,804**	**Net Assets**		**10,640,532**	**10,064,519**	**9,763,178**
			EQUITY				
108,413	109,552	109,552	Reserves		3,034,804	2,369,334	2,508,507
(16,060)	3,655	61,252	Accumulated Funds		7,605,728	7,695,185	7,254,671
92,353	**113,207**	**170,804**	**Total Equity**		**10,640,532**	**10,064,519**	**9,763,178**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Changes in Equity for the year ended 30 June 2013

PARENT	Notes	Accumulated Funds $000	Asset Revaluation Surplus $000	Total $000
Balance at 1 July 2012		61,252	109,552	170,804
Net Result for the year		(76,250)	-----	(76,250)
Other Comprehensive Income:				
Net Increase/(Decrease) in Property, Plant & Equipment		-----	(1,139)	(1,139)
Total Other Comprehensive Income		-----	(1,139)	(1,139)
Total Comprehensive Income for the year		(76,250)	(1,139)	(77,389)
Transactions With Owners In Their Capacity As Owners				
Increase/(Decrease) in Net Assets From Equity Transfers	39	(1,062)	-----	(1,062)
Balance at 30 June 2013		**(16,060)**	**108,413**	**92,353**
Balance at 1 July 2011		79,938	108,936	188,874
Net Result for the year		27,038		27,038
Other Comprehensive Income:				
Net Increase/(Decrease) in Property, Plant & Equipment		-----	616	616
Total Other Comprehensive Income		-----	616	616
Total Comprehensive Income for the year		27,038	616	27,654
Transactions With Owners In Their Capacity As Owners				
Increase/(Decrease) in Net Assets From Equity Transfers	39	(45,724)	-----	(45,724)
Balance at 30 June 2012		**61,252**	**109,552**	**170,804**

CONSOLIDATION		$000	$000	$000
Balance at 1 July 2012		7,254,671	2,508,507	9,763,178
Net Result for the year		275,345	-----	275,345
Other Comprehensive Income:				
Net Increase/(Decrease) in Property, Plant & Equipment		-----	526,297	526,297
Total Other Comprehensive Income		-----	526,297	526,297
Total Comprehensive Income for the year		275,345	526,297	801,642
Transactions With Owners In Their Capacity As Owners				
Increase/(Decrease) in Net Assets From Equity Transfers	39	75,712	-----	75,712
Balance at 30 June 2013		**7,605,728**	**3,034,804**	**10,640,532**
Balance at 1 July 2011		7,165,157	2,369,334	9,534,491
Net Result for the year		89,514	-----	89,514
Other Comprehensive Income:				
Net Increase/(Decrease) in Property, Plant & Equipment		-----	139,173	139,173
Available for Sale Financial Assets:				
Total Other Comprehensive Income		-----	139,173	139,173
Total Comprehensive Income for the year		89,514	139,173	228,687
Transactions With Owners In Their Capacity As Owners				
Increase/(Decrease) in Net Assets From Equity Transfers	39	-----	-----	-----
Balance at 30 June 2012		**7,254,671**	**2,508,507**	**9,763,178**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Cash Flows for the year ended 30 June 2013

PARENT					CONSOLIDATION		
Actual	Budget (Unaudited)	Actual			Actual	Budget (Unaudited)	Actual
2013 $000	2013 $000	2012 $000		Notes	2013 $000	2013 $000	2012 $000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
(117,060)	(115,730)	(140,510)	Employee Related		(10,113,447)	(9,963,532)	(9,437,904)
(13,813,936)	(13,800,498)	(12,863,396)	Grants and Subsidies		(1,233,511)	(1,168,136)	(1,110,497)
-----	-----	-----	Finance Costs		(40,122)	(43,508)	(44,143)
(588,697)	(729,043)	(713,687)	Other		(5,480,322)	(5,587,087)	(5,577,225)
(14,519,693)	**(14,645,271)**	**(13,717,593)**	**Total Payments**		**(16,867,402)**	**(16,762,263)**	**(16,169,769)**
			Receipts				
9,192,268	9,192,268	12,993,815	Recurrent Appropriation		9,192,268	9,192,556	13,039,539
806,182	806,182	487,631	Capital Appropriation		806,182	807,506	487,631
-----	-----	8,094	Asset Sale Proceeds Transferred to the NSW Ministry of Health		-----	-----	-----
1,392	1,392	4,352	Reimbursements from the Crown Entity		163,452	-----	149,198
268,115	299,218	72,363	Sale of Goods and Services		2,171,674	2,041,646	1,895,499
13,505	18,743	10,378	Interest Received		69,258	86,162	56,316
4,290,915	4,408,438	36,528	Grants and Contributions		4,678,169	4,678,768	247,662
29,539	21,774	42,453	Other		832,416	821,049	1,074,139
14,601,916	**14,748,015**	**13,655,614**	**Total Receipts**		**17,913,419**	**17,627,687**	**16,949,984**
82,223	**102,744**	**(61,979)**	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	34	**1,046,017**	**865,424**	**780,215**
			CASH FLOWS FROM INVESTING ACTIVITIES				
			Proceeds from Sale of Land and Buildings, Plant and Equipment				
45	-----	-----	and Infrastructure Systems		43,789	50,915	55,741
-----	-----	-----	Proceeds from Sale of Investments		110,735	-----	94,405
			Purchases of Land and Buildings, Plant and Equipment				
(898)	(8,186)	(1,303)	Infrastructure Systems and Intangibles		(983,941)	(934,358)	(717,831)
-----	-----	-----	Purchases of Investments		(56,293)	-----	-----
(8,225)	-----	-----	Other		-----	(70,100)	(18,949)
(9,078)	**(8,186)**	**(1,303)**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(885,710)**	**(953,543)**	**(586,634)**
			CASH FLOWS FROM FINANCING ACTIVITIES				
-----	-----	(11,433)	Proceeds from Borrowings and Advances		3,542	2,182	-----
-----	-----	-----	Repayment of Borrowings and Advances		(14,912)	(14,063)	(15,963)
-----	**-----**	**(11,433)**	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**(11,370)**	**(11,881)**	**(15,963)**
73,145	**94,558**	**(74,715)**	**NET INCREASE / (DECREASE) IN CASH**		**148,937**	**(100,000)**	**177,618**
160,389	160,389	235,104	Opening Cash and Cash Equivalents		1,302,763	1,239,104	1,125,145
-----	-----	-----	Cash Transferred In/(Out) as a Result of Administrative Restructuring	39	31,267	-----	-----
233,534	**254,947**	**160,389**	**CLOSING CASH AND CASH EQUIVALENTS**	17	**1,482,967**	**1,139,104**	**1,302,763**

The accompanying notes form part of these financial statements.

Ministry of Health

Summary of Compliance with Financial Directives for the year ended 30 June 2013

	2013				2012			
	Recurrent Appropriation $000	Expenditure/ Net Claim on Consolidated Fund $000	Capital Appropriation $000	Expenditure/ Net Claim on Consolidated Fund $000	Recurrent Appropriation $000	Expenditure/ Net Claim on Consolidated Fund $000	Capital Appropriation $000	Expenditure/ Net Claim on Consolidated Fund $000
Original Budget Appropriation/ Expenditure								
• Appropriation Act	9,192,556	9,191,198	807,506	806,182	13,097,141	13,037,860	703,889	487,631
• S26 PF&AA Commonwealth Specific Purpose Payments	-----	-----	-----	-----	(16,145)	-----	-----	-----
	9,192,556	**9,191,198**	**807,506**	**806,182**	**13,080,996**	**13,037,860**	**703,889**	**487,631**
Other Appropriations/Expenditure								
• Treasurer's Advance	1,070	1,070	-----	-----	564	564	-----	-----
• Transfers to/from another agency (S31 of the Appropriation Act)	-----	-----	1,700	-----	1,115	1,115	-----	-----
	1,070	**1,070**	1,700	**-----**	**1,679**	**1,679**	**-----**	**-----**
Total Appropriations/ Expenditure / Net Claim on Consolidated Fund (includes transfer payments)	**9,193,626**	**9,192,268**	**809,206**	**806,182**	**13,082,675**	**13,039,539**	**703,889**	**487,631**
Amount drawn down against Appropriation		**9,192,268**		**806,182**		**13,039,539**		**487,631**
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".

Ministry of Health
Service Group Statements
for the Year Ended 30 June 2013

MINISTRY EXPENSES AND INCOME	Service Group 1.1 * Primary And Community Based Services		Service Group 1.2 * Aboriginal Health Services		Service Group 1.3 * Outpatient Services		Service Group 2.1 * Emergency Services		Service Group 2.2 * Inpatient Hospital Services		Service Group 3.1 * Mental Health Services		Service Group 4.1 * Rehabilitation And Extended Care Services		Service Group 5.1 * Population Health Services		Service Group 6.1 * Teaching And Research		Not Attributable		Total	
	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses excluding losses																						
Operating Expenses																						
Employee Related	473,819	476,269	45,123	43,877	1,277,072	1,228,789	1,431,600	1,422,294	4,546,211	4,469,664	1,030,623	1,023,872	992,522	980,977	185,333	182,931	280,054	267,857	-----	-----	10,262,357	10,096,530
Other Operating Expenses	163,246	174,758	14,599	15,392	769,113	799,747	623,330	667,763	2,391,517	2,137,567	236,414	250,588	317,643	334,259	180,584	190,405	106,881	105,386	-----	-----	4,803,327	4,675,865
Depreciation and Amortisation	21,517	20,323	1,393	1,275	101,408	86,562	69,770	65,744	272,757	252,530	41,640	38,116	53,509	48,980	9,670	8,851	15,117	13,041	-----	-----	586,781	535,422
Grants and Subsidies	214,419	203,245	24,828	23,535	111,851	106,022	36,098	34,217	227,245	214,478	61,089	57,905	224,918	213,197	187,795	178,009	145,268	79,889	-----	-----	1,233,511	1,110,497
Finance Costs	299	329	7	7	5,560	6,117	2,819	3,102	16,373	18,015	12,827	14,113	1,844	2,028	64	70	329	362	-----	-----	40,122	44,143
Total Expenses excluding losses	**873,300**	**874,924**	**85,950**	**84,086**	**2,265,004**	**2,227,237**	**2,163,617**	**2,193,120**	**7,454,103**	**7,092,254**	**1,382,593**	**1,384,594**	**1,590,436**	**1,579,441**	**563,446**	**560,266**	**547,649**	**466,535**	**-----**	**-----**	**16,926,098**	**16,462,457**
Revenue																						
Ministry of Health Recurrent Appropriation **																			9,192,268	13,039,539	9,192,268	13,039,539
Ministry of Health Capital Appropriation **																			806,182	487,631	806,182	487,631
Acceptance by the Crown Entity of Employee Benefits and Other Liabilities	12,073	26,722	543	1,197	24,982	55,294	48,315	106,936	132,859	294,068	23,120	51,175	15,965	35,336	4,014	8,884	6,469	14,319	-----	-----	268,340	593,931
Sale of Goods and Services	32,723	29,002	4,356	3,860	243,047	215,408	200,295	177,517	1,166,696	1,034,017	125,439	111,174	382,011	338,568	12,509	11,086	40,825	36,182	-----	-----	2,207,901	1,956,814
Investment Revenue	2,261	1,924	129	111	7,434	6,326	4,440	3,778	32,717	25,341	2,608	2,219	9,086	7,732	1,548	1,317	9,035	7,411	-----	-----	69,258	56,159
Grants and Contributions	272,943	14,311	4,664	1,392	633,695	15,712	354,769	16,763	2,229,863	165,236	636,507	67,431	152,055	45,534	113,385	35,163	280,288	15,284	-----	-----	4,678,169	376,826
Other Revenue	10,698	10,241	294	283	14,124	13,522	16,370	15,671	57,546	55,092	12,227	11,705	10,881	10,417	4,674	4,474	6,845	6,553	-----	-----	133,659	127,958
Total Revenue	**330,698**	**82,200**	**9,986**	**6,843**	**923,282**	**306,262**	**624,189**	**320,665**	**3,619,681**	**1,573,754**	**799,901**	**243,704**	**569,998**	**437,587**	**136,130**	**60,924**	**343,462**	**79,749**	**9,998,450**	**13,527,170**	**17,355,777**	**16,638,858**
Gain / (Loss) on Disposal	(3,439)	(694)	(216)	(2)	(14,504)	(3,321)	(10,996)	(1,544)	(43,265)	(13,488)	(6,349)	(2,853)	(8,163)	(2,155)	(1,473)	(153)	(2,207)	(1,893)	-----	-----	(90,612)	(26,103)
Other Gains / (Losses)	(3,381)	(494)	(318)	(14)	(8,347)	(2,904)	(8,245)	(42,702)	(27,289)	(9,782)	(5,616)	(1,478)	(6,058)	(1,478)	(2,653)	(247)	(1,815)	(1,685)	-----	-----	(63,722)	(60,784)
Net Result	**(549,422)**	**(793,912)**	**(76,498)**	**(77,259)**	**(1,364,573)**	**(1,927,200)**	**(1,558,669)**	**(1,916,701)**	**(3,904,976)**	**(5,541,770)**	**(594,657)**	**(1,145,221)**	**(1,034,659)**	**(1,145,487)**	**(431,442)**	**(499,742)**	**(208,209)**	**(390,364)**	**9,998,450**	**13,527,170**	**275,345**	**89,514**
Other Comprehensive Income																						
Change Increase/(Decrease) in Revaluation Surplus	31,926	2,203	1,256	7	57,082	20,659	55,504	6,111	267,702	97,310	55,701	6,288	37,743	4,547	7,449	496	11,934	1,552	-----	-----	526,297	139,173
Total Other Comprehensive Income	31,926	2,203	1,256	7	57,082	20,659	55,504	6,111	267,702	97,310	55,701	6,288	37,743	4,547	7,449	496	11,934	1,552	-----	-----	526,297	139,173
Total Comprehensive Income	**(517,496)**	**(791,709)**	**(75,242)**	**(77,252)**	**(1,307,491)**	**(1,906,541)**	**(1,503,165)**	**(1,910,590)**	**(3,637,274)**	**(5,444,460)**	**(538,956)**	**(1,138,933)**	**(996,916)**	**(1,140,940)**	**(423,993)**	**(499,246)**	**(196,275)**	**(388,812)**	**9,998,450**	**13,527,170**	**801,642**	**228,687**

Service Group Statements focus on the key measures of service delivery performance.

* The name and purpose of each service group is summarised in Note 16

** Appropriation are made on an entity basis and not to individual Service Groups. Consequently, allocations must be included in "Not Attributable" column.
For comparative purposes, the 2011/12 actual by Service Group have been recast to reflect the impact of the revised Independent Hospital Pricing Authority (IHPA) clinical service definitions implemented in 2012/13 and accord with the National Health Reform funding arrangements.

Ministry of Health
Service Group Statements (Continued)
for the Year Ended 30 June 2013

MINISTRY ASSETS AND LIABILITIES	Service Group 1.1 * Primary And Community Based Services		Service Group 1.2 * Aboriginal Health Services		Service Group 1.3 * Outpatient Services		Service Group 2.1 * Emergency Services		Service Group 2.2 * Inpatient Hospital Services		Service Group 3.1 * Mental Health Services		Service Group 4.1 * Rehabilitation And Extended Care Services		Service Group 5.1 * Population Health Services		Service Group 6.1 * Teaching And Research		Total	
	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
ASSETS																				
Current Assets																				
Cash and Cash Equivalents	75,631	69,046	7,415	6,515	203,166	175,873	192,786	173,267	636,193	562,794	123,086	109,432	137,916	125,065	59,319	44,294	47,455	36,477	1,482,967	1,302,763
Receivables	8,249	7,113	1,100	948	60,491	52,165	50,043	43,154	290,358	250,390	31,345	27,031	95,136	82,041	3,300	2,845	9,899	8,536	549,921	474,223
Inventories	4,689	5,173	427	419	24,156	23,907	19,609	19,993	64,937	63,893	7,389	7,550	9,094	9,926	8,668	5,732	3,126	3,216	142,095	139,809
Financial Assets at Fair Value	4,023	6,219	394	587	10,808	15,842	10,256	15,607	33,845	50,695	6,548	9,857	7,337	11,266	3,156	3,990	2,525	3,286	78,892	117,349
Other Financial Assets	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Non-Current Assets Held for Sale	714	2,533	37	133	3,337	10,801	2,296	8,201	8,970	31,469	1,370	4,734	1,755	6,067	309	1,133	502	1,600	19,290	66,671
Total Current Assets	**93,306**	**90,084**	**9,373**	**8,602**	**301,958**	**278,588**	**274,990**	**260,222**	**1,034,303**	**959,241**	**169,738**	**158,604**	**251,238**	**234,365**	**74,752**	**57,994**	**63,507**	**53,115**	**2,273,165**	**2,100,815**
Non-Current Assets																				
Receivables	109	136	14	18	800	994	662	823	3,841	4,773	415	515	1,258	1,564	44	54	131	163	7,274	9,040
Financial Assets at Fair Value	2,142	1,917	211	180	5,754	4,882	5,460	4,809	18,019	15,622	3,486	3,038	3,906	3,471	1,680	1,229	1,344	1,013	42,002	36,161
Property, Plant and Equipment																				
- Land and Buildings	410,967	355,154	23,459	18,692	1,827,528	1,514,078	1,234,802	1,149,578	5,003,669	4,411,387	714,357	663,577	916,512	850,500	170,135	158,885	265,982	224,308	10,567,411	9,346,159
- Plant and Equipment	35,001	33,058	1,892	1,740	163,654	140,931	112,571	107,003	439,878	410,614	67,164	61,766	86,084	79,165	15,136	14,789	24,595	20,879	945,975	869,945
- Infrastructure Systems	16,632	13,798	898	725	77,764	58,821	53,491	44,661	209,018	171,381	31,915	25,780	40,905	33,042	7,192	6,173	11,687	8,714	449,502	363,095
Intangible Assets	14,397	11,505	778	605	67,315	49,048	46,303	37,240	180,932	142,905	27,626	21,496	35,408	27,552	6,226	5,147	10,117	7,266	389,102	302,764
Other	1,908	2,884	187	271	5,126	7,345	4,864	7,237	16,051	23,506	3,106	4,571	3,480	5,223	1,497	1,850	1,197	1,524	37,416	54,411
Total Non-Current Assets	**481,156**	**418,452**	**27,439**	**22,231**	**2,147,941**	**1,776,099**	**1,458,153**	**1,351,351**	**5,871,408**	**5,180,188**	**848,069**	**780,743**	**1,087,553**	**1,000,517**	**201,910**	**188,127**	**315,053**	**263,867**	**12,438,682**	**10,981,575**
TOTAL ASSETS	**574,462**	**508,536**	**36,812**	**30,833**	**2,449,899**	**2,054,687**	**1,733,143**	**1,611,573**	**6,905,711**	**6,139,429**	**1,017,807**	**939,347**	**1,338,791**	**1,234,882**	**276,662**	**246,121**	**378,560**	**316,982**	**14,711,847**	**13,082,390**
LIABILITIES																				
Current Liabilities																				
Payables	41,934	42,479	3,810	3,444	216,022	196,322	175,359	164,175	580,717	524,673	66,077	61,996	81,326	81,514	77,514	47,071	27,956	26,406	1,270,715	1,148,080
Borrowings	716	761	70	72	1,923	1,939	1,825	1,911	6,021	6,206	1,165	1,207	1,305	1,379	561	488	449	402	14,035	14,365
Provisions	72,764	73,424	6,328	6,249	196,147	190,590	221,456	220,272	702,332	692,059	158,183	157,783	153,437	151,534	28,473	28,120	42,709	42,180	1,581,829	1,562,211
Other	1,958	1,855	192	174	5,261	4,724	4,992	4,654	16,474	15,117	3,187	2,939	3,571	3,359	1,536	1,190	1,229	980	38,400	34,992
Total Current Liabilities	**117,372**	**118,519**	**10,400**	**9,939**	**419,353**	**393,575**	**403,632**	**391,012**	**1,305,544**	**1,238,055**	**228,612**	**223,925**	**239,639**	**237,786**	**108,084**	**76,869**	**72,343**	**69,968**	**2,904,979**	**2,759,648**
Non-Current Liabilities																				
Borrowings	68,068	23,253	1,928	2,194	168,081	59,228	108,331	58,351	565,668	189,531	43,783	36,853	50,258	42,118	19,864	14,917	21,708	12,284	1,047,689	438,729
Provisions	719	676	60	58	1,938	1,754	2,188	2,028	6,938	6,370	1,563	1,452	1,516	1,395	281	259	422	388	15,625	14,380
Other	5,254	5,642	515	532	14,114	14,371	13,393	14,159	44,196	45,989	8,551	8,942	9,581	10,220	4,121	3,619	3,297	2,981	103,022	106,455
Total Non-Current Liabilities	**74,041**	**29,571**	**2,503**	**2,784**	**184,133**	**75,353**	**123,912**	**74,538**	**616,802**	**241,890**	**53,897**	**47,247**	**61,355**	**53,733**	**24,266**	**18,795**	**25,427**	**15,653**	**1,166,336**	**559,564**
TOTAL LIABILITIES	**191,413**	**148,090**	**12,903**	**12,723**	**603,486**	**468,928**	**527,544**	**465,550**	**1,922,346**	**1,479,945**	**282,509**	**271,172**	**300,994**	**291,519**	**132,350**	**95,664**	**97,770**	**85,621**	**4,071,315**	**3,319,212**
NET ASSETS	**383,049**	**360,446**	**23,909**	**18,110**	**1,846,413**	**1,585,759**	**1,205,599**	**1,146,023**	**4,983,365**	**4,659,484**	**735,298**	**668,175**	**1,037,797**	**943,363**	**144,312**	**150,457**	**280,790**	**231,361**	**10,640,532**	**9,763,178**

* The name and purpose of each service group is summarised in Note 16.

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

For comparative purposes, the 2011/12 actual by Service Group have been recast to reflect the impact of the revised Independent Hospital Pricing Authority (IHPA) clinical service definitions implemented in 2012/13 and accord with the National Health Reform funding arrangements.

Ministry of Health
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2013

1. The Reporting Entity

The Ministry of Health (the Ministry), as a reporting entity, comprises all the entities under its control, namely Local Health Districts established from 1 January 2011 and constituted under the *Health Services Act 1997* ; the Sydney Children's Hospital Network, Justice and Forensic Mental Health Network, the Clinical Excellence Commission, the Bureau of Health Information, the Agency for Clinical Innovation, the Health Education and Training Institute, the Albury Base Hospital, the Albury Wodonga Health Special Service Entity, the Graythwaite Trust (per Supreme Court order) and the Health Administration Corporation (which includes the operations of the Ambulance Service of NSW, HealthShare NSW, Health Infrastructure, NSW Health Pathology and Health System Support Group). NSW Kids and Families was established on 1 July 2012 and from 1 April 2013, the Ministry controls the Cancer Institute NSW as a result of it coming under the auspices of the *Health Services Act 1997*. All of these entities are reporting entities that produce financial statements in their own right.

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

The consolidated accounts are those of the consolidated entity comprising the Ministry 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.

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

These consolidated financial statements for the year ended 30 June 2013 have been authorised for issue by the Chief Financial Officer and Director General on 19 September 2013.

2. Summary of Significant Accounting Policies

Basis of Preparation

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

Statement of Compliance

The financial statements comply with Australian Accounting Standards which include Australian Accounting Interpretations .

Comparative Information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is disclosed in respect of the previous period for all amounts reported in the financial statements. The comparative period is a twelve month period.

Other

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

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

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

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

a) Employee Benefits and Other Provisions

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

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

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term".

On-costs of between 13.2% and 18.9% are applied to the value of leave payable at 30 June 2013, such on-costs being based on actuarial assessment. (Comparable on-costs for 30 June 2012 were 15.3% and 21%).

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

The outstanding amounts of workers' compensation insurance premiums and fringe benefits 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

The Ministry's liability for Long Service Leave and defined benefit superannuation are assumed by the Crown Entity. Specific on-costs relating to Long Service Leave assumed by the Crown Entity are borne by the Ministry as shown in Note 29.

The Ministry accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown Entity of Employee Benefits'.

Long Service Leave is measured at present value in accordance with AASB119, Employee Benefits. This is based on the application of certain factors (specified in NSW Treasury Circular 12/06) to employees with five or more years of service, using current rates of pay. These approximate present value. These factors were determined based on actuarial review to approximate present value.

The Ministry's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity.

Any liability attached to Superannuation Guarantee Charge cover is reported in Note 27, 'Payables'.

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

iii) Other Provisions

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

b) Insurance

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

c) Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred, in accordance with Treasury's mandate to not-for-profit general government sector agencies.

d) Income Recognition

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

Sale of Goods

Revenue from the sale of goods is recognised as revenue when the entity transfers the significant risks and rewards of ownership of the assets.

Rendering of Services

Revenue is recognised when the service is provided or by reference to the stage of completion (based on labour hours incurred to date).

Patient Fees

Patient fees are derived from chargeable inpatients and non-inpatients on the basis of rates specified by the Ministry of Health. Revenue is recognised on an accrual basis, when the service has been provided to the patient.

High Cost Drugs

High cost drug revenue is paid by the Commonwealth through Medicare and reflects the recoupment of costs incurred for Section 100 highly specialised drugs, in accordance with the terms of the Commonwealth agreement. The agreement provides for the provision of medicines for the treatment of chronic conditions where specific criteria is met in respect of day admitted patients, non admitted patients or patients on discharge. Revenue is recognised when the drugs have been provided to the patient.

Motor Accident Authority Third Party

A bulk billing agreement exists in which motor vehicle insurers effect payment directly to NSW Health for the hospital costs for those persons hospitalised or attending for inpatient treatment as a result of motor accidents. The Ministry and it's controlled entities, recognises the revenue on an accruals basis from the time the patient is treated or admitted into hospital.

Department of Veterans' Affairs

An agreement is in place with the Commonwealth Department of Veterans' Affairs, through which direct funding is provided for the provision of health services to entitled veterans. For inpatient services, revenue is recognised by the Ministry and it's controlled entities on an accrual basis by reference to patient admissions. Non admitted patients are recognised by the Ministry of Health in the form of a block grant.

Investment Revenue

Interest revenue is recognised using the effective interest method as set out in AASB139, Financial Instruments: Recognition and Measurement.

Rental revenue from operating leases is recognised in accordance with AASB117 Leases on a straight line basis over the lease term.

Dividend revenue is recognised in accordance with AASB118 Revenue when the Ministry's right to receive payment is established.

Royalty revenue is recognised in accordance with AASB118 on an accrual basis in accordance with the substance of the relevant agreement.

Use of Hospital Facilities

Specialist doctors with rights of private practice are subject to an infrastructure charge for the use of hospital facilities at rates determined by the Ministry of Health. Charges consist of two components:

* a monthly charge raised by the Ministry based on a percentage of receipts generated; and
* the residue of the Private Practice Trust Fund at the end of each financial year, such sum being credited for Ministry use in the advancement of the Ministry or individuals within it.

Use of Outside Facilities

The Ministry uses a number of facilities owned and maintained by the local authorities in the area to deliver community health services for which no charges are raised by the authorities.

Where material, the cost method of accounting is used for the initial recording of all such services. Cost is determined as the fair value of the services given and is then recognised as revenue with a matching expense.

Grants and Contributions

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

Parliamentary Appropriations & Contributions

Parliamentary appropriations and contributions from other bodies (including grants and donations) are generally recognised as income when the Ministry 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.

General operating expenses/revenues of Affiliated Health Organisations have only been included in the Statement of Comprehensive Income prepared to the extent of the cash payments made to the Affiliated Health Organisations concerned. The Ministry is not deemed to own or control the various assets/liabilities of the affiliated Health Organisations and such amounts have been excluded from the Statement of Financial Position. Any exceptions are specifically listed in the notes that follow.

e) Accounting for the Goods & Services Tax (GST)

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

* the amount of GST incurred by the Ministry as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense; and

* receivables and payables are stated with the amount of GST included.

Cash flows are included in the Statement of Cash Flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which is recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

f) Interstate Patient Flows

The Ministry recognises the value of Inflows for acute inpatient treatment provided to residents from other States and Territories. The revenue values reported within the financial statements have been based on 2011/12 activity data using standard cost weighted separation values to reflect estimated costs in 2012/13 for acute weighted inpatient separations.

The composition of interstate patient flow revenue is disclosed in Note 8.

The cost of NSW residents treated in other states and territories is similarly calculated and is disclosed in Note 4.

g) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Ministry.

Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised at their fair value at the date of acquisition (See also assets transferred as a result of an equity transfer Note 2(y)).

Fair value is the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, that is, the deferred payment amount is effectively discounted at an asset-specific rate.

h) Capitalisation Thresholds

Individual items of property, plant & equipment and intangible assets are capitalised where their cost is $10,000 or above.

i) Depreciation of Property, Plant and Equipment

Depreciation is provided for on a straight-line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Ministry. Land is not a depreciable asset. All material separately identifiable components of assets are depreciated over their shorter useful lives.

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

Buildings	2.5%
Electro Medical Equipment	
- Costing less than $200,000	10.0%
- Costing more than or equal to $200,000	12.5%
Computer Equipment	20.0%
Infrastructure Systems	2.5%
Motor Vehicle Sedans	12.5%
Motor Vehicles, Trucks & Vans	20.0%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	25.0%
Furniture, Fittings and Furnishings	5.0%

"Infrastructure Systems" means assets that comprise public facilities and which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported.

j) Revaluation of Non-Current Assets

Physical non-current assets are valued in accordance with the Ministry of Health's "Valuation of Physical Non-Current Assets at Fair Value" Policy. This policy adopts the Revaluation Model in AASB 116 Property, Plant and Equipment, para 31; and AASB 140 – Investment Property, para 36 that use the fair value as measurement; and in accordance with the guidelines provided in TPP07-01 (with amendments in NSWTC 12/05 and NSWTC 10/07). This policy adopts fair value in accordance with AASB116 Property, Plant and Equipment and AASB140 Investment Property.

Investment property is separately discussed at Note 2(n).

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence, the asset's fair value is measured at its market buying price, the best indicator of which is the depreciated replacement cost.

The Ministry performs valuations on Land and Buildings and Infrastructure at least every three years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date.

To ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date, indices from external independent valuers are applied. The indices reflect an assessment of movements in the period between revaluations. Non-specialised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value. Values assigned to Land and Buildings and Infrastructure have been modified accordingly.

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

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

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

Revaluation increments are credited directly to the revaluation surplus, 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 net result, the increment is recognised immediately as revenue in the net result.

Revaluation decrements are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

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

k) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, AASB 136 Impairment of Assets is effectively exempt.

AASB136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are regarded as material. Selling costs are regarded as immaterial.

l) Restoration Costs

The estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, to the extent it is recognised as a liability.

m) Non-Current Assets (or disposal groups) Held for Sale

The Ministry has certain non-current assets (or disposal groups) classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use.

Non-current assets (or disposal groups) held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

n) Investment Properties

Investment property is held to earn rentals or for capital appreciation, or both. However, for not-for-profit entities, property held to meet service delivery objectives rather than to earn rental or for capital appreciation does not meet the definition of investment property and is accounted for under AASB 116 Property, Plant and Equipment.

The Ministry does not have any property that meets the definition of Investment Property.

o) Intangible Assets

The Ministry recognises intangible assets only if it is probable that future economic benefits will flow to the Ministry of Health and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost.

Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite.

Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Ministry's intangible assets, the assets are carried at cost less any accumulated amortisation.

Computer software developed or acquired by the Ministry are recognised as intangible assets and are amortised over three to ten years using the straight line method based on the useful life of the asset for both internally developed assets and direct acquisitions.

Intangible assets are tested for impairment where an indicator of impairment exists. If the recoverable amount is less than its carrying amount the carrying amount is reduced to recoverable amount and the reduction is recognised as an impairment loss.

p) Maintenance

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a part or component of an asset, in which case the costs are capitalised and depreciated.

q) 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, at the commencement of the lease term, the asset is recognised at its fair value or, if lower, the present value of the minimum lease payments, at the inception of the lease.

Operating lease payments are charged to the Statement of Comprehensive Income in the periods in which they are incurred.

r) Inventories

Inventories are stated at the lower of cost and net realisable value, adjusted when applicable, for any loss of service potential. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

Obsolete items are disposed of in accordance with instructions issued by the Ministry of Health.

s) Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are recognised in the Net Result when impaired, derecognised or through the amortisation process.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

t) Investments

Investments are initially recognised at fair value plus, in the case of investments not at fair value through profit or loss, transaction costs. The Ministry of Health determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

* Fair value through profit or loss - The Ministry of Health subsequently measures investments classified as 'held for trading' or designated upon initial recognition “at fair value through profit or loss” at fair value.

  Financial assets are classified as 'held for trading' if they are acquired for the purpose of selling in the near term. Derivatives are also classified as held for trading. Gains or losses on these assets are recognised in the net result for the year.

  The Hour-Glass Investment facilities are designated at fair value through profit or loss using the second leg of the fair value option i.e. these financial assets are managed and their performance is evaluated on a fair value basis, in accordance with a documented risk management strategy, and information about these assets is provided internally on that basis to the Ministrys' key management personnel.

  The risk management strategy of the Ministry has been developed consistent with the investment powers granted under the provision of the Public Authorities (Financial Arrangements) Act.

  T Corp investments are made in an effort to improve interest returns on cash balances otherwise available whilst also providing secure investments guaranteed by the State market exposures.

  The movement in the fair value of the Hour-Glass Investment facilities incorporates distributions received as well as unrealised movements in fair value and is reported in the line item ‘investment revenue’.

* Held-to-maturity investments – Non-derivative financial assets with fixed or determinable payments and fixed maturity that the Ministry of Health has the positive intention and ability to hold to maturity are classified as 'held-to-maturity'.

  These investments are measured at amortised cost using the effective interest method. Changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

* Available-for-sale investments - Any residual investments that do not fall into any other category are accounted for as available-for-sale investments and measured at fair value in other comprehensive income until disposed or impaired, at which time the cumulative gain or loss previously recognised in other comprehensive income is recognised in the net result for the year. However, interest calculated using the effective interest method and dividends are recognised in the net result for the year.

Purchases or sales of investments under contract that require delivery of the asset within the timeframe established by convention or regulation are recognised on the trade date; that is, the date the Ministry commits to purchase or sell the asset.

The fair value of investments that are traded at fair value in an active market is determined by reference to quoted current bid prices at the close of business on the Statement of Financial Position date.

u) Impairment of financial assets

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the Ministry will not be able to collect all amounts due.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the net result for the year.

When an available for sale financial asset is impaired, the amount of the cumulative loss is removed from equity and recognised in the net result for the year, based on the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss previously recognised in the net result for the year.

Any reversals of impairment losses are reversed through the net result for the year, where there is objective evidence, except reversals of impairment losses on an investment in an equity instrument classified as "available for sale" must be made through the reserve. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

v) De-recognition of financial assets and financial liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the Ministry transfers the financial asset:

* where substantially all the risks and rewards have been transferred; or
* where the Ministry has not transferred substantially all the risks and rewards, if the Ministry has not retained control.

Where the Ministry has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Ministry's continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires.

w) Payables

These amounts represent liabilities for goods and services provided to the Ministry and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value.

Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Ministry.

x) Borrowings

Loans are not held for trading or designated at fair value through profit or loss and are recognised at amortised cost using the effective interest rate method. Gains or losses are recognised in the net result for the year on derecognition.

The finance lease liability is determined in accordance with AASB 117, Leases.

y) Equity Transfers

The transfer of net assets between entities as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector entities is designated or required by Accounting Standards to be treated as contributions by owners and is recognised as an adjustment to "Accumulated Funds". This treatment is consistent with AASB1004, Contributions and Australian Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities.

Transfers arising from an administrative restructure involving not-for-profit entities and for-profit government entities are recognised at the amount at which the asset was recognised by the transferor immediately prior to the restructure. Subject to below, in most instances this will approximate fair value.

All other equity transfers are recognised at fair value, except for intangibles. Where an intangible has been recognised at (amortised) cost by the transferor because there is no active market, the entity recognises the asset at the transferor's carrying amount. Where the transferor is prohibited from recognising internally generated intangibles, the entity does not recognise that asset.

z) Equity and Reserves

(i) Revaluation Surplus

The revaluation surplus is used to record increments and decrements on the revaluation of non-current assets. This accords with the Ministry's policy on the revaluation of property, plant and equipment as discussed in Note 2(j).

(ii) Accumulated Funds

The category "accumulated funds" includes all current and prior period retained funds.

aa) Trust Funds

The Ministry receives monies in a trustee capacity for various trusts as set out in Note 32.

As the Ministry performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Ministry's own objectives, they are not brought to account in the financial statements.

ab) Budgeted Amounts

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament in respect of the reporting period.

ac) Emerging Asset

The Ministry of Health's emerging interest in car parks and hospitals has been valued in accordance with "Accounting for Privately Financed Projects" (TPP06-8). This policy requires the Ministry of Health and its controlled entities to initially determine the estimated written down replacement cost by reference to the project's historical cost escalated by a construction index and the system's estimated working life. The estimated written down replacement cost is then allocated on a systematic basis over the concession period using the annuity method and the Government Bond rate at commencement of the concession period.

ad) Service Group Statements Allocation Methodology

The Ministry of Health, in conjunction with all health entities, undertook an analysis of service group statements to ensure that the National Health Funding reforms definitions were consistently applied to 2011/12 and 2012/13 financial statements. Using the statistical data for the twelve months ending 30 June 2012, new percentages were derived which resulted in variances in several service groups for the 2011/12 comparative year, which have been restated.

The data has then been adjusted for any material change in service delivery or funding distribution occurring in the 2012/13 year. The same methodology is applied to attribute assets an d liabilities to each service group.

In respect of assets and liabilities the Ministry takes action to identify those components that can be specifically identified and reported by service groups. Remaining values are attributed to service groups in accordance with values advised by the Ministry of Health, e.g. depreciation/amortisation charges form the basis of apportioning the values for Intangibles and Property, Plant & Equipment.

ae) New Australian Accounting Standards Issued but not Effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless Treasury determines otherwise. The following new Australian Accounting Standards have not been applied and are not yet effective. The possible impact of these Standards in the period of initial application includes:

AASB 9, AASB 2012-6 and AASB 2010-7, Financial Instruments have mandatory application from 1 July 2015 and comprise changes to improve and simplify the approach for classification and measurement of financial assets. The change is not expected to materially impact the financial statements.

AASB 10, Consolidated Financial Statements has mandatory application from 1 July 2013 and provides replacement criteria for the assessment of control in lieu of the provisions of AASB 127. Changes to the reporting of consolidated entities is not expected as a result of this amendment.

AASB 11, Joint Arrangements has mandatory application from 1 July 2013 and defines joint control and the determination of joint control through an assessment of rights and obligations. The Standard is not expected to have any effect within the Ministry.

AASB 12, Disclosure of Interests in Other Entities, has mandatory application from 1 July 2013 and requires disclosure of significant judgements and assumptions made in determining the nature of its interests in another entity or arrangement. It is not expected that the changes will have material impact.

AASB 13. AASB 2011-8 and AASB 2012-1, Fair Value Measurement have mandatory application from 1 July 2013 and address, inter alia, the assumption that market participants would use when pricing the asset or liability. Future impact is assessed as minimal.

AASB 119, AASB 2011-10 and AASB 2011-11, regarding employee entitlements, have mandatory application from 1 July 2013 and cover the recognition and measurement of short term and long term employee benefits. Any changes to the 2012/13 financial statements will be dependent on the policy of NSW Treasury.

AASB 127, Separate Financial Statements, has mandatory application from 1 July 2013 and applies in accounting for interests in subsidiaries, joint ventures and associates. Based on current activities, it is assessed as having no future impact on the Ministry.

AASB 128, Investments in Associates and Joint Ventures, has mandatory application from 1 July 2013 and, based on current activities, is assessed as having no impact on the Ministry.

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

AASB 1055, Budgetary Reporting, has application from 1 July 2014. Any changes in future disclosures will be determined by the polices adopted by NSW Treasury for whole of government reporting.

AASB 2010-10 regarding removal of fixed dates for first time adopters has mandatory application from 1 July 2013 and, based on current activities, is assessed as having no impact on the Ministry.

AASB 2011-2, Trans Tasman Convergence Project - Reduced Disclosure Requirements, has mandatory application from 1 July 2013 and may result in a lessening of reporting requirements, dependent on the mandate of Treasury.

AASB 2011-4, Amendments to Australian Accounting Standards To Remove Individual Key Management Personnel Disclosure Requirements, has application from 1 July 2013 and removes the requirement to individually report the remuneration to Key Management Personnel, recognising that this is more a governance issue.

AASB 2011-6, Amendments to Australian Accounting Standards - Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation - Reduced Disclosure Requirements (AASB 127, AASB 128 and AASB 131), applies from 1 July 2013. The exemption is not expected to have a material impact.

ASB 2011-7, Amendments to Australian Accounting Standards for the consolidation and joint arrangement standards, arise from the issuance of AASB 10, AASB 11, AASB 12, AASB 127, and AASB 128. For not-for-profits, the changes have application from 1 July 2014 but are assessed as having no material effect.

AASB 2011-10, Amendments to Australian Accounting Standards arising from AASB 119, applicable from 1 July 2013 assessed as having no material impact.

AASB 2011-11, Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements, applicable from 1 July 2013 assessed as having no material impact.

The following changes will depend on the mandate of Treasury.

AASB 2012-1, Amendments to Australian Accounting Standards – Fair Value Measurement – Reduced Disclosure Requirements. Sets out reduced disclosure requirements as a consequence of the issuance of AASB 13, having application from 1 July 2013.

AASB 2012-2, Amendments to Australian Accounting Standard - Offsetting Financial Assets and Financial Liabilities, has application for reporting periods starting on or after 1 January 2013 and seeks to address some of the offsetting criteria of AASB 7.

AASB 2012-3, Amendments to Australian Accounting Standard - Offsetting Financial Assets and Financial Liabilities, has application from 1 January 2014 and seeks to address inconsistencies identified in applying some of the offsetting criteria of AASB 132.

AASB 2012-4, Amendments to Australian Accounting Standards – Government Loans (Amendments to AASB 1 'First-time Adoption of International Financial Reporting Standards'). Applicable to reporting periods on or after 1 January 2013.

AASB 2012-5 regarding annual improvements 2009 to 2011 cycle applicable to reporting periods on or after 1 January 2013.

AASB 2012-7, Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements, applicable from 1 July 2013.

AASB 2012-9, Amendment to AASB 1048 arising from the Withdrawal of Australian Interpretation 1039. Applicable to reporting periods on or after 1 January 2013.

AASB 2012-10, Amendments to Australian Accounting Standards – Transition Guidance and Other Amendments. Applicable to reporting periods on or after 1 January 2013.

AASB 2012-11, Amendments to Australian Accounting Standards – Reduced Disclosure Requirements and Other Amendments, having application from 1 July 2013.

AASB 2013-1, Amendments to AASB 1049 – Relocation of Budgetary Reporting Requirements, having application from 1 July 2014.

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		3. Employee Related		
		Employee related expenses comprise the following:		
89,657	102,981	Salaries and Wages	8,227,301	7,757,111
1,976	2,080	Superannuation - Defined Benefit Plans	139,002	158,487
5,708	4,318	Superannuation - Defined Contribution Plans	702,823	637,316
(692)	7,368	Long Service Leave*	131,460	500,015
6,832	6,559	Annual Leave	846,205	837,662
2,223	5,093	Redundancies	27,579	19,635
699	1,026	Workers' Compensation Insurance	181,196	179,555
5,464	6,215	Payroll Tax and Fringe Benefits Tax	6,791	6,749
111,867	**135,640**		**10,262,357**	**10,096,530**

*As a result of a decrease in the actuarial factor, the present value of the long service leave liability assumed by the Crown Entity dropped significantly. Refer note 11.

		The following additional information is provided:		
-----	-----	Employee Related Expenses Capitalised - Land and Buildings	10,654	6,524
-----	-----	Employee Related Expenses Capitalised - Intangibles	13,052	8,901
		4. Other Operating Expenses		
14,470	15,745	Blood and Blood Products	105,480	110,747
576	569	Domestic Supplies and Services	90,492	89,396
98,971	108,954	Drug Supplies	639,490	646,463
-----	-----	Food Supplies	89,768	91,595
741	614	Fuel, Light and Power	148,620	114,403
58,469	63,521	General Expenses (See (b) below)	326,222	413,607
-----	-----	Hospital Ambulance Transport Costs	26,941	20,595
7,824	8,585	Information Management Expenses	255,751	247,550
219,893	202,048	Insurance	245,801	226,835
250,002	281,828	Interstate Patient Outflows	250,002	206,768
		Maintenance (See (c) below)		
3,070	1,431	Maintenance Contracts	136,503	130,259
1,877	666	New/Replacement Equipment under $10,000	163,795	162,616
2,169	1,737	Repairs Maintenance/Non Contract	95,758	95,384
3,902	2,352	Medical and Surgical Supplies	711,912	693,157
119	67	Motor Vehicle Expenses	42,417	42,517
2,173	1,794	Postal and Telephone Costs	45,380	45,633
2,321	2,827	Printing and Stationery	49,099	46,413
246	388	Rates and Charges	24,495	23,044
7,141	7,500	Rental	65,856	63,588
31	173	Special Service Departments	273,788	204,933
10,648	12,723	Staff Related Costs	115,382	132,422
1,034	2,245	Sundry Operating Expenses (See (a) below)	171,335	159,577
2,021	2,197	Travel Related Costs	79,143	75,223
-----	-----	Visiting Medical Officers	649,897	633,140
687,698	**717,964**		**4,803,327**	**4,675,865**

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		(a) Sundry Operating Expenses comprise :		
-----	-----	Aircraft Expenses (Ambulance)	72,782	66,906
1,034	2,245	Contract for Patient Services	82,359	79,772
-----	-----	Isolated Patient Travel and Accommodation Assistance Scheme	16,194	12,899
1,034	**2,245**		**171,335**	**159,577**
		(b) General Expenses include :-		
6,363	3,814	Advertising	18,561	10,370
661	370	Auditor's Remuneration - Audit of Financial Statements	4,049	4,417
274	188	Books, Magazines and Journals	6,071	6,475
1,385	1,193	Consultancies	15,097	14,333
2,402	1,963	Courier and Freight	17,521	19,707
311	299	Data Recording and Storage	5,428	5,528
1,034	907	Legal Services	9,139	6,649
77	111	Membership/Professional Fees	7,948	6,669
7	-----	Motor Vehicle Operating Lease Expense - Minimum Lease Payments	52,280	56,805
-----	-----	Public Private Partnership	81,034	61,098
-----	18	Other Operating Lease Expense - Minimum Lease Payments	26,602	26,661
-----	-----	Payroll Services	501	416
-----	-----	Quality Assurance/Accreditation	4,996	6,378
288	288	Security Services	11,693	14,782
97	24	Translator Services	4,534	4,640
		(c) Reconciliation of Total Maintenance		
7,116	3,834	Maintenance Expense - Contracted Labour and Other (Non-Employee Related), included in Note 4.	396,056	388,259
-----	-----	Employee Related Maintenance Expense included in Note 3.	50,710	30,933
7,116	**3,834**	**Total Maintenance Expenses**	**446,766**	**419,192**
		5. Depreciation and Amortisation		
2,713	2,241	Depreciation - Buildings	362,391	324,795
1,014	1,446	Depreciation - Plant and Equipment	177,755	173,369
-----	-----	Depreciation - Infrastructure Systems	20,308	17,841
118	-----	Amortisation - Intangible Assets	26,327	19,417
3,845	**3,687**		**586,781**	**535,422**
		6. Grants and Subsidies		
13,007,405	12,154,862	Payments to Controlled Health Entities	-----	-----
312,055	296,291	Payments to Other Affiliated Health Organisations	569,352	547,366
		Grants -		
116,482	145,378	Cancer Institute NSW*	116,482	145,378
-----	-----	Community Aged Care Packages	29,412	28,067
79,827	74,891	External Research	102,040	84,703
62,566	75,810	Non-Government Organisations	139,682	159,044
76,787	75,084	Albury Wodonga Health	76,787	75,084
32,093	3,724	Westmead Millennium	55,137	28,781
126,721	37,357	Other Grants	144,619	42,074
13,813,936	**12,863,397**		**1,233,511**	**1,110,497**

*From 1 April 2013, as result of an administrative transfer, Cancer Institute NSW (CINSW) became a controlled entity of the Ministry of Health. Grants paid effective 1 April 2013 to CINSW are now recognised as payments to controlled health entities.

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		7. Finance Costs		
-----	-----	Finance Lease Interest Charges	39,608	42,036
-----	-----	Other Interest Charges	514	2,107
-----	**-----**		**40,122**	**44,143**
		8. Sale of Goods and Services		
		(a) Sale of Goods comprise the following:-		
-----	-----	Sale of Prosthesis	51,773	52,610
-----	-----	Pharmacy Sales	6,852	8,768
		(b) Rendering of Services comprise the following:-		
		Patient Fees [see note 2(d)]		
-----	-----	- Inpatient Fees	618,270	542,628
-----	-----	- Nursing Home Fees	15,553	17,103
-----	-----	- Non Inpatient Fees	22,573	20,103
111,491	81,125	Department of Veterans' Affairs	372,565	333,711
-----	-----	Staff-Meals and Accommodation	3,875	4,718
-----	-----	Infrastructure Fees - Monthly Facility Charge [see note 2(d)]	280,601	251,133
-----	-----	- Annual Charge	81,998	70,282
-----	-----	Cafeteria/Kiosk	16,240	20,374
-----	-----	Car Parking	23,778	21,831
-----	-----	Child Care Fees	11,903	10,842
-----	-----	Clinical Services (excluding Clinical Drug Trials)	28,385	14,979
134	314	Commercial Activities	18,374	36,440
-----	-----	Fees for Medical Records	1,878	1,941
-----	-----	High Cost Drugs	216,823	209,003
-----	-----	Linen Service Revenues - Non Health Services	8,660	6,888
-----	-----	Meals on Wheels	1,278	1,647
-----	-----	Motor Accident Authority Third Party	130,083	92,973
-----	-----	PADP Patient Copayments	546	175
64,959	2,570	Patient Inflows from Interstate*	64,959	2,570
-----	-----	Patient Transport Fees	85,492	77,812
-----	-----	Private Use of Motor Vehicles	2,635	2,681
-----	-----	Salary Packaging Fee	8,105	6,505
205	182	Services Provided to Non NSW Health Organisations	19,107	24,690
-----	-----	Use of Ambulance Facilities	4,722	3,853
34,744	38,070	Other	110,873	120,554
211,533	**122,261**		**2,207,901**	**1,956,814**

*Under the activity based funding agreement, effective from 1 July 2012, the parent entity assumes responsibility for all interstate patient flows. Prior to 30 June 2012, inflows were shown as either net expenses or revenues by individuals states and territories. From 1 July 2012, interstate patient flows are shown on a gross basis.

		9. Investment Revenue		
13,505	10,378	Interest	68,914	55,433
-----	-----	Royalties	313	335
-----	-----	Other	31	391
13,505	**10,378**		**69,258**	**56,159**

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		10. Grants and Contributions		
-----	-----	Clinical Drug Trials	21,848	20,542
4,250,250	-----	Commonwealth National Health Reform Funding*	4,250,250	-----
18,300	15,789	Commonwealth Government Grants	149,020	90,608
-----	-----	Industry Contributions/Donations	75,317	65,125
-----	-----	Cancer Institute Grants	58,811	59,030
23,157	4,199	NSW Government Grants	46,566	75,948
-----	-----	Research Grants	26,313	22,076
-----	-----	University Commission Grants	451	4
(792)	8,059	Other Grants	49,593	43,493
4,290,915	**28,047**		**4,678,169**	**376,826**

* Under the National Health Reform, Commonwealth contributions are recognised as a grant contribution to the State Pool Account. Prior to 1 July 2012, Commonwealth Contributions were paid to NSW Treasury and included as recurrent appropriations.

		11. Acceptance by the Crown Entity of employee benefits		
		The following liabilities and expenses have been assumed by the Crown Entity:		
1,976	2,080	Superannuation-defined benefit	139,002	158,487
(692)	6,288	Long Service Leave*	129,230	435,331
108	113	Payroll Tax	108	113
1,392	**8,481**		**268,340**	**593,931**

*Health employees long service leave liability assumed by the crown entity decreased in the current year due to a decrease in the actuarial factor.

		12. Other Revenue		
		Other Revenue comprises the following:-		
-----	-----	Ambulance Death and Disability - Employee Contribution	4,773	4,412
2	2	Commissions	2,461	2,275
-----	-----	Conference and Training Fees	8,890	6,769
3,379	2,854	Discounts	4,064	3,374
-----	38	Insurance Refunds	870	4,707
2,071	1,650	Lease and Rental Income	25,155	24,424
-----	-----	Property not Previously Recognised	12,099	-----
-----	5	Sale of Merchandise, Old Wares and Books	730	621
-----	-----	Sponsorship Income	1,467	1,157
135	-----	Treasury Managed Fund Hindsight Adjustment	9,103	17,174
20,157	39,078	Other	64,047	63,045
25,744	**43,627**		**133,659**	**127,958**

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		13. Gain / (Loss) on Disposal		
1,170	264	Property, Plant and Equipment	629,469	207,231
691	-----	Less: Accumulated Depreciation	543,275	173,991
479	264	**Written Down Value**	**86,194**	**33,240**
45	-----	Less: Proceeds from Disposal	7,769	18,813
(434)	**(264)**	**Gain/(Loss) on Disposal of Property, Plant and Equipment**	**(78,425)**	**(14,427)**
-----	-----	Assets Held for Sale	48,207	18,281
-----	-----	Less: Proceeds from Disposal	36,020	6,605
-----	**-----**	**Gain/(Loss) on Disposal of Assets Held for Sale**	**(12,187)**	**(11,676)**
(434)	**(264)**	**Total Gain/(Loss) on Disposal**	**(90,612)**	**(26,103)**
		14. Other Gains / (Losses)		
-----	-----	Emerging Asset Losses	(16,995)	-----
(9)	(68)	Impairment of Receivables	(46,727)	(60,784)
(9)	**(68)**		**(63,722)**	**(60,784)**

15. Conditions on Contributions (Consolidated)

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	$000	$000	$000	$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	40,856	148,118	60,669	**249,643**
Contributions recognised in previous years which were not expended in the current reporting period.	174,200	447,144	98,795	**720,139**
Total amount of unexpended contributions as at balance date	215,056	595,262	159,464	**969,782**

Comment on restricted assets appears in Note 26.

The Parent entity does not have any conditions on contributions disclosures.

16. Service Groups of the Ministry

Service Group 1.1 - Primary and Community Based Services

Service Description: This service group covers the provision of health services to persons attending community health centres or in the home, including health promotion activities, community based women's health, dental, drug and alcohol and HIV/AIDS services. It also covers the provision of grants to non-Government organisations for community health purposes.

Objective: This service group contributes to making prevention everybody's business and strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:
• improved access to early intervention, assessment, therapy and treatment services for claims in a home or community setting
• reduced rate of avoidable hospital admissions for conditions identified in the State Plan that can be appropriately treated in the community and
• reduced rate of hospitalisation from fall-related injury for people aged 65 years and over.

Service Group 1.2 - Aboriginal Health Services

Service Description: This service group covers the provision of supplementary health services to Aboriginal people, particularly in the areas of health promotion, health education and disease prevention. (Note: This programme excludes most services for Aboriginal people provided directly by Local Health Districts and other general health services that are used by all members of the community).

Objective: This service group contributes to ensuring a fair and sustainable health system by working towards a range of intermediate results that include the following:
• the building of regional partnerships for the provision of health services
• raising the health status of Aboriginal people and
• promoting a healthy lifestyle.

Service Group 1.3 - Outpatient Services

Service Description: This service group covers the provision of services provided in outpatient clinics including low level emergency care, diagnostic and pharmacy services and radiotherapy treatment.

Objective: This service group contributes to creating better experiences for people using health services and ensuring a fair and sustainable health system by working towards a range of intermediate results including improving, maintaining or restoring the health of ambulant patients in a hospital setting through diagnosis, therapy, education and treatment services.

Service Group 2.1 - Emergency Services

Service Description: This service group covers the provision of emergency road and air ambulance services and treatment of patients in emergency departments of public hospitals.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results including reduced risk of premature death or disability by providing timely emergency diagnostic treatment and transport services.

Service Group 2.2 - Inpatient Hospital Services

Service Description: This service group covers the provision of health care to patients admitted to hospitals, including elective surgery and maternity services.

Objective: This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results that include the following:
• timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and patient satisfaction and
• reduced rate of unplanned and unexpected hospital readmissions.

Service Group 3.1 - Mental Health Services

Service Description: This service group covers the provision of an integrated and comprehensive network of services by Local Health Districts and community based organisations for people seriously affected by mental illnesses and mental health problems. It also covers the development of preventative programs that meet the needs of specific client groups.

Objective: This service group contributes to strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:
• improving the health, wellbeing and social functioning of people with disabling mental disorders and
• reducing the incidence of suicide, mental health problems and mental disorders in the community.

Service Group 4.1 - Rehabilitation and Extended Care Services

Service Description: This service group covers the provision of appropriate health care services for persons with long-term physical and psycho-physical disabilities and for the frail-aged. It also includes the coordination of the Ministry's services for the aged and disabled, with those provided by other agencies and individuals.

Objective: This service group contributes to strengthening primary health and continuing care in the community and creating better experiences for people using the health system by working towards a range of intermediate results including improving or maintaining the wellbeing and independent functioning of people with disabilities or chronic conditions, the frail and terminally ill.

Service Group 5.1 - Population Health Services

Service Description: This service group covers the provision of health services targeted at broad population groups including environmental health protection, food and poisons regulation and monitoring of communicable diseases.

Objective: This service group contributes to making prevention everybody's business by working towards a range of intermediate results that include the following:
• reduced incidence of preventable disease and disability and
• improved access to opportunities and prerequisites for good health.

Service Group 6.1 - Teaching and Research

Service Description: This service group covers the provision of professional training for the needs of the New South Wales health system. It also includes strategic investment in research and development to improve the health and wellbeing of the people of New South Wales.

Objective: This service group contributes to ensuring a fair and sustainable health system by working towards a range of intermediate results that include the following:
• developing the skills and knowledge of the health workforce to support patient care and population health and
• extending knowledge through scientific enquiry and applied research aimed at improving the health and wellbeing of the people of New South Wales.

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		17. Cash and Cash Equivalents		
233,534	160,389	Cash at Bank and On Hand	929,162	821,560
-----	-----	Short Term Deposits	553,805	481,203
233,534	**160,389**		**1,482,967**	**1,302,763**
		Cash & cash equivalent assets recognised in the Statement of Financial Position are reconciled at the end of the financial year to the Statement of Cash Flows as follows:		
233,534	160,389	Cash and Cash Equivalents (per Statement of Financial Position)	1,482,967	1,302,763
233,534	**160,389**	Closing Cash and Cash Equivalents (per Statement of Cash Flows)	**1,482,967**	**1,302,763**

Refer to Note 40 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

		18. Receivables		
		Current		
15,389	69,927	Sale of Goods and Services	303,381	302,744
9,285	18,995	Intra Health Receivables	-----	-----
6,026	9,619	Goods and Services Tax	72,768	52,796
19,251	11,874	Other Debtors	167,233	107,606
49,951	110,415	**Sub Total**	543,382	463,146
-----	-----	Less Allowance for Impairment	(64,862)	(63,249)
49,951	110,415	**Sub Total**	478,520	399,897
2,099	4,800	Prepayments	71,401	74,326
52,050	**115,215**		**549,921**	**474,223**
		(a) Movement in the Allowance for Impairment Sale of Goods and Services		
-----	(1,016)	Balance at Commencement of Reporting Period	(41,240)	(46,387)
-----	1,016	Amounts written off during the year	37,744	52,505
-----	-----	(Increase)/decrease in Allowance Recognised in Result for the Year	(43,769)	(47,358)
-----	**-----**	Balance at 30 June	**(47,265)**	**(41,240)**
		(b) Movement in the Allowance for Impairment Other Debtors		
-----	-----	Balance at Commencement of Reporting Period	(22,009)	(13,645)
-----	-----	Amounts written off during the year	6,284	4,410
-----	-----	(Increase)/decrease in Allowance Recognised in Result for the Year	(1,872)	(12,774)
-----	**-----**	Balance at 30 June	**(17,597)**	**(22,009)**
-----	**-----**		**(64,862)**	**(63,249)**

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		18. Receivables (continued)		
		Non-Current		
-----	-----	Sale of Goods and Services	558	1,358
-----	-----	Leave Mobility	18	25
-----	-----	Other Debtors	1,316	-----
-----	-----	**Sub Total**	1,892	1,383
-----	-----	Less Allowance for Impairment	(1,086)	(938)
-----	-----	**Sub Total**	806	445
-----	-----	Prepayments	6,468	8,595
-----	**-----**		**7,274**	**9,040**
		(a) Movement in the Allowance for Impairment Sale of Goods and Services		
-----	-----	Balance at Commencement of Reporting Period	(938)	(286)
-----	-----	Amounts written off during the year	938	-----
-----	-----	(Increase)/decrease in Allowance Recognised in Result for the Year	(460)	(652)
-----	**-----**	Balance at 30 June	**(460)**	**(938)**
		(b) Movement in the Allowance for Impairment Other Debtors		
-----	-----	Balance at Commencement of Reporting Period	-----	-----
-----	-----	(Increase)/decrease in Allowance Recognised in Result for the Year	(626)	-----
-----	**-----**	Balance at 30 June	**(626)**	**-----**
-----	**-----**		**(1,086)**	**(938)**
		(c) Sale of Goods and Services Receivables (Current and Non-Current) include:		
-----	-----	Patient Fees - Compensable	14,281	10,692
-----	-----	Patient Fees - Ineligible	34,416	18,638
-----	-----	Patient Fees - Other	97,345	92,442
-----	**-----**		**146,042**	**121,772**

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired are disclosed in Note 40.

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		19. Inventories - Current - Held for Distribution		
28,980	34,977	Drugs	62,262	71,090
3,942	5,988	Medical and Surgical Supplies	50,797	54,742
-----	-----	Food and Hotel Supplies	6,405	137
-----	-----	Other Including Goods in Transit	22,631	13,840
32,922	**40,965**		**142,095**	**139,809**
		20. Financial Assets at Fair Value		
		Current		
-----	-----	Treasury Corporation - Hour-Glass Investment Facilities	70,928	106,306
-----	-----	Other	7,964	11,043
-----	**-----**		**78,892**	**117,349**
		Non Current		
-----	-----	Treasury Corporation - Hour-Glass Investment Facilities	42,002	36,161
-----	**-----**		**42,002**	**36,161**

Refer to Note 40 for further information regarding credit risk, liquidity risk and market risk arising from financial investments.

		21. Other Financial Assets		
		Current		
1,139	8,783	Advances Receivable - Intra Health	-----	-----
1,139	**8,783**		**-----**	**-----**
		Non-Current		
29,952	15,431	Advances Receivable - Intra Health	-----	-----
29,952	**15,431**		**-----**	**-----**

Refer to Note 40 for further information regarding credit risk, liquidity risk and market risk arising from financial investments.

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		22. Property, Plant and Equipment		
		Land and Buildings - Fair Value		
206,988	202,836	Gross Carrying Amount	17,444,887	16,182,672
82,209	74,729	Less Accumulated Depreciation and Impairment	6,877,476	6,836,513
124,779	**128,107**	Net Carrying Amount*	**10,567,411**	**9,346,159**
		Plant and Equipment - Fair Value		
18,623	20,421	Gross Carrying Amount	2,145,396	2,043,796
16,469	16,146	Less Accumulated Depreciation and Impairment	1,199,421	1,173,851
2,154	**4,275**	Net Carrying Amount	**945,975**	**869,945**
		Infrastructure Systems - Fair Value		
-----	-----	Gross Carrying Amount	849,356	712,347
-----	-----	Less Accumulated Depreciation and Impairment	399,854	349,252
-----	**-----**	Net Carrying Amount	**449,502**	**363,095**
		Total Property, Plant and Equipment		
126,933	**132,382**	**At Net Carrying Amount**	**11,962,888**	**10,579,199**

*Significant portion of the increase relates to acquisition of Royal North Shore Hospital Public Private Partnership, refer Note 28, Borrowings.

22. Property, Plant and Equipment - Reconciliation (Continued)

PARENT

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	$000	$000	$000	$000	$000
2013					
Net Carrying Amount at Start of Year	66,900	61,207	-----	4,275	**132,382**
Additions	-----	524	-----	213	**737**
Reclassifications to Intangibles	-----	-----	-----	(841)	**(841)**
Disposals	-----	-----	-----	(479)	**(479)**
Net Revaluation Increment Less Revaluation Decrements	(9,083)	7,944	-----	-----	**(1,139)**
Depreciation Expense	-----	(2,713)	-----	(1,014)	**(3,727)**
Net Carrying Amount at End of Year	**57,817**	**66,962**	**-----**	**2,154**	**126,933**

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	$000	$000	$000	$000	$000
2012					
Net Carrying Amount at Start of Year	67,060	63,914	-----	5,827	**136,801**
Additions	-----	153	-----	284	**437**
Reclassifications to Intangibles	-----	-----	-----	(177)	**(177)**
Disposals	(160)	-----	-----	(1,450)	**(1,610)**
Net Revaluation Increment Less Revaluation Decrements	-----	618	-----	-----	**618**
Depreciation Expense	-----	(2,241)	-----	(1,446)	**(3,687)**
Reclassifications	-----	(1,237)	-----	1,237	**-----**
Net Carrying Amount at End of Year	**66,900**	**61,207**	**-----**	**4,275**	**132,382**

(i) Land and Buildings include land owned by the Health Administration Corporation but controlled by the Ministry [see note 2(g)].

(ii) Land and Buildings were valued by the Land Property Information (LPI) on 1 July 2012 [see note 2(j)]. LPI is not an employee of the Ministry.

CONSOLIDATION

	Land	Buildings	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000
2013					
Net Carrying Amount at Start of Year	1,663,949	7,616,577	935,578	363,095	**10,579,199**
Additions	31,655	1,135,578	330,983	424	**1,498,640**
Reclassifications to Intangibles	-----	-----	(841)	-----	**(841)**
Recognition of Assets Held for Sale	(826)	-----	-----	-----	**(826)**
Disposals	(847)	(62,113)	(23,218)	(16)	**(86,194)**
Administrative Restructures - Transfers In/(Out)	-----	-----	7,067	-----	**7,067**
Net Revaluation Increment Less Revaluation Decrements	49,447	472,681	989	3,180	**526,297**
Depreciation Expense	-----	(362,391)	(177,755)	(20,308)	**(560,454)**
Reclassifications	-----	23,701	(126,828)	103,127	**-----**
Net Carrying Amount at End of Year	**1,743,378**	**8,824,033**	**945,975**	**449,502**	**11,962,888**

	Land	Buildings	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000
2012					
Net Carrying Amount at Start of Year	1,589,643	7,539,483	897,012	344,767	**10,370,905**
Additions	12,431	535,912	103,430	5,456	**657,229**
Reclassifications to Intangibles	-----	-----	(609)	-----	**(609)**
Recognition of Assets Held for Sale	(3,027)	(35,227)	-----	-----	**(38,254)**
Disposals	(1,060)	(14,007)	(18,173)	-----	**(33,240)**
Net Revaluation Increment Less Revaluation Decrements Recognised in Reserves	68,411	118,255	-----	30,919	**217,585**
Impairment Losses (Recognised in "Other Gains/Losses)	(2,449)	(75,748)	-----	(215)	**(78,412)**
Depreciation Expense	-----	(324,795)	(173,369)	(17,841)	**(516,005)**
Reclassifications	-----	(127,296)	127,287	9	**-----**
Net Carrying Amount at End of Year	**1,663,949**	**7,616,577**	**935,578**	**363,095**	**10,579,199**

(i) Land and Buildings include land owned by the Health Administration Corporation, the Ministry or its Controlled entities.

(ii) In accordance with the fair value requirements of AASB 116 the land, buildings and infrastructure assets have had a factor applied in relation to the movement in the market and variation in the building and infrastructure costs. The adjustment has been performed on a gross basis in accordance with note 2 (j). This factor gives consideration to the valuation of Physical Non-Current Assets at Fair Value.

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		23. Intangible Assets		
		Software		
200	377	Cost (Gross Carrying Amount)	547,981	421,264
200	200	Less Accumulated Amortisation and Impairment	158,879	118,500
-----	**177**	**Net Carrying Amount**	**389,102**	**302,764**
-----	**177**	**Total Intangible Assets at Net Carrying Amount**	**389,102**	**302,764**

23. Intangibles Reconciliation

PARENT

	Software $000
2013	
Net Carrying Amount at Start of Year	177
Additions from Internal Development or Acquired Separately	162
Reclassification from Plant & Equipment	841
Amortisation (Recognised in Depreciation and Amortisation)	(118)
Administrative Transfer	(1,062)
Net Carrying Amount at End of Year	-----

	Software $000
2012	
Net Carrying Amount at Start of Reporting Period	-----
Reclassification From Plant & Equipment	177
Net Carrying Amount at End of Year	**177**

CONSOLIDATION

	Software $000
2013	
Net Carrying Amount at Start of Year	302,764
Additions (From Internal Development or Acquired Separately)	111,824
Reclassifications from Plant & Equipment	841
Amortisation (Recognised in Depreciation and Amortisation)	(26,327)
Net Carrying Amount at End of Year	**389,102**

	Software $000
2012	
Net Carrying Amount at Start of Year	225,226
Additions (From Internal Development or Acquired Separately)	96,346
Reclassifications from Plant & Equipment	609
Amortisation (Recognised in Depreciation and Amortisation)	(19,417)
Net Carrying Amount at End of Year	**302,764**

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		24. Other Assets		
		Non-Current		
-----	-----	Emerging Rights to Assets (refer Note 2(ac))	37,416	54,411
-----	**-----**		**37,416**	**54,411**
		25. Non-Current Assets Held for Sale		
		Assets Held for Sale		
-----	-----	Land and Buildings	-----	66,638
-----	-----	Infrastructure Systems	-----	33
-----	**-----**		**-----**	**66,671**

No amounts are recognised in equity relating to Non-current assets held for sale.

26. Restricted Assets

The Ministry'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.

		Category		
-----	-----	Specific Purposes	386,561	307,712
-----	-----	Perpetually Invested Funds	9,760	7,052
-----	-----	Research Grants	173,917	203,272
-----	-----	Private Practice Funds	314,344	290,210
-----	-----	Other	85,200	53,271
-----	**-----**		**969,782**	**861,517**

Details of Conditions on Contributions appear in Note 15.
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, District and/or staff groups.
Perpetually Invested Trust Funds	Funds invested in perpetuity. The income, there from 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 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		27. Payables		
		Current		
1,340	1,332	Accrued Salaries, Wages and On-Costs	230,612	195,900
169	294	Taxation and Payroll Deductions	116,845	139,967
163,722	128,477	Creditors	818,395	701,774
		Other Creditors		
-----	-----	- Capital Works	104,863	110,439
148,735	94,031	- Intra Health Liability	-----	-----
313,966	**224,134**		**1,270,715**	**1,148,080**

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 40.

		28. Borrowings		
		Current		
-----	-----	Other Loans and Deposits	2,571	4,799
-----	-----	Finance Leases [see note 2(q)]	1,970	2,154
-----	-----	Public Private Partnership - Long Bay	1,277	-----
		Public Private Partnership - Mater Hospital	8,217	7,412
-----	**-----**		**14,035**	**14,365**
		Non-Current		
-----	-----	Other Loans and Deposits	6,647	5,017
-----	-----	Finance Leases [see note 2(q)]	4,835	7,206
		Public Private Partnership		
-----	-----	- Long Bay	79,775	82,054
-----	-----	- Mater	124,499	132,796
-----	-----	- Orange	162,091	162,091
-----	-----	- Royal North Shore*	669,842	49,565
-----	**-----**		**1,047,689**	**438,729**

*Completed in November 2012, Royal North Shore Hospital Acute Services Building of $620M has been brought into the accounts of the Ministry of Health as part of a Public Private Partnership.

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 40.

		29. Provisions		
		Current		
5,129	5,731	Annual Leave - Short Term Benefit	794,195	693,132
2,482	3,039	Annual Leave - Long Term Benefit	601,000	678,093
-----	677	Long Service Leave	5,304	1,852
-----	-----	Death and Disability (Ambulance Officers)	10,212	10,041
-----	-----	Sick Leave	407	430
1,611	4,238	Long Service Leave On-Costs	170,475	178,663
-----	-----	Other	236	-----
9,222	**13,685**	**Total Current Provisions**	**1,581,829**	**1,562,211**
		Non-Current		
-----	46	Long Service Leave - Conditional	3,022	3,265
-----	-----	Death and Disability (Ambulance Officers)	2,407	2,250
304	863	Long Service Leave On-Costs	7,364	8,865
-----	-----	Other	2,832	-----
304	**909**	**Total Non-Current Provisions**	**15,625**	**14,380**
		Aggregate Employee Benefits and Related On-Costs		
9,222	13,685	Provisions - Current	1,581,593	1,562,211
304	909	Provisions - Non-Current	12,793	14,380
1,509	1,626	Accrued Salaries, Wages and On-Costs (Note 27)	347,457	335,867
11,035	**16,220**		**1,941,843**	**1,912,458**

PARENT 2013 $000	PARENT 2012 $000		CONSOLIDATION 2013 $000	CONSOLIDATION 2012 $000
		30. Other Liabilities		
		Current		
2,427	2,427	Income in Advance	38,370	34,992
-----	-----	Other	30	-----
2,427	**2,427**		**38,400**	**34,992**
		Non-Current		
58,258	60,686	Income in Advance	99,466	104,327
-----	697	Other	3,556	2,128
58,258	**61,383**		**103,022**	**106,455**
		31. Commitments for Expenditure		
		(a) Capital Commitments		
		Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment, infrastructure and intangible assets, contracted for at balance date and not provided for:		
-----	-----	Not later than one year	585,276	332,378
-----	-----	Later than one year and not later than five years	484,857	571,718
-----	-----	**Total Capital Expenditure Commitments (Including GST)**	1,070,133	904,096
		(b) Operating Lease Commitments		
		Commitments in relation to future non-cancellable operating leases not provided for and payable:		
-----	-----	Not later than one year	146,712	133,807
-----	-----	Later than one year and not later than five years	255,869	249,301
-----	-----	Later than five years	225,314	179,994
-----	-----	**Total Operating Lease Commitments (Including GST)**	627,895	563,102
		The operating lease commitments above are for motor vehicles, information technology, equipment including personal computers, medical equipment and other equipment.		
		(c) Contingent Asset Related to Commitments for Expenditure		
		The total of 'Commitments for Expenditure' above, i.e. $1,698.0 million as at 30 June 2013 includes input tax credits of $154.4 million that are expected to be recoverable from the Australian Taxation Office (2012 $133.4 million).		
		(d) Finance Lease Commitments		
		Minimum lease payment commitments in relation to finance leases are payable as follows:		
-----	-----	Not later than one year	64,817	49,086
-----	-----	Later than one year and not later than five years	492,075	198,947
-----	-----	Later than five years	2,478,570	780,935
-----	-----	**Minimum Lease Payments**	3,035,462	1,028,969
-----	-----	Less: Future Finance Charges	1,982,956	585,691
-----	-----	**Present Value of Minimum Lease Payments**	**1,052,506**	**443,278**
		The present value of finance lease commitments is as follows:		
-----	-----	Not later than one year	11,464	9,566
-----	-----	Later than one year and not later than five years	57,653	49,017
-----	-----	Later than five years	983,389	384,695
-----	-----	**Present Value of Minimum Lease Payments**	**1,052,506**	**443,278**
		Classified as:		
-----	-----	(a) Current (Note 28)	11,464	**9,566**
-----	-----	(b) Non-Current (Note 28)	1,041,042	**433,712**
-----	-----		**1,052,506**	**443,278**

32. Trust Funds (Consolidated)

The Ministry holds trust fund moneys of $90.4 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 Ministry cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account.

	Patient Trust		Refundable Deposits		Private Practice Trust Funds		Total	
	2013 $000	2012 $000	2013 $000	2012 $000	2013 $000	2012 $000	2013 $000	2012 $000
Cash Balance at the beginning of the financial year	**5,246**	**7,270**	**12,898**	**12,936**	**74,190**	**61,165**	**92,334**	**81,371**
Receipts	**8,912**	**7,657**	**37,413**	**20,557**	**375,363**	**435,420**	**421,688**	**463,634**
Expenditure	**(8,860)**	**(9,681)**	**(38,602)**	**(20,595)**	**(376,123)**	**(422,395)**	**(423,585)**	**(452,671)**
Cash Balance at the end of the financial year	**5,298**	**5,246**	**11,709**	**12,898**	**73,430**	**74,190**	**90,437**	**92,334**

33. Contingent Liabilities and Assets

a) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 2006/07 fund year and an interim adjustment for the 2008/09 fund year were not calculated until 2012/13.

As a result, the 2007/08 final and 2009/10 pertaining to the hospitals and community services now forming part of the Ministry will be paid in 2013/14. It is not possible for the Ministry to reliably quantify the benefit to be received or amount payable.

b) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB127, Consolidated and Separate Financial Statements, Affiliated Health Organisations listed in Schedule 3 of the *Health Services Act, 1997* are only recognised in the Ministry'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.

c) Public Private Partnerships

i) Calvary Mater Newcastle Hospital Public, Private Partnership
The liability to pay Novacare for the redevelopment of the Mater Hospital is based on a financing arrangement involving CPI-linked finance and fixed finance. An interest rate adjustment will be made as appropriate for the CPI-linked interest component over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

ii) Royal North Shore Hospital Redevelopment Public, Private Partnership
The liability to pay InfraShore for the development of the Royal North Shore Hospital and health facilities is based on a CPI linked financing arrangement. An adjustment to the PPP capital financing payment will be made in accordance with CPI index over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

iii) Orange Hospital and Associated Health Services Public, Private Partnership
The liability to pay Pinnacle Healthcare is based on a financing arrangement involving a CPI indexed annuity bond, the capital financing payment will be adjusted in accordance with a CPI index over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

iv) Long Bay Forensic Hospital Public, Private Partnership
The liability to pay PPP Solutions for the development of the Long Bay Forensic Hospital is based on a financing arrangement involving non-indexable availability charges and interest rate adjustments. Other service fees are to be indexed in accordance with inflation and wages escalation. The estimated value of the contingent liability associated with indexation and interest rate adjustment is unable to be fully determined because of uncertain future events.

d) Sydney Local Health District Damages Claim

A claim was made against the former Central Sydney Area Health Service (now SLHD) by the lessee of a property owned by the District on the Royal Prince Alfred Hospital (RPAH) campus, on which the lessee had agreed to construct a car park and private hospital to be operated by the lessee. The lessee sought damages principally because it claimed its failure to commence construction of the hospital and to complete the car park was caused by the former Area Health Service. That claim failed, however the lessee successfully sought to be restored to possession and is claiming substantial damages for having been kept out of possession. SLHD also has a substantial cross-claim for damages. The matters are before the court. The contingent liability is not able to be reliably quantified at this time.

PARENT			CONSOLIDATION	
2013 $000	**2012 $000**		**2013 $000**	**2012 $000**
		34. Reconciliation of Cash Flows from Operating Activities to Net Result		
82,223	(61,979)	Net Cash Flows from Operating Activities	1,046,017	780,215
(3,845)	(3,687)	Depreciation	(586,781)	(535,422)
(9)	68	Allowance for Impairment	(46,727)	(22,945)
5,069	577	Increase/ (Decrease) in Provisions	(32,432)	(165,332)
(67,952)	104,614	Increase / (Decrease) in Prepayments and Other Assets	120,654	86,237
(91,302)	(12,291)	(Increase)/ Decrease in Creditors	(129,877)	(56,911)
(434)	(264)	Net Gain/ (Loss) on Sale of Property, Plant and Equipment	(90,612)	(26,103)
-----	-----	Right to Emerging Asset	(16,995)	29,775
-----	-----	Assets Recognised for the First Time	12,099	-----
(76,250)	**27,038**	**Net Result**	**275,346**	**89,514**
		35. Non-Cash Financing and Investing Activities		
-----	-----	Property, Plant and Equipment Acquired by Finance Lease	620,277	-----
-----	**-----**		**620,277**	**-----**

36. 2012/13 Voluntary Services

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

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

37. Budget Review - Parent and Consolidated

NET RESULT	**$M**
The actual Net Result was $73.748M less than the Statement of Comprehensive Income budget result for the 2012/13 year.	
The 2012/13 Statement of Comprehensive Income budget represents the initial budget as allocated by Government at the time of the 2012/13 State Budget presented to Parliament on 12 June 2013.	
A reconciliation of the movements between actual and budgeted net result follows:	
The budgeted movement for the end of year LSL actuarial provision held by the Crown is $289M compared to the initial budget estimates. The final variation is some $111M more than the $178M decrease estimated at the time of preparing the 2013/14 State Budget paper estimates. A major factor in calculating the LSL actuarial results is the movement in the 10 year Commonwealth Bond rate from 3.25% 30 June 2013 estimate advised by NSW Treasury, to a final actual 10 year Commonwealth bond rate of 3.75%.	(289)
Parameter and Technical Adjustments were approved that reflect cashflow changes in the timing of expenses budgeted to occur in 2012-13. These include National Partnership Agreement (NPA's) negotiated and approved during the reporting period as well as non cash expenses (Depreciation) that occurred during the course of normal operating activity.	(29)
Variations in the Crown Acceptance of Employee Benefits revenue budget including the Long Service Leave factors and other crown acceptances referenced above.	311
A net decrease in own source revenues predominately impacted by reduction in Commonwealth SPP grant $131M, partly offset by improved recoveries from other own source revenues and grants.	11
Gain and Loss on Disposal of Assets, predominately the need to recognise the closure of the "Brown Building" at Royal North Shore Hospital ($62M) and other losses including bad debts written off ($46M) and other impairments. The Ministry had budgeted for a loss of $42million in respect of a proposed transfer of part of Callan Park Land to Leichardt Council, which did not eventuate.	(102)
Other miscellaneous minor variations	24
Variation from budgeted Net Result	**(74)**

ASSETS AND LIABILITIES	**$M**
Net assets exceed budget by $576M. The major factors are:	
Increase in property, plant and equipment through asset revaluations.	527
Increase in property, plant and equipment through Private Public Partnership arrangement.	620
Increase in borrowings through Private / Public Partnership arrangement.	(620)
Rollover of Commonwealth funds, e.g. National Partnership Agreement monies for Mental Health and Population Health.	42
Other miscellaneous variations	7
Increase above Budgeted Net Assets	**576**

37. Budget Review - Parent and Consolidated

STATEMENT OF CASH FLOWS	$M
The actual Net Cash Flows from Operating Activities varied from the budget by $181M. This includes the net impact of interstate patient flows of $44M, Sale of Goods and Services $130M and other miscellaneous movements.	181
The Cash Flow budget applied to Investing Activities varied by $68M due to the Ministry carrying less financial assets and more short term deposits.	(68)
The Cash Flow from Finance Activities varied by $0.5M.	0.5

38. Unclaimed Moneys

Unclaimed salaries and wages are paid to the credit of the NSW Treasury in accordance with the provisions of the *Industrial Relations Act,1996.*

All money and personal effects of patients which are left in the custody of Ministry 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 Ministry.

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

39. Increase/(Decrease) in Net Assets from Equity Transfers

Parent

2011/12

Net equity of $45.72 million transferred to the three Health Reform Transitional Organisations as part of the dissolution process.

2012/13

An amount of $1.06 million was transferred to the Heath Education and Training Institute as part of a transfer of a service function.

Consolidated

2011/12

No equity transfers were effective outside of the Ministry in 2011/12.

2012/13

From 1 April 2013, Cancer Institute NSW (CINSW) became a controlled entity of the Ministry of Health. CINSW equity of $51.06 million transferred into the Ministry.

Effective 1 July 2012, an amount of $24.65 million was transferred to NSW Crown Entity. This cost relates to a portion of long service leave liability borne by the Crown Entity.

40. Financial Instruments

The Ministry's principal financial instruments are outlined below. These financial instruments arise directly from the Ministry's operations or are required to finance its operations. The Ministry does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Ministry's main risks arising from financial instruments are outlined below, together with the Ministry's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Director-General has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced by the Ministry, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Management and Audit Risk Committee and internal auditors on a continuous basis.

(a) Financial Instrument Categories

PARENT

Financial Assets Class:	Category	Carrying Amount 2013 $000	Carrying Amount 2012 $000
Cash and Cash Equivalents (note 17)	N/A	233,534	160,389
Receivables (note 18) *	Loans and receivables (at amortised cost)	43,925	100,796
Other Financial Assets (note 21)	Loans and receivables (at amortised cost)	31,091	24,214
Total Financial Assets		308,550	285,399
Financial Liabilities			
Payables (note 27) **	Financial liabilities measured at amortised cost	313,797	171,316
Other (note 30)		-----	697
Total Financial Liabilities		313,797	172,013

Notes

* Excludes statutory receivables and prepayments (ie not within scope of AASB 7).

** Excludes statutory payables and unearned revenue (ie not within scope of AASB 7).

40. Financial Instruments

CONSOLIDATION

Financial Assets Class:	Category	Carrying Amount 2013 $000	Carrying Amount 2012 $000
Cash and Cash Equivalents (note 17)	N/A	1,482,967	1,302,763
Receivables (note 18) *	Loans and receivables (at amortised cost)	406,558	347,546
Financial Assets at Fair Value (note 20)	At fair value through profit or loss (designated as such upon initial recognition)	120,894	153,510
Total Financial Assets		2,010,419	1,803,819
Financial Liabilities			
Borrowings (note 28)	Financial liabilities	1,061,724	453,094
Payables (note 27) **	measured at	1,153,870	1,008,113
Other (note 30)	amortised cost	3,586	2,128
Total Financial Liabilities		2,219,180	1,463,335

Notes

* Excludes statutory receivables and prepayments (ie not within scope of AASB 7).

** Excludes statutory payables and unearned revenue (ie not within scope of AASB 7).

(b) Credit Risk

Credit risk arises when there is the possibility of the Ministry's debtors defaulting on their contractual obligations, resulting in a financial loss to the Ministry. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Ministry, including cash, receivables and authority deposits. No collateral is held by the Ministry. The Ministry has not granted any financial guarantees.

Credit risk associated with the Ministry's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW TCorp are guaranteed by the State.

Cash

Cash comprises cash on hand and bank balances deposited in accordance with Public Authorities (Financial Arrangements) Act approvals. Interest is earned on daily bank balances at rates of approximately 2.9% and 3.4% in 2012/13 compared to 3.38% and 5.70% in the previous year. The TCorp Hour-Glass cash facility is discussed in para (d) below.

40. Financial Instruments

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. Procedures as established in the Ministry of Health Accounting Manual and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the Ministry will not be able to collect all amounts due. This evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

The Ministry is not materially exposed to concentrations of credit risk to a single or group of trade debtor. Of the total trade debtor balance at year end $40.564 million (2012: $99.925 million) for the Parent and and $356.149 million (2012: $242.760 million for the Consolidated entity related to debtors that were not considered past due and not considered impaired. Debtors of $3.361 million (2012: $0.871 million) for the Parent and $51.495 million (2012: $45.974 million) for the Consolidated entity were past due but not considered impaired. Together these represent 100% (2012: 100%) for the Parent and 81.8% (2012: 69.9%) for the Consolidated entity, of total trade debtors.
Most of the debtors of the Ministry and its controlled entities are Health Insurance Companies or Compensation Insurers settling claims in respect of inpatient treatments. There are no debtors which are currently not past due or impaired whose terms have been renegotiated.
Patient Fees Ineligibles represent the majority of financial assets that are past due or impaired.

PARENT		$000	
2013	**Total [1,2]**	**Past due but not impaired [1,2]**	**Considered impaired [1,2]**
<3 months overdue	1,411	1,411	-----
3 months - 6 months overdue	-----	-----	-----
> 6 months overdue	1,950	1,950	-----
	3,361	3,361	-----
2012			
<3 months overdue	759	759	-----
3 months - 6 months overdue	-----	-----	-----
> 6 months overdue	112	112	-----
	871	871	-----

CONSOLIDATED		$000	
2013	**Total [1,2]**	**Past due but not impaired [1,2]**	**Considered impaired [1,2]**
<3 months overdue	50,752	33,302	17,450
3 months - 6 months overdue	24,587	10,991	13,596
> 6 months overdue	41,018	7,202	33,816
	116,357	51,495	64,862
2012			
<3 months overdue	86,835	71,132	15,703
3 months - 6 months overdue	28,900	16,666	12,234
> 6 months overdue	41,173	10,743	30,430
	156,908	98,541	58,367

Notes

1 Each column in the table reports "gross receivables".

2 The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7 and excludes receivables that are not past due and not impaired. Therefore, the "total" will not reconcile to the receivables total recognised in the statement of financial position.

40. Financial Instruments

Authority Deposits

The Ministry has placed funds on deposit with TCorp, which has been rated 'AAA' by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed "at call" or for a fixed term. For fixed term deposits, the interest rate payable by TCorp is negotiated initially and is fixed for the term of the deposit, while the interest rate payable on at call deposits can vary. The deposits at balance date were earning an average interest rate of between 2.55% and 9.78% (2012: 4.03% and 7.00%), while over the year the weighted average interest rate was between 3.60% and 13.28% (2012: 4.77% and 4.91%). None of these assets are past due or impaired.

(c) Liquidity Risk

Liquidity risk is the risk that the Ministry will be unable to meet its payment obligations when they fall due. The Ministry continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The Ministry has negotiated no loan outside of arrangements with the Treasury.

During the current and prior years, there were no defaults of loans payable. No assets have been pledged as collateral.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the Ministry of Health and based on NSW TC 11/12. For small business suppliers, where terms are not specified, payment is made not later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received.

For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise.For other suppliers, where settlement cannot be effected in accordance with the above, eg due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated to the satisfaction of both parties.

40. Financial Instruments

The table below summarises the maturity profile of the Ministry's financial liabilities together with the interest rate exposure.

Maturity Analysis and interest rate exposure of financial liabilities

PARENT	Nominal Amount [1]	Fixed Interest Rate	Variable Interest Rate	Non - Interest Bearing	Maturity Dates < 1 Yr	1-5 Yr	> 5Yr
	$000	$000	$000	$000	$000	$000	$000
2013							
Payables:							
Accrued Salaries Wages, On-Costs and Payroll Deductions	1,340	-----	-----	1,340	1,340	-----	-----
Creditors	312,457	-----	-----	312,457	312,457	-----	-----
	313,797	-----	-----	313,797	313,797	-----	-----
2012							
Payables:							
Accrued Salaries Wages, On-Costs and Payroll Deductions	1,332	-----	-----	1,332	1,332	-----	-----
Creditors	222,508	-----	-----	222,508	222,508	-----	-----
Borrowings:							
Other Liabilities	697	-----	-----	697	697		-----
	224,537	-----	-----	224,537	224,537	-----	-----

1 The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the Ministry can be required to pay. The tables include both interest and principal cash flows and therefore will not reconcile to the Statement Of Financial Position.

Maturity Analysis and interest rate exposure of financial liabilities

CONSOLIDATED	Nominal Amount [1]	Fixed Interest Rate	Variable Interest Rate	Non - Interest Bearing	Maturity Dates < 1 Yr	1-5 Yr	> 5Yr	Weighted Average Effective Int. Rate
	$000	$000	$000	$000	$000	$000	$000	%
2013								
Payables:								
Accrued Salaries Wages, On-Costs and Payroll Deductions	230,612	-----	-----	230,612	230,612	-----	-----	
Creditors	923,258	-----	-----	923,258	923,258	-----	-----	
Borrowings:								
Other Loans and Deposits	3,035,221	3,035,221			64,395	492,256	2,478,570	9.55
Finance Leases	9,459	9,459			2,993	6,466	-----	6.72
Other Liabilities	3,586	3,586	-----	-----	3,586	-----	-----	
	4,202,136	3,048,266	-----	1,153,870	1,224,845	498,722	2,478,570	
2012								
Payables:								
Accrued Salaries Wages, On-Costs and Payroll Deductions	195,900	-----	-----	195,900	195,900	-----	-----	
Creditors	812,213	-----	-----	812,213	812,213	-----	-----	
Borrowings:								
Other Loans and Deposits	1,026,389	1,026,389	-----	-----	50,948	194,505	780,935	9.55
Finance Leases	12,396	12,396	-----	-----	2,937	9,459	-----	6.72
Other Liabilities	2,128	2,128	-----	-----	2,128	-----	-----	
	2,049,026	1,040,913	-----	1,008,113	1,064,126	203,964	780,935	

Notes:

1 The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the Ministry can be required to pay. The tables include both interest and principal cash flows and therefore will not reconcile to the Statement Of Financial Position.

d) Market Risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The Ministry's exposures to market risk are primarily through interest rate risk on the Ministry's borrowings and other price risks associated with the movement in the unit price of the Hour-Glass Investment facilities. The Ministry has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the Ministry operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the Statement of Financial Position date. The analysis is performed on the same basis for 2012. The analysis assumes that all other variables remain constant.

Interest rate risk

Exposure to interest rate risk arises primarily through the Ministry's interest bearing liabilities.

However, Health Entities are not permitted to borrow external to the Ministry of Health (energy loans which are negotiated through Treasury excepted).

Both Treasury and Ministry of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates.The Ministry does not account for any fixed rate financial instruments at fair value through profit or loss or as available-for-sale. Therefore, for these financial instruments, a change of interest rates would not affect profit or loss or equity.
A reasonably possible change of +/-1% is used consistent with current trends in interest rates. The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility. The Ministry's exposure to interest rate risk is set out below.

		-1%		+1%	
PARENT	**Carrying Amount $'000**	**Profit**	**Equity**	**Profit**	**Equity**
2013					
Financial Assets					
Cash and Cash Equivalents	233,534	(2,335)	(2,335)	2,335	2,335
Receivables	43,925	-----	-----	-----	-----
Other Financial Assets	31,091	-----	-----	-----	-----
Financial Liabilities					
Payables	313,797	-----	-----	-----	-----
2012					
Financial Assets					
Cash and Cash Equivalents	160,389	(1,604)	(1,604)	1,604	1,604
Receivables	100,796	-----	-----	-----	-----
Other Financial Assets	24,214	-----	-----	-----	-----
Financial Liabilities					
Payables	224,134	-----	-----	-----	-----

		-1%		+1%	
CONSOLIDATED	**Carrying Amount $'000**	**Profit**	**Equity**	**Profit**	**Equity**
2013					
Financial Assets					
Cash and Cash Equivalents	1,482,967	(14,830)	(14,830)	14,830	14,830
Receivables	406,558	-----	-----	-----	-----
Financial Assets at Fair Value	120,894	(1,209)	(1,209)	1,209	1,209
Financial Liabilities					
Payables	1,153,870	-----	-----	-----	-----
Borrowings	1,061,724	-----	-----	-----	-----
Other	3,586	36	36	(36)	(36)
2012					
Financial Assets					
Cash and Cash Equivalents	1,302,763	(13,028)	(13,028)	13,028	13,028
Receivables	347,546	-----	-----	-----	-----
Financial Assets at Fair Value	153,510	(1,535)	(1,535)	1,535	1,535
Financial Liabilities					
Payables	1,008,113	-----	-----	-----	-----
Borrowings	453,094	-----	-----	-----	-----
Other	2,128	21	21	(21)	(21)

Other price risk - TCorp Hour-Glass facilities

Exposure to 'other price risk' primarily arises through the investment in the TCorp Hour-Glass Investment Facilities, which are held for strategic rather than trading purposes. The Ministry has no direct equity investments. The Ministry holds units in the following Hour-Glass investment trusts:

Facility	Investment Sectors	Investment Horizon	2013 $'000	2012 $'000
Cash facility	Cash, money market instruments	Up to 1.5 years	16,861	39,936
Strategic cash facility	Cash, money market and other interest rate instruments	1.5 years to 3 years	41,500	68,607
Medium term growth facility	Cash, money market instruments, Australian bonds, listed property, Australian and International shares	3 years to 7 years	6,546	19,243
Long-term growth facility	Cash, money market instruments, Australian bonds, listed property, Australian and International shares	7 years and over	48,023	25,724

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily.

NSW TCorp is trustee for each of the above facilities and is required to act in the best interest of the unit holders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. However, TCorp, acts as manager for part of the Cash and Strategic Cash Facilities and also manages the Australian Bond portfolio. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the Hour-Glass facilities limits the Ministry's exposure to risk, as it allows diversification across a pool of funds with different investment horizons and a mix of investments.

NSW TCorp provides sensitivity analysis information for each of the Investment facilities, using historically based volatility information collected over a ten year period, quoted at two standard deviations (ie 95% probability). The TCorp Hour-Glass Investment facilities are designated at fair value through profit or loss and therefore any change in unit price impacts directly on profit (rather than equity).

A reasonably possible change is based on the percentage change in unit price (as advised by TCorp) multiplied by the redemption value as at 30 June each year for each facility (balance from Hour-Glass Statement).

		Impact on profit/loss	
	Change in unit price	2013 $'000	2012 $'000
Hour-Glass Investment - Cash facility	+/- 1%	169	399
Hour-Glass Investment - Strategic cash facility	+/- 1 to 5%	394	673
Hour-Glass Investment - Medium-term growth facility	+/- 6 to 24%	21	2,355
Hour-Glass Investment - Long-term growth facility	+/- 15 to 22%	9,412	6,347

(e) Fair Value compared to Carrying Amount

Financial instruments are generally recognised at cost, with the exception of the TCorp Hour-Glass facilities, which are measured at fair value. As discussed, the value of the Hour-Glass Investments is based on the Ministry's share of the value of the underlying assets of the facility, based on the market value. All of the Hour-Glass facilities are valued using 'redemption' pricing.

The amortised cost of financial instruments recognised in the Statement of Financial Position approximates the fair value, because of the short term nature of many of the financial instruments.

(f) Fair Value recognised in the Statement of Financial Position

The Ministry uses the following hierarchy for disclosing the fair value of financial instruments by valuation technique:

Level 1 - derived from quoted prices in active markets for identical assets/liabilities.
Level 2- derived from inputs other than quoted prices that are observable directly or indirectly.
Level 3 - derived from valuation techniques that include inputs for the asset/liability not based on observable market data (unobservable inputs).

	Level 1 $'000	Level 2 $'000	Level 3 $'000	2013 Total $'000
TCorp Hour-Glass Invt.Facility	-----	112,930	-----	112,930
Treasury Approved Bank Institutions	7,964	-----	-----	7,964

(The table above only includes financial assets as no financial liabilities were measured at fair value in the Statement of Financial Position.)

There were no transfers between level 1 and 2 during the period ended 30 June 2013.

41. Events after the Reporting Period

No matters have arisen subsequent to balance date that would require these financial statements to be amended.

END OF AUDITED FINANCIAL STATEMENTS

OTHER REGULATORY REPORTS

ACTS ADMINISTERED

Acts administered

- *Anatomy Act 1977 No 126*
- *Assisted Reproductive Technology Act 2007 No 69*
- *Cancer Institute (NSW) Act 2003 No 14*
- *Centenary Institute of Cancer Medicine and Cell Biology Act 1985 No 192*
- *Drug and Alcohol Treatment Act 2007 No 7*
- *Drug Misuse and Trafficking Act 1985 No 226, Part 2A (jointly with the Minister for Police and Emergency Services, remainder, the Attorney General)*
- *Fluoridation of Public Water Supplies Act 1957 No 58*
- *Garvan Institute of Medical Research Act 1984 No 106*
- *Health Administration Act 1982 No 135*
- *Health Care Complaints Act 1993 No 105*
- *Health Care Liability Act 2001 No 42*
- *Health Practitioner Regulation (Adoption of National Law) Act 2009 No 86 and the Health Practitioner Regulation National Law (NSW) (except section 165B of that Law and section 4 of that Act in so far as it applies section 165B as a law of New South Wales, the Attorney General)*
- *Health Professionals (Special Events Exemption) Act 1997 No 90*
- *Health Records and Information Privacy Act 2002 No 71*
- *Health Services Act 1997 No 154*
- *Human Cloning for Reproduction and Other Prohibited Practices Act 2003 No 20*
- *Human Tissue Act 1983 No 164*
- *Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 No 37*
- *Lunacy (Norfolk Island) Agreement Ratification Act 1943 No 32*
- *Mental Health Act 2007 No 8*
- *Mental Health Commission Act 2012 No 13*
- *Mental Health (Forensic Provisions) Act 1990 No 10, Part 5 (remainder, Attorney General)*
- *New South Wales Institute of Psychiatry Act 1964 No 44*
- *Poisons and Therapeutic Goods Act 1966 No 31*
- *Private Health Facilities Act 2007 No 9*
- *Public Health Act 2010 No 127*
- *Public Health (Tobacco) Act 2008 No 94*
- *Research Involving Human Embryos (New South Wales) Act 2003 No 21*
- *Smoke-free Environment Act 2000 No 69*

Legislative changes

New Acts

- *Nil*

Amending Acts

- *Cancer Institute (NSW) Amendment Bill 2012*
- *Health Legislation Amendment Act 2013*
- *Human Tissue Legislation Amendment Act 2012*
- *Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013*
- *Tobacco Legislation Amendment Act 2012*

Repealed Acts

- *Public Health Act 1991*
- *Sydney Hospital (Trust Property) Act 1984 No 133*

Orders

- *Drug and Alcohol Treatment Amendment (Substances) Order 2013*
- *Health Services Amendment (Justice Health & Forensic Mental Health Network) Order 2013*
- *Health Services Amendment (St Vincent's Hospital Sydney Limited) Order 2013*
- *Public Health Amendment (Scheduled Medical Conditions) Order (No 2) 2012*

Subordinate legislation

Principal Regulations made

- *Drug and Alcohol Treatment Regulation 2012*
- *Fluoridation of Public Water Supplies Regulation 2012*
- *Health Records and Information Privacy Regulation 2012*
- *Public Health Regulation 2012*

Significant Amending Regulations made

- *Health Records and Information Privacy Amendment (Information Transfer) Regulation 2012*
- *Mental Health Amendment (Community Treatment Order) Regulation 2012*
- *Poisons and Therapeutic Goods Amendment (Supply by Pharmacists) Regulation 2013*
- *Public Health Amendment (Miscellaneous) Regulation 2012*

Repealed Regulations

- *Health Records and Information Privacy Regulation 2006*
- *Fluoridation of Public Water Supplies Regulation 2007*
- *Public Health (Disposal of Bodies) Regulation 2002*
- *Public Health (General) Regulation 2002*
- *Public Health (Microbial Control) Regulation 2000*
- *Public Health (Skin Penetration) Regulation 2000*
- *Public Health (Swimming Pools and Spa Pools) Regulation 2000*

DISABILITY ACTION PLAN

2009–14

The NSW Ministry of Health has developed the NSW Health Disability Action Plan, which includes action plans of other agencies within NSW Health. The NSW Health Disability Action Plan can be found on the NSW Health website.

The Disability Action Plan commits NSW Health to the following principles:

- People with a disability are fully valued members of the community.
- People with a disability are entitled to equitable access to services provided to the general community.
- In the provision of services to people with a disability the focus remains on the whole of life needs of the individuals and their capacity to participate fully in the community.
- Participation of people with a disability in decision making processes leads to better informed policy and outcomes for people with a disability.
- The development of cultural competence is elemental to effectively support the diversity of people with a disability.
- The unique needs of people of Aboriginal background with a disability are recognised, respected, and addressed appropriately.
- The legal rights of people with a disability are recognised and protected.
- People with a disability have equal right to employment and respect.

Achievements in 2012-13 include:

A highlight of work under the Disability Action Plan is the continued progress on the implementation of the Service Framework to Improve the Health Care of People With Intellectual Disability (the Service Framework). As part of the Service Framework, three pilot services have been established to provide specialised health services for people with an intellectual disability. Two of these three services commenced operation in 2012-13: the service operated by the Sydney Children's Hospital at Westmead, which commenced providing Specialised Disability Health clinics in August 2012; and the Northern Sydney Local Health District (LHD) pilot service, which was officially opened by the Minister for Health in February 2013. Clinics for adult clients, paediatric clients and adult psychology clinics commenced in March 2013.

South Eastern Sydney LHD has capitalised on the established clinic already operating by building partnerships with a range of local government and non-government service providers in Illawarra Shoalhaven.

Of note NSW Health is engaging with the Commonwealth regarding implementation of the National Disability Insurance Scheme.

GOVERNMENT INFORMATION (PUBLIC ACCESS) ACT 2009

Review of proactive release program – Clause 7(a)

The NSW Ministry of Health reviews its information on a regular basis and routinely uploads information on the website that may be of interest to the general public. This includes reviewing and updating a wide range of publications and resources for the public, including reports, factsheets, brochures and pamphlets. Factsheets are also available in other languages from the NSW Multicultural Health website. The most accessible way for the public to access this information is on the NSW Health website.

The NSW Ministry of Health also uploads on its website information bulletins that provide advice to the NSW public health sector; Health Statistics that allow users to access data and tailor reports about the health of the NSW population; NSW population health surveys that provide ongoing information on health behaviours, health status and other factors that influence the health of the people of NSW; Policy Directives that communicate material that is to be complied with and implemented by the NSW public health system and Guidelines that provide advice or guidance to the NSW public health system.

Number of access applications received – Clause 7(b)

During 2012-13, the NSW Ministry of Health received 92 formal access applications under the *Government Information (Public Access) GIPA Act 2009*. A total of 57 have been completed including 10 carried forward from the previous reporting period. One application has been withdrawn and 27 applications were transferred to other agencies. There were 17 applications received which were undecided as at 30 June 2012 and have been carried forward to the next reporting period.

During the reporting period, four applications were invalid as they did not comply with the formal requirements of Section 41 of the *GIPA Act*.

Number of refused applications for Schedule 1 information – Clause 7(c)

During the reporting period, the NSW Ministry of Health refused one access application because the information being requested was referred to in Schedule 1 to the *GIPA Act* (Information for which there is conclusive presumption of overriding public interest against disclosure).

Statistical information about access applications (Clause 7(d) and Schedule 2) are included in Tables A-H pages 112-113.

Table A: Number of applications by type of applicant and outcome* NSW Ministry of Health 2012-13

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	11	6	6	3	0	0	0	0
Members of Parliament	4	1	2	3	1	2	0	0
Private sector business	9	1	1	5	0	1	0	0
Not for profit organisations or community groups	4	3	0	0	0	0	0	0
Members of the public (application by legal representative)	1	1	1	0	0	0	0	0
Members of the public (other)	2	0	1	6	0	0	0	0

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to *Table B.*

Table B: Number of applications by type of application and outcome, NSW Ministry of Health 2012-13

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications*	0	0	0	3	0	0	0	1
Access applications (other than personal information applications)	32	12	10	16	1	4	0	0
Access applications that are partly personal information applications and partly other	1	0	1	0	0	0	0	0

*A ***personal information application*** is an access application for personal information (as defined in clause 4 of Schedule 4 to the Act) about the applicant (the applicant being an individual).

Table C: Invalid applications, NSW Ministry of Health 2012-13

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	4
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	4
Invalid applications that subsequently became valid applications	0

Table D: Conclusive presumption of overriding public interest against disclosure: Matters listed in Schedule A to Act, NSW Ministry of Health 2012-13

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	1
Executive Council information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

*More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies in relation to *Table E.*

Table E: Other public interest considerations against disclosure: Matters listed in table to section 14 of the Act, NSW Ministry of Health 2012-13

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	6
Law enforcement and security	0
Individual rights, judicial processes and natural justice	12
Business interests of agencies and other persons	5
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F: Timeliness, NSW Ministry of Health 2012-13

	NUMBER OF APPLICATIONS
Decided within the statutory timeframe (20 days plus any extensions)	17
Decided after 35 days (by agreement with applicant)	1
Not decided within time (deemed refusal) – (Note: all applications continued to be processed with the applicant receiving Notice of Decision)	39
Total	**57**

Table G: Number of applications reviewed under Part 5 of the Act (by type of review and outcome), NSW Ministry of Health 2012-13

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	**0**	**0**	**0**

*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H: Applications for review under Part 5 of the Act (by type of applicant), NSW Ministry of Health 2012-13

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0

MULTICULTURAL POLICIES AND SERVICES PROGRAM

NSW Health achievements 2012-13

HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENT 2012-13
Central Coast LHD	Interpreter Awareness Project – Stage 1	This project aimed to improve the percentage of interpreting services provided when required for clients. Achievements included: • Commencement of a pilot project in Central Coast Local Health District (CCLHD) Emergency Departments with continued liaison between these and multicultural health services • Development of a cooperative working partnership with Hunter New England LHD's Health Care Interpreter Service • Increased staff training in the utilisation of interpreter services • Development and distribution of multicultural health resource kits within CCLHD • Identification of areas of high need / low compliance for rollout of the Interpreter Awareness Project – Stage 2
Hunter New England LHD	Health Education Simbu Soccer Teams	This project targeted young men aged 16 to 24 who belong to the Newcastle African Soccer Club and are from many different African countries. These young men are keen to be integrated into the local community but run the risks associated with exposure to drug taking and alcohol abuse common for their age group. Members of the drug and alcohol and mental health teams attended the Friday night training sessions, interacted with the young men and provided information on mental health and drug and alcohol issues. The players have welcomed this initiative and have asked for more than the six sessions which have been allocated
Illawarra Shoalhaven LHD	*Heartmoves* for CALD communities	The purpose of this program was to engage Culturally and Linguistically Diverse (CALD) communities in chronic disease self-management through a group program of facilitated physical exercise and health literacy activities. In addition, the program provided the participants with increased access to primary and ambulatory care services and gave allied health professionals outreach and cultural competency experience. Twenty 10 week physical activity ethno-specific and mixed multicultural group programs were funded through Wollongong City Council's Healthy Communities Initiative. The programs included health education sessions. The outcomes of the program included: • 363 participants attended physical activity programs with a high average attendance rate • All groups self-reported significant physical and emotional benefits • Four groups are now partially or fully self-funded for sustainability
Mid North Coast LHD	Coffs Harbour Refugee Health Clinic	This clinic provides early health assessments for humanitarian entrants recently arrived in Coffs Harbour when referred by Anglicare Humanitarian Services Agency
Murrumbidgee LHD	Refugee Health Assessment Service	The Refugee Health Assessment Service was established in August 2010. This service is a collaboration between MLHD and the Murrumbidgee Medicare Local. Weekly clinics are staffed by a Refugee Health Nurse (RHN) and supported by local General Practitioners (GPs) who have a special interest in refugee health. The MLHD supports the clinic with funding for the RHN. The clinic provides initial health assessments, pathology services, immunisations, health screening and treatment for newly arrived refugees in the first two to three months of settlement. The patients are then linked to GP services with ongoing care provided by the GP of the patients' choice
Nepean Blue Mountains LHD	CALD Peri-natal Photography Project	Photography and patient interviews were used to track the journey and experiences of CALD mothers across Nepean Blue Mountains LHD facilities during their pregnancy and delivery over a period of nine months. Eight women from different cultural backgrounds participated in the study. The project aimed to minimize health risks for CALD women through the provision of quality feedback on service delivery and identification of strategies to improve the patient journey. The findings highlighted the need to develop and implement procedures to ensure women from CALD backgrounds are provided with language-specific information about hospital processes and systems, provided with interpreters as required, informed about child birth education programs and encouraged to communicate cultural expectations. The need for staff to improve recording of patient information in clinical databases and to ensure that informed consent is obtained at relevant stages of the patient's care was also highlighted. A report on key findings and recommendations will be delivered and a photographic exhibition staged.
Northern NSW LHD	Recruitment of a Non English Speaking Background (NESB) Member to the Northern NSW LHD Community Engagement Advisory Council.	Although the proportion of the Northern NSW LHD population who are from CALD backgrounds is small compared to the NSW average, the District's Community Engagement Advisory Council (CEAC) identified that it needed to recruit a CALD background member. An non-English speaking background (NESB) person working in a community liaison position, which supports NESB communities, has been appointed to the CEAC
Northern Sydney LHD	The Physical Activity and CALD Seniors Project	A pilot project was conducted in Northern Sydney LHD to: • Raise awareness of the need to exercise among older people from CALD backgrounds • Promote existing exercise programs in the community for the well-aged • Implement a home based exercise program for the frail aged One component of the project targeted the bilingual workforce (including bilingual workers, volunteers and group leaders). The second component targeted frail older people from four community groups (Chinese, Farsi/Persian, Indian and Italian). Project work included the development of culturally and linguistically appropriate health promotion resources and the delivery of four language/cultural specific workshops for frail older people to enable them to use the 'Staying Active, Staying Safe: Basic Exercises to Prevent Falls' program at home

HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENT 2012-13
South Eastern Sydney LHD	Development of e-learning tool: Connecting with carers from CALD backgrounds in mental health settings	This highly interactive multimedia learning package is designed to assist mental health professionals to enhance their knowledge, skills and confidence in connecting with carers from CALD backgrounds. It contains film footage of a Macedonian play on mental health and stigma, and uses a case study approach. The e-learning tool builds multicultural aspects into existing models of care. The tool, developed in partnership with the Mental Health and Multicultural Health Service of the South Eastern Sydney LHD was launched in November 2012 by the Hon Kevin Humphries MP, Minister for Mental Health and Healthy Lifestyles
South Western Sydney LHD	Coping with Care Giving: An intervention for Chinese and Spanish speaking carers of people living with Dementia	A pilot research study to trial an intervention with Chinese and Spanish-speaking carers of people living with dementia was conducted in partnership with South Western Sydney LHD, NSW Spanish and Latin American Association for Social Assistance and funded by UNSW Dementia Collaborative Research Centre. This intervention was based on a US model where it resulted in a reduction in stress and depression amongst Chinese and Spanish speaking carers and an increased ability to cope with care giving. Key achievements: • Piloted and evaluated 'Coping with Care Giving' • Adapted the intervention to the Australian context with manuals available in English, Chinese and Spanish. • Analysis of individual subscales showed a reduction in depression, anxiety and stress levels amongst Spanish speakers and reduced levels of depression amongst the Chinese community. • Findings presented at two conferences and a draft paper for publication completed
Sydney LHD	Empowering CALD carers with knowledge and resources	This project received a 2012 Sydney LHD Quality Award under the category 'Improving Primary Health Care in the Community'. This project reached approximately 900 carers from eight CALD communities over a three-year period (2010-2012). It aimed to empower CALD carers by providing information and resources on carer specific services and supports. It was implemented through culturally appropriate interventions such as the use of community-based bilingual health workers, interpreter services, multi-media and translated resources and ethnic media. These strategies reduced language barriers, celebrated cultural diversity and helped to bridge the gap between CALD communities and the mainstream health system. 94% of participants indicated significant improvements in their knowledge of health and related services available to them.
Western NSW LHD	Interpreter Service Utilisation	WNSWLHD made promoting awareness of the Health Care Interpreter Service to staff and amongst culturally and linguistically diverse communities a key focus in 2012-13. Achievements included: • Education on working with interpreters provided to staff in October 2012. 65 staff attended information sessions provided by the Coordinator Rural Health Care Interpreter Service (RHCIS) at Dubbo, Orange and Bathurst. • Training of local interpreters conducted at Orange and Bathurst (by RHCIS Manager) with associated media to promote access to interpreters to the community. Outcomes included three radio interviews and two newspapers articles promoting use of interpreters when accessing health services. • Health Service Managers of non-procedural sites provided with information on mandatory requirements for use of interpreters and posters in multiple languages promoting the RHCIS. • One page article in the WNSWLHD newsletter on the mandatory requirements for working with interpreters and actively recruiting local interpreters. The outcome has been a 93% increase in Occasions of Service for interpreters (from 265 in 2011-12 to 513 in 2012-13).
Western Sydney LHD	Official Launch of *'Breastfeeding and Postnatal Care'* booklet by the Translation Service	In 2011-12, the Western Sydney Infant Feeding Group, the Maternity Liaison Officers Resource Development Group and the Translation Service of Western Sydney LHD worked collaboratively to produce a postnatal information booklet *'Breastfeeding and Postnatal Care'*. The booklet was translated into eight languages: Arabic, Chinese traditional, Chinese simplified, Farsi, Hindi, Korean, Punjabi, and Tamil. The booklet was launched in October 2012 at Westmead Hospital by the Hon Jillian Skinner, Minister for Health and Minister for Medical Research. The launch was very successful and received extensive media coverage including SBS Radio and ethnic media.
PILLARS		
Agency for Clinical Innovation	Nutrition information resources for consumers	The purpose of this project was to develop new information resources for consumers and carers about food and nutrition in NSW hospitals and about Home Enteral Nutrition (HEN) services in NSW. The ACI Nutrition Network developed a HEN information guide for consumers and information for patients and carers on HEN services in NSW. These resources were translated into seven community languages: Arabic, Vietnamese, Chinese (traditional and simplified), Greek, Italian and Spanish. They are available on the ACI and Multicultural Health and Communication Service websites.
Bureau of Health Information	NSW Patient Survey Program – Interpreter Service	To support CALD peoples' participation in the NSW Patient Survey Program, the BHI engaged the services of the Multicultural Health Communication Service to translate information into 24 languages. The BHI also engaged the Health Care Interpreter Service to assist people to participate in the survey.
Clinical Excellence Commission	Patient and Family Activated Escalation (REACH)	The goal of the REACH program is to provide an avenue for patients, families and carers to independently escalate care to a rapid response / emergency response team if they notice a recent change in their condition (patient) or the person they care for (family, carer) and have a 'worrying concern'. Consumer information has been translated into over 6 languages, specific to the lead site populations.
Health Education and Training Institute	Online learning module – Working in Culturally Diverse Contexts	HETI has developed and delivered an online learning module 'Working in Culturally Diverse Contexts', now on the HETI website.
NSW Kids and Families	NSW child Personal Health Record	The NSW child Personal Health Record (the 'Blue Book') is provided free to every parent with a new baby and parents moving from interstate or other countries. Relevant parts of the child Personal Health Record have been translated into additional community languages and existing translations have been updated to reflect the revised 2013 version. Parts are now available in Arabic, Chinese (simplified), Chinese (traditional), Dinka, Hindi, Indonesian, Khmer, Korean, Lao, Nepali, Somali, Tamil, Thai, Turkish and Vietnamese.

HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENT 2012-13
HEALTH NETWORKS		
St Vincent's Health Network	Diversity Health Day	St Vincent's Health Network's Diversity Health Day objectives were to enhance cultural competence, increase understanding of specific cultural needs, acknowledge and celebrate diversity, engage with our clinicians and understand their learning needs, and work with local communities and universities. The cross campus event involved guest speakers discussing multicultural mental health and health literacy, a poster exhibition, resource table and multicultural afternoon tea. The event was opened by St Vincent's Chief Executive Officer. The survey results demonstrated improved staff understanding of cultural competence and culturally sensitive care.
Justice Health & Forensic Mental Health Network	Forensic Hospital Multicultural Service	The Forensic Hospital is developing a multicultural service which includes a literacy and numeracy program for CALD patients and a 'Teaching English to Speakers of Other Languages' course. CALD patients are able to access transcultural mental health assessments, celebrate religious festivals of different cultures, receive specific culturally appropriate diets and have access to specific religious ministers (e.g. Rabbi, Imam).
Sydney Children's Hospitals Network (NB: this report relates to SCH Randwick only)	Accessing developmental surveillance – Understanding the barriers for CALD communities	This project has improved health literacy and awareness in CALD communities in the Botany Bay local government area (LGA) regarding child development, identifying developmental vulnerability and knowing where to go when parents are concerned. It has also increased awareness of general practice primary health care services in the Botany Bay LGA and of current developmental surveillance services available through the Sydney Children's Hospital, including early childhood nursing and community child health services. The project's outcomes are informing service development for developmentally vulnerable children so that it is accessible and culturally responsive to families from CALD backgrounds.
STATEWIDE HEALTH SERVICES		
NSW Ambulance	Emergency Interpreting Access	The Ambulance Service Control Centres use an interpreter service that can be accessed by phone 24 hours a day. If a triple zero call is received from someone who is non-English speaking, a strict procedure is followed to ensure that there is no delay in providing an ambulance. The call taker will initiate an ambulance response immediately prior to contacting the interpreter and then uses triage questions via the interpreter to ensure that the patient's condition is clearly ascertained and to obtain critical information for the response. This resource may also be accessed at scene. In 2012-13, NSW Ambulance used emergency interpreting services on 2,240 occasions.
Multicultural Health Communications Service	Multicultural Health Communication Service Website and Multilingual Quitline	Over the past five years, the Multicultural Health Communication Service has undertaken significant efforts to increase hits to its website. As a result, hits on the website reached 5 million per year in 2012 and a new website was launched in 2013. Further, Multilingual Quitlines were established over four years ago and from 2012 the lines were integrated into Quitlines NSW. As a consequence calls have gone up from 20 to 500 per year. The Chinese, Arabic and Vietnamese communities can also now access lines in their own language.
Multicultural HIV and Hepatitis Service	CALD Hepatitis B Project	This project aims to increase awareness of chronic hepatitis B among priority CALD communities in NSW. Key strategies include: • The development of a chronic hepatitis B resource in plain English and seven priority languages: Arabic, Chinese, Vietnamese, Khmer, Indonesian, Korean and Thai. To date 27,000 resources have been distributed to a range of key agencies • The implementation of a community development project with the Korean community which has seen the establishment of the Korean Health Committee, the delivery of 23 community workshops with over 500 attendees, two radio interviews on SBS and eight articles in the Korean language press • The development and implementation of a series of hepatitis B workshops targeting key community based workers drawn from a range of services. Seven workshops have been delivered in Sydney metropolitan area with over 100 participants.
Multicultural Problem Gambling Service for NSW	Interactive e-resource	In response to research findings of an increase in online problem gambling, the Multicultural Problem Gambling Service for NSW (the MPGS) developed a new e-resource 'Interactive or Online Gambling – Clues that you or someone close to you may have a problem and tips on how to gamble responsibly online'. This resource is translated into: Croatian, French, Hindi, Macedonian, Persian, simplified Chinese, traditional Chinese, Turkish and Vietnamese languages and is available on the MPGS website.
NSW Education Program on Female Genital Mutilation	Development of online clinical training resource for medical practitioners	An e-learning DVD package has been developed in partnership with the HETI. The package is designed to enhance the knowledge and skills required by doctors, medical staff and allied health professionals to care for women and families affected by Female Genital Mutilation (FGM).
NSW Refugee Health Service	Refugee Health Nurse Program	The Refugee Health Nurse Program provides health assessments and screening tests to newly arrived refugees and links individuals and families to general practitioners and the NSW Health system. The program operates from 11 clinic locations across Sydney, and 1963 clients were seen between 22 October 2012 (when the program became operational) and 30 June 2013.
Transcultural Mental Health Centre	Consumer Medication Brochure Series	This initiative arose from the Ministry's Multicultural Mental Health Implementation Committee. The brochures were developed to assist clinicians working with consumers and their carers on a range of topics and medications including: antipsychotic medications, benzodiazepines, bipolar disorder – how medicine can help, clozapine, depression – how medicine can help. The brochures give an explanation of the medicines, how they work, side effects, how they should be used and where to seek help if needed. The online resources are available from the Transcultural Mental Health website in English and 15 community languages: Arabic, Chinese-simplified (Mandarin), Dari, Hindi, Korean, Chinese-Traditional (Cantonese), French, Greek, Indonesian, Italian, Punjabi, Spanish, Tamil, Turkish and Vietnamese.
Women's Health at Work Program (WHAW)	Media Campaign for CALD working Women	This project has been developed to enable CALD women who are either employed or looking for work to be informed on key issues relating to employment, wages, their rights in the work place, workplace health and safety, women's health, diet and exercise. The information has been developed in seven languages. Bilingual Community Educators will act as key spokeswomen for WHAW and provide the information in collaboration with ethnic radio. Information will also be made available on audio and on the WHAW web site.
Health Protection NSW	Immunisation Awareness Campaign	NSW Health is implementing an immunisation awareness campaign in 2013 to educate and inform the community and immunisation providers about the importance of ensuring that children are fully immunised on time. In addition to a campaign website, smartphone app and posters, a brochure was developed and translated into 23 community languages. All print materials are available for ordering from the Better Health Centre. The intended outcome is that people from CALD groups targeted by this campaign will be more aware of the importance of children being vaccinated on time.

HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENT 2012-13
MINISTRY OF HEALTH BRANCHES		
Integrated Care Branch	Support for implementation of the *Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012 to 2016*	The Plan was launched in April 2012 and is NSW Health's strategic plan for improving multicultural health in NSW. The Integrated Care Branch is responsible for supporting implementation of the Plan and has done so in the following ways: Establishment of a Multicultural Health Plan Implementation Group, funding and guidance for the NSW Statewide Multicultural Health Forum to be held in November, funding support for Multicultural Health Week 2012 and 2013, and collation and submission of NSW Health's annual Multicultural Policies and Services Program report to the Community Relations Commission.
Epidemiology and Evidence	NSW Population Health Survey	Inclusion of the top five main language groups spoken within the NSW population to ensure people with English as a second language are able to participate within the survey should they wish to do so and to improve the production of unbiased estimates for the NSW population. These languages are Arabic, Chinese, Greek, Italian, and Vietnamese. Within the 2012 survey a total of 436 respondents chose to participate in the survey in one of the five languages.
Office of the Chief Health Officer	Implementation of the *Public Health Act 2010* and *Public Health Regulation 2012*	This project aimed to inform the public of the commencement of the *Public Health Act 2010* and the *Public Health Regulation 2012* through the placement of advertisements in key ethnic newspapers and provision of information sheets on key areas of the Act and Regulation, available via the Public Health Legislation website in six community languages.
System Relationships and Frameworks	ComPacks: Information for Patients and Families – Supporting a safe return home from hospital	ComPacks is a statewide non-clinical service that assist patients of the 143 participating NSW public hospitals to access case management and community support services for up to six weeks following hospital discharge. The program aims to reduce a person's unnecessary length of time in hospital and provide a safe, supported, transfer home from hospital and prevent avoidable re-admission. After consultation with LHDs, ComPacks Community Service Providers and the NSW Multicultural Health Communication Service, ComPacks information brochures have been translated into Arabic, Chinese, Croatian, Greek, Italian, Macedonian, Polish, Serbian, Spanish and Vietnamese. The brochures were awarded a NSW Multicultural Health Communications Award 2013 in the category of 'Booklet/Brochures'.
Workforce Planning and Development	Rural Doctors Network (RDN) International Medical Graduate (IMG) Orientation Program	NSW Health has provided $130,009 in funding to the NSW Rural Doctors Network (RDN) to undertake an International Medical Graduate (IMG) Orientation Program. This program supports IMGs with conditional area of need registration in rural NSW. The Program aims to ensure that IMGs commencing in area of need posts understand the Australian health system and are able to work effectively in both community and hospital settings. The RDN provides a three day orientation program for IMGs, assistance with enrolling IMGs in Rural Emergency Skills Training courses, and support for the Hunter New England LHD in the development of appropriate orientation programs for IMGs who work across both the general practice and public hospital sectors.
The Centre for Oral Health Strategy NSW	Healthy Mouth – Something To Smile About	This project, a partnership with South Western Sydney LHD Oral Health and the NSW Refugee Health Service, aimed to improve the oral health knowledge and practices of newly arrived refugees. A multilingual DVD resource was developed in eight languages, providing culturally and linguistically appropriate oral health information for newly arrived refugees in NSW. The resource helps individuals and families of refugee background to make healthy choices and thereby reduce dental problems. The DVD has an early intervention and prevention focus. Evaluation of the resource indicated a significant increase in oral health knowledge on key messages delivered and knowledge retention.

NSW Health planned initiatives 2013-14

HEALTH SERVICE	PROJECT/INITIATIVE	PLANNED INITIATIVES 2013-14
Central Coast LHD	CALD Get Healthy / Better Health Self-Management Project	This project seeks to improve health outcomes for clients from Culturally and Linguistically Diverse (CALD) communities with a chronic health condition. Project work will include: • Facilitation of a generalist Better Health Self-Management (BHSM) workshop and BHSM Review Group in partnership with the Self-Management Support Service • Targeting specific language groups to participate in BHSM training program to become bilingual BHSM facilitators • Promotion of culturally appropriate health messages for CALD background communities • Education workshops to be conducted for local GPs and health professionals working with CALD background clients on the Get Healthy Information and Coaching Service.
Hunter New England LHD	A project to increase CALD representation on advisory boards and committees	Few members of new and emerging migrant communities feel confident to engage with government agencies to express the needs of their communities, so it can be difficult to find representatives of these communities willing to serve on advisory boards and committees. The aim of this project is to identify members of new and emerging communities willing to undertake a six week program aimed at: identifying perceived barriers to engagement with health boards and committees, developing specific skills to negotiate the removal of those barriers, promoting effective liaison between migrant and established communities.
Illawarra Shoalhaven LHD	Mental Health Service CALD Patient Journey Interviews	The purpose of this initiative will be to conduct a minimum of 10 patient journey interviews with CALD consumers of the Illawarra Shoalhaven Local Health District (ISLHD) Community Mental Health Service. The intended outcomes will be: • Obtain patient journey feedback from a minimum of 10 CALD mental health service consumers • Identify key service strengths and any challenges experienced by CALD consumers to inform quality improvement initiatives for ISLHD mental health • Build capacity in ISLHD mental health services to conduct patient journey interviews with CALD consumers
Murrumbidgee LHD (MLHD)	Murrumbidgee LHD Plan for Healthy Culturally Diverse Communities	MLHD established a Multicultural Policy Implementation Committee in April 2013, with membership comprising key stakeholders from MLHD, Medicare Locals, local government and non-government organisations. This committee will continue to meet in 2013-14 to collaborate on mapping existing services, identifying service gaps or improvements required, and develop actions to support local implementation of NSW Health multicultural policies, including multicultural mental health and refugee health.

HEALTH SERVICE	PROJECT/INITIATIVE	PLANNED INITIATIVES 2013-14
Nepean Blue Mountains LHD	CALD 'Moving On' Program	In partnership with the Medicare Local and Arthritis NSW, the Multicultural Health Unit will be piloting the Moving On program with CALD communities in each of the local government areas (LGA) in the district. The Moving On program is a generic chronic disease self-management program designed for anyone with any kind of long-term health condition such as diabetes, heart disease, asthma, arthritis. The program will cover eleven topics and is run in a group setting by two leaders, a health professional leader and one lay leader who has a chronic disease. Targeted communities include the Greek community in the Penrith LGA, the Maltese community in the Hawkesbury LGA and the Dutch and German communities in the Lithgow and Blue Mountains LGAs.
Northern NSW LHD (NNSWLHD)	Improving health staff knowledge of the telephone interpreter service	The recently appointed CALD representative on NNSW LHD's Community Engagement Advisory Council has identified the need to improve health staff knowledge of the telephone interpreter service. In response, an article will be developed for an upcoming NNSW LHD newsletter to highlight use of this service. CALD members of the community will also be asked to sign up to the NNSW LHD community engagement database, which is utilised to inform community members and organisations of opportunities to be involved in health events/activities/services.
Northern Sydney LHD (NSLHD)	Health Care Interpreter Service promotion	NSLHD will be implementing a project to increase awareness of the health care interpreter service in CALD background communities. Project activities will include the development of a consumer friendly brochure promoting the availability of interpreting services and interpreter required cards. The resources will be developed in partnership with community representatives. To assist in communicating the information to CALD background communities, NSLHD staff will also deliver information sessions on interpreting services to CALD community groups in community venues. New multilingual posters promoting interpreting services will also be developed for display in NSLHD facilities.
South Eastern Sydney LHD	Pilot project to trial computer tablets in inpatient settings with Chinese patients	This project aims to assess the feasibility of using computer tablets to disseminate translated health information to an inpatient population, focusing on Chinese speaking patients in the Cardiology Ward at St George Hospital. In 2013-14, a range of translated hospital orientation and other patient information resources will be preloaded onto computer tablets and given to patients on arrival in the ward. The acceptability of the tablet computer device and the usefulness of the translated health information will be evaluated to determine the feasibility of using this technology with other multicultural populations.
Southern NSW LHD	Filipino, Thai and Vietnamese women – participation in cervical screening	These emerging cultural groups of women are often marginalised due to rural isolation (lack of transport, appropriate / affordable services , female health practitioners). Frequently they had had little or no health care and are not participating in cervical screening. The Women's Health program will target these groups with the aim of improving their rate of participation in cervical screening.
South Western Sydney LHD	'Falling in between the cracks': Barriers to diabetes self-management in culturally diverse patients from non-English speaking backgrounds	This study aims to explore the understanding of diabetes, its nature and health implications and self-management practices in English-speaking migrants from non-English speaking backgrounds. This research aims to uncover the issues for people with diabetes who fall in between the gap of the English-speaking host culture and migrants who are not proficient in the host language. For those linguistically challenged individuals, interpreters and translations are often provided to address the language barrier, however, for those who are able to speak English, 'cultural interpreters' may be needed to deal with cultural issues influencing health and self-management. The intended outcomes are that patients referred to the diabetes clinic of Campbelltown and Liverpool hospitals in the last two years will be reviewed. Patients who are of Filipino or Indian ethnicity will be invited to participate in the study. This research may help health professionals to care more efficiently for these patients.
Sydney LHD	CALD Healthy Lifestyle Program 2013-14	This program will involve SLHD Multicultural Health Service working in partnership with a range of relevant agencies to provide a healthy lifestyle program for local CALD communities. The program will include cancer prevention in partnership with the Cancer Council NSW and BreastScreen; physical activity and nutrition programs in partnership with non-government organisations, relevant health professionals and with support from local councils; tobacco use prevention projects in partnership with the SLHD Health Promotion Service; health literacy programs focussing on the aged (falls prevention), using medicines wisely, young families (parenting programs), women's and men's health.
Western NSW LHD (WNSWLHD)	Facilitate increased access to interpreters for individuals living in rural and regional communities	This initiative will benchmark performance in the use of interpreters (occasions of service) for WNSWLHD against another rural region with similar demographics. Results will be provided to Executive and Health Service Managers with recommendations for improvement. Strategies will be developed (e.g. use of videoconference) to provide education on working with interpreters to smaller communities. The intended outcome is for the rate of Health Care Interpreter Service usage in rural and regional areas to be comparable to the rate of population and health need, and equivalent to an LHD with similar demographics.
Western Sydney LHD	Connecting Care for CALD background communities	This statewide initiative will be adapted to the needs of the CALD population living in Western Sydney LHD. It includes intensive collaboration with clinical services in mapping existing services to identify gaps in service delivery and access barriers. Healthy lifestyle programs will be adapted and relevant resources will be translated. Multicultural health workers and bilingual community educators will be engaged to promote the service and educate CALD background communities about self-management programs. Cultural competence training will be offered to staff working on self-management programs.
PILLARS		
Agency for Clinical Innovation	Multicultural Health Managers and CALD stakeholder input into ACI models of care	The Agency for Clinical Innovation (ACI) has confirmed a new mechanism to consolidate input from LHD Multicultural Health Managers into ACI models of care. ACI will also include input from these managers and CALD stakeholders into the development of ACI's Consumer Engagement Framework.
Bureau of Health Information (BHI)	Stakeholder engagement	BHI is finalising a stakeholder mapping and identification project that will inform future stakeholder engagement activities and focus on working more closely with target audiences, including CALD communities. Engagement opportunities will be present across a range of work programs, including reports, presentations, workshops and research projects.
Clinical Excellence Commission	Health Literacy Guide	The Health Literacy Guide will be targeted at hospitals and health services and will focus on practical issues surrounding health literacy such as navigation, communication, literacy and numeracy. It will also cover assessment of barriers to health literacy. The Guide will be accessible on the CEC Partnering with Patients internet page. In support of the Guide, the CEC will provide assistance to NSW hospitals and health services.

HEALTH SERVICE	PROJECT/INITIATIVE	PLANNED INITIATIVES 2013-14
Health Education and Training Institute	Statewide Learning Management System	HETI will monitor staff uptake of its online learning module 'Working in Culturally Diverse Contexts' via the new statewide learning management system linked to HETI's online learning centre.
NSW Kids and Families	Youth Health resource kit	This resource kit will provide information for staff who provide health services for young people. The resource kit will be adapted from the Adolescent Health GP Resource Kit second edition, which resulted from a collaboration between the Transcultural Mental Health Centre and the then Centre for the Advancement of Adolescent Health. The theme of working well with young people from diverse cultural backgrounds is integral to the resource kit, which includes a specific chapter on culturally competent practice. It is planned to publish the resource kit in both online and hard copy formats.
HEALTH NETWORKS		
St Vincent's Health Network	Data collection for language and interpreter fields	This project aims to improve recording of language and interpreter fields in clinical patient databases using prompt alerts to staff on admission to assess the need for an interpreter.
Justice Health & Forensic Mental Health Network	Care Navigation Support Program self-management education	The Care Navigation Support Program (Connecting Care) is planning to facilitate several small group education sessions for patients from CALD backgrounds with the assistance of interpreters. The aim is to facilitate access to interpreters and educate CALD background patients on their chronic disease in order to help them to make informed decisions on their health care.
Sydney Children's Hospitals Network (NB: this report relates to SCH Randwick only)	Tour of Sydney Children's Hospital for multicultural groups	This tour will be an opportunity for the multicultural community to see how a children's hospital runs and the range of family-friendly services it offers, together with a welcoming morning tea. Interpreters will be available to facilitate communication between speakers and visitors and accompany the group on a tour of the hospital to visit departments, wards and other areas of interest.
STATEWIDE HEALTH SERVICES		
NSW Ambulance	Chaplaincy Services	NSW Ambulance is seeking to engage the services of an Islamic chaplain to provide pastoral care to its Muslim staff and to provide support to the broader Islamic community in times of crisis. This voluntary position will give the Chaplaincy Team additional capacity, especially in South Western Sydney LHD, which has a significant Islamic population. The chaplain will act as a liaison between ambulance staff and Islamic families during times of emergency, and help to inform NSW Ambulance about Islamic cultural and religious practices.
Multicultural Health Communications Service	Organ Donation	For this statewide project the NSW Multicultural Health Communication Service is working in conjunction with Transplant Australia and the Organ and Tissue Donation Service to target CALD communities to increase awareness about organ donation and its benefits.
Multicultural HIV and Hepatitis Service	Asian Gay Men's Project	An analysis of recent NSW HIV notification data has revealed an increase in notification rates among CALD gay men, in particular those from Asian backgrounds. The Asian Gay Men's Community Development Project will implement a range of targeted strategies designed to increase HIV knowledge and awareness, and decrease stigma and discrimination.
Multicultural Problem Gambling Service for NSW	Increasing presence at Catholic Clubs	This initiative will focus on information dissemination and cultural competency training to Catholic Clubs' floor staff in order to increase mental health literacy among CALD community members impacted by problem gambling and enhance engagement and referral pathways to services, in partnership with the Catholic Care GAINS (Gambling Awareness, Intervention and Support) program.
NSW Education Program on Female Genital Mutilation	Implementation of statewide training program on new clinical guidelines	These draft guidelines for pregnancy and birthing care for women affected by Female Genital Mutilation (FGM) have been developed in response to the needs of women now living in NSW who have previously experienced FGM. Once approved, the guidelines will be distributed to LHDs for implementation. The Professional Education Officer will map out a training schedule for all NSW hospitals, particularly where it is known that people from FGM practicing communities have been or are to be resettled.
NSW Refugee Health Service	Refugee Health Nurse Program Evaluation	The Refugee Health Nurse Program will be evaluated to determine that the program was implemented as intended, and assess whether newly arrived refugees have benefited from the program.
Transcultural Mental Health Centre	TranSCRIBE Anthology	The Transcultural Mental Health Centre (TMHC) coordinates a biennial young writer's initiative known as TranSCRIBE, which is open to all young people aged 12-24 years across NSW. Since the competition began in 1998, over 2,200 entries have been received. The Ministry's Mental Health Drug and Alcohol Office provided funding for the compilation of an anthology targeting young people, accessible across the state. The anthology will also be a resource for mental health professionals to engage young people and their families with a section on young people's mental health, recovery and help seeking behaviours. The anthology will include the stories of winning entries and finalists from the eight TranSCRIBE events. The book launch is scheduled for Mental Health Month, October 2013. Following this, copies will be sent to all secondary schools, key libraries and youth agencies in NSW. The event will also be used as a vehicle to invite young people, schools and relevant agencies to participate in TranSCRIBE 2014.
Women's Health at Work Program	Development of a training package to inform and prepare CALD women who are planning to enter the workforce	At the end of this four-module training program participants will have: • increased their knowledge and understanding of the history of employment for women in western societies and identify the similarities and differences in their own societies in history and currently • gained an understanding of unions, industrial relations/agreements, and private enterprise • understood the importance of self care and how to access women's health services • gained an understanding of workplace health, safety and manual handling techniques • learned how to write a CV, apply for a position, dress for an interview, and been given the opportunity of practicing interview skills. Bilingual Community Educators will be trained to deliver the package, whose implementation will be evaluated over the next 12 months.

NSW CARERS (RECOGNITION) ACT 2010

NSW Health is committed to working with carers to improve the quality of life of carers and the people they care for. This responsibility is shared throughout all levels of the public health system.

The *NSW Carers (Recognition) Act 2010* recognises that 11 per cent of the NSW population are carers. Under the *NSW Carers (Recognition) Act 2010*, all staff and agents of NSW Health are required to:

- understand the *NSW Carers Charter* and take action to reflect its thirteen principles in policy and service delivery
- have processes in place to consult with carers on policy matters that may affect them
- have human resource policies in place to serve the needs of the NSW Health workforce who are carers.

Implementation of the Act has been progressing across NSW Health over the 2012-13 financial year and NSW Health services have reported the progress achieved to the Ministry. T*he NSW Carers (Recognition) Act 2010* and the *NSW Carers Charter* are available on the NSW Ministry of Health website with a range of other helpful carer resources.

The Ministry of Health has developed human resource policies that provide support to NSW Health employees who are carers and their managers. Advice about the rights of carers who are employees of NSW Health and the obligations of managers to employees who are carers is available on the NSW Health website. Key initiatives that have been progressed over the 2012-13 financial year include the eCarer online education program and the Top 5 program.

The eCarer program was developed by Western Sydney LHD in consultation with the Ministry of Health, LHD staff, Carers NSW and carers. The training program includes four modules to assist NSW Health staff and managers fulfil their obligations under the *NSW Carers (Recognition) Act 2010* and the accompanying *NSW Carers Charter*. The e-learning program went live in June 2013 and LHDs are currently promoting the package.

Top 5 is a patient-centred initiative which promotes dialogue between staff and the carer of a patient who has a cognitive impairment. The carer's knowledge and expertise in communicating with and caring for the patient are acknowledged, and strategies are identified and recorded. On admission to an acute care setting the five best strategies for providing support to a patient are identified through discussion with the patient's carer, or carers. The initiative was conceived and piloted in Central Coast LHD and has been rolled out in 15 hospitals across NSW by the Clinical Excellence Commission (CEC). Implementation began in July 2012 and the final report of the evaluation is expected by January 2014.

PRIVACY MANAGEMENT PLAN

Compliance summary

The Ministry provides ongoing privacy information and support to the NSW public health system. Specific projects this year have included:

- development of the Privacy Information Leaflet for Staff. A new resource summarising privacy obligations for all staff
- assistance with the development of the Carer's Leaflet: Patient information and privacy
- guidance for health service staff regarding the requirements for retention of records in relation to the Commissions of Inquiry into Child Sexual Abuse
- development of Online Privacy Training materials in partnership with the Health Education and Training Institute (HETI).

The Ministry's Privacy Contact Officer has attended or presented to various groups or committees in 2012-13, including:

- participation in the Health Chaplaincy Liaison Group
- Ministry of Health privacy orientation for Public Health Officer trainees
- privacy presentation for the Ministry's Workplace Relations Branch
- privacy presentation for the Greater Western Human Research Ethics Committee (HREC)
- privacy presentation for the NSW Ministry of Health HREC Executive Officer and RGO Roundtable Meeting.

The NSW Health Privacy Contact Officers network group has met twice within the year to update staff on changes to policy and legislation relevant to privacy management, and to discuss compliance actions resulting from privacy complaints and internal review.

Internal Review

The *Privacy and Personal Information Protection Act 1988* provides a formalised structure for managing privacy complaints relating to this Act and the *Health Records and Information Privacy Act 2002*. This process is known as Internal Review.

During 2012-13, the Ministry of Health received no applications for Internal Review.

PUBLIC INTEREST DISCLOSURES

The NSW Ministry of Health developed an internal reporting policy during 2011 in consultation with NSW Health agencies. The policy PD 2011_061 Public Interest Disclosures (PID) was implemented on 30 September 2011 in compliance with the legislative requirements for public organisations to implement an internal reporting policy.

The policy applies to all NSW Health organisations and requires each agency to appoint a Disclosures Co-ordinator and to ensure employees are aware of how to report serious misconduct. The Ministry has assisted in the implementation of the policy by conducting two PID Forums for disclosures co-ordinators and contact officers, including training sessions provided by the NSW Ombudsman. The Ministry of Health has published contact details for all disclosures co-ordinators on the Ministry intranet, and each LHD is required to have the disclosures co-ordinators details published on their own Intranet. The Compliance Unit at the Ministry assisted agencies to meet their reporting requirements to the NSW Ombudsman and provides a liaison point for co-ordinators, disseminating relevant resources and information to disclosures co-ordinators across NSW Health.

Each agency has provided a tailored staff awareness strategy to suit the size, location and structure of the agency. Strategies included policy briefings, email notifications, training sessions including internal training and sessions conducted by the NSW Ombudsman PID Unit as well as use of the NSW Ombudsman e-learning training session. Many agencies are providing education about PIDs to new employees on induction.

SENIOR EXECUTIVE PERFORMANCE STATEMENTS

Dr Mary Foley

Position Title: Director General
SES Level: 8
Remuneration: $476,200
Period in Position: 2 years, 3 months

In 2012-13, Dr Foley provided high level executive leadership and management of the NSW Health system and led negotiations with the Commonwealth and other States and Territories to ensure the effective and sustainable implementation of National Health Reform within the context of the NSW Government's own reform agenda for NSW Health.

Building on the governance and funding reforms introduced in 2011-12, which support enhanced local decision making and for the first time linked funding to clinical care, Dr Foley has provided executive oversight of the next key stage of reform for the NSW Health system, which is focused on the development of new models of integrated care in partnership with the Pillars and LHDs.

Key achievements in 2012-13

- Achieved key targets and measures set out under Goals 11 and 12 in the *NSW 2021: A Plan to Make NSW Number One* and the *NSW Government response to the Final Report of the Commission of Audit* (August 2012).
- Refined the NSW Health funding, purchasing and performance frameworks implemented in 2011-12 and introduced Activity Based Funding for sub-acute, mental health and outpatient services across the 15 LHDs, the Sydney Children's Hospitals Network, St Vincent's Health Network and Justice Health & Forensic Mental Health Network.
- Developed effective partnerships with the private and non-government sector through a range of initiatives including planning for the new Northern Beaches Hospital, finalising arrangements between Royal Prince Alfred Hospital and LifeHouse for the provision of world class cancer services.
- Established NSW Kids and Families to provide system-wide leadership and champion outstanding health, wellbeing and healthcare for all mothers and babies, children, young people and families in NSW.
- Established NSW Health Pathology to improve service delivery and to reduce the cost of pathology services for LHDs.
- Oversaw legislative changes to include the Cancer Institute NSW as the sixth Pillar within the NSW Health governance framework.
- Delivered the Strategic Review of the Ambulance Service of NSW, including a review of the operational effectiveness, financing and governance of the service and a review of its aeromedical (rotary wing) operations and the development of related Reform Plans.
- Oversaw development of key NSW Health policies including a Women's Health Framework, NSW Service Plan for People with Eating Disorders and Advanced Planning for Quality Care at End of Life.

Karen Crawshaw PSM

Position Title: Deputy Director General, Governance, Workforce and Corporate
SES Level: 7
Remuneration: $412,200
Period in Position: 6 years, 9 months cumulative as Deputy Director General

In 2012-13, Ms Crawshaw oversaw the provision of legal, legislative and property services, by the Ministry, was responsible for leading Ministry work on procurement and asset management policy, and for supporting high standards of governance and accountability across NSW Health. Ms Crawshaw led key industrial relations negotiations and consultation and provided strategic leadership on action to enhance the culture, productivity and capacity of the NSW Health workforce.

The Director General has expressed satisfaction with Karen Crawshaw's performance.

Key achievements in 2012-13

- Provided strategic leadership in meeting the government's election commitment to provide 2,475 additional nurses and continued the implementation of the staffing arrangements under the Nurses' and Midwives' Award.
- Provided executive leadership of the human resource, governance and legal changes required to conclude implementation of the Governance Review of NSW Health.
- Led wage negotiations for 2012-13 which were conducted under the provisions of the *Public Sector Wages Policy* and management oversight of industrial relations across NSW Health.
- Leadership in implementation of the NSW Health Workplace Culture Framework including conduct of the second of a series of *Your Say* staff surveys across NSW Health.
- Strategic oversight of negotiations for a long term service partnership with Lifehouse at RPA.
- Leadership and development of strategies to enhance the productivity and capacity of the NSW Health workforce including:
  - implementation of the Respecting the Difference Aboriginal Cultural Training Strategy
  - partnering with the NSW Department of Education and Communities to develop a scholarship programme to increase the number of enrolled nurses across NSW Health
  - development of a new Work Health and Safety policy for NSW Health supported by effective governance tools
  - working with other States, Territories and the Commonwealth on strategic management of medical internship.
- Led further development of effective health system local decision making through the publishing of a revised Corporate Governance Compendium and provision of a program of training for Districts and Network board members.
- Strategic oversight of the Health Legislative Program.

Dr Rohan Hammett

Position Title: Deputy Director General, Strategy and Resources
SES Level: 7
Remuneration: $412,200
Period in Position: 1 year, 5 months

Dr Rohan Hammett joined the Ministry in February 2012 from the Commonwealth Department of Health and Ageing (DoHA) where he had been the National Manager of the Therapeutic Goods Administration and a member of the Executive of DoHA.

The Director General has expressed satisfaction with Dr Hammett's performance.

Key achievements in 2012-13

- Oversaw the ongoing design and implementation of the NSW State Funding Model based on activity-based payments.
- Led the implementation of the National Health Reform Agreement requirements in NSW.
- Oversaw implementation of recommendations from the Commission of Audit.
- Delivered the NSW Health Total Asset Management Plan.
- Continued management of the Grants Management Improvement Program.
- Provided Secretariat support for the NSW Minister at the Standing Council on Health.
- Attended Australian Health Ministers' Advisory Council meetings.
- Represented NSW on the Hospitals Principal Committee.
- Managed inter-government negotiations and Commonwealth-state Relations for NSW Health.
- Managed the policy areas supporting Aged Care, Primary Health, Rural Health, and Multicultural Health.
- Developed new funding programs to support Pain Management and Palliative Care.
- Member of the Board of Health Infrastructure advising on capital developments across NSW, the Sax Institute and the Boards of the Agency for Clinical Innovation and the Clinical Excellence Commission.

Dr Kerry Chant

Position Title: Deputy Director General, Population and Public Health and Chief Health Officer
SES Level: 7
Remuneration: $412,200
Period in Position: 4 years, 5 months cumulative as Chief Health Officer and Deputy Director General

Dr Kerry Chant is a public health physician with extensive experience in the NSW public health system. Dr Chant leads strategic population health programs and policies which address tobacco use, obesity, chronic disease prevention, public health emergencies, Aboriginal Health as well as maternal and child health.

The Director General has expressed satisfaction with Dr Chant's performance.

Key achievements in 2012-13

- Managed the development and implementation of the Save the Date to Vaccinate immunisation campaign involving television and radio advertisements, shopping centre posters, brochures and other resources, including a vaccination reminder 'app' that parents can download to their mobile phone.
- Led the rollout of human papillomavirus (HPV) vaccination for boys in Year 7 of high school, along with the first year of a two year catch up vaccination program for boys in Year 9.
- Achieved significant progress in the reach of programs implemented to reduce overweight and obesity rates in children and young people (5-16 year):
  - 73 per cent of early childhood services have participated in training to June 2013
  - exceeding the 2012-13 target of 35 per cent with over 40 per cent of participating services adopting program practices to agreed standards
  - 63 per cent of all primary schools in NSW have participated in training to June 2013.

- Developed and launched the Increasing Organ Donation in NSW: Government Plan 2012, which implements the National Reform Agenda, with the goal of boosting donation rates in NSW.
- Developed and implemented the Strategic Framework Oral Health 2020 which sets the platform for oral health action in NSW into the next decade.
- Promoted increased access to fluoridated public water supplies.
- Developed and implemented the NSW HIV Strategy 2012-15: A New Era which aims to virtually eliminate new HIV infections in NSW by 2020 by increasing testing, treatment and safe sex practices.
- Developed and launched the NSW Aboriginal Health Plan 2013-23, which outlines a vision, goal and strategic direction to meet the challenge of closing the health gap between Aboriginal and non-Aboriginal people by sharing the responsibility for achieving health equity for Aboriginal people in NSW.
- Implemented the Type 2 Diabetes module, which is part of the Get Healthy Service and available to all NSW adults.
- Managed the development of the Advance Planning for Quality Care at End of Life Action Plan 2013–18, which identifies strategic partnerships with other government agencies and sectors to improve this aspect of planning for end of life care in primary, acute and aged care settings.
- Implemented the *Tobacco Legislation Amendment Act 2012* which amends the *Smoke-free Environment Act 2000* to make the additional public outdoor places smoke-free areas from 7 January 2013.

Ken Whelan

Position Title: Deputy Director General, System Purchasing and Performance
SES Level: 7
Remuneration:$403,845
Period in Position: 12 months

Ken Whelan Joined the Ministry in July 2012 having had over 20 years Senior Management experience in the Health sector with 15 of those years as a Chief Executive in Hospital and Health services in both New Zealand and Queensland.

The Director General has expressed satisfaction with Mr Whelan's performance.

Key achievements in 2012-13

- Developed functional relationships with all LHD and Pillar Chief Executives to ensure the agreed Accountability Framework is understood, implemented and monitored.
- Developed the Supported Accountability Performance Framework for NSW Health and ensured the framework is understood to achieve buy in from LHDs.
- Evolved the purchasing framework for NSW Health to ensure purchasing is aligned to improved health outcomes.
- Led the review of NSW Ambulance and ensured the implementation plan is actioned.
- Led the review of aeromedical services in NSW which has resulted in an agreed reform plan.
- Oversaw the restructure of the Mental Health and Drugs and Alcohol Office following establishment of the Mental Health Commission.
- Delivered the Whole of Hospital Program across NSW which is being implemented across pilot sites in 2013 and rolled out across the state in 2014.
- Supported achievement of the National Elective Surgery Targets (NEST) at state level and demonstrated a significant improvement in National Emergency Access Targets (NEAT) across the state.
- Developed and delivered an updated Performance Framework which guides the sector through the Purchaser/Provider model now in place in NSW.
- Adopted a more population based approach in the 2013-14 Service Agreements.
- Commenced work on the development of a more equitable and consistent Public Outpatient Framework which will be implemented in the 2013-14 fiscal year.

John Roach PSM

Position Title: Chief Financial Officer
SES Level: 6
Remuneration: $328,650
Period in Position: 4 years, 11 months

John Roach commenced as NSW Health's Chief Financial Officer from July 2009 having held previous senior executive appointments within the NSW Government and NSW Health including Chief Executive of HealthShare NSW and Director of Financial and Corporate Services at the former South Eastern Sydney Illawarra Area Health Service.

The Deputy Director General, Strategy and Resources, has expressed satisfaction with Mr Roach's performance during 2012-13.

Key achievements 2012-13:

- Provided effective financial management and control of NSW Health's $17.3 billion recurrent budget and complied with NSW Government requirements to manage the NSW Health recurrent budget within net cost of services limits.
- Successfully implemented revised budget allocation and cash payment systems to LHDs and other controlled entities of NSW Health to comply with National Health Reform Agreement requirements from 1 July 2012.
- Provided strategic advice to the Director General and the Minister for Health to support their involvement in the Cabinet Standing Committee on the Expenditure Review.
- Served as the principal representative on matters of financial management and performance in monthly performance review meetings with LHDs and Specialty Health Network Chief Executives to ensure compliance with financial benchmarks and targets, liquidity management within budget parameters and implementation of remedial actions where required.
- Led the process to improve the timeliness of payment of small business invoices by LHDs and other reporting entities, achieving 98 per cent of small business suppliers being paid within 30 days by end June 2013, a 26 per cent improvement during 2012-13.
- Substantially improved end of year financial statement reporting procedures resulting in the timely completion of 30 June statutory accounts within Treasury mandated deadlines.

- Built stronger relationships with reporting entity Audit and Risk Committee Chairs to facilitate improved financial audit compliance.
- Strengthened governance over revenue policy and led the development of IT revenue support tools for frontline staff.

David Gates

Position Title: Director Business and Asset Services and Chief Procurement Officer
SES Level: 5
Remuneration: $292,450
Period in Position: 6 years cumulative as Director, Business and Asset Services and Chief Procurement Officer

The Deputy Director General Governance Workforce and Corporate has expressed satisfaction with Mr Gates' performance.

Key achievements in 2012-13

- Provided policy direction and leadership in the achievement of NSW Health goods and services procurement savings targets. This included the upgrade to the NSW Health procurement web-portal providing procurement practise support across NSW Health.
- Managed a program of business reforms including the Lifehouse at Royal Prince Alfred Hospital lease and service delivery agreement.
- Executive leadership of the implementation of the new asset and facility management information system, capable of delivering a state consistent asset register and associated asset management systems and tools. Completed real property audits in two LHDs.
- In environmental sustainability, developed the NSW Health strategy 2012-15, had input into the audit office energy performance review and scoping studies on LHD energy management initiatives.

Leanne O'Shannessy

Position Title: Director Legal and Regulatory Services and General Counsel
SES Level: 5
Remuneration: $292,450
Period in Position: 5-6 years cumulative as General Counsel

In 2012-13, Ms O'Shannessy provided legal and legal policy advice to the public health system. Ms O'Shannessy was responsible for the development of legislative proposals and management of the Subordinate Legislation Program and litigation (including oversight of legal panels for employment law and medico-legal/coronial matters) involving the Ministry or involving issues of statewide significance and conducts regulatory compliance, including oversight and conduct of prosecutions.

The Deputy Director General, Governance, Workforce and Corporate has expressed satisfaction with Ms O'Shannessy's performance.

Key achievements in 2012-13

- Managed the Health Legislative Program including the Subordinate Legislative Program including:
  - *Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013* – to support vaccination of children
  - *Human Tissue Legislation Amendment Act 2012* – to support policies and strategies aimed at increasing donation rates in NSW
  - *Public Health Regulation 2012* – to support the commencement of the *Public Health Act 2010*
  - Report on the Review of section 7(4)(c)(i) of the *Private Health Facility Act*.
- Managed the development of a series of training modules designed to support LHD and Specialty Health Network board members in undertaking their roles.
- Managed the review of funding arrangements for the Therapeutic Advisory Group and transition from the Ministry to the Clinical Excellence Commission.

Annie Owens

Position Title: Director, Workplace Relations
SES Level: 5
Remuneration: $276,870
Period in Position: 4 years, 9 months

In 2012-13, Ms Owens managed the Ministry's human resources strategy and provided support and guidance to staff on all personnel issues. Ms Owens managed the systemwide industrial relations issues, including the arbitration and negotiation of wages and employment conditions. Ms Owens also managed personnel functions and administration of the Health Executive Service and led human resources and workplace health and safety policy development relevant to the NSW Health Service.

The Deputy Director General Governance Workforce and Corporate has expressed satisfaction with Ms Owens's performance.

Key achievements in 2012-13

- Managed the wage negotiations for 2012-13 conducted under the provisions of the Public Sector Wages Policy.
- Managed the introduction of a new Work Health and Safety policy.
- Managed the continued implementation of Staffing Arrangements under the Nurses and Midwives' Award.
- Developed a revised policy for Executive Performance management.
- Established Ministry recognition and reward programme.

SENIOR EXECUTIVE SERVICE

Number of CES/SES positions at each level within the Ministry of Health:

SES LEVEL	AS AT 30 JUNE 2013	AS AT 30 SEPTEMBER 2012*
8	1	1
7	4	4
6	1	1
5	5	5
4	11	10
3	6	6
2	3	2
1	2	0
Total positions	**33**	**29**

Number of female CES/SES officers within the Ministry of Health:

AS AT 30 JUNE 2013	AS AT 30 SEPTEMBER 2012*
15	14

* From 1 July 2012, a revised Ministry executive structure was implemented following a Governance Review of NSW Health.

ENVIRONMENTAL SUSTAINABILITY

The NSW Health Environmental Sustainability Strategy 2012-15 sets out the NSW Health vision, identifies opportunities to incorporate environmental sustainability into our business and proposes strategic priorities for action.

NSW Health is committed to participating in broader sustainability programs, which includes being an active member of CitySwitch and participation in Earth Hour and Mobile Muster.

Energy management

- A statewide business case for an Energy Performance Management Strategy was completed. It identifies the need for development of procurement pathways to access new and emerging areas of the market, alternative financing mechanisms, targets and benchmarks, and capacity building alongside many other areas critical to the implementation of a successful energy management program.
- The implementation of the Energy Performance Management Strategy will establish a framework for LHDs to undertake improved energy management across their facilities.
- In 2012-13 five applications were approved under the Sustainable Government Investment Program and $5.1 million was invested in energy efficiency projects. Projects included the completion of a major control system and lighting upgrade at Westmead Hospital, a chiller replacement at Maitland Hospital, a boiler upgrade at St George Hospital, lighting upgrades across a number of sites in the Mid North Coast LHD and at the NSW Ambulance Headquarters.
- NSW Health and the Office of Environment and Heritage entered into a partnership to develop a hospitals energy and water benchmarking tool, which is scheduled to be rolled out by June 2014.
- 27 Ambulance stations across the Illawarra and Hunter regions received over $300,000 worth of energy and water efficiency upgrades under the Office of Environment and Heritage's Government Building Retrofit Program. These projects are expected to save around $51,000 in utility bills, 240 megawatt hours of electricity and one million litres of water each year.
- In June 2013 NSW Health accepted the majority of recommendations provided by the Auditor General in the Performance Audit: Building energy use in public hospitals.

Waste Reduction and Purchasing Policy

NSW Health has shown commitment to recycling, reusing and providing education in the area of waste reduction and procurement. Some examples include:

- Liverpool Hospital is the first NSW hospital to recycle PVC medical products such as oxygen masks and tubing and IV fluid bags. Products are taken to a recycling facility where they are turned into reusable product. The Hospital also recycled 98 per cent of waste paper and office materials.
- The Health Education and Training Institute developed a targeted Waste Management Education Program to drive improved levels of recycling and whole-of-life purchasing methods across the LHDs.
- HealthShare reused 75 per cent of existing office furniture in a new fit out in the Newcastle Service Centre to reduce the amount of waste to landfill and reduce costs.
- The Ministry of Health has rolled out a security-card printing system which has reduced the amount of printing paper and toner wasted. Additionally, a revamp of the stationery available for purchase by the Ministry now includes a range of quality recycled products.

HEALTH STATISTICS

PUBLIC HOSPITAL ACTIVITY LEVELS

Selected data for the year ended June 2013 part 1 [1,2,10]

LOCAL HEALTH DISTRICTS	SEPARATIONS	PLANNED SEP %	SAME DAY SEP %	TOTAL BED DAYS	AVERAGE LENGTH OF STAY (ACUTE)[3, 6]	DAILY AVERAGE OF INPATIENTS[4]
Justice Health & Forensic Mental Health Network	612	89.2	44.3	67,825	108.4	186
Sydney Children's Hospitals Network	48,858	50.9	45.7	147,959	3.0	405
St Vincent's Health Network	42,067	51.2	51.4	177,309	3.3	486
Sydney LHD	146,897	48.6	44.6	610,161	3.8	1,672
South Western Sydney LHD	203,175	41.5	44.7	734,534	3.3	2,012
South Eastern Sydney LHD	161,205	42.5	42.1	642,112	3.5	1,759
Illawarra Shoalhaven LHD	103,437	31.5	46.6	383,266	3.1	1,050
Western Sydney LHD	160,432	42.2	45.4	574,849	3.1	1,575
Nepean Blue Mountains LHD	73,542	36.6	37.8	252,888	3.0	693
Northern Sydney LHD	130,248	34.4	37.1	609,953	3.8	1,671
Central Coast LHD	78,491	41.5	41.1	304,255	3.5	834
Hunter New England LHD	211,998	43.3	41.9	783,516	3.3	2,147
Northern NSW LHD	100,003	41.8	47.3	315,023	2.9	863
Mid North Coast LHD	68,418	44.4	46.7	241,688	3.2	662
Southern NSW LHD	49,798	42.9	51.4	152,057	2.4	417
Murrumbidgee LHD	69,827	34.5	46.0	228,674	2.5	627
Western NSW LHD	80,014	39.4	40.5	297,454	3.0	815
Far West LHD	8,081	50.4	50.0	27,542	2.7	75
Total NSW	**1,737,103**	**41.5**	**43.7**	**6,551,065**	**3.3**	**17,948**
2011-12 Total	1,682,685	41.3	43.3	6,490,848	3.4	17,783
Percentage change (%)[9]	**3.2**	**0.2**	**0.5**	**0.9**	**-2.8**	**0.9**
2010-11 Total	1,629,572	41.6	43.1	6,389,471	3.5	17,505
2009-10 Total	1,598,991	41.6	43.2	6,429,314	3.6	17,615
2008-09 Total	1,555,480	41.4	42.6	6,368,298	3.7	17,447
2007-08 Total	1,527,382	41.1	42.0	6,417,358	3.7	17,534

Selected data for the year ended June 2013 part 2 [1,2,10]

LOCAL HEALTH DISTRICTS	OCCUPANCY RATE[5] JUNE 13	ACUTE BED DAYS[6]	ACUTE OVERNIGHT BED DAYS[6]	NON-ADMITTED PATIENT SERVICES[7]	EMERGENCY DEPT. ATTENDANCES[8]
Justice Health & Forensic Mental Health Network	n/a	65,483	65,216	4,132,794	n/a
Sydney Children's Hospitals Network	89.6	147,710	125,410	1,011,464	89,482
St Vincent's Health Network	97.8	133,154	111,579	621,938	44,285
Sydney LHD	89.2	551,825	486,302	2,059,676	154,150
South Western Sydney LHD	96.0	647,192	558,207	2,531,624	237,603
South Eastern Sydney LHD	92.5	519,226	457,231	3,292,844	237,838
Illawarra Shoalhaven LHD	91.5	303,045	254,988	1,069,435	142,105
Western Sydney LHD	87.4	478,261	406,081	2,349,421	155,515
Nepean Blue Mountains LHD	88.2	214,538	186,800	936,105	110,222
Northern Sydney LHD	89.8	470,871	424,001	1,329,366	181,640
Central Coast LHD	95.5	259,013	226,938	1,063,997	116,937
Hunter New England LHD	79.3	677,587	588,968	3,004,518	386,078
Northern NSW LHD	92.5	277,575	230,423	1,065,065	182,537
Mid North Coast LHD	90.4	205,674	174,571	750,912	112,234
Southern NSW LHD	67.5	113,886	88,348	547,065	108,539
Murrumbidgee LHD	70.6	167,401	135,371	833,946	139,172
Western NSW LHD	74.2	230,223	197,892	1,179,295	187,125
Far West LHD	58.6	21,700	17,665	138,814	29,467
Total NSW	**87.7**	**5,484,364**	**4,735,991**	**27,918,278**	**2,614,929**
2011-12 Total	88.6	5,475,789	4,757,507	27,145,876	2,537,681
Percentage change (%)[9]	**-0.9**	**0.2**	**-0.5**	**2.8**	**3.0**
2010-11 Total	89.1	5,449,313	4,757,219	26,302,057	2,486,026
2009-10 Total	88.3	5,549,809	4,869,508	26,291,232	2,442,982
2008-09 Total	87.4	5,523,318	4,874,799	27,808,772	2,416,774
2007-08 Total	85.1	5,506,019	4,872,016	27,426,053	2,417,818

1 Health Information Exchange (HIE) data were used. The number of separations include care type changes. **2** Activity includes services contracted to private sector. Data reported are as of 31/8/2013. **3** Acute average length of stay = (Acute bed days/Acute separations). **4** Daily average of inpatients = Total Bed Days/365. **5** Bed occupancy rate is based on June data only. Facilities with peer groups other than A1a to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards,residential aged care, community residential and respite activity. Unqualified baby bed days were included from 2002/03. **6** Acute activity is defined by a service category of acute or newborn. **7** Includes services contracted to the private sector. Source: Webnap and webDOHRS as at 03/09/2013. Changes to reporting of Group Services result in 2012/13 results not being directly comparable to prior years. **8** Source: HIE, Webnap and webDOHRS as at 03/09/2013. Pathology and radiology services performed in emergency departments have been excluded since 2004/05. **9** Planned separations, Same day separations and occupancy rates are percentage point variance from 2011/12. **10** As Albury Base Hospital transferred on 1 July 2009 to the integrated Albury-Wodonga Health Service managed by Victoria, caution is required when comparing NSW State numbers to previous years.

Public mental health hospitals and co-located psychiatric units in public hospitals funded and average available beds, NSW 2012-2013

LOCAL HEALTH DISTRICT / SPECIALIST HEALTH NETWORK	HOSPITAL BEDS			
	FUNDED BEDS[1] AT 30 JUNE 2013		AVERAGE AVAILABLE BEDS[2] IN 2012-2013	
	ACUTE	NON-ACUTE	ACUTE	NON-ACUTE
Sydney Children's Hospitals Network	16	-	13	-
St Vincent's Heatlh Network[3]	48	-	52	-
Sydney LHD[4]	170	71	165	63
South Western Sydney LHD	154	34	154	29
South Eastern Sydney LHD[5]	136	34	125	34
Illawarra Shoalhaven LHD	93	20	93	20
Western Sydney LHD[4]	167	192	164	178
Nepean Blue Mountains LHD	54	-	54	-
Northern Sydney LHD	139	196	138	190
Central Coast LHD	84	-	84	-
Hunter New England LHD	201	170	201	170
Northern NSW LHD	73	-	73	-
Mid North Coast LHD	52	20	52	20
Southern NSW LHD	26	70	26	70
Murrumbidgee LHD	44	16	44	16
Western NSWLHD[6]	86	195	78	102
Far West LHD[7]	6	10	6	3
Justice Health & Forensic Mental Health Network	152	79	152	79
Total NSW	**1,701**	**1,107**	**1,674**	**974**
2011-12 Total	1,689	1,083	1,649	952
2010-11 Total	1,664	1,098	1,616	960
2009-10 Total	1,618	1,018	1,573	902

1 "Funded beds" are those funded by NSW Ministry of Health (MoH). **2** "Average available beds" is the daily (midnight) count of the number of occupied and unoccupied beds averaged over the reporting period (2012-2013). This data is extracted from the SAP Beds Report by Health System Information and Performance Reporting (HSIPR) Branch. Higher numbers of available beds than funded may be reported due to the use of "surge" beds in high demand periods or incorrect reporting of available bed numbers in the reporting system. **3** St Joseph's Hospital, Auburn has 4 beds funded outside the Mental Health program resulting in higher number of average available beds. **4** Some non-acute C&A units (Thomas Walker, Redbank House) are open Monday to Friday and closed during school holidays and at some other times, resulting in reduced average available beds. **5** Reduced average available beds due to a staged opening of 12 new Mental Health Intensive Care Unit beds at the Prince of Wales Hospital that started in March 2013. **6** Reduced average bed availability due to (i) staged relocation of beds from the old Bloomfield Hospital to the new Orange Health Service that happened in 2012-2013. During the transition, a number of beds were unavailable; (ii) a 10 bed non-acute Rehabilitaion and Recovery Unit opened in Dubbo Base Hospital in April 2013. No activities were reported against these beds. **7** Reduced average available beds due to a 10 bed non-acute unit that opened at Broken Hill Base Hospital in March 2013.

Average available beds and treatment spaces[1], June 2013[2] and estimated bed/treatment space equivalents being purchased in 2013-14

LOCAL HEALTH DISTRICT (LHD) / SPECIALIST HEALTH NETWORK	AVERAGE AVAILABLE BEDS AND TREATMENT SPACES, JUNE 2013				ESTIMATED BED/TREATMENT SPACE EQUIVALENTS PURCHASED FROM LOCAL HEALTH DISTRICTS/ NETWORKS IN 2013-14 [A,B]	
	HOSPITAL BEDS					
	BEDS AVAILABLE FOR ADMISSION FROM EMERGENCY DEPARTMENT[3]	OTHER HOSPITAL BEDS[4]	OTHER BEDS[5]	TREATMENT SPACE[6]	ADDITIONAL ACUTE ADMITTED PATIENT ACTIVITY (COSTWEIGHTED SEPARATIONS) PURCHASED IN 2013-14	TOTAL ACUTE BED EQUIVALENTS OF ADDITIONAL ACTIVITY
Sydney Children's Hospitals Network	340	91	10	31	1,214	9
St Vincent's Health Network	314	173	0	33	1,154	10
Sydney LHD	1,233	453	20	257	3,472	32
South Western Sydney LHD	1,362	472	149	360	4,769	49
South Eastern Sydney LHD	1,194	497	135	258	3,860	38
Illawarra Shoalhaven LHD	731	280	55	168	3,023	32
Western Sydney LHD	1,001	569	148	329	3,237	30
Nepean Blue Mountains LHD[7]	562	261	33	188	1,822	16
Northern Sydney LHD	1,134	570	149	297	2,227	21
Central Coast LHD	696	123	50	140	901	10
Hunter New England LHD	1,748	800	402	522	3,139	30
Northern NSW LHD	639	185	74	195	690	7
Mid North Coast LHD	456	130	21	150	1,529	15
Southern NSW LHD	382	140	94	149	293	3
Murrumbidgee LHD	651	162	512	232	895	8
Western NSW LHD	714	318	459	325	1,019	9
Far West LHD	97	28	24	36	83	1
Justice Health & Forensic Mental Health Network	190	155	0	1	na	na
Total NSW[8,9,10,11,12]	**13,444**	**5,409**	**2,335**	**3,670**	**33,326**	**320**
2011-12 Total [7]	13,519	5,312	2,213	3,661		
2010-11 Total	13,466	5,203	2,082	3,598		
2009-10 Total	13,452	5,090	2,150	3,566		
2008-09 Total	13,254	5,047	2,141	3,558		
2007-08 Total	13,468	5,028	2,119	3,503		

1 Source: NSW Health Bed Reporting System. **2** Results are reported as average for the month of June, being the last month of each financial year. During the course of a year, average available bed numbers vary from month to month, depending on the underlying activity. **3** 'Beds available for admission from emergency department' include adult acute overnight; paediatric acute overnight; mental health acute overnight; critical care; emergency short stay units, and medical oncology beds. These are the types of beds usually used for admission from emergency departments. **4** 'Other hospital beds' include day only; mental health other (including drug and alcohol); sub and non acute beds (including rehabilitation); statewide specialist services (including transplant, specialist spinal injury and severe burns unit); neonatal intensive care unit; maternity (obstetrics), and palliative care beds. These beds are the types of beds usually used for selected specialty care and day only services or for sub/non acute services. A smaller proportion of admissions from ED may occur in other hospital beds category. **5** Other Beds include 'Hospital in the Home' and Residential/ Community Aged Care & Respite beds. An increasing number of admissions from ED are being treated through 'Hospital in the Home' services for appropriate conditions. **6** Treatment Spaces include Same Day Therapy/Dialysis, Emergency Departments, Operating Theatre/Recovery, Delivery Suites, Bassinets and Transit Lounges. **7** Beds for Hawkesbury District Health Service have been included to reflect contractual arrangements for the treatment of public patients in that facility. **8** Totals exclude Albury Base Hospital (managed by Victoria as part of the integrated Albury-Wodonga Health Service since 1 July 2009), Lottie Stewart Nursing Home and Governor Phillip Residential Aged Care Facility (no longer under Local Health District management). Data for all previous years has been excluded for these facilities to enable more accurate comparisons. **9** Beds temporarily unavailable due to maintenance and refurbishment of operating theatres and other wards (Children's Hospital Westmead-7;Concord-12;Manly-13;Wagga Wagga, Finley, Lockhart – 11) **10** Beds temporarily unavailable- used for surge beds during busier months (Ryde-16; Prince of Wales-30) **11** Beds now available as other hospital beds or other beds, including residential aged care beds (WNSW-11;MLHD-51) **12** New models of care increasing out of hospital care services (Sutherland-23; CCLHD-42; ISLHD -5; SWSLHD-8)

Notes: The following assumptions have been used to estimate the impact of additional purchased activity:

A Overall: Overnight bed occupancy rate of 85%; Same Day bed occupancy rate of 120%; Same Day units operational 5 days per week; Proportion of additional activity converted to additional capacity(100%).

B Specific to each LHD: % of acute admissions as Same Day; Average cost weight per Same Day episode; Average cost weight per Overnight episode; Average length of stay per Overnight acute episode.

Available beds/treatment spaces and Activity Based Reporting

LHDs and SHNs are funded to provide an agreed level of health service activity to meet local needs, utilising a funding and purchasing model consistent with National Health Reform arrangements.

For 2013-14, the NSW Ministry of Health has purchased increased levels of activity from all LHDs.

In addition to funding new infrastructure in 2013-14, LHDs and SHNs are using innovative approaches to service delivery including enhancement of ambulatory care; new and expanded hospital in the home services; increases in day surgery; expansion of discharge support through purchase of community packages, and improved models of care.

The above Table outlines the additional acute admitted patient activity purchased for 2013-14 from each LHD and SHN and the related bed equivalents. The estimation model assumes that the majority of this additional patient activity outlined will require accommodation in either 'hospital beds' or 'other beds'.

MENTAL HEALTH ACT SECTION 108

In accordance with Section 108 of the *NSW Mental Health Act (2007)* this report details mental health activities for 2012-13 in relation to:

(a) achievements during the reporting period in mental health service performance;
(b) data relating to the utilisation of mental health resources.

Historical tables are presented in this report with the latest updates of 2012-13 data. Yearly aggregated bed numbers and hospital activity are presented as 10 year time series (2003-04 to 2012-13).

This report includes indicators only for services directly funded through the Mental Health program. National reports on mental health also include data from a small number of services funded by other funding programs (e.g. Primary Care, Rehabilitation and Aged Care). Therefore the numbers reported here may differ from those in national reports (e.g. Report on Government Services, Mental Health Services in Australia, National Mental Health Report).

A new table of 'Funded and average available beds' in 2012-13 by LHD is shown on page 128.

A new indicator 'Seclusion in acute mental health facilities' which measures the rate of seclusion occurring in NSW acute mental health inpatient units is presented for the first time in this section.

Total beds and activity

There were 2,808 funded mental health beds in NSW on 30 June 2013, an increase of 36 (1.3 per cent) beds from 30 June 2012.

FUNDED CAPACITY	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Funded Beds at 30 June	2,107	2,157	2,219	2,314	2,360	2,491	2,636	2,762	2,772	2,808
Increase since 30 June 2004	-	50	112	207	253	384	529	655	665	701

Source: NSW Mental Health Bed Survey.

AVERAGE AVAILABILITY (FULL YEAR)	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Average Available beds	1,985	2,075	2,153	2,261	2,283	2,396	2,475	2,576	2,601	2,648
Increase since 30 June 2004	-	90	168	276	298	411	490	591	616	663
Average Availability (%) of funded beds	-	96%	97%	98%	97%	96%	94%	93%	94%	94%

Source: Information and Performance Reporting (HSIPR) Branch.

AVERAGE OCCUPANCY (FULL YEAR)	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Average Occupied beds	1,773	1,847	1,912	2,056	2,059	2,120	2,163	2,198	2,224	2,274
Increase since 30 June 2004	-	74	139	283	286	347	390	425	451	501
Average Occupancy (%) of available beds	-	89%	89%	91%	90%	88%	87%	85%	86%	86%

Source: NSW Health HIE.

On average funded bed numbers increased by three per cent over the years between 2003-04 and 2012-13.

Average available beds are always less than funded beds due to: (i) commissioning periods between the completion of construction and full operation of new units/beds; (ii) temporary closures due to renovation or operational reasons; (iii) the effect of non-acute Child and Adolescent Mental Health Services (CAHMS) beds which only operate during the week and school terms.

Average availability is calculated by dividing the total average available beds by the total funded beds (expressed as a percentage). The average availability of funded beds across NSW in 2012-13 is unchanged at 94 per cent from 2011-12.

Average occupancy is calculated by dividing the total average occupied beds by the total average available beds (expressed as a percentage). The average occupancy of available beds in 2012-13 was 86 per cent, unchanged from 2011-12. This figure includes occupancy for acute and non-acute units for all age groups.

Acute and non-acute inpatient care

Mental health inpatient services provide care under two main care types – acute care and non-acute care.

Mental health acute inpatient care (separations from overnight stays)

ACUTE INPATIENT CARE	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Acute Overnight Separations	24,759	25,182	27,815	29,297	29,251	29,784	29,016	29,829	30,208	31,555
Increase since 30 June 2004	-	423	3,056	4,538	4,492	5,025	4,257	5,070	5,449	6,796
Increase (%) since 30 June 2004	-	2%	12%	18%	18%	20%	17%	20%	22%	27%

Source: NSW Health HIE.

Over the past ten years there has been an increase each year in mental health acute bed numbers and overnight acute separations. On average from 2003-04 to 2012-13, funded acute beds increased by 3.3 per cent and acute overnight separations increased by 2.4 per cent each year.

In 2012-13, new acute mental health beds were opened in South Eastern Sydney LHD (12 additional adult beds opened in Prince of Wales Hospital), and Northern Sydney LHD (two additional Psychiatric Emergency Care Centre beds in Royal North Shore Hospital). In Western NSW LHD, two beds at Mudgee Hospital closed in the current year. Overall, there was an increase of 12 acute beds in 2012-13 from 2011-12.

Mental health non-acute inpatient care – occupied bed-days

NON-ACUTE INPATIENT CARE	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Non-Acute Overnight OBDs	266,134	263,688	253,210	257,736	250,721	272,064	278,112	279,034	284,689	285,993
Increase since 30 June 2003	-	-2,446	-12,942	-8,398	-15,413	5,930	11,978	12,900	18,555	19,859
Increase (%) since 30 June 2003	-	-1%	-5%	-3%	-6%	2%	5%	5%	7%	7%

Source – NSW Health HIE

Funded non-acute beds increased from 1,083 in 2011-12 to 1,107 in 2012-13. New non-acute beds were opened in Western Sydney LHD (20 additional beds opened at Liverpool Hospital), Western NSW LHD (10 additional beds in Dubbo Base Hospital) and Far West LHD (a new 10 beds mental health unit opened at Broken Hill Base Hospital). The increase in non-acute beds in 2012-13 was offset by the closing of 16 beds at Lottie Stewart Hospital in Western Sydney LHD. Overall, in 2012-13 there were 24 additional non-acute beds in NSW compared with 2011-12.

Additional beds at Nepean Hospital (31 beds) and Goulburn Hospital (12 beds) are planned for opening in late 2013 and will be included in 2013-14 funded bed data. More detailed information on funded bed availability and operations is provided in the 'Public hospital activity' table and associated footnotes.

Ambulatory mental health care

Ambulatory mental health care includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care. It includes care provided in community settings (homes and community health centres) and in hospital outpatients and emergency departments. It also includes a small number of contacts provided by mental health consultation-liaison services for people who are hospital inpatients.

AMBULATORY CONTACTS	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Ambulatory Contacts	1,431,729	1,731,870	1,709,934	1,763,071	1,720,713	1,796,526	1,962,430	2,212,711	2,326,170	2,324,545
Increase since 30 June 2003	-	300,141	278,205	331,342	288,984	364,797	530,701	780,982	894,441	892,816
Increase (%) since 30 June 2003	-	21%	19%	23%	20%	25%	37%	55%	62%	62%

Source: NSW Health HIE.

NSW mental health services report more than two million contacts each year. The number of contacts reported in 2012-2013 is unchanged compared with 2011-12. However, this is an underestimate of actual contacts. Problems with the Community Health Information Management Enterprise (CHIME) application have prevented community data being reported to the NSW Health Information Exchange (HIE) for two LHDs. Hunter New England LHD has no community contact data for all of 2012-13 and for June 2012. St Vincent's Hospital and associated community mental health services have no community contact data for all of 2012-13.

Ambulatory contacts will be revised and updated in the next annual report (2013-14) following resolution of data issues in the HIE system.

Seclusion in acute mental health facilities

Seclusion is defined as the confinement of a consumer at any time of the day or night alone in a room or area from which free exit is prevented. The NSW Health Policy Directive on *Aggression, Seclusion & Restraint in Mental Health Facilities in NSW* (PD 2012-35) aims to reduce and, where possible, eliminate the use of seclusion and restraint in public mental health services. Like other states and territories, NSW uses the key performance indicator acute seclusion rate, which is defined as the number of seclusion episodes per 1000 bed days in Acute Mental Health units. The indicator includes acute beds for all age groups (i.e. child and adolescent, adult, older persons) and excludes non-acute beds.

Seclusion rate – trend over time

FINANCIAL SUB PROGRAM	2008-09	2009-10	2010-11	2011-12	2012-13
General & Adult Care	12.1	13.8	11.3	11.1	10.1
Child & Adolescent Care	14.1	10.7	9.6	13.0	6.1
Forensic Psychiatric Care		2.3	1.9	2.0	4.0
NSW Total	**11.0**	**11.5**	**9.4**	**9.2**	**8.5**

Source: Manual collection from LHDs. Rate = Seclusion episodes per 1000 occupied bed days. Notes to Table: (i) Includes acute beds for all sub programs (Adult, Older, CAMHS, Forensic) from facilities with or without seclusion. (ii) There is only one acute unit for older people: Lachlan Older Acute unit which commenced reporting since Jan-Jun 2011. The unit is not reported separately in the table but is included in the NSW total rate. (iii) Data from Justice Health & Forensic Mental Health Network was collected/ reported since Jul-Dec 2009. JH beds are excluded from the NSW rate for 2008-2009.

There has been an overall decline in seclusion rates in NSW acute mental health units. The 'Supplementary seclusion indicators table' on page 135 provides additional information on duration (average hours per seclusion episode) and frequency (per cent of hospitalisations where a person is secluded at least once) of seclusion for NSW acute mental health facilities.

Mental Health – Public hospitals activity levels

Public psychiatric hospitals and co-located psychiatric units in public hospitals – with beds gazetted under the *Mental Health Act 2007* and other non-gazetted psychiatric units

LHD/HOSPITAL	FUNDED[1] BEDS AT 30 JUNE		AVERAGE AVAILABLE[2] BEDS IN YEAR		AVERAGE OCCUPIED[3] BEDS IN YEAR		SAMEDAY[4] SEPARATIONS IN 12 MTHS TO 30/6/13	OVERNIGHT[5] SEPARATIONS IN 12 MTHS TO 30/6/13
	2012	2013	2011-12	2012-13	2011-12	2012-13		
X700 Sydney LHD	**241**	**241**	**228**	**228**	**202**	**205**	**356**	**2,958**
Acute Beds – Adult	140	140	136	135	135	134	350	2,382
Acute Beds – Older[6]	30	30	30	30	29	31	2	222
Non-Acute Beds – Adult	35	35	35	35	25	27	2	39
Non-Acute Beds – Child/Adolescent[7]	36	36	27	28	13	13	2	315
X710 South Western Sydney LHD	**168**	**188**	**167**	**183**	**158**	**169**	**82**	**3,014**
Acute Beds – Adult	144	144	143	144	137	139	82	2,896
Acute Beds – Child/ Adolescent	10	10	10	10	7	7	0	81
Non-Acute Beds – Adult[8]	14	34	14	29	14	23	0	37
X720 South Eastern Sydney LHD	**158**	**170**	**158**	**159**	**144**	**149**	**70**	**2,637**
Acute Beds – Adult[9]	112	124	112	113	105	109	69	2,401
Acute Beds – Older	12	12	12	12	11	10	0	93
Non-Acute Beds – Adult	34	34	34	34	28	30	1	143
X730 Illawarra Shoalhaven LHD	**113**	**113**	**109**	**113**	**93**	**97**	**37**	**2,046**
Acute Beds – Adult	73	73	73	73	67	67	35	1,764
Acute Beds – Older	14	14	14	14	10	11	1	149
Acute Beds – Child/ Adolescent[7]	6	6	2	6	1	4	1	84
Non-Acute Beds – Adult	20	20	20	20	15	15	0	49
X740 Western Sydney LHD	**375**	**359**	**341**	**342**	**295**	**292**	**2,555**	**3,418**
Acute Bed – Adult8[8]	148	148	144	144	130	135	77	3,014
Acute Beds – Older	10	10	10	10	10	9	6	84
Acute Beds – Child/Adolescent	9	9	9	9	7	7	2	117
Non-Acute Bed – Adult	135	135	135	135	117	111	0	49
Non-Acute Beds – Older[10]	32	16	7	7	6	4	2	34
Non-Acute Beds – Child/Adolescent[7]	17	17	12	12	2	2	2,468	113
Non-Acute Beds – Forensic	24	24	24	24	23	23	0	7
X750 Nepean Blue Mountain LHD	**54**	**54**	**54**	**54**	**50**	**52**	**8**	**1,380**
Acute Beds – Adult	54	54	54	54	50	52	8	1,380
X760 Northern Sydney LHD	**333**	**335**	**329**	**328**	**284**	**284**	**132**	**3,351**
Acute Beds – Adult[11]	107	109	106	108	91	97	100	2,701
Acute Beds – Older	30	30	30	30	28	27	30	269
Non-Acute Beds – Adult[11]	151	151	150	150	130	127	2	74
Non-Acute Beds – Older	30	30	33	30	32	30	0	5
Non-Acute Beds – Child/Adolescent[7]	15	15	10	10	3	3	0	302
X770 Central Coast LHD	**84**	**84**	**84**	**84**	**65**	**64**	**172**	**1,636**
Acute Beds – Adult	69	69	69	69	51	51	171	1,527
Acute Beds – Older	15	15	15	15	14	12	1	109
X800 Hunter New England LHD	**371**	**371**	**367**	**371**	**297**	**318**	**166**	**4,396**
Acute Beds – Adult	167	167	167	167	135	146	160	3,707
Acute Beds – Older	22	22	18	22	20	22	0	115
Acute Beds – Child/Adolescent	12	12	12	12	8	10	3	297
Non-Acute Beds – Adult	81	81	81	81	66	67	2	162
Non-Acute Beds – Older	59	30	59	59	40	44	1	110
Non-Acute Beds – Forensic	30	59	30	30	28	29	0	5
X810 Northern NSW LHD	**73**	**73**	**73**	**73**	**64**	**65**	**26**	**1,562**
Acute Beds – Adult	65	65	65	65	58	59	23	1,466
Acute Beds – Child/Adolescent	8	8	8	8	6	6	3	96
X820 Mid North Coast LHD	**72**	**72**	**72**	**72**	**61**	**65**	**11**	**1,113**
Acute Beds – Adult	52	52	52	52	48	50	11	1,041
Non-Acute Beds – Adult	20	20	20	20	13	15	0	72

LHD/HOSPITAL	FUNDED[1] BEDS AT 30 JUNE		AVERAGE AVAILABLE[2] BEDS IN YEAR		AVERAGE OCCUPIED[3] BEDS IN YEAR		SAMEDAY[4] SEPARATIONS IN 12 MTHS TO 30/6/13	OVERNIGHT[5] SEPARATIONS IN 12 MTHS TO 30/6/13
	2012	2013	2011-12	2012-13	2011-12	2012-13		
X830 Southern NSW LHD	**96**	**96**	**96**	**96**	**78**	**70**	**50**	**1,109**
Acute Beds – Adult	26	26	26	26	22	22	34	764
Non-Acute Beds – Adult	22	22	22	22	17	15	9	174
Non-Acute Beds – Older	48	48	48	48	39	33	7	171
X840 Murrumbidgee LHD	**60**	**60**	**60**	**60**	**46**	**48**	**93**	**1,103**
Acute Beds – Adult	44	44	44	44	35	37	91	1,034
Non-Acute Beds – Older	16	16	16	16	11	11	2	69
X850 Western NSW LHD	**273**	**281**	**168**	**180**	**130**	**137**	**59**	**1,595**
Acute Beds – Adult[12]	66	64	56	56	39	42	46	1,034
Acute Beds – Older	12	12	12	12	10	10	8	91
Acute Beds – Child/Adolescent	10	10	4	10	3	5	4	128
Non-Acute Beds – Adult[13]	149	159	70	70	55	52	0	312
Non-Acute Beds – Older	16	16	16	16	14	13	1	27
Non-Acute Beds – Forensic	20	20	10	16	9	15	0	3
X860 Far West LHD	**6**	**16**	**6**	**9**	**5**	**6**	**3**	**178**
Acute Beds – Adult	6	6	6	6		5	3	159
Non-Acute Beds – Adult[14]		10		3	5	1	0	19
X690 St Vincent's HN	**48**	**48**	**51**	**52**	**44**	**45**	**34**	**1,587**
Acute Beds – Adult	33	33	33	33	29	30	34	1,477
Acute Beds – Older	15	15	18	19	15	15	0	110
X630 Sydney Children's HN	**16**	**16**	**12**	**13**	**10**	**10**	**0**	**189**
Acute Beds – Child/ Adolescent	16	16	12	13	10	10	0	189
X170 Justice Health & Forensic Mental Health Network	**231**	**231**	**226**	**231**	**198**	**198**	**4**	**589**
Acute Beds	152	152	147	152	121	119	4	574
Non-Acute Beds	79	79	79	79	77	79	0	15
NSW Total	**2,772**	**2,808**	**2,601**	**2,648**	**2,224**	**2,274**	**3,858**	**33,861**
SUMMARY – Bed Type and Sub-Program								
Adult Acute	1,306	1,318	1,286	1,289	1,132	1,175	1,294	28,747
Older Acute	160	160	159	164	147	147	48	1,242
C&A Acute	71	71	57	68	42	49	13	992
Forensic Acute	152	152	147	152	121	119	4	574
Adult Non-Acute	661	701	581	599	485	483	16	1,130
Older Non-Acute	201	156	179	176	142	135	13	416
C&A Non-Acute	68	68	49	50	18	18	2,470	730
Forensic Non-Acute	153	182	143	149	137	146	0	30

1 "Funded beds" are those funded by NSW Ministry of Health (MoH). **2** "Average Available beds" are the average of 365 nightly census counts. This data is extracted from the SAP Beds Report by Health System Information and Performance Reporting (HSIPR) Branch in the MoH. In rare instances higher numbers of available beds than funded are reported. This may be due to a number of reasons such as use of serge beds in high demand periods or incorrect reporting of available bed numbers in the reporting system. **3** "Average occupied beds" are calculated from the total Occupied Overnight bed days for the year. **2, 3** Components may not add to total in some LHD due to rounding error. **4** "Sameday Separations" refers those separations when the patient is addmitted and separates on the same date from the hospital. **5** "Overnight Separations" (i.e. admitted and separated on different dates) refers to the process by which an admitted patient completes an episode of care by being "discharged, being discharged, dying, transferring to another hospital or changing type of care. **6** Occupied bed number can be higher due to data recording error in the system, use of serge beds or blank discharges. **7** The availability and occupancy of beds in the non-acute Child & Adolescent units are complicated by the fact that they operate mainly during the week days (excluding public holidays) and school term. Red Bank at Westmead Hospital has high same day separations due to day only programs that is run by its non-acute Child and Family units on week days. 8 A new non-acute unit with 20 beds opened at Liverpool Hopsital in September 2012. **9** Twelve acute beds opened between March and August 2013 at Prince of Wales Hospital. **10** The T-BASIS unit with 16 beds at Lottie Stewart Hospital has closed. **11** The PECC bed number at Royal North Shore Hospital increased from 4 in 2011/12 to 6 in 2012/13. **12** Two acute beds at Mudgee District Hospital has closed. **13** A 10 bed non-acute rehabilitaion and Recovery Unit opened at Dubbo Base Hospital in April 2013. No activities have been reported aginst these beds. 14 A 10 bed non-acute unit opened at Broken Hill Base Hospital in March 2013.

MENTAL HEALTH – SECLUSION ACTIVITY LEVELS

Supplementary seclusion indicators
Measuring seclusion in NSW acute mental health inpatient units

FACILITY[1]	SECLUSION RATE[2]		AVERAGE DURATION[3]		FREQUENCY (%)[4]	
	2011-12	2011-13	2011-12	2011-13	2011-12	2011-13
Albury	3.0	2.3	4.0	5.6	3%	2%
Bankstown	25.7	10.8	1.7	1.4	16%	8%
Bega	10.0	1.6	2.1	1.7	6%	2%
Blacktown	15.3	17.1	2.8	2.8	12%	11%
Blue Mountains	0.4	3.0	5.1	2.5	1%	4%
Broken Hill	5.5	2.4	3.3	1.8	4%	1%
Campbelltown	7.7	6.8	1.6	1.5	5%	5%
Children's Hospital Westmead	22.1	9.9	0.6	0.5	16%	11%
Coffs Harbour	16.4	8.8	7.2	5.1	14%	10%
Concord	11.8	10.4	4.3	3.7	9%	9%
Cumberland	16.2	15.5	16.8	29.1	13%	12%
Dubbo	17.7	25.1	2.4	2.9	9%	14%
Forensic Hospital	7.0	13.4	21.4	31.0	21%	25%
Gosford	9.7	10.3	2.1	1.9	8%	9%
Goulburn	11.9	11.3	2.8	2.3	6%	6%
Hornsby	9.4	14.1	3.1	6.1	6%	7%
James Fletcher (Mater)	8.0	10.5	3.0	2.7	4%	5%
John Hunter	16.8	9.1	1.3	1.3	11%	6%
Lismore	28.2	10.9	7.9	7.2	16%	7%
Liverpool	11.4	8.2	3.1	4.2	6%	5%
Macquarie	3.0	5.2	4.3	3.1	7%	7%
Maitland	3.8	4.7	1.7	2.3	3%	3%
Manly	2.7	2.1	2.2	2.0	2%	2%
Manning	1.8	4.4	3.1	2.9	1%	3%
Morisset	1.7	2.9	1.1	1.6	5%	11%
Nepean	13.6	8.0	4.3	5.3	6%	6%
Orange/Bloomfield	8.8	8.2	2.3	1.4	5%	5%
Port Macquarie	4.5	2.3	5.5	7.1	6%	4%
Prince of Wales	10.0	10.3	6.0	9.2	6%	5%
Royal North Shore	7.0	4.9	3.1	3.8	4%	3%
Royal Prince Alferd	6.2	5.5	2.5	2.4	5%	5%
Shellharbour	6.6	7.5	5.2	10.5	5%	6%
St George	1.1	1.2	3.1	5.5	1%	1%
St Vincent's	15.7	29.1	3.3	3.5	5%	9%
Sutherland	2.4	3.4	2.6	1.9	2%	3%
Tamworth	7.8	7.6	3.3	2.7	3%	3%
Tweed	12.2	8.4	6.1	4.5	9%	6%
Wagga Wagga	16.0	14.5	3.2	3.4	8%	7%
Westmead	3.2	2.4	2.4	2.4	2%	2%
Wollongong	2.5	1.5	2.1	1.1	2%	2%
Wyong	12.4	12.2	3.3	2.7	8%	9%
NSW Total[5]	**10.4**	**9.5**	**5.7**	**7.8**	**7%**	**6%**

1 Include acute beds for all subprograms (Adult, Older, CAMHS, Forensic) ONLY from facilities with seclusion. **2** Seclusion episodes per 1000 acute bed days. **3** Average duration (hours) per seclusion episode. **4** Percent of hospitalisations where at least one episode of seclusion occurs. **5** NSW average rate differs from the seclusion rate over time (page 7), as this table does not include facilities with acute beds but no seclusion.

Data sources for the annual report

The 'Funded beds' data for public health facilities was compiled from the 'Bed survey' in June/July 2013. The survey collects data on bed numbers against bed types by financial-sub-program at ward/unit level in mental health facilities in LHDs twice a year.

Data for 'Average available beds' was compiled from the *Sustainable Access Plan (SAP), Bed Report* by Health System Information and Performance Reporting (HSIPR) Branch of the Ministry of Health. 'Average occupied beds', 'Non-acute occupied bed days' and 'Overnight separations' in public health facilities was extracted and compiled from data tables in the HIE (data was extracted in late August 2013).

Seclusion data is collected manually by LHDs and SSHNs and collated by InforMH (information and reporting branch of the Mental Health Drug and Alcohol Office).

The 'Authorised beds' data in private facilities is provided by the Private Health Care Branch in NSW Health. Other data for private hospitals presented in the table 'Private hospitals in NSW authorised under the *Mental Health Act 2007*' is manually collected in a survey (conducted on 30 June 2013) from private providers of mental health care and service.

Ambulatory contact data was extracted in September 2013 from the Ministry of Health Mental Health Ambulatory tables in the NSW Health Information Exchange.

NSW HEALTH ORGANISATIONS

NSW MINISTRY OF HEALTH

73 Miller Street
NORTH SYDNEY

Telephone: 9391 9000
Facsimile: 9391 9101
Website: www.health.nsw.gov.au
Business Hours: 9.00am – 5.00pm, Monday to Friday
Director General: Dr Mary Foley

Key Achievements 2012-13

In 2012-13, NSW Health continued working towards achieving its NSW 2021 Goals. Key achievements included:

- Strengthened preventive health by:
  - commencing implementation of the *NSW Tobacco Strategy 2012-17*
  - amending the *Smoke-free Environment Act 2000* to reduce exposure to second-hand smoke
  - establishing a Ministerial Advisory Committee on Preventive Health.
- Launched evidence-based public education campaigns on the risks of smoking and drinking as well as reminder strategies on cervical screening.
- Developed the NSW Government response to the *NSW Health & Medical Research Strategic Review 2012* and began implementing its recommendations.
- Invested over $37 million in the Medical Research Support Program.
- Developed the *NSW Aboriginal Health Plan 2013-23* to close the gap in Aboriginal health outcomes.
- Established a Mental Health Commission and appointed a Mental Health Commissioner.
- Commenced implementing a NSW Healthy Children's Initiative.
- Invested $1.8 million in an Involuntary Drug and Alcohol Treatment Service.
- Created NSW Kids and Families as the fifth pillar, and brought the Cancer Institute of NSW into NSW Health as the sixth pillar through legislative amendments
- Developed a four-year $4.7 billion Health Infrastructure Plan and 10-year Total Asset Management Plan to rebuild hospitals across the State.
- Introduced Activity Based Funding for mental health, sub-acute and outpatient services.
- Purchased an additional 38,000 cost-weighted separations (hospital admissions weighted for cost and complexity), with an estimated 369 bed equivalents.
- Developed the Government's Reform Plan for NSW Ambulance.
- Increased the nursing and midwifery workforce by 4,000.
- Reviewed and streamlined the Isolated Patients Travel and Accommodation Assistance Scheme.
- Began implementing the NSW Pain Management Plan 2012-2016 a statewide plan targeted at improving access to patient centred care and improving patient journeys.
- Introduced the Whole of Hospital Program to support Local Health Districts improve access to care and patient flow in NSW hospitals.

AGENCY FOR CLINICAL INNOVATION

Level 4, Sage Building
67 Albert Avenue
Chatswood NSW 2067

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Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Dr Nigel Lyons

Year in review

The Agency for Clinical Innovation (ACI) is the lead agency in NSW for engaging clinicians and designing and implementing best practice models of care by working with doctors, nurses, allied health, managers and consumers. Through this engagement, ACI works to promote improvements in health service delivery and sustainable system-wide change proposals.

Our focus over the past year has been on building new partnerships between our networks, taskforces, institutes and Medicare Locals, clinicians and managers working in primary and community care settings, and understanding their needs, goals and responsibilities. Our team has visited LHDs, Specialty Networks, Medicare Locals and healthcare providers across the state to build the strong partnerships needed to support the work of our clinical networks, taskforces and institutes.

In consolidating these partnerships, we have also developed frameworks to provide clarity on how we develop models of care, and use health economic data and other evidence to inform implementation and evaluation.

We have focused on improving the application of our models of care to issues facing rural health services, by establishing a Rural Health Network to identify innovations and help target implementation efforts.

The most important task of all is the delivery of the highest quality patient care. Through partnerships and building the capability of our staff to deliver successful innovations we are working to transform patient care and experience, which will pay dividends in better health and use of resources

Dr Nigel Lyons, Chief Executive

Key achievements 2012-13

- Supporting the establishment of five Tier Two Pain Clinics, which deliver timely access to multi-disciplinary and evidence-based care in major regional centres in NSW for patients with chronic pain.
- Implementation of the program One Deadly Step, which establishes chronic disease screening, management and follow up stations in local Aboriginal communities in partnership with NSW Rugby League, Aboriginal Medical Services (AMS) and LHDs.

- Rehabilitation Toolkit and Implementation Support, which comprises examples of LHD rehabilitation programs which have improved patient outcomes.
- Osteoporotic Refracture Prevention implemented to help reduce the likelihood of further fractures in people who have sustained a minimal trauma (sentinel) fracture from a trip or fall.
- The Brain Injury Rehabilitation Directorate (BIRD) Client Centred Goal Training Project provided evidence-based training to clinicians and staff from the rehabilitation and injury management sector in metropolitan and rural NSW.
- NSW Stroke Reperfusion Program, which aims to shorten the patient journey from onset of acute stroke symptoms to an Acute Stroke Thrombolysis Centre for definitive treatment.
- Network to Network Conference, which provided an opportunity for clinicians and managers from rural, regional and remote NSW to access best practice information from Australian and international experts.
- The Respiratory Network partnered with the Intensive Care Coordination and Monitoring Unit (ICCMU) to develop a clinical resource package including the Tracheostomy Audit tool, education resources and Tracheostomy Head of Bed summary to support implementation of the Tracheostomy Care Guidelines in all NSW LHDs.
- *Non Invasive Ventilation (NIV) Guidelines for Adults with Acute Respiratory Failure*. A whole of hospital approach led by the ICCMU and the Respiratory Network has been adopted for the development of NIV guidelines. The guidelines will provide evidence-based and consensus recommendations across the continuum of NIV therapy, including initiation and titration, patient comfort and compliance, infection prevention, escalation of therapy, palliation, nursing care and governance.
- The ACI established the Reducing Unwarranted Clinical Variation (UCV) Taskforce, which comprises senior clinicians, managers and analysts and oversees the development and implementation of a system-wide approach to identify, address and reduce UCV. The four major areas being addressed are: stroke, heart attack (acute myocardial infarction), rare cancer surgery (pancreatic and oesophageal) and hip fracture.

BUREAU OF HEALTH INFORMATION

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Business Hours: 9.00am – 5.00pm, Monday to Friday
Chief Executive: Dr Jean-Frederic Levesque

Year in review

The Bureau of Health Information (the Bureau) continued in its role to provide independent reports to government, the community and healthcare professionals on the performance of the NSW public health system. Our reporting focused on safety and quality, effectiveness, efficiency, cost and responsiveness of the system to the health needs of the people of NSW.

In 2012-13 the Bureau increased its capacity to deliver information about, and for patients, with the NSW Patient Survey Program (formerly managed by the NSW Ministry of Health) transitioning to the Bureau in 2012.

Managing the NSW Patient Survey Program expands the Bureau's role, and builds on its previous work analysing, interpreting and reporting survey data. The Bureau will play a central role in the full cycle of the research, contributing to its scientific coherence, relevance and rigour.

The expansion in the Bureau's program of work was supported by a growth in staff from 17 to 23 during 2012-13.

Dr Jean-Frederic Levesque, Chief Executive

Key achievements 2012-13

- Published four Hospital Quarterly reports, which provided information about patient use and public hospital performance in NSW. Each issue contained three modules that reported on admitted patients, emergency department performance and the elective surgery procedures performed for that quarter.
- Published the third annual performance report, Healthcare in Focus 2012: How well does NSW perform? The Healthcare in Focus series draws on a wide range of quality, safety and performance indicators to build a comprehensive account of healthcare in NSW to compare how the state performs in comparison to Australia and other countries.
- Commenced management of the NSW Patient Survey Program. The program has which has been reviewed and redeveloped, beginning with the Adult Admitted Patient Survey. This redevelopment included consulting with patients about their experiences, analysing past information, reviewing nationally and internationally relevant literature, and talking to clinicians and hospital managers to better understand their needs.

- Developed business requirements and functional and non-functional requirements for a new web-based online reporting tool, which will enhance the Bureau's ability to publicly report on health system performance.
- Expanded stakeholder engagement initiatives to include workshops with doctors, nurses, allied health professionals, managers that work within NSW health services and consumers. These initiatives aim to establish a coordinated approach to working with clinical groups, better understand their information needs and improve the understanding and knowledge of the Bureau's products, tools and services.
- While maintaining its independence, the Bureau worked closely with the NSW Clinical Excellence Commission, NSW Agency for Clinical Innovation, NSW Ministry of Health and other health organisations to strengthen and enhance the quality of, and capability for, analysis and public reporting on health system performance in NSW.
- Developed new performance measures for 30-day mortality rates following hospitalisation for acute myocardial infarction and stroke. This work included an extensive literature review, methodological development and verification and sensitivity testing. This involved engagement with clinicians and collaboration with the Agency for Clinical Innovation's Taskforce on Unwarranted Clinical Variation and clinical networks.
- A background review was conducted of Australian and international practice in the reporting of healthcare associated infections. Available data were analysed to determine potential categories for future public reporting.

CANCER INSTITUTE NSW

Australian Technology Park
Level 9, 8 Central Avenue
Eveleigh, NSW 2015

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Website: www.cancerinstitute.org.au
Business hours: 8:30am – 5:00pm, Monday to Friday
Chief Executive: Professor David Currow

The Cancer Institute NSW is Australia's first statewide government cancer control agency, established under the *Cancer Institute (NSW) Act 2003* to lessen the impact of cancer. The Cancer Institute NSW was deemed to be a Board governed statutory health corporation ('pillar') under legislative amendments in 2012–13.

Cancer touches the lives of everyone in our community. The Cancer Institute NSW's vision is to end cancers as we know them, by keeping as many people off the cancer journey as possible, and by improving health outcomes for those affected by cancer across the State.

The Cancer Institute NSW works to achieve the objectives of the *NSW Cancer Plan 2011-15* by coordinating priorities, resources and efforts among all individuals, organisations and governments involved in cancer control in NSW.

The Institute works across the spectrum of cancer control, providing information about cancer prevention and delivering campaigns targeting tobacco smoking, sun exposure and managing the BreastScreen NSW and NSW Cervical Screening Program. Since January 2013, the Cancer Institute NSW has coordinated the NSW responsibilities of the national bowel screening program on behalf of the Ministry of Health. The Institute also provides grants that foster innovation in, and translation of, cancer research and build globally-relevant research capacity, as well as maintaining quality cancer data repositories and information to inform future policy, health planning and system improvements. The Institute partners with cancer healthcare professionals across the health system to develop and evaluate programs that improve the quality of cancer treatment and care for the people of NSW.

CLINICAL EXCELLENCE COMMISSION

Level 13, 227 Elizabeth Street, Sydney
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Telephone: 9269 5500
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Business Hours: 9.00am – 5.00pm, Monday to Friday
Chief Executive: Professor Clifford Hughes, AO

Year in review

This financial year has been a year of consolidation and growth for the Clinical Excellence Commission (CEC) in its role as the leader of quality and safety within NSW Health.

The CEC has continued to develop well-established programs in key clinical areas, while also responding to emerging priority areas around end of life care, pressure injuries, open disclosure, antimicrobial stewardship and accreditation of health services against the National Safety and Quality Health Service Standards. These initiatives have been supplemented by policy, databases, educational tools, workshops, reports and support mechanisms led by the CEC, to help meet our mission of building confidence in health care in NSW, by making it better and safer for patients and a more rewarding workplace for staff.

The Clinical Excellence Commission (CEC) is all about people. Patients presenting at all hours of the day and night with urgent problems and people returning to hospitals for management of chronic conditions that impact on their capacity to work and live in the community. People working together as teams in wards, operating rooms, emergency departments and intensive care units across a range of facilities in NSW.

The CEC looks forward to building on these in the coming year, in line with its role and Strategic Plan.

Professor Clifford Hughes AO, Chief Executive

Key achievements 2012-13

- Almost 10,000 records have been entered into the CEC Sepsis Kills database. The median time to antibiotic administration has been reduced from four hours two years ago, to within the recommended one hour.
- The Paediatric Sepsis Program was launched by the Minister for Health on 30 May 2013. The Program facilitates improved detection and management of sepsis in children across NSW.
- Implementation of standardised detection and response processes for deteriorating patients through *Between the Flags* has seen a 24.9 per cent increase in Rapid Response Calls and 38.5 per cent decrease in Cardiorespiratory Arrest Calls since July 2010, resulting in approximately 900 fewer cardiorespiratory arrests.
- 'TOP 5' (using carer knowledge to personalise care for hospitalised patients with dementia) has benefited over 1,000 patients across 20 hospital sites in NSW.
- Over 270 health professionals completed the Clinical Leadership Program in 2012-13.
- International visitors Professors Gordy Schiff, Peter Davey and Mark Graber provided workshops for NSW clinicians and health service managers to help reduce diagnostic error and antimicrobial stewardship.
- In Safe Hands Program was successfully piloted at Orange Base and Canterbury Hospitals, with demonstrated improvements in key clinical areas. This was followed by a residential school in June 2013, with 15 additional clinical units signing up to the program and to the implementation of Structured Interdisciplinary Bedside Rounds.
- Resources and support mechanisms were rolled out across NSW health facilities to support LHDs and networks to meet accreditation against the National Safety and Quality Health Service Standards.
- The Sepsis and Blood Watch Programs have shown that conservative savings of $20 million per year are achievable through adherence to recommended best practice.
- The CEC completed and issued its first policy after assuming responsibility for development and review of quality and safety policies under new NSW Health governance arrangements on environmental cleaning.

HEALTH EDUCATION AND TRAINING INSTITUTE

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Chief Executive: Ms Heather Gray

Year in review

The Health Education and Training Institute (HETI) pursues excellence in health education and training and workforce capability to improve the health of patients and the knowledge of NSW Health staff.

During the reporting year, HETI's function and structure were approved and the transition of staff and programs from the Ministry of Health to HETI was completed. Governance and finance reviews were carried out and new systems, meta data and online standards were introduced. All this happened while HETI continued to deliver on its Service Compact and produce resources and programs to benefit the work of LHDs.

In 2012-13 HETI set up an operational model to work with LHDs developing over 50 online learning resources to meet LHD identified priority education needs. HETI delivered 139 new and improved statewide standardised resources covering clinical and non-clinical training needs while ensuring improved access, quality and statewide workforce capability.

HETI has been involved in a number of partnerships with LHDs, the CEC, ACI, Whole of Hospital Program team, Nursing and Midwifery Office (NaMO), NSW Kids and Families, HealthShare NSW and Ministry of Health. An important part of HETI's work has been implementing statewide programs including Financial Management Education and People Management Skills.

HETI's role in developing leadership for the NSW Health system saw the production of a statewide leadership framework and the piloting of a Clinicians and Executives Team Leadership Program (CETL) in five hospitals.

Through the development and implementation of programs HETI has enhanced the access and management of education and learning opportunities across the State, including rural and remote areas.

Heather Gray, Chief Executive

Key achievements 2012-13

- HETI established the CETL Program which involved hospital based teams of clinicians and managers working together in an innovative way. Five hospital pilot sites were established in Coffs Harbour, Kempsey, Port Macquarie, Wollongong and Shellharbour.
- HETI developed a leadership framework based on international evidence and broad-based consultation within the NSW Health system.
- Programs delivered through HETI partnerships include:
  - National Standards, Sepsis, DETECT for the CEC
  - Dementia and Delirium and Rural ED online modules for ACI
  - Whole of Hospital online modules
  - Take the Lead online modules for NaMO
  - Female genital mutilation online module with NSW Kids and Families
- Assessment of a new statewide Learning Management System for HealthShare NSW.
- Implemented a Financial Management Education Program (FMEP) which empowers cost centre managers to understand and communicate budgetary issues, improve budgetary control and identify projected cost savings leading to improved patient care. From November 2012 to 1 July 2013, 803 staff have completed FMEP training.
- Delivered the People Management Skills Program, a blended learning program designed to strengthen the people management skills of supervisors, managers and leaders. The program commenced implementation in May 2013 with 401 managers participating from most LHDs.

- HETI's expenditure on four Health Workforce Australia (HWA) programs have totalled almost $21 million including Interdisciplinary Clinical Training Networks $2.4 million, a Clinical Supervision Support Program $1.8 million, a Simulation Learning Environment $16.4 million (capital and recurrent) and Rural Generalist Mentoring Program $275,000.
- Significant resources such as training Superguides (Oral Health, Medical, Allied Health, Nursing and Midwifery) and master classes were developed by HETI.
- The Sister Alison Bush Mobile Simulation Centre delivered 1655 occasions of training at 17 sites to staff that face difficulties in accessing professional education and training opportunities.
- The Rural Generalist Training Program created 15 training positions across NSW in rural towns where there are shortages of general practitioners with advanced procedural skills.
- Over 2000 scholarships totalling $4.2 million were managed with improved reporting capability to provide detailed consolidated reports to the Chief Executives of the LHDs.

NSW KIDS AND FAMILIES

Level 3, 73 Miller Street
Locked Mail Bag 961
North Sydney NSW 2059

Telephone: 93919919
Website: www.health.nsw.gov.au/kids
Business Hours: 9.00am – 5.00pm, Monday to Friday
Chief Executive: Ms Joanna Holt

Year in review

NSW Kids and Families was established as a board governed Statutory Health Corporation under section 42(a) of the *Health Services Act 1997* on 1 July 2012. It commenced operations on 19 November 2012 under the leadership of Ms Joanna Holt as Chief Executive and the Hon Ron Phillips as Chair of the Board. The role of NSW Kids and Families is to provide leadership on health strategy and policy across the life course of a child from pre-conception to 24 years and includes the health impact on families and individuals of violence, neglect and abuse.

During the first six months, over 42 staff were newly recruited or transferred from the Ministry or other health entities to NSW Kids and Families. A review of committees, advisory and communication structures was also conducted to ensure effective information exchange with LHDs and SHNs as well as other NSW Health organisations.

Much of the focus of the organisation's first six months was on setting up systems, processes and developing a corporate plan for the year ahead. A further important area of work for NSW Kids and Families was preparing to develop a 10 year strategic plan in consultation with key partners to advance the health outcomes for children and families of NSW. Gaining a clearer understanding of the relative health and wellbeing of children and families in NSW and investigating data sources and systems that support and inform care was an essential pre-requisite to the planning process.

Considerable work was undertaken during the year to contribute to cross agency initiatives to reform and invigorate policy and practice for women who are victims of violence, as well as for children who are vulnerable, sexually abused or at risk of harm. The provision of surgical services for children and the implementation of paediatric IV fluid guidelines has also been a focus along with developing community child health data systems and contributing to the piloting and national build of a child electronic health record.

Ms Joanna Holt, Chief Executive

Key achievements 2012-13

- Released the Having a Baby Book – a guide for pregnant women.
- Reviewed and released the 'Blue Book' a child's Personal Health Record in 2013.
- Established Family Referral Services in all LHDs.
- Launched the Maternity eBulletin – an electronic newsletter connecting NSW Kids and Families with Maternity Services across NSW.
- Review of the role and functions of Child Health Network Clinical Nurse Consultants completed.
- Reviewed and developed a number of clinical guidelines relating to paediatric emergency care, maternity care and health assessment for children in out of home care.
- Completed the Youth Friendly General Practice Training Toolkit and the Using Technologies Safely and Effectively to promote young people's wellbeing: A Better Practice Guide for Services, (in partnership with Young and Well Cooperative Research Centre and University of Sydney).
- Partnered with the Raising Children Network to develop 26 targeted on-line resources supporting families and young people's wellbeing.
- Conducted a Domestic Violence Workforce Survey (4743 responses) and Victim Survey (79 responses) to inform the review of NSW Health Domestic Violence Policy and Procedure Manual.
- Developed and disseminated a comprehensive policy statement on Child Wellbeing and Child Protection Policies and Procedures for NSW Health.

NSW AMBULANCE

Balmain Road, Rozelle
Locked Bag 105
Rozelle NSW 2039

Telephone: 9320 7777
Facsimile: 9320 7800
Website: www.ambulance.nsw.gov.au
Business Hours: 9.00am – 5.00pm, Monday to Friday
Chief Executive: Mr Ray Creen ASM

Year in review

The 2012-13 financial year has been a year of major change for NSW Ambulance, with the appointment of a new Chief Executive and the launch of the Reform Plan for NSW Ambulance in December 2012. The plan outlines five strategic directions aimed at improving ambulance services for the NSW community including:

1. Integrating NSW Ambulance into the broader health system.
2. Separating Non-Emergency Patient Transport from urgent medical retrieval patient services so NSW Ambulance is able to focus on its core role of attending to emergencies.
3. Developing new models of care and investing in new providers to effectively manage demand and response times, reduce paramedic fatigue and improve the operating costs of NSW Ambulance.
4. Ensuring NSW Ambulance has effective infrastructure and a funding model that will ensure financial sustainability in the future.
5. Strengthening the leadership, workforce and governance structure of NSW Ambulance and embracing the CORE values of Collaboration, Openness, Respect and Empowerment.

NSW Ambulance has formed a high level steering committee comprising key stakeholders from across the health system who are working together to implement the reforms. At June 2013, 11 of the 34 reforms contained in the plan were complete and the remaining 23 were on track, with the majority expected to be completed by the end of 2013.

The implementation of the reform plan will assist in ensuring that patient care is delivered in a coordinated way across the entire health system, increasing the ability of ambulances to respond to urgent life threatening emergencies. The leadership capability across the organisation will be strengthened by the realignment of the executive structure, recruitment to vacant positions and enhanced training opportunities.

Mr Ray Creen ASM, Chief Executive

Key achievements 2012-13

- Non-Emergency Patient Transport (NEPT) project improving efficiencies in transporting non-emergency patients, splitting them from the emergency services tier of NSW Ambulance.
- A 24 hour secondary triage service has been established with Healthdirect Australia who provides referral services and self-care instructions.
- Work continues on transitioning NSW Ambulance to StaffLink Human Resource Information System (HRIS) and implementing HealthRoster, bringing NSW Ambulance human resource systems in line with NSW Health.
- Ambulance Operational Showcase was conducted in April 2013, giving LHD representatives the opportunity to view the tools used to manage demand and optimise availability of ambulance resources.
- Turnaround delays reduced through collaboration between NSW Ambulance's Hunter New England (HNE) Sector and the HNELHD. Various initiatives significantly reduced off-stretcher delays from 1555 hours of lost productivity in July 2012 (due to crews waiting in excess of 30 minutes to offload patients) to 748 hours in June 2013, a reduction of 48 per cent.
- Stroke Reperfusion Program launched in January 2013, improving patient access to stroke services, specifically to early stroke thrombolysis at an Acute Thrombolytic Centre (ATC). By June 2013, paramedics had transported 550 patients to ATCs with an average patient thrombolysis rate of 12 per cent.
- Cardiac Care Program. Patients who present to NSW Ambulance with ST Elevation Myocardial Infarction (STEMI) are provided the most appropriate treatment pathway, either Pre-Hospital Assessment for Primary Angioplasty (PAPA) or Pre-Hospital Thrombolysis (PHT). In 2012-13, 1159 patients were enrolled in the PAPA pathway and 49 patients received PHT.
- The New Emergency Response Grid was implemented, increasing the safety of paramedics and the community with less requirements for lights and sirens responses. It also decrease response time to Priority 1 incidents, meaning the sickest patients receive more expedited care.
- The State Volunteer Coordination Centre trained Volunteer Ambulance Officers (VAOs) and Community First Responders (CFRs) which increased their numbers in regional and remote areas. VAOs and CFRs are now accredited to perform as the nationally accredited Certificate 2 - Emergency Medical Service First Responder, a newly devised course that provides a standard of training equal to that of the other states and territories. Communities have also been supplied with additional life-saving equipment.

NSW HEALTH PATHOLOGY

Wisteria House, James Fletcher Campus
72 Watt Street
Newcastle, NSW 2300

Telephone: 02 4924 6714
Facsimile: 02 4924 6715
Website: N/A
Business Hours: 9.00am – 5.00pm, Monday to Friday
Chief Executive: Ms Tracey McCosker

Year in review

Established in November 2012, NSW Health Pathology provides quality, reliable public pathology, forensic and analytical science services across NSW. It includes five clinical and specialist networks: Pathology North, Pathology West, South Eastern Area Laboratory Service (SEALS), Sydney South West Pathology Service, and the Forensic and Analytical Science Service.

Pathology is an essential clinical service and plays a critical role in just about every aspect of public healthcare today, from diagnostic testing to the management of complex and chronic conditions, public health disease outbreaks, blood transfusions, organ transplants, research, genetics, critical care, cancer and much more.

Our pathologists are medically trained clinicians who work in public hospitals and modern laboratories. They're supported by scientists, technicians and support staff who ensure samples are quickly and accurately assessed and results shared with clinical teams in LHDs, so they can develop the best management plans for patients.

Our forensic and analytical science service provides critical testing for NSW Health, the NSW Food Authority and local government bodies. It also supports the state's judicial system by providing independent, objective analysis to law enforcement bodies including the police, local coroners and public prosecutors.

In our first year of operation, we've made strides in a number of areas important to LHDs and other partners. Early priorities focused on enhancing the processes and systems that underpin clinical and analytical services, such as transparent, standardised pricing and budget processes.

NSW Health Pathology has developed a strategy to implement point of care testing devices in rural and regional emergency departments, which will help ensure clinicians have access to fast, accurate pathology results that help them determine care plans for patients.

We are also strengthening strategic collaboration and engagement across our networks through statewide working parties on procurement, benchmarking and pricing/costing. And we continue to work closely with law enforcement bodies, using cutting edge science to support analysis of critical pieces of evidence.

Ms Tracey McCosker, Chief Executive

Key achievements 2012-13

- Established a strong executive team to develop the strategic leadership, workforce, and corporate support strategies for NSW Health Pathology – and ensure clinical and scientific teams can focus on what they do best.
- Developed an implementation strategy to deliver point of care testing devices in rural and regional emergency departments. This will help ensure ED clinicians have access to fast, accurate pathology results so they can make more timely, informed decisions for patients. Implementation to begin in 2013-14.
- Began development of our first five-year strategic plan, which will detail the overarching direction for NSW Health Pathology and our vision, values and key priorities.
- Conducted a series of reviews to help inform strategic directions in areas such as research and innovation, asset management, and access to services in rural NSW.
- Finalised laboratory and mortuary specifications with Health Infrastructure to guide future capital investments.
- Introduced new or enhanced instrumentation across the pathology networks to support clinical care for patients, including:
  - new coagulation analysers at several Sydney South West Pathology Service sites (Bowral, Bankstown, Campbelltown and Fairfield), which will increase the portfolio of pathology tests available
  - new haematology and chemistry analysers across multiple Pathology West sites to help deliver faster turnaround times for some tests as well as the introduction of new tests previously unavailable at other laboratories
  - flow cytometer upgrades at SEALS laboratories at St George and Prince of Wales hospitals to help streamline identification of cell markers and support diagnostics and clinical management
  - new blood chemistry analysers at several Pathology North laboratories, including Royal North Shore, Manly, Mona Vale and Ryde. The continued rollout in 2013-14 will deliver greater standardisation and faster turnaround times. Also delivered a new state-of-the-art pathology laboratory as part of the Royal North Shore Hospital redevelopment.
- Our Forensic and Analytical Science Service has improved turnaround times for toxicology results with the introduction of a high end mass spectrometer, which can screen for more than 150 drugs in a single analysis and see results delivered to pathologists in half the time it has previously taken. Technology advances in the forensic DNA laboratory, integration with the NSW Police forensic information system, a shift to paperless reporting and the introduction of dedicated reporting teams have also streamlined workflows for DNA samples.
- Improved strategic collaboration and engagement across the Networks through the formation of statewide working parties on procurement, IT systems, benchmarking, and pricing/costing.
- Achieved efficiencies which helped reduce the price of pathology services to a number of rural LHDs and implemented measures to help LHDs better understand utilisation and cost of pathology services.

HEALTH INFRASTRUCTURE

Level 8, 77 Pacific Highway, North Sydney
PO Box 1060
North Sydney NSW 2059

Telephone: 9978 5402
Facsimile: 8904 1377
Website: www.hinfra.health.nsw.gov.au
Business Hours: 9.00am – 5.00pm, Monday to Friday
Chief Executive: Sam Sangster

Project value

Health Infrastructure (HI) is responsible for planning, managing and delivering major capital works projects and programs over $10 million across NSW Health. Health Infrastructure was established in 2007 as an entity within the Health Administration Corporation (HAC) governed by a Board. The approved value of capital projects managed by Health Infrastructure as at 30 June 2013 was $4.899 billion (Including the Royal North Shore Hospital (RNSH) Public-Private Partnership (PPP) project.

PROJECTS	($M)
Planning projects	1,171*
Work in progress projects	2,817
Public private partnership projects	721
Sub-acute Beds Program	190

*Total value of project is included

Capital spend in 2012-13

HI capital project spend in 2012-13 was $627.2 million

PROJECT	($M)
Planning projects	70
Work in progress projects	477
Sub-acute Beds Program	80

Planning projects undertaken in 2012-13

The following projects were included in the HI Planning Capital Program in 2012-13:

- Hillston Multi-purpose service (MPS)
- Hunter Valley Hospital
- Illawarra Regional Plan including planning for expansion of Shell Harbour Hospital
- Kempsey Hospital Redevelopment Project Stage 1
- Peak Hill MPS
- Sutherland Hospital Car Parking Expansion
- Sprinklers Review for Residential Aged Care Facilities

New works in progress in 2012-13

The following are major projects commenced in 2012-13:

PROJECT	ETC ($M)
Ambulance Land Purchase Strategy	20
Blacktown Car Park	24
Blacktown Mt Druitt Hospital Stage 1 Expansion Project	300
Hornsby Ku-Ring-Gai Hospital Stage 1n	120
Lachlan Health Service (Parkes and Forbes)	Commercial in Confidence
Lismore Base Hospital Redevelopment	80
Missenden Mental Health Unit	67
Nepean Car Park	23
South East Regional Hospital (Bega)	170
Tamworth Hospital Redevelopment Stage 2	220
Wollongong Hospital Car Park	28

*Estimated Total Cost (ETC) includes COAG sub-acute funding

Projects Completed in 2012-13

PROJECT	DATE COMPLETED	TOTAL COST ($M)
Broken Hill Mental Hill Unit	NOV 12	6
Broken Hill Rehabilitation Unit	MAR 13	7
Central Coast Regional Cancer Centre	NOV 12	35
Dubbo Mental Health Unit	FEB 13	9
Grafton Hospital Redevelopment Stage 2	DEC 12	10
Gundagai MPS	SEP 12	13
Liverpool Hospital Redevelopment	DEC 12	397
Liverpool Hospital Car Park Expansion	DEC 12	29
Narrabri Hospital Redevelopment	JUL 12	37
Nepean Hospital Redevelopment Stage 3	OCT 12	95
North Coast Cancer Institute	NOV 12	20
Prince of Wales Mental Health Intensive Care Unit	DEC 12	13
Sydney Children's Hospitals Children and Adolescent Mental Health Services (CAMHS)	MAR 13	28

Other project delivery achievements in 2012-13

- Northern Beaches Hospital Expression of Interest (EOI) process for innovative procurement model delivered
- Signed project agreements for four projects from Health and Hospitals Fund (HHF) Round 4 (Peak Hill, Hillston, Kempsey, Lismore).
- Communication, Consultation and Change Management Development of Interactive DVD for Capital Works Projects.
- Continuation of systemised design philosophy and modular design principals.
- Sub-acute Program a COAG funded program of works managed by Health Infrastructure is in its final year of delivery.
- Car Park Portfolio Model – Fees policy developed and program Management and Governance established. Program of car park works underway.

Major project delivery priorities for 2013-14

Delivery of the 2013-14 capital projects program with a current forecast total value of $856 million.

PROJECT	ETC ($M)
Planning	51
Work in progress	698
Sub-acute Bed Programs	55
Public private partnership projects	52

New planning projects in 2013-14

HI will take on the following planning projects in 2013-14, including:

- Sutherland Car Park
- Coffs Harbour Car Park
- Westmead Hospital Car Park
- John Hunter Children's Paediatric Intensive Care
- Northern NSW (Byron Bay) Hospital
- Maitland (Lower Hunter) Hospital

New works in progress in 2013-14

HI will take on the following planning projects in 2013-14, including:

- Hillston MPS
- Kempsey Redevelopment Stage 1
- Lismore Base Hospital Redevelopment
- Northern Beaches Health Service
- Peak Hill MPS

HEALTHSHARE NSW

Level 17, 821 Pacific Highway,
Chatswood NSW 2067
PO Box 1770
Chatswood NSW 2057

Telephone: 8644 2000
Facsimile: 9904 6296
Website: www.hss.health.nsw.gov.au
Business Hours: 9.00am – 5.00pm, Monday to Friday
Chief Executive: Mike Rillstone

Year in review

Throughout 2012-13 HealthShare NSW demonstrated its commitment to working with LHDs and SHNs to identify efficiencies and savings that can be re-directed within the health system to improve patient care.

The establishment of the HealthShare NSW Board, which commenced in August 2012, has ensured greater transparency and accountability, assisting service lines to engage more with LHDs and SHNs; and the enhanced Business Performance Unit will continue to measure our service performance in more effective and transparent ways and strengthen the organisation's customer service focus.

HealthShare NSW continued many technology programs to provide innovative and streamlined systems for NSW Health. These included ongoing successes in the StaffLink Payroll System implementation; work related to transitioning to the whole of government Data Centre; rollout of the Pharmacy Improvement Program to upgrade public hospital pharmacy management systems; and implementation of clinical tools for the Between the Flags Program in partnership with the Clinical Excellence Commission to support clinician decision-making.

HealthShare NSW achieved many operational goals, such as delivering a new food services menu that offers greater variety to patients and meets statewide nutritional standards; new statewide staff uniforms to make it easier for patients to identify clinical teams in the ward setting; and the introduction of new surgical gowns with fabric that provides greater protection for operating theatre staff.

The third annual HealthShare NSW Expo held in September 2012 showcased our achievements and outlined our innovations and HealthShare NSW was recognised in the 2012 Premier's Awards with EnableNSW's success in reducing waiting times for vital disability support equipment.

In looking to 2013-14 our strong record of achievement will ensure a smooth transition towards new governance arrangements including HealthShare NSW maturing as the principal provider of shared services for NSW Health and eHealth NSW to commence administering statewide information and communications technology.

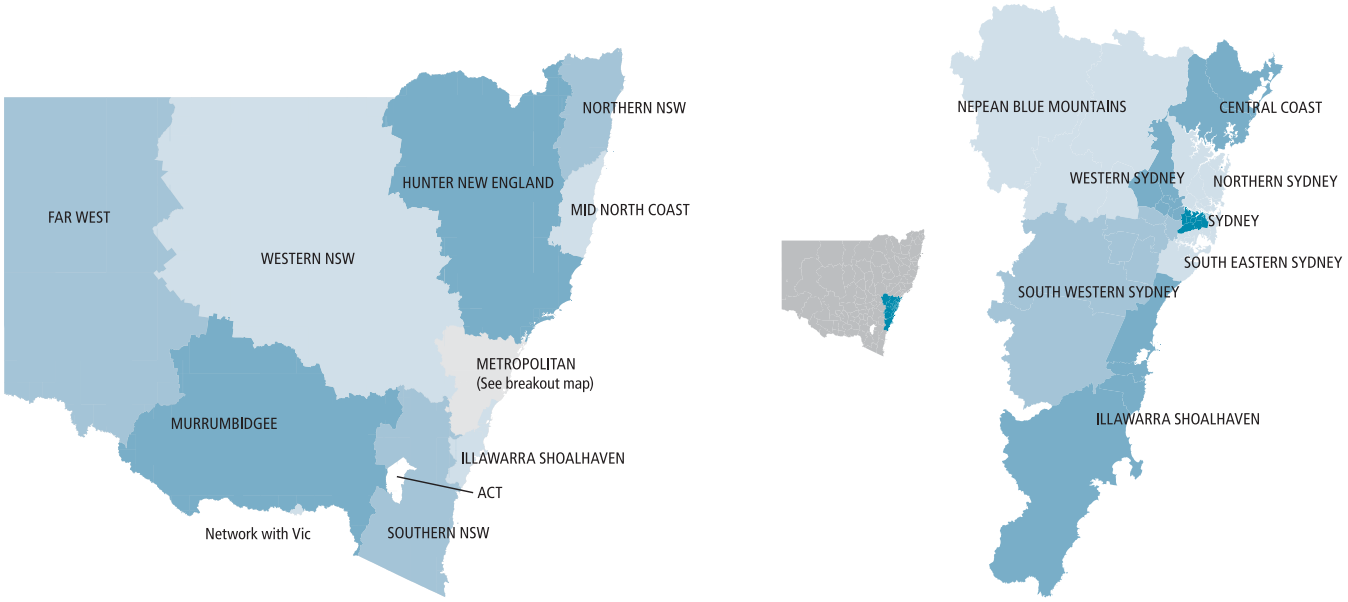
Mike Rillstone, Chief Executive (until 21 October 2013)*

Key achievements 2012-13

- The refinement of the customer dashboard and KPI reporting has been undertaken to provide improved reporting of HealthShare NSW deliverables and customer service performance.
- HealthShare NSW implemented a new Customer Improvement Program in August 2012 based on health agency feedback, and the creation of a Customer Advisory Council.
- The Pharmacy Improvement Program has been successfully completed to assist hospitals with online claims for highly specialised drugs, facilitating faster reimbursement to LHDs of the $255 million spent each year.
- In 2012-13 strategic statewide procurement leveraged greater purchasing power for goods through product standardisation and more effective negotiating practices resulting in benefits to the health system valued at $32 million.
- HealthShare NSW has continued the Food Service Improvement Program improving patient menus across the state and meeting statewide nutritional standards.
- The clinical program has enhanced the statewide electronic medical records capability, trialed voice recognition and commenced planning for electronic medications management.
- Ongoing planning was undertaken throughout 2012-13 for the transition to the whole of government data centre to standardise ICT infrastructure across the State. The project consolidates three existing data centres at Cumberland Hospital, Liverpool Hospital and John Hunter Hospital to two new locations in Wollongong and Silverwater. This will increase the capacity and resilience of NSW Health's ICT systems.
- The StaffLink program is being implemented in all LHDs.

* From October 2013 Mr Michael Walsh is the Acting Chief Executive

LOCAL HEALTH DISTRICTS



There are two Speciality Health Networks (Sydney Children's Hospitals Network and Justice Health and Forensic Mental Health Network) and one Speciality Network (St Vincent's Health Network)

Eight LHDs cover the Sydney metropolitan region, and seven cover rural and regional NSW.

Metropolitan NSW LHDs

- Central Coast
- Illawarra Shoalhaven
- Nepean Blue Mountains
- Northern Sydney
- South Eastern Sydney
- South Western Sydney
- Sydney
- Western Sydney

Rural and Regional NSW LHDs

- Far West
- Hunter New England
- Mid North Coast
- Murrumbidgee
- Northern NSW
- Southern NSW
- Western NSW

CENTRAL COAST

Local Health District

Holden Street, Gosford
PO Box 361
Gosford NSW 2250

Telephone: 4320 2111
Facsimile: 4320 2477
Website: www.cclhd.health.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Matt Hanrahan

Local government areas

Gosford City Council and Wyong Shire Council

Public hospitals

Gosford, Long Jetty Healthcare Centre, Woy Woy, Wyong

Community health centres

Erina, Kincumber, Lake Haven, Long Jetty, Mangrove Mountain, Toukley, Woy Woy, Wyong, Wyong Central

Child and family health

Aboriginal Maternal and Infant Health Service (AMIHS), Gosford, Building Strong Foundations (BSF), Gosford, Family Care Cottage Gosford Gateway Centre, Family Care Cottage Wyong Kanwal Health Service, Gosford Child & Family Health Centre, Gateway Centre, Mangrove Mountain, Sustaining NSW Families, Wyong Central

At Community Health Centres: Erina, Kincumber, Lake Haven, Long Jetty, Toukley, Woy Woy, Wyong Central

Oral health clinics

East Gosford (Child), Gosford Hospital, The Entrance (Child), Woy Woy Hospital, Wyong Hospital

Other services

Aboriginal Health, Acute Post Acute Care (APAC), Breast Screen, Child Protection, Chronic Care, Community Nursing, Drug and Alcohol, Mental Health, HIV and Related Programs (HARPS), Violence, Abuse, Neglect and Sexual Assault, Palliative Care, Women's Health, Youth Health

Demographic summary

Central Coast Local Health District (CCLHD) is located to the north of metropolitan Sydney and provides healthcare services to an area of approximately 1,680 square kilometres. The area extends from the Hawkesbury River to the southern shore of Lake Macquarie and from the eastern NSW coastline to the Great Northern road in the west and encompasses the local government areas of Gosford and Wyong.

More than 320,000 residents live in the region. CCLHD is a popular retirement area and approximately 6 per cent of the NSW population aged over 65 years live in the area. The proportion is significant as older age groups need considerably more health care than the general population. In 2012-13, almost 19 per cent of the CCLHD population were aged 65 or more.

The highest growth rates are expected to be in the population aged over 70 years with an increase of 26 per cent in Gosford and 35 per cent in Wyong by 2022.

In the 2011 census, the Aboriginal and Torres Strait Islander population in CCLHD was 9,020 representing 2.9 per cent of the District's population. The majority of Aboriginal people reside in Wyong LGA (around 61 per cent).

Overall death rates and potentially avoidable deaths under the age of 75 years (those deaths that could have been potentially avoided through lifestyle modification, early detection and prolonging life activities) for CCLHD residents are significantly above NSW rates. Cardiovascular disease and cancer are the most common cause of death.

Year in review

Caring for the Coast. Those four words encapsulate our mission, motivate our staff and keep us focused on patients. 2012-13 was a year of accomplishment with new and expanded services introduced, existing wards refurbished, new wards opened, an integrated clinician training centre established and nursing, medical, allied health and support staff numbers increased.

While the District found it challenging to meet National Health Reform performance measures, there are a number of initiatives in place to improve performance. This includes plans to open a 13-bed short stay unit and an eight-bed urgent care centre at Wyong Hospital, both of which are expected to relieve pressure on emergency departments.

CCLHD managed resources effectively and accomplished its mission within the allocated budget, reflecting the teamwork and commitment of staff throughout the year.

CCLHD's strong partnership with the Central Coast Medicare Local is already reaping benefits as together we work to improve primary health care in the community.

The Community Engagement Committee had a busy year visiting health facilities, conducting two community forums, establishing a community newsletter, networking and attending corporate and community events.

I acknowledge the support of the District Board Chair, Mr Paul Tonkin, and members of the Board whose diversity of skills, knowledge and experience have provided valued direction and support.

Finally I would like to acknowledge our community who show their support by volunteering in our hospitals, raising funds to enhance our services, or simply by taking time to write a letter saying 'thanks for the care.'

Matt Hanrahan, Chief Executive

Key achievements 2012-13

- Gosford and Wyong emergency departments provided care for almost 117,000 people.
- Almost 79,000 patients were admitted for care and treatment to Central Coast hospitals and sub-acute facilities. Effective bed management strategies enabled Gosford and Wyong Hospitals, both of which have very high occupancy rates, to meet bed demand year round from high activity levels.
- Theatre staff performed exceptionally well performing 15,486 elective surgery operations and 6,936 emergency surgery operations. Overall, through strategies developed with surgeons, 95 per cent of elective surgery operations were performed on time and within clinically recommended time frames.
- Community health staff delivered over 1,234,000 occasions of service providing care and treatment to patients and clients in their homes or community health centres, reducing pressure on hospitals.
- A $4.53 million Integrated Education Centre and Library at Wyong Hospital was completed and is providing training, education and research facilities for clinicians.
- The $1.9 million refurbishment and opening of a 12-bed Transitional Care Unit at Long Jetty Healthcare Centre is providing patients with care in a home-like setting designed to maximise their independence when they return to their place of residence.
- The $38.6 million Cancer Centre at Gosford Hospital was completed and is providing state of the art public radiotherapy services as part of an integrated multi-disciplinary cancer service.
- Expansion of cancer day treatment centres at both Wyong and Gosford Hospitals included additional chemotherapy chairs and patient consultation areas and are a key part of the integrated cancer service.
- The opening of a new $11.2 million 30 bed Rehabilitation Ward at Woy Woy Hospital provides care and rehabilitation to patients, maximising their ability to return to their homes or place of residence, with follow-up community services as needed.
- Effective management of our resources enabled the District to provide a comprehensive range of services within its budget allocation.

ILLAWARRA SHOALHAVEN

Local Health District

Loftus Street, Wollongong
Locked Bag 8808
South Coast Mail Centre NSW 2521

Telephone: 4222 5000
Facsimile: 4253 4878
Website: www.health.nsw.gov.au/islhd
Business Hours: 9.00am – 5.00pm, Monday to Friday
Chief Executive: Susan Browbank

Local government areas

Kiama, Shellharbour, Shoalhaven and Wollongong

Public hospitals

Bulli, Coledale, David Berry, Kiama, Milton-Ulladulla, Port Kembla, Shellharbour, Shoalhaven District Memorial, Wollongong

Community health centres

Bulli, Cringila, Culburra, Dapto, Helensburgh, Jeringa, Nowra, St Georges Basin, Sussex Inlet, Ulladulla, Warilla, Fernhill, Wreck Bay

Child and family health

South Coast Children's Family Centre Warrawong , Binji & Boori, Aboriginal Maternal Infant Child Health Service (AMICH) Shoalhaven, Child and Family Service Kids Cottage Warilla, Child and Family Service Port Kembla Hospital, Illawarra Aboriginal Maternal Infant Child Health Service, Illawarra Child Development Centre, Northern Family Care Centre Woonona, Shoalhaven Family Care Centre, Southern Family Care Centre Berkeley, Wreck Bay Community Centre

Early Childhood Centres: Albion Park, Berkeley, Corrimal, Cringila, Culburra, Dapto, Fairy Meadow, Figtree, Flinders, Gerringong, Helensburgh, Jervis Bay, Kiama, Mt Terry, Nowra, Oak Flats, Shoalhaven Heads, St Georges Basin, Sussex Inlet, Thirroul, Ulladulla, Warilla, Wollongong, Woonona

Oral health clinics

Adult Clinics: Kiama, Nowra, Port Kembla Hospital, Shellharbour Hospital, Ulladulla, Warilla, Wollongong

Child Clinics: Bulli, Kiama, Nowra, Port Kembla Hospital, Shellharbour Hospital, Ulladulla, Warilla, Wollongong

Other services

In addition to hospital and community-based services, the Illawarra Shoalhaven Local Health District (ISLHD) also provides Public Health Services, Population Health Services, Planning, Performance Redesign and Information Management Services, Workforce Services, Information Technology Services and Other Corporate Services

Demographic summary

ISLHD covers four Local Government Areas (LGAs) including Wollongong, Kiama, Shellharbour and Shoalhaven. The District covers a large geographic region of approximately 5,687 square kilometres and extends along 250 kilometres of coastline, from Helensburgh in the Northern Illawarra to North Durras in the Southern Shoalhaven. The Illawarra Shoalhaven population is projected to reach 406,873 by 2016, and 425,136 by 2021 demonstrating an annual growth rate of 0.9 per cent.

Year in review

The development of the Health Care Services Plan 2012-22 has reinforced the strengths and key areas where evidence-based decision making will enable us to operate effectively and efficiently. The plan is based on the creation of acute hubs at Wollongong, Shellharbour and Shoalhaven and the significant enhancement of services across these areas has started with substantial capital developments underway.

Bulk excavation works commenced on the $86 million Illawarra Elective Surgical Services Centre at Wollongong Hospital campus and construction continued on the $14 million expansion of the Illawarra Cancer Care Centre. Planning and design works also started on the $27.8 million car park development. At Shoalhaven, construction of the $34.8 million Cancer Care Centre was in the final stages and work commenced on the $10.6 million Sub-acute Adult Mental Health Unit.

The district opened Illawarra Shoalhaven Health Education Centre, a $5 million purpose-built facility that will ensure the provision of professional training using the most advanced interactive simulators and innovative practices.

The ISLHD Community Partnership Council was established to work collaboratively and increase consumer input, knowledge and understanding of health services. The District also commenced the Clinical Excellence Commission's Patient Based Care Challenge focusing on strategies to improve patient-centred care.

Susan Browbank, Chief Executive

Key achievements 2012-13

- The ISLHD is undertaking major expansion including:
  - $86 million Illawarra Elective Surgical Services Centre
  - $14 million expansion of the Illawarra Cancer Care Centre
  - $27.8 million car park development at Wollongong Hospital
  - $34.8 million Shoalhaven Cancer Care Centre
  - $10.6 million Sub-acute Adult Mental Health Unit at the Shoalhaven District Memorial Hospital
- Collaborated closely with the ISLHD Board to further develop an integrated health system, build the workforce of the future and enhance services and infrastructure to best suit the needs of our growing community.
- We developed a staff wellness framework, staff engagement strategies and we commenced a reward and recognition program.
- Implemented an Antimicrobial Stewardship Program using MS Guidance across the LHD.
- The budget for 2012-13 complied with requirements and trade creditors were paid within benchmark.
- The Pre Hospital Assessment for Primary Angioplasty (PAPA) Strategy was developed as part of the statewide Cardiology Redesign Project. This strategy has enabled patients who reside within a 45 minute travel time to Wollongong Hospital with suspected ST segment Elevation Myocardial Infarction (STEMI), to have pre-hospital assessment and early access to percutaneous coronary

intervention. This process involves clinical management of the patient by Ambulance Paramedics, including early acquisition of an electrocardiogram (ECG) and transmission of the ECG to the emergency department and Cardiologist. This project has improved door to balloon times and patient outcomes.

- The ISLHD Mental Health Service (MHS) team received four year accreditation standing under the Australian Council of Healthcare Standards (ACHS).
- ISLHD Oral Health service reduced the number of clients waiting on treatment waitlists over recommended waiting time from 30 per cent to 1.5 per cent and with an overall reduction of the treatment list by 44 per cent.
- Awarded three year District wide accreditation status with the Royal Australasian College of Physicians (RACP) for geriatric medicine advanced training program.

NEPEAN BLUE MOUNTAINS

Local Health District

C/- Nepean Hospital
Derby Street Penrith
PO Box 63
Penrith NSW 2750

Telephone: 4734 2441
Facsimile: 4734 3737
Website: www.nbmlhd.health.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Kay Hyman

Local government areas

Blue Mountains, Hawkesbury, Lithgow and Penrith.

Public hospitals

Blue Mountains District ANZAC Memorial, Lithgow, Nepean, Springwood

Public nursing homes

Portland Tabulam Health Centre

Community health centres

Cranebrook, Katoomba, Lawson, Lemongrove, Lithgow, Penrith, Springwood, St Clair, St Marys

Child and family health

Penrith Borec House, Tresillian Family Care Centre
Community Health Centres: Cranebrook, Lithgow, Katoomba, Penrith, Springwood, St Clair, St Marys

Oral health clinics

Blue Mountains District ANZAC Memorial Hospital, Hawkesbury Community Health Centre, Lithgow Community Health Centre, Nepean Hospital (Nepean Centre for Oral Health), Springwood Hospital

Affiliated Health Organisations

Hawkesbury Hospital (Hawkesbury District Health Service)

Other services

Pialla Mental Health inpatient service (acute psychiatric care), Centre for Addiction Medicine, Drug and Alcohol Community Health Services and Mental Health Community Health Services are co-located within Community Health Centres wherever possible.

Lithgow Community Mental Health Centre is located in the town centre and provides specialist mental health services for children and adolescents.

Demographic summary

The estimated resident population of Nepean Blue Mountains Local Health District (NBMLHD) in 2011 was 336,920, which includes an Aboriginal community (2.7 per cent).

The largest proportions of pre-school aged children (less than 5 years) in 2011 were in Penrith (7.6 per cent) and Hawkesbury LGAs (6.8 per cent). Conversely, the LGAs of Lithgow (12.1 per cent) and Blue Mountains (10.4 per cent) had the highest proportions of older residents aged 70 years and over.

Greater density of dwellings in older areas and new arrivals of refugees and other migrants contributed to population growth. In 2010, NBMLHD received 503 migrants, 79 per cent of whom settled in the Penrith LGA.

Year in review

In 2012-13 NBMLHD implemented initiatives responsive to local needs with the introduction of a number of innovative staff-led programs, collaborative initiatives with Medicare Local and consumers, and new capital works developments.

The 2012-17 Strategic Plan was launched to staff and the public to provide a roadmap for the delivery of health care for the communities of the Blue Mountains, Hawkesbury, Lithgow and Nepean.

The Nepean Hospital Neonatal Intensive Care Unit (NICU) pioneered a world-class treatment using probiotics to help prevent a common yet deadly bowel condition occurring in premature babies with a high success rate. The Nepean Cancer Care Centre founded an Australia-first combination radiotherapy treatment for lung and spinal cancer patients with successful results. The Nepean Hospital Psychiatric Emergency Care Centre team claimed the Minister for Mental Health Award for Excellence in the provision of mental health services. The work of Nepean Hospital's Heart Failure Service was recognised with an 'exemplary' classification by The Health Roundtable. As a result, Nepean Hospital has moved into the top four hospitals in NSW for length of stay on The Health Roundtable.

Nepean Oral Health Centre significantly reduced waiting times for adults and children despite an increase in demand and NBMLHD has made marked improvements toward achieving KPIs in both emergency performance and elective surgery and has achieved hand hygiene rates above the national benchmark.

In response to the YourSay survey results, the LHD continued to work to progress staff satisfaction establishing a new Reward and Recognition program to highlight staff achievements.

Kay Hyman, Chief Executive

Key achievements 2012-13

- NBMLHD hospitals showed significant overall improvements in meeting targets for the percentage of patients leaving emergency departments within four hours. NBMLHD has been supported by the Ministry's Whole of Hospital project to achieve this improved result.
- Wait times for elective surgery showed an improvement across the LHD.
- The Nepean Centre for Oral Health reduced the adult waiting list from 10,185 in June 2012 to 7,116 in July 2013 and child waiting lists from 2,450 in June 2012 to 1,800 in July 2013 and delivered a significant increase in the number of occasions of service.
- Hand hygiene rates are above the national benchmark across the NBMLHD.
- Nepean Hospital's NICU pioneered an Australia-first treatment for the prevention of a common yet deadly bowel condition among premature babies.
- The Nepean Centre for Robotic Surgery opened at Nepean Hospital, which includes the State's first public surgical robot providing treatment for prostate cancer and performing other complex surgeries through keyhole incisions and with pinpoint accuracy.
- The Nepean Hospital Psychiatric Emergency Care Centre (PECC) Team received the NSW Health Innovation Award for their patient-focussed project, PECC Inspirations.
- Nepean Cancer Care Centre pioneered a radiotherapy treatment (stereotactic body radiotherapy combined with volumetric modulated arc therapy) for lung and spinal-cancer patients with successful results.
- NBMLHD introduced the Reward and Recognition Program to increase staff engagement in response to the YourSay survey results which has helped foster enthusiasm and promote excellence in health service delivery among all staff and in 2012-13, 20 per cent of staff were nominated for an award.
- New facilities were commissioned for Oral Health and In-centre Haemodialysis at Nepean Hospital, and Community Health facilities at Penrith and St Marys have been refurbished and upgraded.

NORTHERN SYDNEY

Local Health District

Reserve Road, St Leonards
PO Box 4007 LPO
St Leonards NSW 2065

Telephone: 9462 9955
Facsimile: 9463 1029
Website: www.nslhd.health.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Adjunct Associate Professor Vicki Taylor

Local government areas

Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Manly, Mosman, North Sydney, Pittwater, Ryde, Warringah and Willoughby

Public hospitals

Hornsby Ku-ring-gai, Macquarie, Manly, Mona Vale, Royal North Shore, Ryde

Community health centres

Berowra, Brooklyn, Brookvale, Chatswood, Frenchs Forest, Galston, Gladesville, Hillview, Manly, Mona Vale, Pennant Hills, Queenscliff, Royal North Shore, Top Ryde, Ryde, Wiseman's Ferry Also at: Manly Hospital, Mona Vale Hospital, Wahroonga Rehabilitation Centre

Child and family health

Avalon, Balgowlah, Berowra, Carlingford, Chatswood, Cremorne, Crows Nest, Dee Why, Frenchs Forest, Galston, Gladesville, Harbord, Hornsby, Lane Cove, Lindfield, Manly, Marsfield, Mona Vale, Narrabeen, Northbridge, Pennant Hills, St Ives, Top Ryde, West Ryde

Oral health clinics

Cox's Road Dental Clinic, Fisher Road School, Hornsby Hospital, Mona Vale Hospital, Royal North Shore Community Health Centre, Top Ryde Community Health Centre

Affiliated Health Organisations

Neringah Hospital, Greenwich Hospital, Ryde Royal Rehabilitation Centre

Other services

Allambie Heights Child Physical Ability Unit, Acute Post Acute (APAC), Aboriginal Health, BreastScreen, Brookvale Early Intervention Team, Child Protection, Chronic Care, Community Nursing, Dalwood Children's Services, Dee Why Public School Early Childhood Health Outreach, Drug and Alcohol, Gambling Services, Mental Health, Richard Geeves Centre, Violence, Abuse, Neglect and Sexual Assault, Sexual Health

Demographic summary

Northern Sydney Local Health District (NSLHD) covers 900 square kilometres. The area extends from Sydney Harbour to Sydney's Upper North Shore and includes Sydney's Northern Beaches, Hornsby and Ku-ring-gai and Ryde.

The estimated resident population of the NSLHD at June 2012 was 845,928 and is projected to increase to 903,644 by 2021. This is an eight per cent increase, although it represents a slightly lower growth rate than the NSW average from 2011-21 of 11 per cent. Population density for NSLHD is 933 residents per square kilometre.

At the time of the last Census, 2466 residents were Aboriginal and/or Torres Strait Islanders, equating to 0.30 per cent of the total District's population. There were 314,507 residents born overseas, equating to 38 per cent of the total District's population.

Over the next 10 years the number of residents aged 70 to 84 years is projected to increase at nearly four times the rate of the general population (30 per cent), while the number aged over 84 years is projected to grow at more than twice the background rate (17 per cent).

Health care needs increase rapidly with age and a significant increase in acute, sub-acute, ambulatory and community-based care needs will increase with the expected large increase in the elderly population.

Year in review

In a year which saw major capital works and refurbishment programs underway at most of our facilities, NSLHD maintained its commitment to providing quality health care to its patients.

Our vision is to be leaders in healthcare and partners in community wellbeing and in 2012-13 we implemented our Strategic Plan for 2012 to 2016.

During the reporting year we transferred 7000 staff and patients to the new Acute Services Building at Royal North Shore, and entered the final phase of the $1.127 billion campus redevelopment with the Clinical Services Block due to open next year.

We also opened a $36 million mental health unit at Hornsby Hospital and initial work began on the $120 million Hornsby Hospital redevelopment, starting with the STAR Building which will expand surgical, theatres, anaesthetic and recovery services.

At Ryde Hospital the $41 million Graythwaite Rehabilitation Centre is near completion and at Mona Vale work continued on the $12 million sub-acute rehabilitation centre.

A key focus during the 2012-13 financial year was the new funding model introduced on 1 July 2012. Activity Based Funding is a completely new way of financial modelling in NSW and I congratulate our staff for their work in meeting the growing demands on them at a time of such fundamental change.

Voice recognition technology, trialed at Manly Hospital was rolled out across the state, enabling information dictated by clinicians into microphones to be translated as text in the electronic medical record. The Northern Beaches Antibiotic Stewardship program was named winner of the Harry Collins Award for achievement at the 2012 NSW Health Award ceremony, acknowledging its success in reducing infections.

My sincere appreciation goes to all staff, for their dedication, loyalty and continuing commitment to excellence.

Adjunct Associate Professor Vicki Taylor,
Chief Executive

Key achievements 2012-13

- The Royal North Shore Hospital Acute Services Building was completed and became operational.
- The NSW Government announced a hospital operator-led model for the Northern Beaches Hospital and expressions of interest were invited from hospital operators interested in building, maintaining and operating the new facility.
- An IT-enabled risk identification and escalation process was implemented, with a transparent peak committee established with consumer, community and clinician members to advise the Chief Executive on enterprise-wide risks.
- A robust model for community engagement was successfully continued, attracting more than 600 participants to six community forums hosted by NSLHD's Peak Community Participation Council.
- Construction commenced on a 26-bed Rehabilitation Inpatient Unit at Mona Vale Hospital with a capital project cost of $12 million.
- The Severe Chronic Disease Management (Connecting Care) program exceeded its enrolment target of 4172 by 48, with a total of 4220 patients enrolled in the program.
- The APAC admission target of 3501 was exceeded by 71 with a total of 3572 patients admitted into the program.
- Following organisation-wide surveys conducted by the Australian Council on Healthcare Standards (ACHS), Manly, Mona Vale and Hornsby Hospitals each received ongoing accreditation for a further four years.
- Hornsby Hospital used a $250,000 grant to establish a plain x-ray room in the hospital's emergency department (ED), resulting in reduced ED waiting times, improved safety and clinical care for patients, and reduced transport of patients to and from the Medical Imaging Department.
- NSLHD led a consortium that opened a new *headspace* facility in Chatswood and another NSLHD-led consortium was established in a bid to see another *headspace* facility opened in the Northern Beaches sector.

SOUTH EASTERN SYDNEY

Local Health District

Cnr The Kingsway and Kareena Road, Caringbah
Locked Mail Bag 21
Taren Point NSW 2229

Telephone: 9540 7756
Facsimile: 9540 8757
Website: www.seslhd.health.nsw.gov.au
Business Hours: 9.00am – 5.00pm, Monday to Friday
Chief Executive: Terry Clout

Local government areas

Sydney (part), Woollahra, Waverley, Randwick, Botany Bay, Rockdale, Kogarah, Hurstville, Sutherland (and Lord Howe Island)

Public hospitals

Gower Wilson Multi-Purpose Service – Lord Howe Island, Prince of Wales Hospital and Health Services, Royal Hospital for Women, St George Hospital and Health Services, Sutherland Hospital and Health Services, Sydney/Sydney Eye Hospital and Health Services

Public nursing homes

Garrawarra Centre

Community health centres

Bondi Junction, Caringbah (at Sutherland Hospital), Engadine, Maroubra, Menai, Randwick (at Prince of Wales Hospital), Rockdale

Child and family health

Arncliffe, Brighton, Caringbah, Cronulla, Engadine, Gymea, Hurstville, Hurstville South, Kingsgrove, Kogarah, Menai, Miranda, Oatley, Possum Cottage (at Sutherland Hospital), Ramsgate, Riverwood, Rockdale, Sutherland

Oral Health Clinics

Chifley, Daceyville, Hurstville, Mascot, Menai, Randwick (at Prince of Wales Hospital), Rockdale, Surry Hills

Affiliated Health Organisations

Calvary Health Care Sydney, Waverley War Memorial Hospital

Other services

Aboriginal Community Health – La Perouse Breast Screening – Miranda Community Mental Health – Bondi Junction, Hurstville, Kogarah (Kirk Place), Maroubra Junction Dementia Respite Care and Rehabilitation – Randwick (Annabel House) HIV Services and Programs – Alexandria, Darlinghurst, Surry Hills (Albion Street Centre) Paediatric Disability – Kogarah Sexual Health, Youth Services, Drug & Alcohol – Darlinghurst (Kirketon Road Clinic); Drug & Alcohol – Surry Hills (Langton Centre)

Demographic summary

The South Eastern Sydney Local Health District (SESLHD) geographic area consists of ten LGAs which are divided into the Northern and Southern Sectors: Northern Sector LGAs: Sydney (part–Sydney East & Sydney Inner Statistical Local Areas (SLA), Woollahra, Waverley, Randwick, Botany Bay and Lord Howe Island; Southern Sector LGAs: Rockdale, Kogarah, Hurstville and Sutherland.

In 2011, the SESLHD resident population was estimated to be 838,416, with 45 per cent living in the Northern Sector (378,680) and 55 per cent in the Southern Sector (459,736).

Our population is projected to reach 887,289 by 2021 (a +5.8 per cent increase) and 928,920 by 2031 (a further +4.7 per cent increase). The SESLHD population growth rate is about half the average NSW growth rate.

Between 2011 and 2021, the fastest growing age group in this District will be the 70-84 years age group (+26 per cent), followed by the 85 years and over age group (+18 per cent). Over the same period, the population of children aged 0-4 years is expected to increase by 1.7 per cent.

In 2011, 6,312 SESLHD residents were Aboriginal and/ or Torres Strait Islander, equating to 0.8 per cent of the total SESLHD population. In addition, 331,438 SESLHD residents were born overseas, equating to 40 per cent of the District's population.

Year in review

SESLHD continues to work towards delivering the priorities outlined in the SESLHD Strategy 2012-17 and *Care Service Plan 2012-2017* which were developed with extensive consultation with clinicians and stakeholders to improve services for the community and meet the needs of the ageing population.

Patient-centered care is a priority for SESLHD as it implements the Essentials of Care program across the facilities through nursing and midwifery. SESLHD has been recognised for innovative projects such as Southcare Geriatric Flying Squad, which assists elderly patients in their homes, reducing the need for hospitalisation.

Two new mental health facilities have opened to boost services for the community: the Mental Health Intensive Care Unit at Randwick Hospital Campus and the new Older Person's Sub-acute Unit at St George Hospital.

With an ageing population and chronic diseases on the rise, the SESLHD is building relationships with Primary Health Care organisations such as the Medicare Locals in the district. The Connecting Care program and Integrated Diabetes Project are two examples of how Medicare Locals and SESLHD health facilities are working together to better meet the needs of the community.

Terry Clout, Chief Executive

Key achievements 2012-13

- All SESLHD facilities commenced preparations for accreditation against the new Australian Safety and Quality Health Service Standards in 2013. Sydney Eye Hospital, Prince of Wales Hospital and the Royal Hospital for Women have successfully achieved accreditation while St George and Sutherland Hospitals will soon be accredited.
- Stronger relationships have been forged with the Agency for Clinical Innovation, Clinical Excellence Commission and Health Education and Training Institute throughout the year.
- SESLHD is undertaking innovative models of care to improve the way we deliver and organise health care. Examples of these include, Southcare Geriatric Flying Squad, Computer Assisted Self Interview, Sub-acute Programs, Clinical Trials Refer Application and Access to Meaningful Health.
- The Royal Hospital for Women Transition Board Sub-Committee was established to develop new strategies to promote the Hospital's services statewide.
- The Infection Control Funding Program was established to provide $500,000 worth of grants across SESLHD for infection control projects. A HAI project officer was employed to ensure greater compliance of hand hygiene.
- The SESLHD Board participated in a Nous Training program and there are plans to undertake the Financial Management and Reporting module in 2013. Three new Board members have joined, including a new Chair, broadening the skills and expertise of the Board. Clinicians and Board members meet through the introduction of new meetings to strengthen the relationship.
- SESLHD has adopted a Sustainability Committee and adopted a Sustainability Plan to reduce carbon emissions and improve efficiencies across the organisation.
- Staff received training in the Strengths Model of Case Management, which focuses on people's strengths rather than deficits and views the client as the director of the helping process. We also opened the new Mental Health Intensive Care Unit at Randwick Campus and the Older Person's Sub-acute Unit at St George Hospital.
- SESLHD worked with two Medicare Locals in the area to develop strategic collaboration and joint activities include the Connecting Care program and the Integrated Diabetes project.
- Construction of the $76.6 million integrated cancer care centre at Randwick Campus continues. A capital works program is also underway at both St George Hospital with the $39 million redevelopment of the emergency department and planning work commenced for the construction of a $10 million car park at Sutherland Hospital.

SOUTH WESTERN SYDNEY

Local Health District

Liverpool Hospital Eastern Campus
Corner of Lachlan and Hart Streets
Liverpool NSW 2170

Telephone: 9828 6000
Facsimile: 9828 6001
Website: www.health.nsw.gov.au/swslhd
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Amanda Larkin

Local government areas

Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee

Public hospitals

Bankstown-Lidcombe, Bowral and District, Camden, Campbelltown, Fairfield, Liverpool Hospitals

Community health centres

Bankstown, Bigge Park Centre, Bowral, Cabramatta, Campbelltown – Sexual Health Clinic, Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller, Narellan, Prairiewood, Rosemeadow, Wollondilly Bankstown – The Corner Youth Health Service, Campbelltown – Traxside Youth Health Service, Fairfield Liverpool Youth Health Team (FLYHT), Lurnea Aged Day Care, Miller – The Hub

Child and family health

Appin, Bargo, Bringelly, Cabramatta, Camden, Chester Hill, Fairfield, Fairfield Heights, Georges Hall, Greenacre, Greenway, Hilltop, Holsworthy, Hoxton Park, Liverpool, Macquarie Fields, Macarthur Square, Miller, Minto, Mittagong, Moss Vale, Mt Pritchard, Narellan, Padstow, Panania, Penrose, Picton, Robertson, Tahmoor, Thirlmere, Wattle Grove

Oral health clinics

Bankstown, Bowral, Fairfield, Ingleburn, Liverpool (Adult), Narellan, Rosemeadow, Tahmoor, Yagoona (Adult)

Affiliated Health Organisations

Braeside Hospital, Carrington Centennial Care, Karitane, South West Sydney Scarba service, The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Other services

Aboriginal Health, Community Health, Drug Health, Mental Health, Population Health, Allied Health

Demographic summary

South Western Sydney Local Health District (SWSLHD) is one of the most ethnically diverse and populous LHDs in NSW. In 2011 there was an estimated 875,384 residents, or 12 per cent of the NSW population, living in the District.

The District continues to be one of the fastest growing regions in the state. The population is projected to increase by 21 per cent over the next 10 years, and reach 1.058 million people by 2021. In the decade 2011-21, the population is expected to increase by almost 18,000 people each year.

SWSLHD includes seven LGAs of Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee. It covers a land area of 6,243 square kilometres.

It is a vibrant, culturally diverse region with around 36 per cent of the population born overseas and 48 per cent of the population speaking a language other than English at home.

There is high natural population growth in SWSLHD, with approximately 13,000 births per year, representing more than 13 per cent of all births in NSW. SWSLHD contains areas with some of the highest fertility rates in the state, with most LGAs well above the state average of 1.91 births per woman, including Wingecarribee (2.17), Bankstown (2.15), Wollondilly (2.08), Liverpool (2.07), Campbelltown (2.06) and Camden (2.03) (Australian Bureau of Statistics, 2011).

Year in review

SWSLHD created a 10-year strategic plan and a five-year corporate plan during the reporting year.

A Population Health Needs Assessment was developed in partnership with the Medicare Local and work continued on the development of a new model for integrated primary and community care for the South West Growth Centre.

The District continued its commitment to improving the health outcomes of Aboriginal communities, by implementing a Respecting the Difference e-learning program which has been undertaken by more than 4,000 staff to date.

A new state-of-the-art medical training facility with simulation equipment including a high-fidelity robotic mannequin and two of Australia's few fully-simulated operating theatres was opened at Liverpool Hospital in conjunction with University of New South Wales (UNSW), University of Western Sydney (UWS) and the Ingham Institute.

The District's Human Research Ethics Committee was granted national certification by the NHMRC, which has allowed review of multi-centre research applications.

Our engagement with the community increased through the use of social media with the potential to reach more than 80,000 people each week.

Finally, a great deal of work was undertaken to prepare for the implementation of Activity Based Funding (ABF). The District performed well financially in 2012-13 and met its financial targets.

I would like to thank staff and volunteers for the hard work and dedication that has made these achievements possible.

Amanda Larkin, Chief Executive

Key achievements 2012-13

- Liverpool Hospital celebrated its 200 year anniversary with the opening of a museum and the launch of a website.
- An Allogeneic stem cell transplantation for cancer patients requiring bone marrow transplants from a donor commenced at Liverpool Hospital.
- A spacious new BreastScreen NSW clinic was opened in Liverpool offering local women free mammograms for the early detection of breast cancer.

- A 24/7 Acute Stroke Thrombolysis Centre was established at Campbelltown Hospital, offering immediate access to clot-busting drugs that could save patients' lives and reduce the risk of permanent brain damage and disability.
- A $1.5 million Refugee Health Nurse Program provides health assessments and screening tests to newly arrived refugees across the state and links individuals and families to General Practitioners and the NSW Health system.
- A state-of-the-art medical training facility was opened at Liverpool Hospital.
- Liverpool Hospital implemented an environmental sustainability program that recycles PVC medical products such as IV fluid bags, tubing and oxygen masks.
- A $3.8 million tomotherapy machine that treats cancer patients with precise radiation therapy was installed at Liverpool Hospital's Cancer Therapy Centre. The new machine combines a CT scanner and linear accelerator to treat tumours with high energy x-rays, while imaging the treatment area to ensure the highest levels of accuracy.
- Works commenced on the $139 million Campbelltown Hospital redevelopment.
- The College of Emergency Nursing Australia named Liverpool Hospital the 2012 Australasian Emergency Department of the Year. The hospital received the award for a range of initiatives which have been implemented to enhance patient care and clinical outcomes, quality management, professional development of staff and research.
- A new 20-bed Sub-acute Mental Health Unit was opened at Liverpool Hospital offering care and support for patients from a multidisciplinary team including diversional therapists, occupational therapists, social workers, psychiatrists and nursing staff.
- Staff undertook the Respecting the Difference training framework to increase awareness of the diverse culture, customs, heritage and protocols in Aboriginal families and communities in NSW.
- The Research Strategic Plan was developed providing the direction for the ongoing development of research within the District.
- The Ingham Research Centre opened during the reporting year.

SYDNEY

Local Health District

Missenden Road, Camperdown
PO Box M30
Missenden Road NSW 2050

Telephone: 9515 9600
Facsimile: 9515 9610
Website: slhd.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Dr Teresa Anderson

Local government areas

Ashfield, Burwood, Canada Bay, Canterbury, City of Sydney (south and west parts of), Leichhardt, Marrickville, Strathfield

Public hospitals

Balmain, Canterbury, Concord Centre for Mental Health, Concord Repatriation General, Royal Prince Alfred, Sydney Dental, Thomas Walker

Community health centres

Camperdown, Canterbury, Croydon, Marrickville, Redfern

Child and family health

Canterbury: Child, Adolescent and Family Health Service, Community Health Centre, Community Nursing Service, Multicultural Youth Health Service. Concord: Community Nursing Service. Croydon: Community Nursing Service, Child, Adolescent and Family Health Service, Community Paediatric Physiotherapy Services. Redfern: Community Health Centre, Community HIV/AIDS Allied Health, Community Nursing, Mental Health Service.

Early childhood health services

Ashfield, Balmain, Belmore, Camperdown, Campsie, Chiswick, Concord, Croydon, Earlwood, Five Dock, Glebe/ Ultimo, Redfern, Homebush, Lakemba, Leichhardt, Marrickville Health Centre.

Oral health clinics

Canterbury, Concord, Croydon, Marrickville, Sydney Dental Hospital

Affiliated Health Organisations

Tresillian Family Care Centres

Other services

Department of Forensic Medicine (Glebe), Sydney South West Pathology Services.

BreastScreen Services at: Royal Prince Alfred Hospital, Croydon Health Centre, Bankstown Civic Tower and Liverpool Plaza

Demographic summary

Sydney Local Health District (SLHD) is located in the centre and inner west of Sydney, covering the LGAs of City of Sydney (part), Leichhardt, Marrickville, Canterbury, Canada Bay, Ashfield, Burwood and Strathfield, covering 126 square kilometres with a population density of 4210 residents per square kilometre. SLHD is responsible for providing care to 530,000 people.

Year in review

In 2012-13 SLHD worked collaboratively with staff, the community and other key stakeholders to continue to plan for the future of our hospitals and services over the next five years. The organisation has matured greatly in the past 12 months, and together with the District Executive and oversight of the LHD Board, we are continuing to build on our reputation for world class clinical services, research, and training and education.

In the past year, the District launched strategic plans covering research, education and training, community participation and sexual health, in addition to facility plans for RPA, Canterbury, Concord and Balmain hospitals.

Multiple staff forums across all sites were conducted this year to ensure a smooth introduction to Activity Based Funding, while the District again performed within budget this year and was recognised, for the second consecutive year, as the leading LHD for surgery performance.

Capital works this year included the construction of a new $67 million 53-bed mental health unit at the Royal Prince Alfred hospital (RPA), a state-of-the-art $10.5 million Medical Education Centre at Concord Hospital, and a short stay unit at Canterbury hospital.

The District also continues to work closely with The Chris O'Brien Lifehouse at RPA, with transition of services in November 2013.

Honouring its commitment to research, the District formed a strong collaboration with 15 research groups to create Sydney Research, a powerful tool in boosting translational research opportunities within the District.

SLHD also revamped its websites as part of our commitment to making health information readily available to our community, and is in the process of launching new social media channels to further enhance connectivity with our consumers. Please visit our site at www.slhd.nsw.gov.au

Teresa Anderson, Chief Executive, SLHD

Key achievements 2012-13

- RPA: Hospital in the Home is working well with 690 patients treated so far, reducing emergency department pressure and admissions, and increasing early discharge rates. It is now being rolled out to Concord and Canterbury.
- RPA Hybrid Theatre provides access to vastly superior imaging capabilities and software applications within one operating suite. Operations performed include Endovascular Aneurysm Repairs, Angioplasty lower limb, Transcatheter Aortic Valve Implantations, Insertion of Biventricular pacemakers and Endarterectomies. At Canterbury Hospital high observation bays have been created to manage patients at risk. There is improved management of delirium and a decrease in falls rates.
- At Concord Hospital, Professor Markus Seibel and team developed a cost effective and innovative model of care for osteoporotic fractures, which was awarded the Premier's Awards for Public Service in the category of Delivering Quality Customer Service, NSW Health Award, SLHD Quality Award and SLHD Quality Award by Chairman of the Board.
- At Balmain Hospital, high risk rooms have been implemented in geriatric wards. This has resulted in significant cost saving with nurse specials and a significant decrease in falls.
- In oral health, all clinical instruments and tray systems have been standardised across all eight departments of Sydney Dental Hospital and 17 Community Oral Health Clinics. Construction and commissioning of a dedicated Centralised Sterilising Department in SDH has been completed.
- In allied health, the RPA Diabetes Centre High Risk Foot Service was awarded the status of Diabetes Centre of Excellence in Education and Diabetic Foot Care, the only centre in the world to hold this dual status.
- An Automatic Dispensing Machine and sharps disposal units at Redfern Community Health Centre were installed to address high hepatitis C and HIV rates in the area. A new Harm Minimisation Manager was employed with a role in community liaison for the Redfern Waterloo area.
- The SLHD Sexual Health Strategy was developed to increase clinical capacity, increase HIV and STI testing among those in the community at higher risk of infection.
- The NSW Premier's Award for Outstanding Cancer Researcher of the Year was awarded to Professor John Thompson of the Melanoma Institute.

WESTERN SYDNEY

Local Health District

Institute Road, Westmead
PO Box 574
Wentworthville NSW 2145

Telephone: 9845 9900
Facsimile: 9845 9901
Website: www.wslhd.health.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Danny O'Connor

Local government areas

Auburn, Blacktown, Holroyd, Parramatta, The Hills Shire

Public hospitals

Auburn, Blacktown Mount Druitt (two campuses), Cumberland, Westmead

Community health centres

Auburn, Blacktown, Doonside, Merrylands, Mount Druitt, Parramatta, The Hills

Child and family health

Child and Family Health services are provided from a number of locations across Western Sydney Local Health District (WSLHD): in 7 Community Health Centres; 18 Early Childhood Centres on Local Council property and 22 Community Nursing Clinics on Department of Education school property. A range of multidisciplinary clinical and support services are provided by Nursing and Allied Health staff

Oral health clinics

Blacktown, Mount Druitt, Westmead

Affiliated Health Organisations

Lottie Stewart Hospital (until 30 August 2013)

Other services

Aboriginal Maternal Infant Health Strategy Team, Aged Day Services, Cedar Cottage – Westmead, Centre for Addiction Medicine – Cumberland Hospital, Community Health Complex Aged and Chronic Care services, NSW Education

Centre Against Violence, NSW Education Program on Female Genital Mutilation, Health Care Interpreter Service, NSW Multicultural Problem Gambling Service, Mental Health Services, Mootang Tarimi (Living Longer), Multicultural Health Service, Transcultural Mental Health Centre, Westmead Breast Cancer Institute, Youth Health Services – Parramatta and Mountt Druitt.

WSLHD provides health services ranging from nationally funded programs such as pancreas and islet cell transplants to primary health services. In addition to pancreas and islet cell transplants, a number of other key tertiary and quaternary clinical services are provided to other LHDs and Health Services in NSW including:

Trauma, Adult Eating Disorders Service, Adolescent Eating Disorders Service, Renal Transplant, Neurosurgery, Radiation Oncology, Westmead Centre for Oral Health , Transcultural Mental Health, Complex Dermatology, Cardiothoracic Surgery, Gastroenterology, Cardiology Interventional Services, Intra-utero neonatal referral service for babies requiring high level surgical interventions (Neurological and Cardiac)

Non-clinical services provided to other LHDs and Health Services in NSW include: Multicultural Problem Gambling Service, CALD Women's Health at Work Program, Cedar Cottage and New Street Adolescent Service.

Demographic summary

WSLHD is one of eighteen LHDs and SHNs established in NSW in 2011. The District covers almost 780 km^2 of urban and semi-rural areas of western Sydney metropolitan area and spans the five LGAs from Auburn, through Parramatta, Holroyd and The Hills Shire to Blacktown in the west.

The estimated resident population in 2013 is 876,500, which is 1.7 per cent greater than in 2012. The District's population growth from 2009 to 2013 was 7.8 per cent, nearly double the 4.2 per cent for NSW for the same period.

Approximately 11,500 people, or 1.5 per cent of western Sydney residents, self-identified as being Aboriginal. The largest Aboriginal community resides in the Blacktown LGA with more than 8,000 people (2011 Census).

The 2011 Census data revealed that 43 per cent of the western Sydney population was born overseas and 45 per cent spoke a language other than English at home.

WSLHD experienced population growth with a continuing influx of refugees and other migrants. Since the last census, Blacktown recorded the largest population increase in NSW (5,800 people) followed by Parramatta (4,300 people).

Year in review

2012-13 has been a significant year for the WSLHD. Key infrastructure developments at its major facilities, continuation and commencement of internationally recognised research and clinical trials and ongoing improvements to models of care are some of the advances that have been made these past 12 months. The District's population growth rate from 2009 to 2013 was 7.8 per cent and the WSLHD Board and its Executive is confident in its key strategic priority areas to cater for this demand.

These key strategic priority areas include culture, integrated care, partnerships, organisational redesign, research and education, financial stability and sustainability. The past year has seen a variety of highlights for the WSLHD including a visit to Westmead Hospital from His Holiness, The Dalai Lama, the commencement of large-scale construction works at Blacktown Mount Druitt Hospital, a major redesign and renovation of Westmead Hospital Emergency Department (ED) as well as the establishment of WSLHD Quality Awards, presented by the NSW Minister for Health and Director General.

2013-14 will see the launch of a strategic plan that will build on WSLHD's achievements over the past eighteen months. The plan will incorporate each of the six strategic priority areas to support work aimed at improving services for all our patients. Our nurses, doctors, allied health, executive and support staff form the framework of our service, and we look forward to setting a new agenda for healthcare delivery for 2013 and beyond.

Danny O'Connor, Chief Executive

Key achievements 2012-13

- Commencement of construction works at Blacktown and Mount Druitt Hospitals (BMDH) Mount Druitt campus to include a new Urgent Care Centre expansion of the ED and the rehabilitation unit, and dental unit and additional imaging capacity.
- Researchers at Westmead Hospital and Westmead Millennium Institute were investigators on 27 awarded National Health and Medical Research Council (NHMRC) grants to commence in 2013. Westmead grants represented 23 per cent of the total number of grants awarded to the University of Sydney.
- A major redesign and renovation in Westmead Emergency was completed late 2012-13 to include four resuscitation bays, an upgrade of the Urgent Care Centre, the development of an Early Treatment Zone and a front-of-house redesign to facilitate a SAFE-T zone.
- February 2013 was an opportunity to acknowledge the significant contribution of A/Professor Ross Jeremy, after 43 years of dedicated service to Auburn Hospital and residents of the local area.
- Re-establishment of the Nursing and Midwifery Carers Program.
- Interdisciplinary critical response team training is the focus of the LHD's simulation centres at Blacktown and Westmead Hospitals. Over 10,000 teaching hours have been delivered in these facilities in 2012-13.
- For the first time, the Aboriginal Health Unit coordinated Aboriginal Health Tents as part of NAIDOC 2013, in partnership with Blacktown and Parramatta Councils, and Riverstone Neighbourhood Centre.
- In 2012, the inaugural WSLHD Quality Awards were established and awards were presented to winners in nine categories by the Minister for Health and the Director-General at the Annual Public Meeting at the end of 2012.
- A rehabilitation ward was completed in Westmead Hospital accommodating 19 patients. The Mental Health Telephone Access Service, the Community Acute Assessment and Treatment Service (CAATS) Education Program, the establishment of a district wide Vocational, Education, Training and Employment service, and the Carer Support Group Research Project were delivered in the reporting year.

FAR WEST
Local Health District

Morgan Street, Broken Hill
PO Box 457
Broken Hill NSW 2880

Telephone: (08) 8080 1469
Facsimile: (08) 8087 2997
Website: www.fwlhd.health.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Stuart Riley

Local government areas
Balranald, Broken Hill, Central Darling, Wentworth and the Unincorporated District

Public hospitals
Balranald, Broken Hill, Ivanhoe, Menindee, Wentworth, White Cliffs, Wilcannia, Tibooburra

Community health centres
Dareton Primary Health Care Services

Child and family health
Broken Hill, Dareton

Oral health clinics
Balranald, Broken Hill, Dareton, Ivanhoe, Menindee, Wilcannia

Other services
N/A

Demographic summary
Far West Local Health District (FWLHD) serves a total population of 30,099 people (ABS 2011 Census). The LHD has the lowest density of residents per square kilometre in the State; the population is dispersed across the second largest geographic area (194,949 square kilometres) of all LHDs in NSW.

The Aboriginal population represents 10.1 per cent of the total LHD population and is significantly higher than the NSW average of 2.5 per cent. This population is relatively young and reflects the lower life expectancy of Aboriginal people. Of the total LHD population, 91.1 per cent are from an English speaking background. The Far West LHD incorporates the LGAs of Broken Hill, Central Darling, Unincorporated Far West, Wentworth and Balranald.

Year in review
Considerable focus has been placed on developing a more positive culture within the organisation and the preliminary results of the YourSay survey, along with feedback from staff, suggest benefits are beginning to accrue in terms of morale, reduced workplace injuries and increasing willingness to take responsibility for improving the environment and services.

Systems established in the previous year to promote financial control and decision making at the activity centre level began to have an impact, though considerable support is still required for frontline managers to confidently take control and responsibility for the operation of their units. The introduction of a leadership program involving most frontline managers and the LHD's executive team, training around budgeting and financial management and ongoing support are all designed to increase front line managers capacity to respond to increased responsibility.

FWLHD performed well against its Service Agreement with the Ministry of Health, meeting its National Emergency Access Target and also the National Elective Surgery Target while performing well in terms of budget.

The establishment of the Medical Workforce Strategy and its implementation began to pay dividends with three medical intern placements being approved and the first team of interns to be based in Broken Hill commencing in June, after an absence of over 20 years.

Dr Stephen Flecknoe-Brown retired from the role of Board Chairman to take on a new challenge as Chairman of the NSW Health Pathology Board.

In the past twelve months considerable progress has been made and services have been expanded and improved.

Stuart Riley, Chief Executive

Key achievements 2012-13

- Improvements in service delivery include the consistent achievement of the National Emergency Access Target and continually improving results to ensure that 90 per cent of patients attending our emergency departments are admitted or discharged within four hours by 2014-15.
- A comprehensive bed management and discharge planning system was re-introduced in Broken Hill.
- We achieved the lowest seclusion rate for mental health inpatients in NSW.
- A visiting medical and radiation oncology service was re-established.
- Local psychiatry cover seven days per week was introduced.
- Palliative care services were expanded to include a Cancer Services Coordinator.
- The emergency department at Ivanhoe was redeveloped.
- The Mental Health Recovery Centre and Sub-acute Rehabilitation Unit was completed.
- Consumer and carer engagement improved. This included the consolidation of the Intangible Project to support carers of people experiencing a mental illness. This project also won numerous awards and a special judge's award for the Carer Focus winner in the Australian and New Zealand Mental Health Service Achievement Awards.
- The Health Advisory Councils have been established and are now operating across the LHD.

HUNTER NEW ENGLAND

Local Health District

Lookout Road, New Lambton Heights
Locked Bag 1
New Lambton NSW 2305

Telephone: 4921 3000
Facsimile: 4921 4969
Website: www.hnehealth.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Michael DiRienzo

Local Government Areas

Armidale Dumaresq, Cessnock, Dungog, Glen Innes Severn, Gloucester, Great Lakes, Greater Taree, Gunnedah, Guyra, Gwydir, Inverell, Lake Macquarie, Liverpool Plains, Maitland, Moree Plains, Muswellbrook, Narrabri, Newcastle, Port Stephens, Singleton, Tamworth Regional, Tenterfield, Upper Hunter, Uralla, Walcha

Public Hospitals

Community hospitals: Bulahdelah, Dungog, Wilson Memorial (Murrurundi), Quirindi, Tenterfield Hospital, Tomaree (Nelson Bay), Wee Waa, Wingham

Rural referral hospitals: Armidale, Maitland, Manning (Taree), Tamworth

Tertiary referral hospitals: John Hunter (includes Royal Newcastle Centre), John Hunter Children's Hospital, Calvary Mater Newcastle

District hospitals: Belmont, Cessnock, Glen Innes, Gloucester Soldiers Memorial, Gunnedah, Inverell, Kurri Kurri, Moree, Muswellbrook, Narrabri, Scott Memorial (Scone), Singleton

Multi-purpose Services: Manilla, Barraba, Bingara, Boggabri, Denman, Emmaville, Guyra, Merriwa, Tingha, Walcha, Warialda, Werris Creek

Mental health services

Three mental health facilities: Mater Mental Health Services (Waratah), James Fletcher (sub-acute), Morisset Hospital

Five inpatient mental health services at: Maitland, Tamworth, Manning, Armidale and John Hunter Hospitals

Public nursing homes

Hillcrest Nursing Home – Gloucester, Kimbarra Lodge Hostel – Gloucester, Muswellbrook Aged Care Facility, Wallsend Aged Care Facility

Community health centres

Armidale, Ashford, Barraba, Beresfield, Bingara, Bogabilla, Boggabri, Bulahdelah, Bundarra, Cessnock, Denman, Dungog, Eastlakes (Windale), East Maitland, Emmaville, Forster, Glen Innes, Gloucester, Gunnedah, Guyra, Gwabegar, Harrington, Hawks Nest/Tea Gardens, Inverell, Kurri Kurri, Manilla, Merriwa, Moree, Mungindi, Murrurundi, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Nundle, Pilliga, Premer, Quirindi, Raymond Terrace, Scone, Singleton, Stroud, Tambar Springs, Tamworth, Taree, Tenterfield, Tingha, Toomelah, Toronto (Westlakes), Uralla, Walcha, Walhallow, Wallsend (West Newcastle), Warialda, Wee Waa, Werris Creek , Western Newcastle (Wallsend), Westlakes (Toronto)

Child and family health

Anna Bay, Barraba, Belmont, Charlestown, Denman Edgeworth, Greta, Gunnedah, Hamilton, Kotara, Lambton, Mallabula, Manilla, Maryland, Medowie, Merriwa Morisset, Murrurundi Muswellbrook Newcastle, Quirindi, Raymond Terrace, Scone Singleton, Stockton, Tamworth, Tomaree, Toronto, Wallsend, Walcha, Waratah, Windale, Wingham

Oral health clinics

Armidale, Barraba, Beresfield, Cessnock, Forster, Glen Innes, Gunnedah, Inverell, Maitland, Moree, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Scone, Singleton, Stockton, Tamworth, Taree, Toronto, Tenterfield, Wallsend, Windale, Walcha

Affiliated Health Organisations

Calvary Mater Newcastle

Other services

Hunter New England Local Health District (HNELHD) has seven clinical networks (comprising 31 clinical streams) to link staff across the district, build staff capacity and improve service delivery to ensure the equitable provision of high quality, clinically effective care. The seven Clinical Networks are Aged Care and Rehabilitation, Children Young People and Families, Cancer, Women's Health and Maternity, Mental Health and Drug and Alcohol, Critical Care, and Chronic Disease

Demographic summary

HNELHD provides a range of public health services to the Hunter, New England and Lower Mid North Coast regions.

Hunter New England Health provides services to 873,741 people, including 38,552 Aboriginal and Torres Strait Islander people (which equates to 21 per cent of the state's Aboriginal and Torres Strait Islander population), 171,868 residents who were born overseas, employs 15,395 staff including 1568 medical officers, is supported by 1600 volunteers, spans 25 local government areas and is the only district in New South Wales with a major metropolitan centre, a mix of several large regional centres, many smaller rural centres and remote communities within its borders.

Our Chief Executive, Michael DiRienzo, and the Executive Leadership Team work closely with the local health district Board to ensure our services meet the diverse needs of the communities we serve.

Year in review

HNELHD is committed to improving the health outcomes of the communities we serve.

In the past financial year our skilled and dedicated employees continued their hard work and commitment to delivering excellence for every patient every time.

Our focus has been the changing face of healthcare, incorporating modern technology and enhancing our services so that we are equipped to deal with challenges. We also focussed on strengthening our links with Hunter and New England Medicare Locals.

Expanding our use of telehealth technology is improving access and equity of service for people in our rural communities. Pilots and projects across a number of clinical streams are providing both clinical and emotional support to patients, removing the need to travel long distances for face-to-face consultations.

Our commitment to providing appropriate services to our community closer to home has been further boosted with the completion of the North West Cancer Centre. For residents of Tamworth and the northwest, this means they can now receive chemotherapy and radiation treatment closer to home.

Accommodating for the future needs of our District is a key focus with a number of major projects beginning this financial year.

The Hunter Valley Health Services Planning Project is dedicated towards improving services for the community. A comprehensive consultation process is ensuring the people of Maitland and Hunter Valley are fully engaged when it comes to planning for their future health needs.

Through our talented and dedicated staff, our commitment to excellence, robust systems and strong partnerships we look forward to delivering the results of these projects in the year ahead

Michael DiRienzo, Chief Executive

Key achievements 2012-13

- Planning and consultations for clinical services began and an expression of interest was issued for land for the proposed new hospital in the Maitland area.
- Developed a tertiary hospital and regional interventional stroke service based at John Hunter Hospital.
- Expanded the use of telehealth services across the district.
- Opened a mental health drop-in clinic in Quirindi to support and empower Aboriginal people to talk about their mental health.
- Became a registered training organisation, meaning HNELHD is now a registered provider of vocational education and training within the Australian Qualifications Framework. A group of 39 managers across the district will be the first to attain the Diploma of Management – Lead for Excellence.
- Opened the new $11.2 million Werris Creek Multi-Purpose Service supporting modern, evidence-based models of care such as the use of telehealth technology.
- Began construction on the centrepiece $220 million Tamworth Health Service Redevelopment which will provide new facilities for essential services including emergency, surgery, maternity and paediatrics.
- Completed construction of the $41.7 million North West Cancer Centre and began chemotherapy services.
- Opened two paediatric palliative care rooms at Manning and Maitland Hospitals with the support of the Nicholas Trust and Newcastle Permanent Charitable Foundation.
- Received $500,000 for cochlear implant funding allowing 14 additional implants at John Hunter Children's Hospital between July and December.

MID NORTH COAST

Local Health District

Morton Street, Port Macquarie
PO Box 126
Port Macquarie NSW 2444

Telephone: 1800 726 997
Facsimile: 6588 2947
Website: www.mnclhd.health.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Stewart Dowrick

Local government areas

Coffs Harbour, Bellingen, Kempsey, Nambucca, Port Macquarie Hastings

Public hospitals

Bellinger, Coffs Harbour, Dorrigo Multi Purpose Service, Kempsey, Macksville, Port Macquarie, Wauchope

Public nursing homes

Dorrigo Residential Aged Care (H709) 14 High Care beds, seven Low Care beds

Community health centres

Bellingen, Camden Haven, Coffs Harbour, Dorrigo, Kempsey, Macksville, Port Macquarie, South West Rocks, Wauchope, Woolgoolga

Child and family health

There are no tertiary level facilities in Mid North Coast Local Health District (MNCLHD), so these services have to be sourced from other partners. John Hunter Children's Hospital is the tertiary facility for MNC LHD children's services, with the exception of some quaternary services that are provided at Sydney and Westmead Children's Hospitals.

Oral health clinics

Coffs Harbour, Kempsey, Laurieton, Port Macquarie, Wauchope

Other services

Aboriginal Health, Cancer Services, Drug and Alcohol, Mental Health, Public Health, Sexual Health, Violence, Abuse, Neglect and Sexual Assault

Demographic summary

MNCLHD covers an area of 11,335 square kilometres which extends from Port Macquarie Hastings local government area in the south to Coffs Harbour local government area (LGA) in the north. At the 2011 census, it was estimated that there were 200,404 persons in MNCLHD, of which 5 per cent identified as being of Aboriginal and/or Torres Strait Islander descent.

MNCLHD provides quality health care at public hospitals in Bellingen, Coffs Harbour, Dorrigo, Kempsey, Macksville, Port Macquarie and Wauchope. There are ten Community Health Centres in the District which are located at Bellingen, Camden Haven, Coffs Harbour, Dorrigo, Kempsey, Macksville, Port Macquarie, South West Rocks, Wauchope and Woolgoolga.

Year in review

During the past year the Mid North Coast Local Health District (MNCLHD) continued to oversee capital work projects in excess of $210 million, the largest capital investment in health services on the Mid North Coast (MNC). The capital works at Port Macquarie Base Hospital (PMBH) is nearing completion and Kempsey District Hospital (KDH) is progressing well, along with planning for a $1.5 million HealthOne Community Health Centre at Nambucca Heads. The 2012-13 financial year saw the opening of a new $1.9 million Acute Geriatric Evaluation and Management Unit at PMBH and a $1.4 million Emergency Medical Unit at Coffs Harbour Health Campus. The Rural Dental Van service was launch in December 2012 and will provide a dental service to clients in 33 Residential Aged Care Facilities across the MNC.

The MNCLHD achieved its budget target and continued to make improvement in services for the community. Our staff continue to work tirelessly in meeting the growing demand of services and ensuring the MNCLHD meets its budgetary expectations.

The District strengthened its commitment to local Closing the Gap Committees which are leading the way in providing quality clinical outcomes for our Aboriginal and Torres Strait Islander communities.

The MNCLHD also focused on innovation and service planning initiatives, work commenced on the Strategic Plan, Workforce Plan, Mental Health Strategic Plan, Operational Plan and Clinical Services Plan. These plans will provide a clear strategic direction for the growing population of the Mid North Coast.

The MNCLHD established a number of formal partnerships in 2012/13 with the four local universities. The MNCLHD also established a partnership with the North Coast Medicare Local with the Regional Health Systems Reform Partnership. In Partnership with Charles Sturt University, the MNCLHD will be establishing a Rural Dental School on the Mid North Coast.

The District is very grateful to its 450 volunteers who work tirelessly to support not only our patients and clients but our staff by assisting in our emergency departments, supporting patients and their families and fundraising for equipment.

Stewart Dowrick, Chief Executive

Key achievements 2012-13

- Continued to oversee the largest capital program for sites on the North Coast, with new developments totalling over $210 million occurring at all sites or regions.
- Significant improvement recorded in regards to National Surgical Target with improvements of 22 per cent for category A, 14 per cent for B, 13 per cent for C. The MNCLHD has improved by 12 per cent the number of people treated within clinically appropriate time and 20 per cent compared to two years ago, and unplanned readmissions were reduced to 7.1 per cent.
- MNCLHD continued its working partnership with regional universities which resulted in continued progress in regards to the Joint Health Education Campus in Port Macquarie with UNSW and the University of Newcastle. Experienced the largest intake of new Nurse Graduates (58) and Medical Interns (32).
- Achieved the state Close the Gap employment target of 2.6 per cent up from 1.8 per cent and is now working towards a regional target of 5 per cent.
- Reduced the number of workers compensation claims by 22 per cent.
- Investing around $1 million replacing 300 beds.
- Completed the Strategic Directions Plan, and the draft clinical, mental health, maternity and workforce plans.
- Accepted into the Clinician Executive Leadership Program, Whole of Hospital and Health Pathways program and signed up to be a participant in the Clinical Excellence Commission (CEC) Patient Based Challenge program.
- Introduced a new community participation and engagement model.

MURRUMBIDGEE

Local Health District

Johnston Street, Wagga Wagga
Locked Bag 10
Wagga Wagga NSW 2650

Telephone: 6933 9100
Facsimile: 6933 9188
Website: www.mlhd.health.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Susan Weisser

Local government areas

Albury, Berrigan, Bland, Carrathool, Conargo, Coolamon, Cootamundra, Corowa, Deniliquin, Greater Hume, Griffith, Gundagai, Harden, Hay, Jerilderie, Junee, Lachlan, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut, Urana, Young, Wagga Wagga and Wakool

Public hospitals

Wagga Wagga, Griffith

Health services: Albury, Barham, Cootamundra, Corowa, Deniliquin, Finley, Gundagai, Hay, Hillston, Leeton, Murrumburrah-Harden, Narrandera, Temora, Tocumwal, Tumut, Wyalong, Young

Multi purpose service: Batlow, Berrigan, Boorowa, Coolamon, Culcairn, Henty, Holbrook, Jerilderie, Junee, Lake Cargelligo, Lockhart, Tumbarumba, Urana

Public nursing homes

Carramar – Leeton, Norm Carroll Wing – Corowa, Harry Jarvis – Holbrook, Harden

Community health centres

Adelong, Albury, Ardlethan, Barellan, Barmedman, Coleambally, Darlington Point, Mathoura, Moama, Moulamein, Tarcutta, The Rock, Tooleybuc, Ungarie, Weethalle

Oral health clinics

Albury, Berrigan, Cootamundra, Deniliquin, Griffith, Hay, Hillston, Junee, Leeton, Narranderra, Temora, Tumbarumba, Tumut, Wagga Wagga, West Wyalong, Young

Affiliated Health Organisations

Mercy Health – Albury and Young

Other services

South West Brain Injury Service, Albury Nolan House Acute Mental Health Inpatient Services, Albury Community Mental Health/Drug & Alcohol Services

Demographic summary

Murrumbidgee Local Health District (MLHD) covers an area of 125,561 square kilometres and in 2010 had an estimated population of 297,476 people. The population is projected to grow to about 307,000 by 2031. This represents a slow growth rate compared to NSW figures. There are four main areas of population density at Albury, Deniliquin, Griffith and Wagga Wagga, which is NSW's largest inland centre with a population of about 60,000. The main health issues for MLHD are an ageing population, Aboriginal health, overweight/obesity, alcohol consumption, smoking, cardiovascular disease, injury and mental health. Much of the regional industry is related to agriculture however there is also a variety of businesses and industrial enterprises including government departments, defence, universities, forestry and tourism. MLHD significantly contributes to communities being a preferred employer across a range of clinical and non-clinical roles.

Year in review

Work progressed on the Wagga Wagga Health Service Redevelopment project which will see the redevelopment of the acute areas of the hospital along with a new, expanded mental health facility. In addition the new multi-purpose service (MPS) facility for Gundagai was completed and services commenced in October. Progress on the upgrade of Lockhart Hospital to an MPS and planning for a new MPS for Hillston are examples of development of services in our smaller rural communities.

MLHD continues to have a strong focus on health promotion and public health and provides a comprehensive range of services in these areas.

In 2012-13 community consultations were held across the District to seek comments and views about future renal dialysis, maternity, rehabilitation and aged care services. The feedback assisted in the development of new service plans which will ensure safe, sustainable models of care.

Community engagement remains a focus with the Local Health Advisory Committee workshops held with the themes of health promotion, illness prevention and improved community and consumer engagement.

Efforts continue to promote MLHD as a great place to live and work to ensure we have a skilled and sustainable workforce for the future. We welcomed the findings of the first NSW Public Sector Employee Survey, People Matter, with MLHD consistently performing better than its health and other public sector peers in leadership, management of change, innovation, involving employees in decision-making, values, communication and career development.

Susan Weisser, Chief Executive

Key achievements 2012-13

- Work progressed on the $282.1 million redevelopment of the Wagga Wagga Health Service. A further $12 million has been allocated from the Australian Government under the COAG New Sub-acute Beds Guarantee for 20 sub-acute mental health beds. Other capital works projects include completion of the $13 million Gundagai MPS funding for the $12 million Hillston MPS and work commencing on the $8 million redevelopment of Lockhart Hospital.
- MLHD launched a Strategic Plan for 2012-15 in consultation with consumers, staff, health professionals and other stakeholders and closely aligns to the State's key strategic direction for public health.
- Community consultations were held to assist in the development of new service plans for renal dialysis, maternity, rehabilitation and aged care services.
- MLHD continues to improve medical and nursing recruitment and reduce the reliance on locum staff. Permanent nursing vacancies have reduced by two thirds and a proactive local medical recruitment campaign to reduce the use of locums at Griffith Base Hospital has resulted in an almost 100 per cent local permanent medical workforce.
- Twenty entries were received for the Staff Excellence Awards with eight entries selected for entry into the 2012 NSW Health Awards. MLHD continues to perform strongly in hand hygiene compliance, with the rate consistently above 80 per cent. MLHD has high rates of completion of the DETECT training program, part of the Between the Flags initiative aimed at detecting and responding to clinical deterioration in a timely manner for our patients.
- An Aboriginal immunisation health care worker was employed to improve the timely vaccination of Aboriginal babies and children. The MLHD school-based vaccination program offered Human Papilloma Vaccine (HPV), hepatitis B, varicella and diphtheria/tetanus/pertussis (Boostrix) vaccine to over 5890 eligible school children in 72 schools, with over 80 per cent initial uptake for the HPV and Boostrix vaccine in year 7 and greater than 70 per cent uptake for HPV in year 9 students.
- A new $720,000 Maternity Unit at Deniliquin Hospital opened in May 2013 which supports the new midwifery-led model of care supported by local GP Obstetricians.
- Enrolments in the Connecting Care in the Community chronic disease management program have increased with over 600 new participants in 2012-13 and 1,300 people currently enrolled in the program.

NORTHERN NSW

Local Health District

Hunter Street, Lismore
Locked Mail Bag 11
Lismore NSW 2480

Telephone: 6620 2100
Facsimile: 6621 7088
Website: www.ncahs.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Chris Crawford

Local government areas

Ballina Shire, Byron Shire, Clarence Valley, Kyogle Shire, Lismore City, Richmond Valley and Tweed Shire

Public hospitals

Ballina District, Byron District, Casino & District Memorial, Grafton Base, Lismore Base, Maclean District, Mullumbimby & District War Memorial, Murwillumbah District, The Tweed Hospital, Kyogle Memorial Multi Purpose Service (MPS), Nimbin MPS, Urbenville MPS and Bonalbo Health Service

Community health centres

Alstonville, Ballina, Bangalow, Banora Point, Bonalbo, Byron, Casino, Coraki (operates 2-3 days per week), Evans Head, Grafton, Iluka, Kingscliff, Kyogle Lismore (Adult), Maclean, Mullumbimby, Murwillumbah, Nimbin, Tweed Heads, Urbenville

Child and family health

Lismore, Goonellabah Child and Family Services Child and Family Services are provided across the District at NNSWLHD Community Health Centres

Oral health clinics

Ballina, Casino, East Murwillumbah, Goonellabah, Grafton, Maclean, Mullumbimby, Nimbin and Tweed Heads

Other services

Aboriginal Health, BreastScreen, Cancer Services, Aged Care and Rehabilitation, Public Health, Mental Health and Drug and Alcohol, Sexual Health, Sexual Assault, Women's Health

Demographic summary

Northern NSW LHD (NNSWLHD) is one of the fastest growing rural and remote LHDs in NSW. In 2011, the estimated population was 288,384. Over the next decade to 2021 the population of NNSWLHD is expected to grow by 18 per cent.

The NNSWLHD has a higher proportion of young mothers, with 6.1 per cent of women giving birth at less than 20 years of age. In 2011 the Aboriginal population comprised 3.8 per cent of the population.

The proportion of people aged 65 years and over is increasing. In 2011, this cohort comprised 19.3 per cent of the total LHD population.

The number of people aged 85 years and over is significant from a health needs perspective. This group is projected to be the most rapidly growing population segment for the next 25 years.

Year in review

NNSW LHD has one of the fastest growing and ageing populations in rural NSW and faces significant challenges over the next five years. This requires new models of care, especially relating to chronic disease management.

The North Coast Interdisciplinary Clinical Training Network was established and is a Health Workforce Australia funded initiative being administered by Health Education and Training Institute with the aim of increasing the number of health professionals to meet the future workforce requirements.

The LHD has implemented a positive Workplace Culture program and encourages staff to attend cultural awareness sessions to promote tolerance, respect and understanding of different cultures, particularly the Aboriginal culture. As a consequence, the feedback from staff through the Your Say survey has improved.

In December 2012 we opened the $13.7 million Medical Imaging Centre which accommodates the Positron Emission Tomography/Computed Tomography Scanner (PET/CT) scanner and a Magnetic Resonance Imaging (MRI) scanner. This equipment was funded by both Commonwealth and state governments and provides the highest level of diagnostic technology available in regional NSW.

Activity Based Funding (ABF) was introduced on 1 July 2012. The introduction of the National Emergency Access Target (NEAT) and the National Elective Surgery Target (NEST) brought new challenges for our Clinicians and Managers. It is a tribute to their hard work and collaboration that both the NEAT and NEST results met these targets.

My sincere thanks go to all staff both clinical and non-clinical for providing high quality services to our patients and clients. To the Board Members and the many community volunteers and the wonderful Hospital Auxiliaries I offer a very big thank you for the time they commit to support the LHD and for the funds that the Auxiliaries and other support groups raised.

Christopher Crawford, Chief Executive

Key achievements 2011-12

- Ballina Clinical Education and Student Accommodation on the Ballina Hospital grounds at a cost of $4.1 million were completed in June 2013.
- Grafton Base Hospital Medical Imaging, Kitchen and Orthopaedic Beds at $10 million was completed and opened in December 2012.
- Lismore Base Hospital MRI & PET/CT Scanner and Second Linear Accelerator at $13.7 million was completed and opened in December 2012.
- The Tweed Hospital Day Procedures Room at $1.4 million was completed in December 2012.
- Pottsville HealthOne at $3.7 million was completed in March 2013 is a one-stop-shop of health services with a General Practitioner, Community & Allied Health Services and a Dental Clinic.

- Work commenced on the Lismore Base Hospital Stage 3A $80 million redevelopment. This is a joint initiative of the state and federal governments.
- An alliance was formed between the Clinical Excellence Commission Directorate of Patient Base Care Partnering with Patient's Program and staff from Nimbin, Kyogle and Urbenville MPS to implement TOP5 initiative across the LHD. The aim is to improve safety and quality of care delivery for hospitalised patients with cognitive impairment, particularly those with dementia.
- Rural Clinician Education commenced with a mobile simulation transport van that is specifically fitted out to carry a high fidelity Sim Man 3G, Sim Junior, nursing baby mannequins and other life-saving equipment, to deliver essential clinical training skills to clinicians in smaller facilities in the LHD.
- A joint initiative was established between North Coast Medicare Local, North Coast General Practice Training and the LHD to establish a Palliative Care GP Registrar Pilot Program.
- Mullumbimby and District War Memorial Hospital has successfully implemented a Home Birth Pilot which received positive feedback from the women who participated in this pilot program.
- Strong partnerships have been developed between NNSWLHD and North Coast Medicare Local especially in collaboration with the local Family and Community Services Cluster to provide more integrated services to vulnerable members of the community.

SOUTHERN NSW

Local Health District

Queanbeyan Hospital Campus,
Collette St, Queanbeyan
PO Box 1845
Queanbeyan NSW 2620

Telephone: 6213 8336
Facsimile: 6213 8444
Website: www.snswlhd health.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Dr Maxwell Alexander

Local government areas

Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Greater Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan, Yass Valley

Public hospitals

Batemans Bay, Bega, Cooma, Crookwell, Goulburn, Kenmore, Moruya, Pambula, Yass, Queanbeyan Multi Purpose Services: Bombala, Braidwood, Delegate Health Services: Bourke Street

Community health centres

Bega Valley (Eden, Pambula, Bega Community Health Centre), Cooma, Crookwell, Eurobodalla (Narooma, Moruya, Batemans Bay), Goulburn (Goulburn, Marulan and Gunning – community owned), Jindabyne, Queanbeyan (Queanbeyan, Karabar, Jerrabomberra, Bungendore), Yass

Child and family health

Child and Family Services are provided from all Community Health Centres within SNSWLHD

Oral health clinics

Cooma, Goulburn, Moruya, Pambula, Karabar (Queanbeyan), Yass

Other services

Brain Injury Unit, Child, Infant and Family Tertiary Service

Demographic summary

The Southern NSWLHD (SNSWLHD) occupies the south-eastern corner of NSW, covering an area of 44,534km with a population of approximately 196,000 (June 2011) which is expected to grow to around 245,000 by 2026.

Projections to 2026 indicate the fastest growing age group will be those aged 65 years and over.

SNSWLHD extends from the South Coast and Southern Tablelands, across the Great Dividing Range and the Snowy Mountains and mostly surrounds the Australian Capital Territory.

SNSW LHD contributes significantly to communities, employing around 1780 full-time equivalent staff. In the 2011 Census about 5500 LHD residents, 2.9 per cent of the population identified as Aboriginal and/ or Torres Strait Islander.

Year in review

Across the 2012-13 year SNSWLHD made significant progress against its strategic plan which is an ambitious work program requiring teamwork and partnership between the Health District's Board and Executive team, clinicians, corporate support services, patients, communities and service partners.

In terms of patient care, SNSWLHD delivered on activities outlined in its Service Agreement with the NSW Ministry of Health. Importantly this has been done within the financial resources available to it under the Service Agreement.

There is also evidence of clear improvement in the Health District's capability to lead community and institutional change. SNSWLHD has worked consistently and effectively across the year to ensure credibility with its key stakeholders and communities. Community Consultation Committees have been re-established and care has been taken to be responsive to individual concerns and complaints.

Dr Maxwell Alexander, Chief Executive

Key achievements 2012-13

- SNSWLHD delivered all activities within budget.
- The LHD delivered all the agreed activities as outlined in its Service Agreement with the NSW Ministry of Health.

- In the 2013 Your Say workplace survey SNSWLHD outperformed all its NSW Health peers. The survey showed that SNSWLHD experienced a significant improvement in its employee engagement to 82 per cent compared with 59 per cent in the previous year. Workplace culture results showed a substantial improvement compared in last year's results.
- SNSWLHD continued to improve community relationships with a plan designed by the SNSWLHD Board. Community Consultation Committees have been introduced and the SNSWLHD has strengthened partnerships with communities and key stakeholders.
- Expansion of the Goulburn Chisholm Ross mental health facility was completed during the year. The newly expanded facility includes 12 additional inpatient beds.
- Work on a new sub-acute ward at Goulburn Hospital was completed at the end of the year. The new sub-acute ward includes 20 inpatient beds and is connected to the main hospital complex.
- Pre-work for the development of a new 20 bed sub-acute ward at Moruya Hospital commenced in 2012-13. It is anticipated the new ward will be completed in mid-2014.
- Construction of the early works for the new South East Regional Hospital were completed during the year and an official sod-turning for the site was held in April 2013

WESTERN NSW

Local Health District

23 Hawthorn Street, Dubbo
PO Box 4061
Dubbo NSW 2830

Telephone: 6841 2222
Facsimile: 6841 2225
Website: www.wnswlhd.health.nsw.gov.au
Business Hours: 8.30am – 5.00pm, Monday to Friday
Chief Executive: Mr Scott McLachlan

Local government areas

Bathurst Regional, Blayney, Bogan, Bourke, Brewarrina, Cabonne, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan (minus Lake Cargelligo), Mid-Western Regional, Narromine, Oberon, Orange, Parkes, Walgett, Warren, Warrumbungle, Weddin, Wellington

Public hospitals

Health Services: Bathurst, Canowindra, Cobar, Condobolin, Coonabarabran, Cowra, Dubbo, Lachlan (incorporating Forbes and Parkes Health Services), Molong, Mudgee, Narromine, Orange, Bloomfield Campus incorporating Bloomfield Mental Health Service, Peak Hill, Walgett, Wellington

Multi Purpose Health Services: Baradine, Blayney, Bourke, Brewarrina, Collarenebri, Coolah, Coonamble, Dunedoo, Eugowra, Gilgandra, Grenfell, Gulargambone, Lightning Ridge, Nyngan, Oberon, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Warren

Public nursing homes

Peg Cross Memorial Nursing Home – State Funded Nursing Home located with Walgett Health Service

Community health centres

Baradine, Bathurst, Binnaway, Blayney (HealthOne), Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Condobolin, Coolah, Coonabarabran, Coonamble (HealthOne), Cowra, Cudal, Cumnock, Dubbo (located in Hawthorn, Brisbane and Bultje Streets), Dunedoo, Eugowra, Gilgandra, Goodooga, Gooloogong, Grenfell, Gulargambone, Gulgong (HealthOne), Hill End, Kandos, Lachlan Health Service (Parkes and Forbes), Lightning Ridge, Manildra, Mendooran, Molong (HealthOne), Mudgee, Narromine, Nyngan, Oberon, Orange (located within Hospital and at Kite Street), Peak Hill, Quandialla, Rylstone (HealthOne), Sofala, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington, Woodstock, Yeoval

Child and family health

Child and Family Health Nurse services are provided at the following Community Health Centres: Baradine, Bathurst, HealthOne Blayney, Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Condobolin, Coonabarabran, HealthOne Coonamble, Cowra, Cudal, Dubbo, Dunedoo, Eugowra, Lachlan Health Service (Parkes and Forbes), Gilgandra, Goodooga (provided by Lightning Ridge), Grenfell, Gulargambone, HealthOne Gulgong, Kandos, Lightning Ridge, HealthOne Molong, Mudgee, Narromine, Nyngan, Oberon, Orange – Bloomfield Campus, Peak Hill, HealthOne Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington

Other programs and service arrangements relating to child and family health include: Statewide Eyesight Preschool Screening (StEPS) Program, Statewide Infant Screening – Hearing (SWISH) Program, Aboriginal Otitis Media Program.

Aboriginal Maternal and Infant Health Strategy (AMIHS) is located in the following cluster sites: Orange/Bathurst/Cowra/Oberon/Blayney (with a service agreement with Orange AMS), Dubbo, Narromine, Parkes/Forbes/Peak Hill, Bourke/Brewarrina, Gulargambone/Gilgandra, Warren, Condobolin

Aboriginal Maternal Infant Health Service – Mental Health Drug and Alcohol program with three-year funding from the NSW Ministry of Health, provided from Dubbo and Walgett.

Oral health clinics

Oral Health Clinics with permanent staffing include: Bathurst, Cowra (Child), Dubbo, Forbes (Child), Mudgee, Orange, Parkes

Visiting public Oral Health Clinics and other oral health services arrangements provided in the LHD occur at the following: Blayney Child Dental Van at Blayney Public School, Cobar Child Dental Clinic at Cobar Health Service, Condobolin Dental Clinic at Condobolin Health Service, Cowra Hospital Dental Clinic (Adult Assessments), Dunedoo MPS Dental Clinic (Private Practitioner use), Gilgandra MPS Dental Clinic (visiting public service and Private Practitioner use), Lightning Ridge MPS Dental Clinic (Service provided by Royal Flying Doctor Service & Private Practitioner use),

Goodooga Dental Room at Goodooga Primary Care Centre (service provided by Royal Flying Doctor Service), Collarenebri Dental Room at Collarenebri MPS (Service provided by Royal Flying Doctor Service), Nyngan Child Dental Clinic (provided at Nyngan Public School), Rylstone Dental Clinic at HealthOne Rylstone, Tottenham MPS Dental Clinic, Trundle Dental Clinic (fixed Dental Van) at Trundle Central School, Wanaaring Dental Clinic (service provided by Royal Flying Doctor Service), Wellington Health Service Dental Clinic

Non-Western NSW Local Health District (WNSWLHD) clinics utilised by WNSWLHD Oral Health Staff include: Bourke Aboriginal Health Service Dental Clinic, Walgett Aboriginal Medical Service Dental Clinic, Coonamble Aboriginal Medical Service Dental Clinic, Brewarrina Shire Dental Clinic (if required)

Affiliated Health Organisations

Lourdes Hospital and Community Services – Dubbo, St Vincent's Hospital – Bathurst

Other services

Aboriginal Health, BreastScreen, Child Protection, Chronic Care, Community Nursing, Drug and Alcohol, Mental Health, Sexual Health, Violence, Abuse, Neglect and Sexual Assault, Brain Injury Rehabilitation Program, Aged Care Assessment Team, Women's Health

Demographic summary

The WNSWLHD serves a population of approximately 271,468 people (2011 estimated resident population). It covers a geographical area of 249,804 square kilometres including 23 local government areas (LGAs) and has a widely dispersed population and a higher proportion of Aboriginal people (9.4 per cent) than most other LHDs. Most of the population is concentrated in large cities and towns in the Bathurst Regional, Cabonne, Orange, Dubbo, Mid-Western Regional, Parkes, Forbes and Cowra LGAs. The population is ageing with a projected decline in the number of children and young families and young adults and a significant increase in the population aged 55 years and over. The largest projected increase is in people 70 years and over.

Year in review

WNSWLHD released a significant report on the health and well-being of the LHD.

The 2013 Health Needs Assessment (HNA) was a project by WNSWLHD and Western NSW and Far West NSW Medicare Locals to inform the planning for the District's Strategic Health Services Plan.

Some of the priority areas identified by the HNA are smoking, diabetes and obesity prevention, nutrition and exercise, mental health and well child care, particularly for Aboriginal children.

Significant capital investment into the LHD provided many highlights during the year including:

Dubbo Hospital redevelopment – Construction began on the Dubbo Hospital redevelopment jointly funded with NSW Government providing $72.7 million and the Federal Government $7.1 million.

Lachlan Health Service project – The Lachlan Health Service project was allocated $2.3 million by the NSW Government to begin planning for the refurbishment of the Forbes Hospital and redevelopment of the Parkes Hospital.

Gulgong MPS – Construction commenced on the $7 million Gulgong MPS.

Peak Hill MPS – The development application for the Peak Hill MPS was lodged with the Parkes Shire Council.

Mr Scott McLachlan, Chief Executive

Key achievements 2012-13

- WNSWLHD partnered with the Western Medicare Local to develop a Health Needs Assessment of the LHD as part of the planning for the future Strategic Health Services Plan.
- The District hosted a Health Council Summit with representatives from 37 community Health Councils as part of its planning process for its Strategic Health Services Plan
- The $7.2 million Dubbo Mental Health Rehabilitation and Recovery Centre opened. It is a new mental health facility at Dubbo providing non acute mental health care services for people with a mental illness, their families and carers, with a strong focus on providing care for the Aboriginal and the remote population of the area.
- Aboriginal Maternal Infant Health Strategy – the Building Strong Foundations project established a community implementation committee with consumers, Aboriginal elders and service partners. The Aboriginal Maternal Infant Health Service has had a 25 per cent increase in client numbers.
- Patients at hospitals including Orange, Dubbo, Mudgee, Parkes, Forbes, Bathurst, Cowra, Coonabarabran and Bourke benefited from a $3 million endoscope equipment upgrade.
- The NSW Trachoma Screening Project screened 10 at risk communities across WNSW LHD with trachoma identified in one community. Planning is now underway to work with other LHDs to screen at risk communities.
- A partnership with the WNSW LHD and the Western NSW Medicare Local implemented the NSW Ministry of Health/ ACI Chronic Disease Management Program focusing on building relationships with care providers across acute and community settings, including General Practice to deliver coordinated care for patients with complex needs. The cohort of people studied recorded a 40 per cent (Aboriginal 46 per cent) reduction in potentially preventable hospital admissions.
- In Safe Hands, a Structured interdisciplinary Bedside Rounds project created transformational change to care delivery in the Orange Medical Unit. A statewide education program was held at Orange in June to educate staff from across the state on the model of care.
- The Sister Alison Bush AO Mobile Simulation Centre was rolled out to nursing staff across the District providing access to state of the art simulation training facilities and Nurse Educators.
- The new Aged Care Access Centre provides a hub for the WNSW LHD for referrals and information resulting in equity of access to services and more appropriate pathways for patients to meet their needs.

THE SYDNEY CHILDREN'S HOSPITALS NETWORK (RANDWICK AND WESTMEAD)

Locked Bag 4001
Westmead NSW 2145

Telephone: 9845 0000
Facsimile: 9845 3489
Website: www.schn.health.nsw.gov.au
Business Hours: 9.00am – 5.00pm, Monday to Friday
Chief Executive: Elizabeth Koff

The Sydney Children's Hospitals Network (SCHN) includes The Children's Hospital at Westmead, Sydney Children's Hospital at Randwick, the Newborn and paediatric Emergency Transport Service (NETS), the Pregnancy and Newborn Services Network (PSN) and Children's Court Clinic.

Year in review

The SCHN performed well against key Ministry of Health performance indicators during a year of increased activity and demand for services. This was reflected in results for emergency departments, Surgery, Quality and Safety and financial performance metrics.

We implemented the Activity Based Funding as part of the health reform agenda. The SCHN successfully completed the scheduled capital works and replacement program including construction of a $27.8 million clinical services building (the Ainsworth Building) at Sydney Children's Hospital, Randwick. Additional capital works implemented include $2.2 million for enhanced learning facilities at both tertiary hospitals funded by Health Workforce Australia and a $3.2 million expansion to the visitor car park at The Children's Hospital at Westmead, an additional Magnetic Resonance Imaging (MRI) machine and operating theatres with state of the art smart theatre equipment.

The Kids Cancer Alliance continued to enhance collaborations between clinicians and leading child cancer researchers and the Alliance is well positioned to progress extensive work to improve the outcomes and quality of life for children with cancer.

Risk management has been a key focus area throughout the organisation and staff were recognised with the Risk Leadership Award from the Treasury Managed Fund

We thank all SCHN Board members, the Executive team and all staff for their hard work, dedication and commitment. The work we do makes a difference to the lives of many children and families across NSW.

Elizabeth Koff, Chief Executive

Key achievements 2012-13

- Finalisation of the SCHN Clinical Services Plan marked a key milestone since the formation of the Sydney Children's Hospitals Network and will enable the organisation to develop consistent clinical practice across the two hospitals to improve health care with the sharing of expertise, policy and protocols.
- Trapeze, a new service developed to facilitate young people transitioning from paediatric care to the adult health system was introduced.
- The $27.8 million Ainsworth Building was completed at Sydney Children's Hospital, Randwick.
- Donor funding of $2.6 million enabled an upgrade to operating theatres at The Children's Hospital at Westmead to feature an integrated communication system allowing surgical teams to communicate between theatres as well as with observers remotely via teleconference.
- The Network finalised the 2013-16 Research Strategic Plan which provides the vision of a world leading entity for translational research in children and young people.
- The Memory Strategy was developed to guide Information Management & Technology improvements to create a complete clinical documentation system to record all aspects of paper records electronically, resulting in a single patient record view.
- The Network Clinical Education Plan will support the highly skilled workforce to continue to develop and for the future workforce to be sustained. Educational facilities were enhanced with a $1.6 million Student Learning Space co-located with the new simulation centre at Sydney Children's Hospital, Randwick.
- Newborn and Paediatric Emergency Transport Service trialled Vision for Life, where video is included on calls from referring hospitals. A Return Transfer Service in Sydney was trialled offering transfer for babies and children back to their referring hospital.
- The Kids Can Drown Without a Sound portable pool safety campaign, designed for English and non-English speaking community groups, won two government category awards at the 2013 Multicultural Health Communication Awards.

JUSTICE HEALTH & FORENSIC MENTAL HEALTH NETWORK

PO Box 150
Matraville NSW 2036

Telephone: 9700 3000
Facsimile: 9700 3774
Website: www.justicehealth.nsw.gov.au
Business Hours: 8.00am – 5.00pm, Monday to Friday
Chief Executive: Julie Babineau

The Justice Health & Forensic Mental Health Network (JH&FMHN) fulfils a valuable role in improving the health status of those who come into contact with the forensic mental health system and the criminal justice systems, across community, inpatient and custodial settings, while also minimising the health consequences of incarceration on individuals, their families and the general community.

Year in review

In 2012-13 the adult population increased from the previous year while the adolescent population slightly decreased. The incidence of chronic disease and co-morbidities continue to increase reflecting the poorer health status of people entering custody and creating new challenges for JH&FMHN. These challenges have provided opportunities to develop new innovative models of care and enhance partnerships with our key stakeholders Corrective Services NSW and Juvenile Justice to improve access to patients and ensure the provision of world-class healthcare to our unique and vulnerable populations.

In collaboration with the Ministry of Health and LHDs, JH&FMHN continued the development of the Forensic Mental Health Network, with efforts focused on development of clinical governance arrangements, an accountability framework and improvements in patient flow systems.

Service Level Agreements were established with Western Sydney, Western NSW and Hunter New England LHDs regarding Forensic Patients in Medium Secure Units. A second Service Level Agreement should be finalised early 2014 in relation to Forensic Patients under the care of General Mental Health Inpatient Units and Community Teams; and high risk civil patients.

The continued high quality of care provided to our patients is a credit to all staff and I convey my appreciation to all for their hard work and dedication.

Julie Babineau, Chief Executive

Key achievements 2012-13

- We welcomed the appointment of Christopher Puplick AM as the new Chair of the JH&FMHN Board effective 1 September 2012 by the Minister for Health, Minister for Medical Research
- The 2013-17 strategic plan was launched by the Chair of the JH&FMHN Board on 22 April 2013.
- Results for the 2012-13 reporting year were favourable to budget and we performed well against key Ministry of Health performance indicators.
- The first Service Level Agreement was established with Hunter New England, Western Sydney and Western NSW LHDs in relation to the care of forensic patients in the state's three medium secure mental health units.
- We commissioned the opening of a new health centre at the Cessnock Correctional Centre.
- The Connections Program won joint first prize in the 2013 National Drug and Alcohol Awards in the Category of Excellence in Treatment and Support Services. To win the Award was a great achievement as Connections is only the second NSW health based service to receive the Award.
- We received the Injury Management Award at the 2012 Treasury Managed Funds Awards for Excellence for 'The Power of One – Achieving Better Outcomes in Injury Management' which focused on reducing our injury footprint and improving outcomes for employees.
- The Aboriginal Chronic Care Program was assessed by 951 patients in 2012-13.
- The Statewide Court & Community Liaison Service diverted 1,743 adults to community mental health services.
- There were 500 adolescent patients with mental illness diverted from court into treatment by the Adolescent Court and Community Team.
- In 2012-13 there was a 44 per cent increase in the number of participants supported by the Network's Connections Program; 87 per cent were successfully engaged with relevant community based services post release. The Connections Program aims to improve continuity of care for patients with drug and alcohol issues.
- Continued the implementation of the Culture Improvement Project: Focusing on Care through local action plans.

ST VINCENT'S HEALTH NETWORK

390 Victoria Street,
Darlinghurst NSW 2010

Telephone: 8382 1111
Facsimile: 9332 4142
Website: www.stvincents.com.au
Business Hours: 9.00am – 5.00pm, Monday to Friday
Chief Executive Officer: Jonathan Anderson*
(until 4 October 2013)

The St Vincent's Health Network (SVHN) provides public health services at three Sydney facilities – St Vincent's Hospital and the Sacred Heart Health Service at Darlinghurst and St Joseph's at Auburn.

Year in review

At St Vincent's Hospital a number of novel projects have gained momentum in the past twelve months. Within the Emergency Department a new model of care commenced implementation in late 2012. The model is designed to improve patient care through timely and effective triage for presenting patients in line with Ministry of Health Key Performance Indicators. Improvements to date are encouraging and no doubt further improvements will be delivered as the model matures.

St Vincent's has commenced Program Engage which offers staff reward and recognition for their work. Hundreds of staff have received Signature Rewards points from their managers and peers for living the values of the organisation above and beyond what would normally be considered acceptable performance. The next phase; ExeConnect has also been implemented with members of the Executive engaging in ward discussions with staff to improve the staff and patient experience.

Two important initiatives on the Campus launched last year are about to celebrate their first anniversaries. The Kinghorn Cancer Centre – a partnership between Garvan and St Vincent's is already proving a major success story with patients, researchers and clinicians alike. We are already seeing some terrific collaborations and we hope that this will go from strength to strength – including the announcement by the Federal Government of $5.5 million over 4 years to establish The Kinghorn Cancer Centre's National Prostate Cancer Research Centre.

It is twelve months since we opened Tierney House which provides the homeless with sub-acute medical care, including post-surgical recovery and convalescence following an inpatient admission; stabilisation on treatment programs, and; sub-acute care for individuals with mental health problems. Already Tierney House is facilitating collaboration in care planning between health specialties and other community agencies, as well as providing an assertive and holistic approach to generate more sustainable change to help break the cycle of homelessness.

The Hospital has been working collaboratively with Medicare Local to encourage patients and also staff to opt in to the Personally Controlled Electronic Health Record program (PCEHR). The electronic health record enables communication between hospitals and primary healthcare providers in the community through provision of discharge summaries and GP letters to better facilitate follow up care after hospitalisation.

Another innovative project that St Vincent's is piloting is a program to encourage inter-professional collaboration. The program brings together medical, nursing and allied health staff in combination to form high performance teams, receive education programs and provide ward based clinical governance.

Following the recent launch of refreshed branding, the Sacred Heart Hospice will now be known as Sacred Heart Health Service.

After a successful 4 year co-location model, the Navy Ward was decommissioned from St Vincent's Hospital to take up a combined defence forces service model for health care delivery. At the farewell function earlier this year, the ADF expressed their appreciation to St Vincent's for the learning and development opportunities that have been provided to their medical team during their term at St Vincent's Hospital.

In an important development for the Campus' research endeavours, Professor Terry Campbell AM was this year appointed as the St Vincent's Director of Research. Terry brings with him many years of research expertise and will oversee the research precinct for St Vincent's Health Network. As well as driving our direct St Vincent's research activities, he is also responsible for fostering our many research partnerships across SV&MHS to continue our proud history of focussing on research to improve patient outcomes in keeping with our Darlinghurst Research Plan.

We recently completed the first phase of our process to integrate our interventional labs on the St Vincent's Campus with the opening of our first hybrid interventional lab which came on line in July 2013. This lab enables our clinicians for the first time to shift mid-procedure from a percutaneous to an open case if the need arises. The other three interventional labs across the Campus will be integrated within the next six months. This means that essentially we will have a shared public and private endovascular and interventional program.

In June last year, St Joseph's Hospital unveiled the Huntington's Disease Unit which comprises a 14 bed residential service and 4 neuropsychiatric beds for behavioural management. The unit will address the specific needs of those with Huntington's Disease and create a framework to better support patients, their families and staff alike. The Unit will be officially opened soon.

Dr Brett Gardiner, Acting CEO

Key achievements 2012-13

- Opening of the Huntington's Disease Unit at St Joseph's Hospital.
- One year anniversary of Tierney House which provides those who are homeless with sub-acute medical care,
- Implementation of ExeConnect – a program designed for the Executives to engage in ward discussions with staff to improve the staff and patient experience.
- One year anniversary for The Kinghorn Cancer Centre – including the announcement by the federal government of $5.5 million over 4 years to establish The Kinghorn Cancer Centre's National Prostate Cancer Research Centre.
- Integration of St Vincent's interventional labs including the opening of the hybrid intervention lab.
- Launch of the branding of Sacred Heart Health Service, previously known as Sacred Heart Hospice.
- Collaboration with Medicare Local in relation to the use of Personally Controlled Electronic Health Record program (PCEHR).
- Appointment of St Vincent's Director of Research, Professor Terry Campbell AM which will continue St Vincent's research activities and partnerships.
- Pilot of the Inter-professional Collaboration Program. The program brings together medical, nursing and allied health staff in combination to form high performance teams, receive education programs and provide ward based clinical governance.
- Successful implementation of a new model of care in the emergency department which aims to improve patient care through timely and effective triage for presenting patients in line with Ministry of Health key performance indicators.

* From 4 October 2013, Dr Brett Gardiner is Acting Chief Executive

COMPLIANCE CHECKLIST AND GLOSSARY

COMPLIANCE CHECKLIST

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GLOSSARY

Activity Based Funding

Activity Based Funding (ABF) is a management tool which helps plan and assess performance and clinical needs as part of the new approach to the funding, purchasing and performance of health services in NSW. ABF helps make public health funding more effective because health service management can allocate their share of available state and Commonwealth funding based on real levels of patient care. The ABF tool allows public health planners, administrators, consumers and clinicians to see how and where taxpayer funding is being allocated.

Bed days

The total number of bed days of all admitted patients accommodated during the reporting period. It is taken from the count of the number of inpatients at midnight (approximately) each day. Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

Bed occupancy rate

The percentage of available beds, which have been occupied over the year. It is a measure of the intensity of the use of hospital resources by inpatients.

Clinical governance

A term to describe a systematic approach to maintaining and improving the quality of patient care within a health system.

Comorbidity

The presence of one or more disorders (or diseases) in addition to a primary disease or disorder.

eMR – Electronic Medical Record

An online record which tracks and details a patient's care during the time spent in hospital. It is a single database where patient details are entered once and then become accessible to all treating clinicians, with authorised access, anywhere in the hospital.

Enrolled nurses

An enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority's licence to practise, educational preparation and context of care.

Healthcare associated infections

An infection a patient acquires while in a healthcare setting receiving treatment for other conditions.

Medical Assessment Unit

A designated hospital ward specifically staffed and designed to receive medical inpatients for assessment, care and treatment for a designated period. Patients can be referred directly to the MAU by-passing the emergency department.

Non-specialist doctors

A doctor without postgraduate medical qualifications who receives a government salary for the delivery of non-specialist healthcare services in a public hospital to public patients.

Nurse Practitioner

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.

Triage

An essential function of emergency departments where many patients may present at the same time. Triage aims to ensure that patients are treated in order of their clinical priority and that their treatment is timely.

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